NHSGG and CLYDE NEWSLETTER

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Public Health Protection Unit www.nhsggc.org.uk/phpu

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Anthrax in heroin users

Cases of anthrax infection in injecting heroin users have been confirmed in five health board areas across Scotland, indicating that heroin users all across the country need to be aware of the risks of a potentially contaminated supply. All users are advised to stop using heroin immediately and to contact local drug support services for help in stopping. Users who notice signs of infection, for example marked redness and swelling around an injection site or other signs of serious infection such as a high fever, are urged to seek urgent medical advice.

At 25nd January 2010, the number of confirmed cases in Scotland was 17 with 8 associated deaths, with the last confirmed case admitted to hospital on 17th January 2010.

Cumulative Total by NHS Board (25th Jan 2010)

Board	Confirmed cases	Deaths
Ayrshire & Arran	1	0
Fife	1	0
Forth Valley	1	1
NHSGG&C	**9**	**5**
Lanarkshire	3	0
Tayside	2	2

Heroin or the cutting agent mixed with heroin may become contaminated with anthrax spores from the environment. This could be a source of infection if injected.

Cutaneous anthrax can be readily treated and cured with antibiotics. Mortality is often high with inhalation and gastrointestinal anthrax, since successful treatment depends on early recognition of the disease.

Anthrax is not known to be spread from person-to-person. Airborne transmission from one person to another does not occur; there have been one or two reports of spread from skin anthrax but this is very, very rare.

For further information including clinical presentation, management and investigation algorithm, and infection control advice go to: **www.hps.scot.nhs.uk/anthrax/resources.aspx**

Amendment to Green Book

Premature babies who are discharged from hospital do not need to be readmitted to hospital for their first primary immunisation. However, those still in hospital when primary immunisations are due should be immunised in hospital.

The Public Health Act 2008

Current arrangements for the notification of infectious diseases changed on *1st January 2010* when Part 2 of the Public Health etc (Scotland) Act 2008 came into operation.

Paper 1 and Annexes A and B from the Scottish Government with full details on the new arrangements can be found on line at:- www.opsi.gov.uk/legislation/scotland/acts2008/pdf/asp_20080005_en.pdf

In summary: -

1. The current list of notifiable diseases has been amended (Annex A). **Chickenpox and 'food poisoning' are no longer notifiable.**
2. GPs must notify the health board (Public Health Protection Unit): -
   - when there is **reasonable suspicion** that a patient has one of the diseases in Annex A (**don't** wait for lab confirmation). or when a patient has a 'health risk state' (see Annex B) - this will be an exceptional occurrence
   - through **SCI Gateway** within 3 days, destination 'Health Protection Scotland – NHS Greater Glasgow and Clyde' and the specialty, 'notifications reporting'
   - by telephone (0141 201 4917) within the same working day if the disease is marked on Annex A as 'urgent' (**and** followed up by electronic notification within 3 days)
3. The fee to GPs for notification has been removed
4. Non notification is a governance issue for GPs (Schedule 5 para 115 of Contract 2004 and Schedule 1, para 79 of the Regulations 2004)

Infanrix–IPV Hib stock

The national Hib catch-up campaign for children born between 04/04/2003 and 03/09/2005 started on 5th November 2007 and was to continue until 3rd March 2009 but was extended due to a back log of eligible children.

Please note that all available Infanrix-IPV Hib vaccine has now been used and there is no new vaccine stock nationally. However, for a short period of time and until the softwear is updated, SIRS will continue to call the children in the cohort group for Infanrix-IPV Hib. In these cases, practices are advised to use Infanrix IPV or Repevax instead. Remaining Infanrix-IPV Hib stock should, if in date, be used or, if expired, returned to the local holding centre.

H1N1 vaccine for children FAQ

Q1 Should children who have not had eggs be given Celvapan?

A1 No. They should receive Pandemrix unless they have had a severe, life-threatening, anaphylactic reaction to eggs

Q2 Is a time interval required between H1N1 vaccination and other childhood or travel-related vaccination?

A2 There is no need to have a time interval i.e. a child can receive the H1N1 vaccine and other vaccines, including MMR, on the same day or at any other time thereafter

Q3 Is there any latex in either Pandemrix or Celvapan?

A3 No. There is no latex in either vaccine

Q4 Should a child who received Tamiflu in the past because they were a close contact of an H1N1 case be offered the H1N1 vaccine?

A4 Yes. They should be vaccinated

Q5 What dose of Pandemrix should be given to children aged 6 months to under 5 years who are fit & well?

A5 One 0.25ml dose

Q6 What dosage of Celvapan should be administered to children aged 6 months to under 5 years?

A6 Two 0.5ml doses at least 3 weeks apart

Q7 Can a child receive the H1N1 vaccine if they are on antibiotic therapy?

A7 Yes. As long as they are apyrexial and clinically well on the day

Q8 If a child has received their BCG recently, can they be offered the H1N1 vaccine at any time thereafter?

A8 Yes. There is no minimal time period required between H1N1 and BCG vaccinations
NB: No immunisations should be given in the arm used for BCG for at least 3 months after immunisation. Children aged over 1 year who have had BCG in the previous 3 months should be given H1N1 in the deltoid area of the other arm
(Left arm is usual site for BCG)

Q9 If a child has received the seasonal flu vaccine, can they receive H1N1?

A9 Yes. No contraindications or minimal time interval required between vaccines

Q10 Should a child receive the H1N1 vaccine if they have been clinically diagnosed with H1N1 i.e. have not been swabbed and therefore confirmed by virology lab?

A10 Yes. They should be vaccinated

Q11 Should a child who has a confirmed H1N1 lab result be vaccinated? i.e. swabbed and confirmed by virology lab?

A11 No. They should not be given the vaccine but if given inadvertently, the vaccine will cause no harm

Q12 If a GP has opted in to the H1N1 Vaccination Programme, can the child receive any other vaccines on the same day at the surgery?

A12 Yes. Any vaccine can be given, including MMR, but should be administered at a separate site from the H1N1 vaccine

Q13 Should the Becton Flu+ integrated/fixed, 25 gauge, 1 inch, orange needle be used for children 6 months to under 5 years?

A13 Yes. There is no need to use any other syringe or needle

Q14 Should the needle be changed after piercing the bung of the mixed vaccine?

A14 No. There is no need to change the needle prior to administration

H1N1 vaccine uptake-rates

1st dose uptake rates at 31st December 2009

Area	Practice response rate (%)	Clinical risk groups		
		< 65 yrs* % uptake	> 65 yrs % uptake	Pregnant % uptake
NHSGG&C	97.8	48.4	44.2	50.1
Scotland	92.1	48.9	43.6	43.6

* includes pregnant women

Blood-borne virus seminars

Staff who have been on previous BBV training or have prior knowledge (medium level) may be interested in the 2-hour seminars below which focus on new developments and treatments and case scenarios :

Wednesday 3rd February 2010
2 - 4pm RAH Classroom 3 Paisley

Friday 19th March 2010
2 - 4pm Stobhill Hosp., Corporate Meeting Room

Staff with low-medium prior knowledge who wish to increase their knowledge of HIV and Hepatitis (diagnosis and treatment) may be interested in the full-day seminars below:

Thursday 25th February 2010
9.30am - 4pm, Sandyford Initiative
Seminar Room, Claremont Hse

Monday 29th March 2010
9:30am - 4pm, Inverclyde Royal Hosp.
Education Centre, Lecture Theatre

To book a place contact 0141 211 8634 or email jacqueline.gashaija@ggc.scot.nhs.uk

If you would like to comment on any aspect of this newsletter please contact Marie Laurie on 201 4933 or at marie.laurie@ggc.scot.nhs.uk