

NHSGG and CLYDE NEWSLETTER

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

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Volume no 9 Issue no 2

March 2010

New PDC for NHSGG&C

All of Greater Glasgow & Clyde's vaccine holding centres have now merged and re-located to the new Pharmacy Distribution Centre (PDC) in Govan.

The full address, fax and phone number are as follows:-

Pharmacy Distribution Centre,

Dava St, Moorpark Central, Govan, Glasgow, G51 2JA

Fax No: 0141 445 1513

Tel No: 0141 347 8981

The scheduled vaccine delivery days for NHSGG&C areas are unchanged and new order forms, returns forms and vaccine incident forms have been produced to reflect the move. These are available from the PDC and copies are part of the revised Pharmacy section of the Immunisation Resource Pack.

Community-based BCG clinics

Primary care staff in West Dunbartonshire should note that there will no longer be a BCG clinic at the Vale of Leven hospital. Referrals for Mantoux/BCG should be made to one of the other BCG clinics.

Govanhill or Woodside clinic: 0141 201 4538

Russell Institute: 0141 314 0700

Greenock clinic: 01475 501 266

Risk groups eligible for BCG:

- Unvaccinated children 0-16 years of age with a parent or grandparent born in a country where the annual incidence of TB is 40/100,000 or greater
 - BCG can usually be given without skin testing to children under 6 years depending on history of residence
 - Children aged 6 years and over are *routinely* skin tested prior to BCG
- Unvaccinated Tuberculin-Negative contacts (35 years and under) of a case of respiratory TB
- U T-N travellers <16yrs going to work/live with local people for 3 months or more in a high-risk country
- U T-N at occupational risk <35 yrs *see Green Book*
- U T-N 'New Entrant' children < 16yrs born, or lived for at least 3 months, in a high-risk country
- U T-N 'New Entrant' adults aged 16-35yrs from *Sub-Saharan African countries and *countries with annual TB incidence of 500/100,000 population or greater

*Appendices VI and VII Tuberculosis: Clinical diagnosis and management of tuberculosis, and measures for its prevention and control in Scotland

www.documents.hps.scot.nhs.uk/about-hps/hpn/tuberculosis-guidelines.pdf

New PGDs

Immunisation nurses should note that four new PGDs have been issued to lead nurses for distribution.

The updated directives cover :

Pediacel or Infanrix vaccine

Hib/MenC vaccine

Pneumococcal vaccine

MenC vaccine

Please note that these supercede the previous PGDs and relevant staff are required to sign them.

H1N1 vaccination programme

Uptake for the H1N1 programme continues to increase on a weekly basis with an overall estimated uptake rate among the Phase 1 clinical 'at risk' groups of 54.1%, as at week ending 14th February 2010.

The JCVI met on 8th January and 3rd February to consider the latest epidemiology relating to the virus and to provide advice to the four UK Health Ministers on the future of the vaccination programme.

The latest JCVI* advice concludes that during the spring and summer there is benefit in continuing to offer vaccination to all patients in the Phase 1 clinical risk groups who have not yet received vaccination (*in particular newly pregnant women and those who have been newly diagnosed with a condition which places them in a clinical risk group*) and to frontline health and social care workers (see link for details of risk groups [SGHD/CMO\(2009\)12](http://www.dh.gov.uk/ab/JCVI/DH_094744))

Pregnant women - H1N1 vaccine

As stated above, the H1N1 vaccination programme for pregnant women will continue through the summer until 30th September 2010. It is recommended that this should now form part of the routine business when pregnant women present for booking or follow-up care and discussions are ongoing as to how best to do this.

Vaccination is the most effective means of protecting pregnant women against the virus and will provide protection against continuing low levels of virus circulating in the community over the spring and summer period.

* http://www.dh.gov.uk/ab/JCVI/DH_094744

Note: Paediatric dose of H1N1 vaccine

Please note that the dose of Pandemrix for children up to age 10yrs is 0.25mls. The multi-dose vial contains 10 adult doses (0.5mls) or 20 paediatric doses (0.25 mls).

Gartnavel Hepatitis Centre

Following a £500,000 investment in clinical hepatitis C services, the Gartnavel Hepatitis Centre was formally opened by the Public Health minister last December. This expansion in clinical staff and outpatient clinic capacity will mean that significantly more patients with HCV infection can be assessed and treated. Patients may be referred into the service from a variety of sources, including Primary Care.

The Hepatitis Centre is equipped with a FibroScan machine which is a non-invasive method of assessing liver damage. This new technology will reduce the need for many patients to undergo an uncomfortable biopsy procedure.

Referrals should be made to the Gartnavel Hepatitis Centre, Gartnavel General Hospital, Great Western Road, Glasgow, G12 0YN. The Gastroenterology and Infectious Diseases teams are co-located in the Centre, and any new referrals will be allocated to the more appropriate team.

For information on the diagnosis and referral of patients with hepatitis C, and a list of all local treatment centres, see the Managed Care Network website at: www.hepcnet.scot.nhs.uk

Viral hepatitis in South Asians

Hepatitis B and C are more prevalent in certain parts of South Asia, including regions of Pakistan, India and Bangladesh. As part of the National Hepatitis C Action Plan, NHSGGC and Health Protection Scotland are undertaking a joint piece of work with local South Asian communities.

The project has two aims:

1. To determine the prevalence of, and risk factors for, viral hepatitis in the city's South Asian populations
2. To identify people with undiagnosed viral hepatitis infections and refer them to hospital for assessment and treatment

Starting in April, nurses will be offering diagnostic testing for hepatitis B and C in Mosques, Masjids, and Community Centres in the South of Glasgow. It's hoped that this project will raise awareness of viral hepatitis amongst South Asian populations, and identify people with previously undiagnosed viral hepatitis.

South Asian individuals with chronic hepatitis C tend to have genotype 2 or 3. Fortunately, these genotypes respond well to treatment; following a course of therapy 73-82% of patients can be expected to clear the virus.

Primary Care staff are asked to be aware of the risk factors for viral hepatitis in these communities, and to note that there is likely to be an increased awareness of viral hepatitis within the South Asian population. GPs can continue to offer testing either at the patient's request or where a patient presents with a history of risk.

For more information see the Scottish hepatitis C website at: www.hepcscotland.co.uk or the local Managed Care Network site at: <http://www.hepcnet.scot.nhs.uk>

Injecting-equipment providers

Glasgow Addiction Services have produced a new map called "Where to find injecting equipment in Greater Glasgow and Clyde". This pocket-sized resource shows the location and opening times of a range of services providing needles, syringes and other injecting equipment. There is also important information for injectors regarding first-aid techniques in case of suspected overdose.

To order copies of the map contact Glasgow Addiction Services on 0141 276 6600.

'Recognising HIV' seminar

New cases of HIV in NHSGGC in 2009 will be reviewed in this seminar. NHSGGC continues to see an increase in new HIV diagnoses with 190 new cases diagnosed in 2009 - the highest to date, and the highest in Scotland.

The seminar will provide opportunities to hear the evidence and consider:

- What are the opportunities to diagnose HIV?
- What can we learn about our prevention services?
- What can we learn about our treatment and care services?

Venue: Boardroom 1, Dalian House, 350 St Vincent Street

Date: Tuesday 27th April 2010

Time: 2-5pm

There are only 50 places available, so please reply promptly to louise.carroll@ggc.scot.nhs.uk and register for a place.

Please note that due to limited space, those who wish to attend are asked to register individually (no block booking).

HIV incidence in NHSGG&C 09

The epidemiological review in the HIV Prevention Network Annual Report 2009¹ demonstrates very powerfully the dynamic nature of HIV epidemiology, which rarely remains static, even in the subgroups most at risk within our population.

In recent years NHSGG&C has experienced a sharp upsurge in the annual number of new HIV reports, occurring in both MSM and heterosexual population subgroups. Although there are encouraging signs that this trend may have begun to stabilise among MSM, there is no suggestion of any attenuation of the steep upsurge in new HIV reports among heterosexual patients. During the 2009 calendar year, 190 individuals resident in NHSGG&C were diagnosed as HIV-positive, an overall rise of 36% compared with 2008.

The number of new cases rose in all major prevention groups, with the greatest increase being in male heterosexuals, in whom there was a 53% rise. The cumulative total of HIV-positive reports from NHSGG&C now stands at 1,776. During the year to 30 September 2009, a total of 1144 patients attended for clinical HIV care at the Brownlee Centre, a 13.5% rise in cohort size over the preceding year.

¹The full report is available on-line : www.nhsqgc.org.uk/phpu

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