

NHSGG and CLYDE NEWSLETTER

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MMR and egg allergy

A recent study published in the Archives of Disease in Childhood¹ looked at referrals of children with reported egg allergy to hospital for MMR immunisation.

Concern exists among primary-care staff about measles, mumps and rubella (MMR) vaccine in egg-allergic children, although this has been shown to be safe. Guidelines from the Royal College of Paediatrics and Child Health (RCPCH) and British Society of Allergy and Clinical Immunology (BSACI) suggesting the children who should be referred to hospital for MMR, was published in 2000. The BSACI guideline was updated in 2007 suggesting that "MMR vaccine may be administered to all egg-allergic children in primary care".

The study's authors audited referrals to hospital for MMR against the 2000 Guideline. One hundred and ten (110) children were referred for MMR to Birmingham Heartlands Hospital (2002-04) and Alder Hey Children's Hospital (2006-09). Eighty-two (75%) children did not meet the RCPCH/BSACI criteria for referral to hospital. Only 13 children (12%) had *severe* egg allergy and so met the criteria for referral. The 1st dose of MMR was delayed by >30 days in 81% of children.

All children were given MMR and none had a significant reaction.

Conclusion

Children with egg allergy, even those with severe allergy, do not need to be given MMR in hospital, but MMR is often delayed by unnecessary hospital referral. New BSACI guidelines encouraging MMR vaccination of egg-allergic children in primary care need to be disseminated.

¹Referrals for MMR immunisation in hospital

Arch Dis Child doi:10.1136/adc.2009.162487

HPV-uptake rates 08/09

Table 1 shows the HPV uptake rates for year 1 (2008/09) in NHSGGC compared to Scotland. NHSGGC achieved one of the best uptake rates in Scotland and above the national average. This is despite the fact that there is a strong and clear association between low vaccine uptake rate and poor socio-economic status of the population. This is even more gratifying given that this vaccine is to prevent future cervical cancer and given the socio economic structure of our population; NHSGGC has one of the highest cervical cancer rates and regrettably one of the lowest cervical screening rates in Scotland.

Table 1 HPV uptake (%) in NHSGGC and Scotland 2008/09

Health Board	1 st dose %	2 nd dose %	3 rd dose %
NHS GGC	95.0	94.0	91.0
Scotland	94.2	93.1	89.8

Immunisation e-learning course

The immunisation e-learning course has proved popular with encouraging uptake- and completion-rates among primary care staff. So far, over 300 people in NHSGGC have completed the course.

The grant scheme is still available to fund study-time for individuals who register and fully complete the course within 6 months. The grant of £360 will be made to the individual's employer to use either as a contribution to backfilling OR to pay the individual directly for taking the course in their own time. All funds will be paid through employers to ensure tax and NI contributions.

For information about the e-learning course go to www.immunisation-elearning.nhs.uk.

If you would like to register for the course please contact Dr Gillian Penrice (CPHM), PHPU for an application form - Gillian.penrice@ggc.scot.nhs.uk

BCG clinic appointments

Please note the new telephone number for BCG appointments for Woodside and Govanhill clinics is **0141 201 4538**. The line is open Tuesday - Friday 9.00 - 5.00 pm.

Medical and other health students

Glasgow, Caledonian and the Paisley campus of the West of Scotland Universities have confirmed that their occupational health services will now provide Mantoux testing and BCG vaccination for medical/nursing/PAM and veterinary students.

Nursing and PAMs (physio/OT/S&L) students at Glasgow Caledonian University or at the Paisley campus of the WoS should contact **0141 211 0422**

Medical/Dental/Nursing/Vet students at Glasgow University should contact **0141 330 7171**

Measles outbreak in Roma people

There has been a European Centre for Disease Prevention and Control (ECDC) alert about measles outbreak in Roma people from Bulgaria. Outbreaks affecting this group have appeared in Ireland, Spain and Cyprus. GP practices with members of this group on its patient list should consider offering them MMR immunisation.

If there is no confirmed immunisation history, two MMR doses should be given 3 months apart. However, the standard interval of 3 months can be reduced to 1 month in those aged over 18 months.

Volcanic ash and public health

Health Protection Scotland is liaising closely with colleagues across the UK to monitor the movement of the plume of volcanic dust from the recent Icelandic eruption, which is currently within the atmosphere above the United Kingdom.

The probability of significant health effects in Scotland associated with the volcanic dust is thought to be relatively low. Colleagues within the Health Protection Agency advise that even if the plume does drop towards the ground, the concentrations of particles at ground level are unlikely to cause significant effects on health. Rainfall over the UK could cause a small amount of the ash to be deposited over the country but quantities are expected to be too small to cause health effects.

However, small quantities of volcanic ash could float back up into the air in windy conditions and it would be sensible for people with existing respiratory conditions such as chronic bronchitis, emphysema and asthma to ensure they keep their inhalers or other medications with them.

If people are outside and notice symptoms such as itchy or irritated eyes, runny nose, sore throat or dry cough, or if they notice a dusty haze in the air or can smell sulphur, rotten eggs, or a strong acidic smell, they may wish to limit their activities outdoors or return indoors.

www.hps.scot.nhs.uk

8 weeks to go – travel advice

'8 Weeks To Go' is a national campaign developed and funded by GlaxoSmithKline Travel Health, in association with Fit for Travel® and a partner of the Foreign & Commonwealth Office's Know Before You Go travel advice campaign. The campaign aims to educate British travellers about the importance of seeking expert health advice before overseas travel.

Staff are asked to encourage would-be travellers to seek up-to-date expert advice from the GP surgery or travel health clinic/pharmacy 6-8 weeks before every overseas trip and to follow the advice while away.

There are 3 PDF advice leaflets for travellers that can be downloaded from the GSK website below.

www.8weekstogo.co.uk

Other useful resources for travellers:

www.fitfortravel.nhs.uk

www.fco.gov.uk/en/travel-and-living-abroad/

www.nathnac.org/travel/index.htm

Useful resources for health professionals:

www.travax.nhs.uk (registration required)

www.nathnac.org/pro/index.htm

PHPU News e-letter

Please note that from May, the PHPU Newsletter will only be distributed in paper form to GPs and Practice Nurses. It will be sent electronically to all other groups and those already on our e-mail distribution list.

If you don't receive the next edition by the end of May then please e-mail marie.laurie@ggc.scot.nhs.uk and put PHPU NEWSLETTER in the subject field.

H1N1 vaccine for travel

Influenza A (H1N1) swine flu vaccine can now be offered as a travel vaccine for those travelling to the Southern Hemisphere see SGHD/CMO(2010)7

This follows the recommendation made by the Joint Committee on Vaccination and Immunisation (JCVI) that the monovalent H1N1 vaccine could be offered as a travel vaccine for the individual benefit to those travelling to Southern Hemisphere countries during the Southern Hemisphere seasonal influenza season.

General Practice arrangements

Practices should already be holding some stocks of the H1N1 vaccine in order to meet the requirements for the opportunistic vaccination of those in the existing phase one priority groups over the spring and summer. Practices can now also use these vaccine stocks to offer to members of the public as a travel vaccine, for those intending to travel to the Southern Hemisphere during their influenza season until 30 September 2010.

In the event that additional stocks are needed, GPs should place orders through local NHS Vaccine Holding Centres.

Patients in the phase one priority groups who continue to be offered vaccination opportunistically over the summer should receive vaccination *free of charge* in accordance with the Directed Enhanced Service (DES) or in accordance with the local agreement, even if their request is related to travel abroad.

The monovalent H1N1 swine flu vaccine is available to GP practices free of charge. In light of this, there should be no charge levied to the patient for the *cost of the vaccine*.

Any charge for administering the vaccine remains a private arrangement between GP practices and their individual patients, unless, of course, the patient is eligible under the phase one priority groups where no fee can be charged.

Travel Clinic arrangements

Travel clinics operating on an NHS site can also offer this vaccine to members of the public as a travel vaccine for those intending to travel to the Southern Hemisphere during that Hemisphere's influenza season (until 30 September 2010). Vaccine will also be provided to such clinics free of charge and clinics should contact the local Health Board Vaccine Holding Centres (VHCs) to discuss requirements for quantity of vaccine and arrangements for delivery.

Patients receiving the vaccination should only be subject to an administration charge (as outlined above) and not to a charge for the vaccine itself.

www.fitfortravel.nhs.uk/media/300559/cmo-letter-2010-03-23.pdf

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