# NHSGG and CLYDE NEWSLETTER

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

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## 'HIV & The Law' - seminar

Increasingly, the criminalisation of HIV has become an area of debate and concern. Many people who are living with HIV, as well as those providing treatment, care and support, are unsure of how to interpret the law.

In a recent case, a man with HIV was convicted not only of infecting a partner but also of *exposing* partners to the virus despite there being no transmission. This case is the first in the UK where exposure to HIV has been prosecuted.

This seminar will be led by James Chalmers, Senior Lecturer in Law at Edinburgh University and expert on legal issues associated with HIV.

**Date:** Wednesday 30th June 2010,

**Time:** 7.00pm

**Venue:** The Teacher Building, St Enoch Square

Please contact Mark Girvan to find out more and reserve a place 0141 211 1692 or at mark.girvan@ggc.scot.nhs.uk

## H1N1 vaccine and under 5s

Please note that the universal H1N1 vaccination programme for all under 5s ended on the **31st March 2010**.

Only those in the following groups who have not been vaccinated are being offered H1N1 vaccine during the summer months:

- Patients aged over 6 months in *phase 1 clinical risk groups*
- Pregnant women
- Frontline health and social care staff, particularly new employees

## Changes to chlamydia testing

The following policy changes were recently agreed in NHSGGC

- LES for Chlamydia testing in under 25s should cease (from 1st April 2010)
- Chlamydia tests should not be conducted on asymptomatic individuals, unless relevant clinical factors support testing
- Routine testing for chlamydia should not be conducted when carrying out smear tests

However, there will be no change to the testing policy at Sandyford or to the approach of treating *symptomatic* patients.

**Rationale:** There is a growing body of published data which suggests that the reduction in reproductive morbidities resulting from chlamydia screening programmes may have been over-estimated. A Briefing Paper refining testing policy for asymptomatic patients in NHSGGC, and containing references to the published data, can be accessed online www.nhsggc.org.uk/content/default.asp?page=s1547_1

## Antenatal HIV screening

Since 2003, all pregnant women are routinely offered HIV testing as part of the suite of universal antenatal communicable diseases screening programme. In NHSGGC the uptake rate for HIV screening is 96% .

The positive impact of the screening programme is clear - in 2008-09, 7 women in NHSGGC, who did not know that they were HIV-positive, were diagnosed for the first time during their pregnancy. This meant that effective interventions could be offered to the woman and her baby to prevent mother-to-child transmission. The success of the screening programme is evident because to date there have been no mother-to-child transmissions amongst women ***who have accepted*** the offer of an antenatal HIV test.

However, while the high uptake rate of 96% is excellent, it does mean that around 4% of women – approximately 600 women a year – choose not to be tested for HIV.

HPS has recently published an analysis of data from a study of 'unlinked anonymous HIV testing of dried blood spots in new born babies'. This study is carried out nationally via the Guthrie Card scheme and the results aligned with the data collected for the National Study of HIV in Pregnancy and Childhood (NSHPC) on known HIV-infected pregnant women. From this, the number of women with HIV infection who remain undiagnosed during their antenatal care is ascertained.
www.hps.scot.nhs.uk/bbvsti/ssdetail.aspx?id=52

The HPS data for 2009 shows two things. Firstly, that the overall HIV prevalence amongst pregnant women in Scotland has been increasing in recent years from 2.6 per 10,000 live births in 2003, when universal screening began, to 9.7 in 2009. Secondly, the proportion of women who remained undiagnosed is the highest since 2003 with 7 of the 13 (54%) HIV-infected women who gave birth in the period Jan to June 09 undiagnosed during pregnancy and remaining undiagnosed following it. Only one of the 7 women was from NHSGGC but, importantly, not all these women were born in high-prevalence countries suggesting local heterosexual transmission.

Given that the prevalence is rising in this sub-population and there is a significant minority of women in NHSGGC who refuse an HIV test during pregnancy, it is possible that the number of women who remain undiagnosed, and who therefore will not benefit from interventions to prevent transmission, will increase. It is therefore essential that the screening programme is delivered optimally to ensure that *all* women are aware of the risks and make informed choices about their antenatal care and on-going health.

For further information/training contact Sexual Health Advisors/BBV Training Team on 0141 211 8634.

# Tamiflu – changes in prescribing

The latest HPS surveillance data demonstrates that the community rates of pandemic influenza are consistently below the threshold that would warrant the use of antivirals, even in a normal flu season. This is supported by the very low levels of antivirals being used from the national stockpile. For this reason changes have been made to antiviral prescribing arrangements and access to national antiviral stockpiles.

From **24th May 2010**, antiviral medicines have no longer been available from the national stockpile. Treatment of individuals with flu symptoms has reverted to *business as usual* in line with Part 12 of the Scottish Drug Tariff.

The pharmaceutical wholesalers have confirmed the availability of the whole range of Tamiflu capsules should stock be required. The manufacturer Roche estimated that Tamiflu 12 mg/ml powder for oral suspension **should** be available after 24 May 2010. Stock of Relenza can be accessed through contacting the manufacturer directly should it be required (0800 221 441).

Practitioner Service Division has been instructed to revert back to normal payment arrangements.

Patients prescribed either Tamiflu or Relenza will continue to be exempt from charges, where they are not already exempt on other grounds as detailed in circular CEL 20 (2009). Pharmacists should therefore continue to follow the endorsing guidance on the Community Pharmacy website : www.communitypharmacy.scot.nhs.uk/news/Pandemic_Flu.htm

Changes were also made to the NHS (Charges to Overseas Visitors) (Scotland) Regulations 1989, to include pandemic influenza on a list of diseases for the treatment of which no charge is made. The Scottish Health Directorate has confirmed that no further changes are being made to the overseas visitors regulations, thereby continuing to allow people suffering from pandemic influenza to be treated free of charge.

www.sehd.scot.nhs.uk/mels/CEL2010_18.pdf

# BBV pre-test discussion training

This is a multidisciplinary training event aimed at staff who may wish/require further training regarding pre-test discussion for all BBVs. In terms of prior knowledge, it is leveled at those who have already attended the one day 'BBV Training' or 'Working with BBVs'.

| 2010 Dates/Time | Venue |
|---|---|
| Wed 30th June 12-2pm | RAH, Classroom 3, 1st Floor Main Hospital Building |
| Wed 25th Aug 10am-12pm | Sandyford Seminar Room, 4th Floor, Claremont House, |
| Tues 19th Oct 10am-12pm | RAH, Classroom 3, 1st Floor Main Hospital Building |
| Tues 7th Dec 12-2pm | Stobhill, Corp. Meeting Rm, Belmont Centre, CHCP HQ |

To book on any of the training events above contact the BBV Training Team at the Sexual Health Adviser Office 0141 211 8634 or e-mail Jacqueline.Gashaija@ggc.nhs.scot.uk giving your name, title, line manager and contact details.

# H1N1 and flu vaccine groups

The JCVI's recommendations for ongoing H1N1 vaccination and seasonal flu vaccination **commencing 1st October 2010** is summarised in the table below.

| Group | H1N1 Vaccine | Seasonal flu vaccine |
|---|---|---|
| Seasonal influenza clinical risk groups aged 5 – 64 yrs | No | Yes |
| Aged 65 years and over | No | Yes |
| Seasonal influenza clinical risk groups aged 6 months - 5 yrs **not previously vaccinated** with H1N1 vaccine | Yes | *Yes |
| Seasonal influenza clinical risk groups aged 6 months – 5yrs **previously vaccinated** with H1N1 vaccine | No | Yes |
| Immunosuppressed group **previously vaccinated** with H1N1 vaccine | No | Yes |
| Immunosuppressed < 12 yrs **not previously vaccinated** with H1N1 vaccine | Yes | **Yes |
| Immunosuppressed > 12 yrs **not previously vaccinated** with H1N1 vaccine | Yes | ***Yes |
| Pregnant women in a seasonal influenza clinical risk group | No | Yes |
| Pregnant women **not** in clinical risk group and **not previously vaccinated** with H1N1 vaccine | No | Yes |
| Pregnant women **not** in clinical risk group and **previously vaccinated** with H1N1 vaccine | No | No |
| Frontline Health and Social Care Workers | No | Yes |
| Poultry Workers | No | Yes |

* Give at the same time as H1N1 vaccine

** 2 doses required 1st dose – give at the same time as H1N1 Vaccine
2nd dose – give 4 wks after 1st dose

*** Give 4 weeks after H1N1 vaccine

**Note** : Seasonal flu vaccine and H1N1 can be given on the same occasion, at different sites and preferably in a different limb. If given in the same limb, sites should be at least 2.5cm apart.

**Flu vaccine supplies**

GPs were advised to submit orders for flu vaccine to their local community pharmacy contractor by the end of January this year.

Community pharmacy contractors are aiming to provide each GP practice with a delivery schedule which reflects the most recent advice from their sources of supply by the 31st August 2010.

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