

# NHSGG and CLYDE NEWSLETTER

Public Health Protection Unit [www.nhsggc.org.uk/phpu](http://www.nhsggc.org.uk/phpu)

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Volume no 9 Issue no 8

July/August 2010

## Anthrax cases in Glasgow

As of 2<sup>nd</sup> July 2010, the number of confirmed anthrax cases in Scotland was 46 (19 of which were from the Greater Glasgow and Clyde area). Unfortunately, 13 of the confirmed cases in Scotland have died, reflecting the seriousness of anthrax infection in this already vulnerable group of people.

After nearly 3 months since the last case, a confirmed case was reported in Glasgow in late June and no other cases since then have been reported anywhere in Scotland.

This case demonstrates that the outbreak is continuing and therefore staff must remain vigilant for further cases and take appropriate steps to investigate and treat them. Most cases to date have had severe skin and soft tissue infection with significant oedema, often out of proportion to the injection site, or cellulitis. Abscess, collection or necrosis may be absent and there may be little or no pain.

NHS GGC is working alongside local microbiologists and clinicians, Health Protection Scotland, the Health Protection Agency, the police, Scottish Government and specialists from drug and addiction services in dealing with this outbreak.

A range of detailed resources have been developed to help clinicians deal with this outbreak of anthrax. These include an updated clinical algorithm to guide the identification, investigation and management of possible anthrax cases, infection control advice, resources for drug workers and a Q&A on anthrax. These resources can be accessed from: [www.hps.scot.nhs.uk/anthrax/resources.aspx](http://www.hps.scot.nhs.uk/anthrax/resources.aspx)

In addition, the consultant looking after a suspected case can get further advice, including the possible use of the Anthrax Immune Globulin, from the on-call infectious diseases consultant.

## BCG appointments

Please note that the telephone number for appointments for the community BCG clinics is 0141 201 4538 and is available Tues - Fri 9am - 5.00pm

## Eligibility of children and high prevalence countries

Those children whose parents or grandparents originate from \*high prevalence countries are eligible for BCG. Please note that even where BCG is given routinely to children in the country of a parent's origin, this does not make the child eligible for BCG in the UK unless that country is on the WHO 'TB: high prevalence' list.

\* where annual incidence of TB is 40/100,000 or greater

## Measles in France and UK

### France

Where the opportunity arises, staff should remind parents that if travelling to Europe they should ensure their children are fully immunised for measles but in reality for any disease. According to the Institute of Health Surveillance (INVS), more than 2000 cases of measles have been reported in France since the beginning of 2010, compared with 1544 in 2009. Ten percent of the cases have been children in their 1st year of life.

The measles outbreak in France is intensifying, particularly in Lille and near Bordeaux. Several outbreaks of measles virus infection were observed similarly in early 2010 throughout Europe (Bulgaria, Spain, Ireland, Germany), but France is a country of highest impact, according to the INVS.

Elsewhere, many cases and deaths have been reported in developing countries including Malawi, Burkina Faso, South Africa and Chad, where the disease had appeared to have been under control thanks to vaccination campaigns.

Measles can cause severe brain or lung damage in 5-10 percent of cases, especially among children under one year of age. The INVS emphasizes that vaccination against measles, mumps and rubella (MMR) is highly recommended for all toddlers.

Between January 2008 and 31 May 2010, 4120 cases of measles were recorded in France. Few cases were reported previously during 2007. The incidence of confirmed cases was 0.95/1000 in 2008 (604 cases), rising to 2.5/1000 cases in 2009 (1544 cases). During the 1st 5 months of 2010, 1972 cases have already been registered with the virus circulating throughout most of metropolitan France.

See the DoH website below for more information.

[www.dh.gov.uk/en/PublicHealth/Immunisation/DH\\_117199](http://www.dh.gov.uk/en/PublicHealth/Immunisation/DH_117199)

### Gypsy and Traveller communities

The Health Protection Agency has alerted GPs to several outbreaks of measles within Gypsy and Traveller communities across the UK this summer. It is difficult to monitor uptake of the MMR vaccine within this community but it is understood that levels of immunisation are low. If correct, it means that Gypsies and Travellers could be at increased risk of catching measles, especially if they are travelling to large events during the summer.

GPs are asked to take the opportunity to offer impromptu MMR vaccination to any Gypsies and Travellers using their practice. MMR is especially important for those under 25s but should also be given to unvaccinated older individuals who request it.

## Enzira® vaccine and children

Epidemiological information from Australia indicates that there has been a higher than expected increase in febrile convulsions in children related to the use of Fluvax (manufactured by CSL). This is the same product that will be marketed in the UK by Pfizer as Enzira® and generic influenza vaccine for the 2010/11 influenza vaccination season. Evidence from Australia suggests a rate of febrile convulsions of about one per 100 for children who were vaccinated with Fluvax. This increased risk appears to be a product specific reaction and evidence from Australia of vaccination with other products has so far not indicated a similar level of risk.

It is important that children over six months of age who are in clinical risk groups receive influenza vaccination. Given the availability of other influenza vaccine products, GP practices should avoid offering Enzira® or CSL Biotherapies generic influenza vaccine marketed by Pfizer to children aged under five years. Please check which manufacturer's products have been ordered (including the possibility of CSL Biotherapies generic influenza vaccine) and ensure that stocks of alternative influenza vaccines are available for under 5s in the 2010/11 influenza vaccination programme.

There is currently no evidence to indicate that other influenza vaccines may be associated with this level of risk in children. Nonetheless, the Medicines and Healthcare products Regulatory Agency (MHRA) intends to closely monitor this and will issue further information in advance of this year's immunisation programme.

## Polio in Tajikistan and Russia

A letter from the interim CMO in England was issued on 29<sup>th</sup> June 2010 with advice about an ongoing polio outbreak in Tajikistan. The letter asks that the vaccination status of those intending to travel to the area is reviewed and vaccination offered as appropriate. The possibility of polio in those who have symptoms of paralysis and are travelling from Tajikistan and neighbouring countries should be considered and, if appropriate, virological testing done.

Polio has now been detected in the Russian Federation. For more details check the NaTHNaC website

As the outbreak is likely to continue and as there is evidence of spread of cases from the area, the following advice is given:

- Travellers to countries endemic for polio, or where there have been imported cases of polio in the last three years, should be adequately immunised
- Full immunisation consists of a primary course of polio-containing vaccine and up-to-date boosters (within the last 10 years)

[http://www.nathnac.org/pro/clinical\\_updates/polio\\_ru\\_210710.htm](http://www.nathnac.org/pro/clinical_updates/polio_ru_210710.htm)

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_117139.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_117139.pdf)

## HPS immunisation-update day

The annual HPS immunization-update day has been scheduled for Wednesday 22<sup>nd</sup> September 2010. The meeting will take place in the Beardmore Hotel and Conference Centre. The event will feature topics that have been requested by immunisers working at the frontline of service delivery in Scotland. These include a perspective from the media, alternative models of delivering vaccines to adolescents and adults and immunisation and the military.

For full details and a registration form please visit the HPS website at

[www.hps.scot.nhs.uk/immvax/eventsdetail.aspx?id=163&hid=1](http://www.hps.scot.nhs.uk/immvax/eventsdetail.aspx?id=163&hid=1).

Early booking is recommended.

## Varicella vaccine and children

Please note that the dosage and schedule for children aged from 1 to 13 years was amended in March 2010.

**All individuals aged one year and older should receive two doses of varicella vaccine, 4-8 weeks apart.**

There may, therefore, be a small number of children who have only had one dose of chickenpox vaccine and who remain in close contact with an immunocompromised person (e.g., leukaemic sibling, parent on chemotherapy).

Where such children are identified, every opportunity should be taken to offer a second dose of chickenpox vaccine according to the amended schedule.

## Green Book updates

Chapters 21 (Measles) 23 (Mumps), 28, (Rubella), 22 (Meningococcal) and 32 (TB) have been updated recently. As chapters are frequently updated, readers are advised to ensure they are consulting the latest version by checking the date the chapter file has been replaced in the index list and in the chapter tabs in the margins of the pages in the PDFs.

[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_079917](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079917)

## Seasonal flu special newsletter

Primary Care colleagues should have already received the annual Seasonal Flu Vaccination Programme in a CMO letter from the Scottish Government sent in late June (SGHD/CMO(2010)14). An updated CMO letter with a new Green Book chapter on flu vaccine is also planned to be distributed during August. The letter presents a slightly complicated programme because of a small number of 'at risk' patients who will require both seasonal and monovalent H1N1 vaccines. To help interpret the guideline, the PHPU will produce a special edition newsletter on Seasonal Flu Vaccine 2010/11 for distribution later this month. This will include an easy-to-follow flu vaccination flow chart.

[www.sehd.scot.nhs.uk/cmo/CMO\(2010\)14.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2010)14.pdf)

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