

NHSGG and CLYDE NEWSLETTER

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

INSIDE THIS ISSUE

- MMR stocks
- H1N1 vaccine and narcolepsy
- Flu vaccine - delivery delay
- Flu seminars for GPs
- Measles in UK Travelling people
- Thiomersal and autism
- Legionnaires' Disease in Wales
- Asplenia and splenic dysfunction

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MMR stocks

A large amount of MMR stock was purchased to support a major publicity campaign in 2009. Unfortunately, demand for the product did not rise at the expected rate leaving a surplus. A stock rebalancing programme has now been in place for a few months with the aim of ensuring that stock is not wasted due to date expiry. Practices will be aware that this has resulted in some short-dated stock being sent out in the last 6 weeks.

Priorix

Priorix will continue to be the only vaccine available *until the beginning of November 2010*

- Some stock of Priorix date expires on 31st October 2010 and it will be necessary to send this stock out until 19th September (at that date it will have 7 weeks shelf-life left)
- From 19th September there will then be a two week period of stock being sent out with an expiry date of 30th November 2010 (9 weeks left). From start October to the beginning of November, the Priorix stock will have an expiry date of 28th February 2011 (5 months left).

MMRVaxPro

From the beginning of November, the available stock will switch to MMR VaxPRO with an expiry date of 30th April 2011 (5 months left).

- In March, stock will be issued with an expiry of 30th June 06 2011 (3 months left).
- During April, stock will be issued that expires at the 31st July 2011 (over 3 months left).

At the beginning of May, supply of both products will resume with remaining shelf-lives of more than 6 months.

H1N1 vaccine and narcolepsy

Preliminary results from an investigation by Swedish regulators into reports of narcolepsy in people who received a 2009 H1N1 vaccine found no link between the immunization and the condition.

In a report of 8th September 2010 from the country's Medical Products Agency, investigators said they found that narcolepsy developed both in people who had and who had not received the vaccine. The agency's report said 6 narcolepsy cases in Stockholm were in children, 2 of whom had not received the Pandemrix vaccine. Of 10 narcolepsy cases reported in adults, half had received the vaccine. <http://www.lakemedelsverket.se/english/All-news/NYHETER-2010/Update-on-the-investigation-of-narcolepsy-cases-in-Sweden/>

Flu vaccine - delivery delay

Wyeth/Pfizer has announced that there will be a delay in delivery of the seasonal influenza vaccine Enzira® and the generic vaccine (CSL Biotherapies generic influenza vaccine Ph. Eur.) for the 2010/11 seasonal flu programme. It's expected that 90% of vaccines will be delivered to customers by the end of October 2010 with the remaining 10% during the first week in November. Wyeth/Pfizer has contacted all customers to explain the background and to advise of updated delivery schedules.

There is no problem with the vaccine itself. The delay in delivery has arisen as a result of a delay in the printing of the vaccine package inserts which could not commence until the wording was agreed between the manufacturer and the Medicines and Healthcare products Regulatory Agency. This was required following the identification of an increased risk of febrile convulsions in children in Australia who received these vaccines and the subsequent recommendation in the UK that these vaccines should not be given to children under 5 years. See the CMO letter (CMO(2010)16) below for details [www.sehd.scot.nhs.uk/cmo/CMO\(2010\)16.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2010)16.pdf)

It is estimated that this delay will affect about 18% of the vaccine ordered overall in NHSGGC although the effects are greater in some areas (West Dunbartonshire, North Glasgow) This short delay should not cause any significant difficulties but it is essential, as good practice, that community pharmacists continue to liaise closely with General Practices to ensure sufficient vaccine availability before clinics are arranged.

Flu seminars for practice staff

GP practices in NHSGGC were recently notified of seminars organised by PHPU explaining the rationale behind this year's flu programme and how to interpret the flow-chart in the Special Edition Flu Newsletter sent out earlier this month.

At time of publication two seminars are still to take place :-

Seminar 3: Wednesday, 29th September 2 - 4pm
Kelvin Conference Centre University of Glasgow West of Scotland Science Park, 2317 Maryhill Road, Glasgow
Register to attend below:
<http://seasonal-flu-glasgow1-seminar.eventbrite.com/>

Seminar 4: Thursday, 30th September 2 - 4pm
Glasgow Pond Hotel, Gartnavel General Hospital
Register to attend below:
<http://seasonal-flu-glasgow2-seminar.eventbrite.com/>

Measles in UK Travelling People

In the previous edition of the Newsletter, (Vol 9, Issue 8), the PHPU raised awareness of the threat of measles in the Travelling community. It is well established that health services historically achieve poor MMR uptake (and immunisation rates in general) in this community.

Recently, NHS Ayrshire and Arran asked Health Protection Scotland (HPS) to alert health boards in Scotland to an outbreak of measles in Travellers. Five confirmed cases had been reported, four of whom were in a Travelling community temporarily located in Ayrshire. The other case was an apparently sporadic case in a 12-month-old child in the same locality.

All of the cases were either unimmunised, of uncertain immunisation status, or too young to be immunised. A 19-year-old in the Travelling community was admitted to hospital with respiratory complications, while the other cases (younger children) were medically assessed but not admitted.

NHS Ayrshire & Arran's response was to offer prompt vaccination by specialist Health Visitors (with background knowledge of the community) to all Travellers at the temporary location, and also to assess other potential locations. Dissemination of information through Health Protection Scotland was judged important in view of the mobility of these vulnerable groups and known outbreak potential. Human Normal Immune Globulin (HNIg) was considered and used as appropriate for high risk contacts (e.g. unimmunised pregnant women, vulnerable young children etc).

Cases and outbreaks may occur elsewhere due to frequent mobility and potential gatherings at large events where Travellers will congregate in the coming weeks.

Primary care staff should not hesitate in offering MMR to any members of this group (or any other unimmunised person) if the opportunity presents. Being unsure of the MMR immunisation status of any person, should not impede the administration of MMR, two doses of which are required if full protection from measles is to be achieved.

Thiomersal and autism

It has been hypothesised that thiomersal, an ethyl mercury preservative in vaccines, is associated with an increased risk of Autistic Spectrum Disorder (ASD). Studies to date have failed to demonstrate such an association. A recent study published in the American journal *Pediatrics*, examined prenatal and early-life exposure to ethylmercury from thimerosal-containing vaccines and immunoglobulin preparations and assessed the association of ASD.

The study was a case-controlled analysis examining exposure to ethylmercury during the prenatal and birth - 1 month, birth - 7 months, and birth - 20 month periods.

The authors concluded that there was no association between thiomersal-containing vaccines/preparations and an increased risk of autistic spectrum disorder.

Price S, Thomson W et al, (2010), Prenatal and infant exposure to thiomersal from vaccines and immunoglobulins and risk of autism, Pediatrics, doi.10, 1542/peds2010-0309.

www.pediatrics.aappublications.org/cgi/reprint/peds.2010-0309v1

Legionnaires' disease in Wales

Public Health Wales, in collaboration with the Health and Safety Executive (HSE) and Environmental Health Officers from eight South Wales local authorities, is continuing to investigate an outbreak of Legionnaires' disease clustered around the Heads of the Valleys corridor.

As of 15th September 2010, 19 people with Legionnaires' disease have been linked to the outbreak although no new cases have been reported since 10th September.

All 19 cases have required hospital treatment. One case - a 49-year-old female - died in hospital on the evening of Sunday 12th September. One further case is possibly linked to the outbreak and remains under investigation.

Seven cases were investigated for links to the outbreak but they have now been excluded from outbreak investigations. Two of these have previously been reported to have died - a 70-year-old male and a 64-year-old female.

The outbreak area is the corridor 12km either side of the Heads of the Valleys Road (A465) between Abergavenny and Llandarcy. People are linked to the outbreak if they live in, or have visited, this area in the two weeks before falling ill. Investigations are focusing on a cluster of 7 people linked to Rhymney.

A further potential cluster of 4 people in the Cynon valley is being investigated. The other 8 people have various links and connections across the outbreak area

Asplenia and splenic dysfunction

The Joint Committee on Vaccination and Immunisation (JCVI) has recently updated vaccination recommendations in Chapter 7 of the 'Green Book' *Immunisation Against Infectious Disease* for people with asplenia or splenic dysfunction.

Vaccines recommended for this group are as follows:

- Hib vaccine (irrespective of age)
- Influenza vaccine (annually)
- Pneumococcal vaccines PCV (conjugate) and PPV (polysaccharide). PPV should be boosted every 5 years
- Meningococcal conjugate vaccine (Men ACWY vaccine)

The JCVI now recommends the use of the quadrivalent ACWY meningococcal vaccine instead of Men C for those persons with asplenia and splenic dysfunction. This gives greater coverage of serogroups as cases of both Y and W135 have been reported in increasing numbers in the UK in recent years.

See the summary table in the Green Book Chapter 7 (link below)

www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_117988.pdf

Retirement of HPN

Hattie O'Donnell, one of three Health Protection Nurses in the PHPU, is retiring this month. Hattie joined the PHPU when NHS Argyll & Clyde merged with NHS GG in 2006. Her replacement, Ann Smith, joins the team in November.

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