PHPU Newsletter

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Urgent notice - time for PEP antivirals for flu

In the past week, HPS has received report of 6 laboratory-confirmed cases of influenza A (H1N1) 2009 in Scottish hospital ITUs. At least 3 cases had related risk factors.

While a variety of different flu strains are present in the community, the majority of laboratory cases so far are Influenza A (H1N1) 2009 which was the cause of the pandemic last season. People with risk factors (particularly pregnant women) who have not yet had their seasonal flu vaccine should be encouraged to get vaccinated as soon as possible to protect themselves and their family.

In light of the community circulation of influenza, antivirals **are now appropriate for use** for the early treatment and prophylaxis of influenza-like illness in line with the NICE 2008 guidelines. The criteria for prophylactic use of antivirals, oseltamivir and zanamivir, are outlined below:

- national surveillance schemes have indicated that influenza virus is circulating
- the person is in an at-risk group
- the person has been exposed to an influenza-like illness and is able to begin prophylaxis within the timescale specified in the marketing authorisation of the individual drug (within 36 hours of contact with an index case for zanamivir and within 48 hours of contact with an index case for oseltamivir)
- the person has not been effectively protected by vaccination *as defined*

For details see CMO letter: http://library.nhsggc.org.uk/mediaAssets/PHPU/CMO(2010)29.pdf

Note: GPs considering prescribing oseltamivir *off licence** to children under 1 year of age should first discuss with the local hospital paediatrician.

** only licensed for use in children under 1year of age in a pandemic*

Urgent notice - flu vaccination for NHS staff

Following the recent media coverage of 10 adult deaths in the UK from H1N1, healthcare workers are again reminded that they are duty-bound to be vaccinated against flu to protect both themselves and the vulnerable patients in their care. Pregnant women and patients who are elderly, chronically sick, or immunocompromised are all susceptible to the complications of flu. The current flu vaccine protects against H1N1 as well as H3N2 and influenza B.

NHS staff working in close contact with patients should register for vaccination on the web link below. http://nhsggc-healthcareworkerseasonalfluvaccine.eventbrite.com Registration ends on 7th January.

For an urgent appointment, call the occupational health department 0141 201 5600.

GP practices should make their own arrangements for staff vaccination.

NHS staff should register now for flu jabs

MMR, PCV and Hib/MenC

The Joint Committee on Vaccination and Immunisation (JCVI) has recommended that vaccines currently given at 12 and 13 months of age (MMR, PCV 13 and Hib/MenC) be given at the same visit, between 12 and 13 months of age (i.e. within a month after their first birthday) to simplify the routine childhood immunisation schedule.

At the June 2009 meeting of the JCVI, evidence was presented to the committee showing that Hib/Men C, MMR and PCV vaccines could be safely administered at the same time, and that co-administration did not adversely affect the immune response induced by the vaccines. This led the JCVI to recommend flexibility in the routine schedule. The CMO letter relating to this change can be found at: http://www.sehd.scot.nhs.uk/cmo/CMO(2010)27.pdf

Since the JCVI advice in 2009, the vaccine used for protection against pneumococcal disease has changed from PCV 7 to PCV 13. However, the advice is equally applicable to PCV13.

Vaccinations should, ideally, be given in separate limbs. However, if they need to be given in 2 limbs, **PCV and Hib/MenC should not be given in the same limb** as the 2 conjugate vaccines may interact reducing their effectiveness. If necessary, the MMR vaccine can be given in the same limb as either the PCV or the Hib/MenC but with at least 2.5cm between the injection sites. The vaccines should not be mixed in the same syringe.

The updated childhood immunisation schedule with injection sites is on the PHPU website: http://www.nhsggc.org.uk/content/default.asp?page=s1540_4

SIRS will start to call children for the new schedule on the 7th February. PGDs remain unchanged.

MMR, PCV and Hib/MenC can now be given at same visit

GP and GDP staff with needle-stick injury or blood splash contact 0141 201 5600

The PHPU welcomes Ann Matheson, the new HPN , to the team

MERRY CHRISTMAS AND HAPPY NEW YEAR

Needle-stick injuries in GPs and dental staff

Please note that NHSGGC Occupational Health Service will provide advice and support to any member of GP /GDP staff who sustains a needle-stick injury or blood splash during working hours (8am -6pm). Staff should attend the local A&E department when out-of-hours incidents occur.

The member of staff should contact the occupational health department (0141 201 5600) as soon as possible after the incident to discuss with an occupational nurse. Blood sampling for storage will be offered at OH's central location at the Victoria Infirmary or at one of the satellite clinics. These are listed below:

Vale of Leven - Alternate Mondays
Royal Alexandra Hospital - Tuesday
Inverclyde Royal Hospital - Wednesday
Gartnavel General Hospital - Thursday
Glasgow Royal Infirmary - Monday, Tuesday and Friday
Advice and blood testing will be given free of charge but any vaccinations required will be charged.

Note : This is the only service NHSGGC Occ Health provides to GP staff. Individual practices must arrange for all other routine occupational services with an occupational health provider.

See NHSGGC Guidleines on Management of Exposure to BBV below. http://library.nhsggc.org.uk/mediaAssets/Infection%20Control/nhsggc_Guideline_for_the_management_of_exposures to_bloodborne_viruses_2007_10.pdf

Lyme Disease

Lyme disease is an emerging infection that is now the most common tick-borne disease in the northern hemisphere. The disease caused by the bacteria *Borrelia bugdorferi*. from the bites of infected *Ixodes* ticks. The tick is about the size of a poppy seed and around 15-20% of infections are acquired abroad. Tick bites can occur while walking through rural areas particularly in the Highlands of Scotland, with summer and autumn as peak times. The National Lyme Disease Testing Laboratory in Inverness has seen a dramatic increase in cases in recent years.

Lyme disease gets its name from the town of Lyme in Connecticut USA, where a number of cases occurred in 1975. Although there was a high suspicion it was a tick-borne disease, this was not proven until 1982. The disease can affect multi body systems and may produce a range of symptoms.

The classic sign of early **Stage 1** Lyme disease in approximately 60% of Scottish cases is a circular outward expanding rash (erythema migrans) which develops into a 'bullseye' type appearance (the inner rash becomes indurated, the outer edge remains red and there is a clear circular area in between). This develops between 3 and 32 days after a tick bite. Lyme disease is not transferable from person to person. Flu-like symptoms, fever, myalgia, headache, and malaise are common.

Stage 2 phase of the infection may include blood stream spread resulting in dizziness and heart palpitations as well as neurological problems such as meningitis and encephalitis. If left undiagnosed and untreated, late persistent Lyme disease may occur (**Stage 3**).

There is no vaccine to protect against the disease, therefore minimising the risk of tick bites by wearing appropriate clothing in tick-infested areas and by careful tick removal are the mainstay of protection (infected ticks need to be attached for at least 24 hours before transmission of infection can occur).

Diagnosis is made by serological detection of IgM antibody, but this may not show in the earliest part of the infection. Treatment involves an extended course of antibiotics including doxycycline, tetracycline and amoxicillin.

Recent anthrax in IDU in England

To date there have been 47 heroin - associated cases and 13 deaths reported in Scotland, with the last case in June 2010. However, more recently the Health Protection Agency (HPA) reported the death of a patient being treated for anthrax infection in a Kent hospital on 3rd November 2010

Anthrax is a serious infection which is now numbering among risks to drug users. Following a cluster of cases earlier this year, cases continue to be seen occasionally among injecting drug users. All injecting heroin users should seek urgent medical advice if they experience signs of infection such as redness or excessive swelling at or near an injection site, or other symptoms of general illness such as high temperature, chills or a severe headache or breathing difficulties, as early antibiotic treatment can be lifesaving.

This case was in a very different part of the UK and near the Channel ports so if it is a heroin-associated death then logically it would appear to be related to a newly imported batch of heroin. Results are still awaited to determine whether this is the same or a different strain from those seen earlier in England this year 2010; 2 in London (February and March; one death), 1 in the Northwest (August; death), and 1 in the East Midlands (February; death)

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