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PHPU Newsletter

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BMJ declares MMR study fraudulent

This month's BMJ contains an editorial and an article by Dr Fiona Godlee, BMJ Editor in Chief who writes that "the MMR scare was based not on bad science but on a deliberate fraud" and that such "clear evidence of falsification of data should now close the door on this damaging vaccine scare."

There is also an article by Brian Deer in which he details the events leading up to the publication in the Lancet in 1998 which started the MMR scare.

<http://www.bmj.com/content/342/bmj.c7452> <http://www.bmj.com/content/342/bmj.c5347.short>

Immunisation e-learning course

The immunisation E-learning course has proved popular, with encouraging uptake/completion-rates among primary care staff including GPs, practice nurses, health visitors and staff nurses. So far, nearly 350 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) for an application form Gillian.penrice@ggc.scot.nhs.uk

Hep B vaccination for MSM

The NQIS Standards for Sexual Health (Standard 7) states: *Men who have sex with men who are at risk of sexually transmitted hepatitis B are offered vaccination.*

Hepatitis B is more prevalent in men who have sex with men than in the general population and can be transmitted by sexual contact. In view of this, GPs are reminded that MSM are in a Hep B clinical risk category and, as such, vaccination should be offered when the opportunity presents itself. Hep B vaccination for those in clinical risk groups is included in the global sum for GMS.

First childhood immunisation at 9 weeks

Previously, infants were called for first childhood immunisation at 8 weeks of age. However, a baby presenting for immunisation a few days prior to its being two months of age, is below the licence-age for prescription of paediatric paracetamol for post-pyrexia immunization. To avoid this, children will now be called for vaccination from the age of 9 weeks

The NHSGGC Screening Department will implement this change from Monday, 7th February 2011. There will, however, be a very small number of children who may need paracetamol following neonatal immunisations (eg. BCG or Hep B vaccines) and in these cases, it can be prescribed *off-licence* by GPs.

Flu vaccine and pregnant women

The PHPU will be writing directly to all pregnant women in the NHSGGC area advising that they receive the seasonal trivalent flu vaccination at their GP surgeries if they have not already done so. Letters and accompanying leaflets will be sent out some time in the week commencing 17th January.

Flu vaccine availability

The PHPU has been made aware that some GP practices are having difficulty obtaining additional seasonal flu vaccine from community pharmacies. Recent advice from the Scottish Government is that an additional allocation of vaccines is coming into the UK market this week via pharmaceutical wholesale network. This means that community pharmacists may be able to place top-up orders for practices through this route. If not, practices should contact the NHSGGC Pharmacy Distribution Centre (PDC) **0141 347 8981**, which might be able to supply small amounts of vaccine from limited Health Board stock.

Meningococcal and Group A strep on increase in flu season

Flu and co-infections

The Acting CMO for England and Wales has written to all GPs alerting them to an increase in a number of significant bacterial infections such as those caused by *Neisseria meningitidis* (meningococcal disease) and others that may occur as co-infections with flu. Organisms such as *Streptococcus pyogenes* (Group A Streptococcus), *Streptococcus pneumoniae*, *Staphylococcus aureus* and *Haemophilus influenzae*, which can cause co-infection with flu, may affect people who typically are not considered to be at risk of severe illness from flu, such as those not currently in a risk group for seasonal influenza vaccination. Some of these bacterial co-infections can progress to severe illness rapidly and may carry a high mortality. A number of data sources suggest recent increases in some of these bacterial infections, particularly invasive Group A streptococcal (iGAS) infection and meningococcal disease. Although the prevalence of flu in Scotland has not yet reached the current level in England, it is still on the upward curve and therefore this advice applies locally.

Community and hospital clinicians are reminded to :

- continue to remain vigilant for the possibility of severe illness due to bacterial co-infection with influenza including iGAS, pneumococcal and meningococcal infection and to be aware of the possibility of such bacterial co-infection in people with flu-like illness
- ensure antiviral treatment is started as soon as possible in line with national guidance and that patients with a flu-like illness that fails to improve are reviewed
- obtain blood and respiratory tract samples for culture early, preferably before administration of antibiotics, in hospital settings
- ensure rapid instigation of appropriate antibiotic treatment for patients known or suspected to be suffering from flu **and** bacterial co-infection

Clinicians should be aware of the often non-specific presentations of meningococcal disease that may appear to be flu-like in the early stages.

Flu vaccine effectiveness in preventing pandemic

A UK study recently published in [Eurosurveillance \(Vol 16, Issue 2, 13 January 2011\)](#) demonstrates that the pandemic influenza vaccine was highly effective in reducing confirmed pandemic influenza infection in persons consulting in primary care between November 2009 and January 2010. In addition, it provides evidence of protection from as early as seven days after vaccination.

This discovery corroborates findings of the high immunogenicity of pandemic vaccines in clinical trials: a UK study (2009) reported that 79% of participants had seroconverted by 14 days after receiving a single dose of MF-59-adjuvanted vaccine [N Engl J Med. 2009;361\(25\):2424-35](#). The vaccine effectiveness findings were adjusted for various confounders. The results are similar to the estimated effectiveness of the traditional trivalent non-adjuvanted seasonal influenza vaccine during periods in which the vaccine is well matched with the circulating influenza strain and the pandemic vaccine effectiveness estimated in this study is considerably higher than in seasons of vaccine mismatch.

H1N1 surveillance in Scotland

Since October 2010, there have been 1559 confirmed detections of influenza A (H1N1)2009 (formerly known as 'swine flu') through sentinel and non-sentinel surveillance sources. A large increase in the number of confirmed influenza A (H1N1) 2009 cases has been seen over the last month.

HPS has received reports of an additional 55 laboratory confirmed cases of influenza A (H1N1) 2009 in Week 1 (ending 10/01/2011) with severe infection requiring hospital management in intensive care and a report of 17 additional deaths. Cumulatively, there have been 116 ITU cases and 27 deaths, almost all of whom are understood to have been infected with influenza A (H1N1) 2009.

The table below shows influenza laboratory-confirmed cases in ITU or laboratory confirmed influenza cases

SARI cases (ITU cases & deaths)	0-14 years	15-64 yrs	>65 yrs	N K
ITU admission & alive	8	67	6	8
Deaths in hospital	0	17	10	0
Total	8	84	16	8

in Scotland who have died in hospital (by age group)

NK –age not known

Update - antiviral use in seasonal flu

GPs are reminded of the CMO's recent advice [SGHD/CMO\(2011\)1](#) that they rely on clinical judgement to prescribe antivirals for flu sufferers who do not have clinical risk conditions. Directions to enable GPs were issued under [PCA \(M\)\(2010\) 22](#). Please note that prescription charges are payable for these drugs during seasonal flu.

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