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Pregnant women should be offered flu vaccine up until 31st March 2011.

PHPU Newsletter

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HPV Immunisation Programme 2010/11

The third "catch-up" year of the national Human Papilloma Virus Immunisation Programme commenced in NHSGGC at the beginning of September last year. This programme is seen as a key approach, together with cervical screening, to the fight against cervical cancer.

It is a challenging programme, involving the delivery of a time-dependent, 3 -dose vaccine schedule (0, 1 and 6 months) to all girls in S2 and those in S3 - S6 who missed the vaccine in the first 2 years of the programme (120 secondary schools ~ 8000 girls). The programme must be delivered within the time constraints of the school day, during the annual school calendar between September and June, and alongside the School Leavers Booster Vaccination Programme offered to all S3 boys & girls (~ 15000) in January/February of each year.

The school HPV vaccination programme has been very successful in NHSGGC with first-dose uptake rates of 95% in year 1 and 90% in year 2. Provisional, national statistics for this year of the programme indicate an uptake rate of over 90%. It is expected that the uptake in years 2 and 3 will increase further as girls who missed their vaccine in S2 will be offered it again in subsequent school years as long as they continue to attend school.

The 3-year catch-up programme also offers the vaccine to all school leavers from the age of 16 and up to and including those born on or after 1st September 1990. For girls whose GP practice is participating in the national programme, vaccination can be arranged by making an appointment with the practice before the end of August this year. For those whose GPs are not participating, an early evening HPV immunisation clinic will run on the last Thursday of March, May, July, August and October at the Teachers Building, St Enoch Square, Glasgow city centre, from 4pm to 7pm. Appointments can be arranged by calling **0800 015 0345** Mon-Fri 10am – 4pm. The NHSGGC flyer (see left) includes details on how to book an appointment at the city centre clinic and is available in glossed A5 hard copy. Practices can request further supplies by emailing phpu@ggc.scot.nhs.uk

Flu vaccine - ordering for 2011/12

The arrangements for ordering vaccine for the seasonal flu programme for 2011/12 commencing was outlined in the circular [http://www.sehd.scot.nhs.uk/pca/PCA2011\(P\)01\(M\)01.pdf](http://www.sehd.scot.nhs.uk/pca/PCA2011(P)01(M)01.pdf) dated 5th January 2011. The usual arrangement, where community pharmacy contractors distribute their orders among at least three independent sources of supply, remains. In addition, community pharmacy contractors have been asked to ensure that when placing orders licensing arrangements are considered to ensure that GP practices receive a proportion of their requirements from a vaccine which is suitable for all eligible groups including children under the ages of 4 or 5. Please note that the two vaccines below are not licensed for under 5s.

- Novartis - Fluvirin® was not licensed for individuals aged below 4 years in 09/10
- Pfizer/Wyeth - Enzira® and Generic Inactivated influenza vaccine (split virion) Ph. Eur were not licensed for individuals aged below 5 years in 09/10

Pregnant Women

The JCVI has recommended that pregnant women will be included in future seasonal flu vaccination programmes. GP practices are advised to order adequate quantities of flu vaccine with this additional risk group in mind. **Please note that after 31st March, pregnant women will not be offered flu vaccination until the start of the next flu season.**

Hepatitis B treatment and the NHSGGC Formulary

In December 2009, the Area Drugs and Therapeutics Committee (ADTC) changed the restriction on the following drugs used in the treatment of hepatitis B; adefovir, entecavir, lamivudine and tenofovir. The outcome of the review was that these drugs should be initiated by, or on the advice of, a specialist, but may be continued by a GP. Patients who are suitable will initiate treatment at an infectious diseases or gastroenterology department; following this specialist will write to the GP and request that they *continue* to prescribe antivirals. The specialist centre will provide ongoing monitoring for toxicity and of response to treatment.

The 2011 online NHSGGC Formulary will reflect this change.

The NHSGGC Assessment and Management of Hepatitis B can be viewed on the link below: <http://www.glasgowformulary.scot.nhs.uk/Guidelines/hepatitis/HBV%20Treatment%20Guideline%20%202010.pdf>

No Twinrix available until May 2011

Non-charcoal, flocked throat swab from suspected measles case for PCR

Migrant health website

A new online resource has been launched by the Health Protection Agency (HPA). The Migrant Health Guide is intended to be a "one stop shop" for information to support health care practitioners in assessing and treating migrant patients. This is in recognition of the fact that these patients sometimes have health needs which are more complex than those of UK-born patients.

Migrant Health website: www.hpa.org.uk/MigrantHealthGuide

Combined Hep A & B vaccine shortage

GPs and CAT teams should note that GSK does not expect TWINRIX to become available until May 2011. and therefore Hep A and Hep B vaccines will need to be ordered separately.

Epaxal® (Hep A) is currently available

Havrix®(Monodose Hep A) will become available this month (March)

Enerix B® prefilled syringes will not be available until May or June 2011 although vials of vaccine are in stock

The PDC has been advised accordingly and the PGDs remain valid despite the different product names.

Training Tracker – BBV module now available

A bloodborne virus module has been launched on the NHSGGC e-learning platform 'Training Tracker'.

The module is free to all NHS staff and their associate agencies and provides a basic overview of HIV, Hepatitis B and C. The module covers the following topics: -

- *epidemiology*
- *transmission*
- *benefits of testing*
- *occupational and non-occupational exposure to BBVs*

A certificate is printed out for those who pass the test set at the end and is useful evidence for CPD and KSF.

Staff must register to access it so those who don't have a Training Tracker account should e-mail their name, job title, place of work and directorate to: GG-UHB.bbvtrainingteam@nhs.net. On receipt of these details a user name and password will be issued.

Training Tracker can be accessed by staff from any computer at work or home using their same personal login details <http://nhsggc.trainingtracker.co.uk/>

Face-to-face training is still available and recommended for more advanced learning. Details of courses can be found at <http://www.sandyford.org/practitioners/training-.aspx> or by calling the BBV Training Team at the Sexual Health Advisors Office **0141 211 8634**

Measles PCR from throat swab – new local test

Early laboratory confirmation of measles assists public health in the control of cases and clusters of the disease. Cases of measles are usually associated with foreign travel to countries where measles is endemic or within groups with traditionally low vaccine-uptake such as travelling people in the UK. Measles is a highly infectious virus, spread by both the airborne route and close contact with droplet secretions. Non-immune individuals include those who have not received MMR or had natural infection.

Measles is a notifiable disease and general practitioners should report clinically suspected cases to the PHPU immediately. Laboratory confirmation of measles will then be required. For immediate confirmation a throat swab (non-charcoal and flocked if available) should be taken for PCR detection of viral nucleic acid. This is a highly sensitive test and sampling can be undertaken from the prodromal phase up to 14 days after onset of rash. The swab should be inserted into a vial container of Viral PCR Solution (VPS) and sent to the West of Scotland Virus Lab (WOSVL) at Gartnavel Hospital. If there is no VPS available, practices should contact the WOSVL at **0141 211 0080**. Samples of clotted blood can also be sent for IgM and IgG detection in acute and convalescent sera respectively.

The standard salivary-testing kit offered by the PHPU after GP notification of a clinical case is not intended for rapid confirmation of measles, mumps or rubella (it's usually some weeks before the results are reported back to the GP and PHPU). This test is recommended for the purpose of UK-wide surveillance.

BCG appointments for babies

Newborns identified at increased risk of TB are referred for BCG by maternity staff. The PHPU arranges appointments usually within 2 months of referral but sometimes later depending on clinic capacity. It is not uncommon therefore to find babies under 2 months of age who have not yet been appointed. HVs are asked to wait until the baby is aged 3 months before chasing-up BCG appointments (0141 201 4538).

If you would like to comment on any aspect of this newsletter please contact Marie Laurie on 0141 201 4933 or at marie.laurie@ggc.scot.nhs.uk