May 2011

Volume 10, Issue 4

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PHPU Newsletter

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Investigation into Legionnaires' disease in NHSGGC

The PHPU is co-ordinating the investigation into 11 *suspected* cases of Legionnaires' disease diagnosed in the NHSGGC and Lanarkshire areas since March this year. Three of these cases have died. No source or common exposure has, so far, been identified although some of the cases have other possible exposures.

In an average year, NHSGGC can expect 5-10 cases of Legionnaires' disease, the majority being acquired abroad.

The organism is widely distributed in the environment having been found in ponds, hot and cold water systems and water in air-conditioning systems. Transmission to humans occurs via inhalation of infected aerosols or droplets. *Person-to-person spread does not occur.* The legionella organism can produce non-specific flu-like symptoms such as malaise, myalgia, anorexia, headache, often with diarrhoea and confusion, but can progress to moderate to severe pneumonia fairly rapidly. Pontiac fever, a self-limiting condition with similar initial symptoms but no progressing to pneumonia, is also caused by legionella.

GPs are asked to keep this diagnosis in mind in someone with above presentations and submit the appropriate samples to the lab for investigation. The PHPU should be informed of any suspected cases so that appropriate environmental investigations can be undertaken.

Updated HPA meningococcal guidance

GPs should note that the recently updated Health Protection Agency meningococcal guidance (Feb 2011) recommends that children and young people with suspected bacterial meningitis *without non-blanching rash* should be transferred directly to secondary care *without giving parenteral antibiotics*. If urgent transfer to hospital is not possible (for example, in remote locations or adverse weather conditions), antibiotics should be administered to children and young people with suspected bacterial meningitis.

For suspected meningococcal disease (meningitis with non-blanching rash or meningococcal septicaemia) parenteral antibiotics (intramuscular or intravenous benzylpenicillin) should be given at the earliest opportunity, either in primary or secondary care, but urgent transfer to hospital should not be delayed in order to give the parenteral antibiotics.

Change in chemoprophylaxis

Ciprofloxacin is now recommended for use in all age groups and in pregnancy.

Rifampicin had been the drug of choice for meningococcal chemoprophylaxis because it was licensed for chemoprophylaxis. However, the advantages of ciprofloxacin are that it is given as a single dose, does not interact with oral contraceptives, and is more readily available in community pharmacies. It is contraindicated in cases of known ciprofloxacin hypersensitivity.

The dosage recommended is:

Adults and children over 12 years	500 mg as a single dose
*Children aged 5-12 years	250 mg as a single dose *(Suspension requires reconstitution)*
*Children 1 month -4 years	125 mg as a single dose *(Suspension requires reconstitution)*

**Note: chemoprophylaxis is an unlicensed indication in children.*

The guidance reassures prescribers that it is safe for use in pregnancy, lactation and in young children but that anaphylactic reactions can occur and information on side effects should be provided. It has an unpredictable effect on epilepsy but is preferred to rifampicin if the patient is prescribed phenytoin.

Read the full HPA guidance at : www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1194947389261

Changes to gonorrhoea treatment

The UK **G**onococcal **R**esistance to **A**ntimicrobrials **S**urveillance **P**rogramme (GRASP) recently issued a warning about decreasing sensitivity of gonorrhoea to cephalosporins. It has advised the following management: -

- 1st line treatment: **Ceftriaxone 500 mg by intra-muscular Injection**
- 2nd line treatment: **Cefixime 400 m**g orally *(only if IM injection is contra-indicated or refused by patient)*
- Co-treatment: **Azithromycin 1g** (*regardless of Chlamydia result*) given at the same time as above treatment
- Test of cure in all patients

Sandyford's gonococcal treatment protocol has been amended accordingly and is available on the website (www.sandyford.org). Because of the emphasis on injectable treatment and need for microbiological follow-up to document clearance, it is likely to be easier for patients to be seen in specialist services. GPs are asked to call the Sandyford Shared Care Helpline (0141 211 8639) before treating anyone with gonorrhoea.

Effective management of vaccines in primary care 2010/11

Improper storage of vaccine in a GP practice can result not only in an unnecessary (and costly) waste of vaccine, but also in patients' having to be called for re-immunisation.

In NHSGGC a programme of self-audit and temperature-mapping of fridges is recommended to be undertaken **annually** to assure best practice and identify if any improvements are required.

In the period April 2010 to March 2011, 136 GP practices (54%) in NHSGGC undertook self audit although this varied according to CHP (Figure 1).

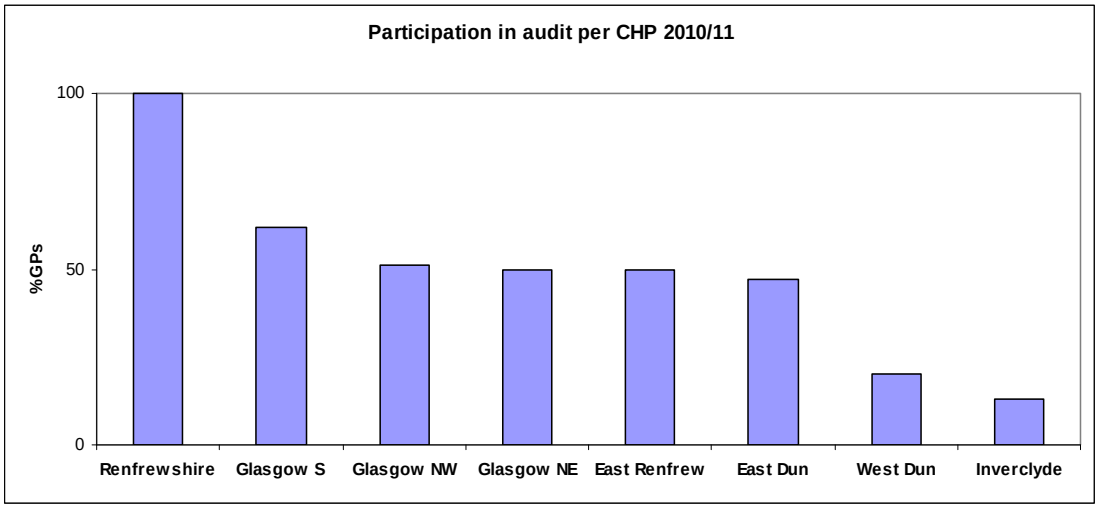
Areas requiring improvement were:

- temperature records - to be reviewed monthly
- thermometers - to be reset after each reading
- action/investigation required when temperatures are recorded outside 2°C-8°C
- contingency arrangements for alternative storage

Where necessary, follow-up was arranged (e.g. further submission of temperature records) for around half of the practices. In a smaller number of practices (21%) further review was required but the Steering Group was satisfied there were no circumstances where revaccination was necessary.

Practices wishing to see their summary report from any previous audit or to undertake self audit should contact Dawn MacCloy, Project Administrator dawn.maccloy@ggc.scot.nhs.uk 0141 201 4464/4824.
Colleagues are thanked for their continued support and cooperation in this important clinical governance activity.

Figure 1



Listeriosis and vulnerable groups

Listeria monocytogenes is a bacterium which is widespread in the environment and causes the disease listeriosis The symptoms of non-invasive listeriosis are fever, muscle aches, nausea and/or diarrhoea; invasive disease causes more severe symptoms and may involve the nervous system and brain. The infection is transmitted through consumption of contaminated foods. Although rare (estimated ~400 cases annually in UK), it is often serious (about a third of cases die).

The number of reported cases of listeria has increased over recent years, particularly in people aged over 60. *L. monocytogenes* is frequently present in the environment and can be found in raw foods such as fresh meat, raw milk and fish. It is able to survive and grow at refrigeration temperatures and is a particular concern in relation to chilled ready-to-eat foods that will not be cooked before consumption.

It affects those with reduced immunity:

- pregnant women
- newborn and unborn babies
- people aged over 60 years*
- patients with specific underlying medical conditions and/or undergoing certain drug treatments

Cancer patients have an almost five-fold increased risk of developing listeriosis than people with other underlying medical conditions.

The Food Standards Agency has issued the following guidance for vulnerable groups :

- Don't use food past its 'use by' date.
- Make sure the temperature of fridge is between 0°C and 5°C (32°F and 41°F).
- Follow the storage instructions on food labels.

*FSA leaflet aimed at the over 60s is available on the link below.
http://collections.europarchive.org/tna/20100927130941/http://food.gov.uk/multimedia/pdfs/publication/listeriao609.pdf

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