



## Contents

World Hepatitis  
Day

*HIV in Primary  
Care – 2011 edition*

Recall of Japanese  
Encephalitis  
vaccine

Immunisation e-  
learning course

Paracetamol and  
children

Asplenia and  
splenic  
dysfunction

# PHPU Newsletter

Public Health Protection Unit  
Telephone 0141 201 4917

e-mail: [phpu@ggc.scot.nhs.uk](mailto:phpu@ggc.scot.nhs.uk)  
Fax 0141 201 4950

## World Hepatitis Day

The World Hepatitis Alliance and the Hepatitis C Trust will be issuing posters as part of World Hepatitis Day (28<sup>th</sup> July). These will be displayed for about one month (to include 28 July) on 1000 billboard sites across the UK. The Hepatitis C Trust will provide dates and location details in due course. The overall message of the Hep C poster campaign is 'get tested, get treated', as most people with Hep C infection may not have any signs or symptoms until they develop advanced liver disease (see poster left).

## HIV in Primary Care - 2011 edition

The Medical Foundation for AIDS & Sexual Health (MedFASH) has published the second edition of *HIV in Primary Care: an essential guide for GPs, practice nurses and other members of the primary healthcare team*.

Written by GPs and HIV specialists with an interest in GP education, *HIV in Primary Care* provides information on:

- the clinical diagnosis of HIV in primary care
- how to offer an HIV test and give results
- primary healthcare for people with HIV, including reproductive health and immunisation
- how to complement specialist care
- practice - policies and systems for optimal patient care and protection of staff

The new edition can be accessed in PDF format at

[http://www.medfash.org.uk/publications/documents/HIV\\_in\\_Primary\\_Care.pdf](http://www.medfash.org.uk/publications/documents/HIV_in_Primary_Care.pdf) (file size 3Mb)

Hard copies are available at £10 (with discounts for bulk orders). For details see

<http://www.medfash.org.uk/publications/current.html>,

e-mail <mailto:enquiries@medfash.bma.org.uk> or call 020 7383 6345 for any enquiries.

NHS GGC offers a range of free BBV training to all staff including primary care staff. Dates for the One-Day BBV training and the specialist HIV/HCV 2-hour modules are available until the end of December 2011. For further details, to book a place or to arrange bespoke training, please contact the BBV Training Team at the Sexual Health Advisors office on 0141 211 8634 or by email on [GG-UHB.bbvtrainingteam@nhs.net](mailto:GG-UHB.bbvtrainingteam@nhs.net)

Don't forget that the basic BBV e-learning module is also available on Training Tracker. Email the BBV team to get a user name and password if you don't already have a Training Tracker account.

Full details of all training can be found at <http://www.sandyford.org/practitioners/training-.aspx>

## Recall of Japanese Encephalitis vaccine

Novartis and MRHA have issued a notice that a batch of IXIARO vaccine for Japanese encephalitis has been found to be less potent than expected and it may not induce a full protective immune response in recipients.

Batch Number	Expiry Date	Pack Size	First Distributed
JEV09L37A	Aug 2011	1 x pre-filled syringe	June 2010

Any unused vaccine from this batch should be returned to the original supplier.

Travellers who received vaccine from this batch should be recalled and offered a full primary course, **2 doses 28 days apart**, of the IXIARO vaccine free of charge.

Click below for the original drug alert issued 27<sup>th</sup> May 2011

<http://library.nhsggc.org.uk/mediaAssets/PHPU/Ixaro%2orecall%20June%202011.pdf>

## Immunisation e-learning course

The immunisation e-learning course has proved popular, with encouraging uptake and completion rates among primary care staff including GPs, practice nurses, health visitors and staff nurses. So far over 360 people in NHS GGC have completed the course (see uptake numbers by CHCP on [PHPU website](#) )

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](http://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](mailto:Gillian.penrice@ggc.scot.nhs.uk)

## Paracetamol and children

The MHRA (Medicines and Health Regulatory Agency) recently announced a change to the doses of paracetamol for children. The number of age bands has increased with a single dose per age band. Paracetamol continues to be an acceptably safe and effective method of short-term pain and fever relief in children when used according to the patient information supplied with the medicine. The aim of the change is to ensure optimal doses for age.

The current dosage system has a single age band 6-12 years. In the updated system, this will be divided into three separate age bands of 6-8 years, 8-10 years, and 10-12 years. Paracetamol products for children currently on the market should have the updated dosage instructions by the end of 2011. In the meantime parents and carers should still follow the current dosing and the advice on the packaging, making sure not to exceed the recommended dose.

### Important: post-immunisation use of paracetamol

Primary care staff should also note that paracetamol should not be used *prophylactically* for post-immunisation fever but only if fever develops. There is some evidence that prophylactic administration of antipyretic drugs around the time of vaccination may lower antibody responses to some vaccines (Prymula *et al.*, 2009). Local reactions are usually self-limiting and do not require treatment.

## Asplenia and splenic dysfunction

Immunisation staff should be aware of the latest changes to the vaccination schedule for children and adults with asplenia or splenic dysfunction. The updated chapter 7 is available on-line at:

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_126166.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_126166.pdf)

The new regimes are detailed in the table below:

Age when *condition acquired	<i>Vaccination course should, ideally, commence 2 weeks before surgery or commencement of immunosuppressive treatment. If not possible, wait 2wks post-splenectomy and 3 months post completion of chemo/radio therapy.</i>		
	Month 0	Month 1	Later
First presenting Under 2 yrs	Follow routine schedule including booster doses of Hib/MenC and PCV 13	Give †MenACWY at <b>least 1 month</b> after Hib/MenC and PCV 13 boosters	After 2 <sup>nd</sup> birthday give another dose of Hib/MenC and a dose of PPV
Over 2 yrs and under 5 yrs (fully vaccinated with PCV7)	Booster Hib/MenC PCV13	Single †Men ACWY	PPV <b>at least two months</b> after PCV13
Over 2 yrs and under 5 yrs (fully vaccinated with PCV 13)	Booster Hib/MenC PPV	Single †Men ACWY	
Over 2 yrs and under 5 yrs (partially/unvaccinated with PCV 7)	Hib/MenC 1 <sup>st</sup> dose PCV13	Single †Men ACWY	2 <sup>nd</sup> dose PCV 13 and then PPV <b>at least 2 months</b> after PCV 13
5 yrs and older (regardless of vaccination history)	Hib/MenC PPV	Single †Men ACWY	

\* asplenia, splenic dysfunction, immunosuppression or complement deficiency

† conjugate vaccine

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](mailto:marie.laurie@ggc.scot.nhs.uk)