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PHPU Newsletter

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PCR for pertussis can be done up to 21 days after onset

PCR unlikely to be of benefit if done after 5 days of antibiotics

GSK typhoid vaccine stocks

GSK has made a commitment to GAVI to produce and offer 125 million doses of Rotarix at a vastly reduced price to protect millions of children from Rotavirus in underdeveloped countries. This has affected GSK's manufacturing capacity and it's anticipated that there will be an interruption in the supply of GSK typhoid vaccines until the end of 2013. Current stocks of Typherix® are expected to run out soon, and Hepatyrix® will last until the end of the year.

Alternative vaccines are available and prescribers are advised to prescribe typhoid vaccines generically in the meantime e.g. Hepatitis A (inactivated) and Typhoid polysaccharide vaccine (adsorbed). Please note the minimum licensed age for ViATIM® is 16 years as opposed to 15 years for Hepatyrix®

Hep C in the UK - 2011 report

The high prevalence of HCV in particular groups is shown to be a key characteristic of the disease in the UK. Injecting drug users (IDUs) are at greatest risk of acquiring infection and some minority ethnic populations also have higher rates of infection than the white, UK-born population. For full details of the disease in the UK go to

http://www.hpa.org.uk/hpr/archives/2011/news3011.htm#hcvuk

Syphilis in Scotland - 2010 report

The 2010 data from the National Enhanced Surveillance of Infectious Syphilis Scotland, NESISS, is presented in a recently published report. The NESISS was established in December 2002 and involves the collection of both laboratory and clinical information on infectious (primary, secondary and early latent) syphilis.

In NHSGGC in 2010 there was a 36% reduction in reported cases from 58 (2009) to 37 (2010). In NHS Lothian there were 79 cases reported in 2010 compared to 80 in 2009. Of the total cases (152) reported in Scotland in 2010, 79 % (110) were in MSM.

For the full report go to http://www.hps.scot.nhs.uk/bbvsti/wrdetail.aspx?id=48653&wrtype=6

Pertussis - PCR tests at the RHSC, Yorkhill

The PHPU has recently been made aware of a number of cases of pertussis, mostly in young babies. In a previous newsletter (April 2011, Vol. 10, Issue 3) staff were reminded that a non-charcoal per-nasal swab should be used for confirming pertussis diagnosis in the community.

All laboratories in Greater Glasgow and Clyde and GPs can now send both child and adult samples for detection of pertussis to RHSC, Yorkhill. The detection method used on these samples is Polymerase Chain Reaction (PCR) which provides higher sensitivity and specificity for detection of pertussis. The turn-around time for results has been reduced to 2 working days of the specimen reaching the RHSC lab.

PCR can be performed up to 21 days after onset of symptoms when DNA from the bacteria can still be found in the nasopharynx. PCR testing after 5 days of antibiotic therapy is unlikely to be of any benefit. GPs can obtain the appropriate swabs for confirming pertussis from the local or RHSC lab. Results and lab reports are returned to the local lab and available on clinical portal/SCI store

For more information on the wider public health management of cases and contacts (including the prevention guidelines and use of newer macrolide treatment), please refer to the latest Health Protection Agency guidelines in the link below:

Guidelines for the Public Health Management of Pertussis (March 2011)
http://hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/WhoopingCough/Guidelines/

Pneumococcal vaccination to continue for over 65s

In March this year the Joint Committee for Vaccination and Immunisation advised that the pneumococcal programme for over 65s be discontinued. However, further analyses of submitted information has caused it to review its position and its advice is that the existing routine universal PPV programme for those aged 65 and older should continue, but be kept under review. Reconsideration of evidence by JCVI is anticipated within 2 years. See the recent CMO letter for the full guidance: http://www.sehd.scot.nhs.uk/cmo/CMO(2011)10.pdf

Vaginal discharge - impact of guidelines 2011

Finally, a good news story… there are early indications that new primary care guidelines for investigation of vaginal discharge are beginning to show an impact on clinical practice. NHS GG&C's New STI Diagnostics Group reviewed the evidence base for vaginal swab culture in diagnosis of vaginal discharge and concluded that the longstanding practice of routinely doing 'triple swabs' in women with vaginal discharge should be replaced by a clinical algorithm to deliver more rapid, accurate and appropriate care for patients presenting to primary care with lower genital tract symptoms. The guidelines were launched at the end of January 2011 and distributed to practices via the weekly 'black bag' distribution system. They are also available online:

http://www.sandyford.org/media/113989/hvs%20and%20chlamydia%20resource%20pack.pdf

In summary, the advice is that vaginal swab culture (HVS) should be performed only if the patient:

- has failed previous empirical treatment for vaginal discharge
- has recurrent symptoms (itch, soreness, redness, swelling, discharge)
- is post-gynaecological instrumentation, post-partum or has clinical features of PID

Surveillance of HVS test requests from general practices has shown a statistically significant drop in both the total number and rates (per 1,000 women of reproductive age) of HVS requests from general practice following implementation of the guidelines (Figure 1). However, not all practices have reduced their activity and in the most recent reporting period there remained substantial variability between practices, ranging from 0 to 33 per 1,000 women (Figure 2).

Although very encouraging, this significant trend also shows the potential for more consistent implementation of the guidelines across all GG&C practices, which would directly benefit patients and enable best use of laboratory resources. The surveillance system will continue to focus on HVS activity, working closely with practices, Clinical Directors and the Diagnostics Directorate. Each practice will be sent copies of its own HVS - testing rates in September

Figure 1 Overall number and rate of HVS test requests, Dec 2010 - May 2011

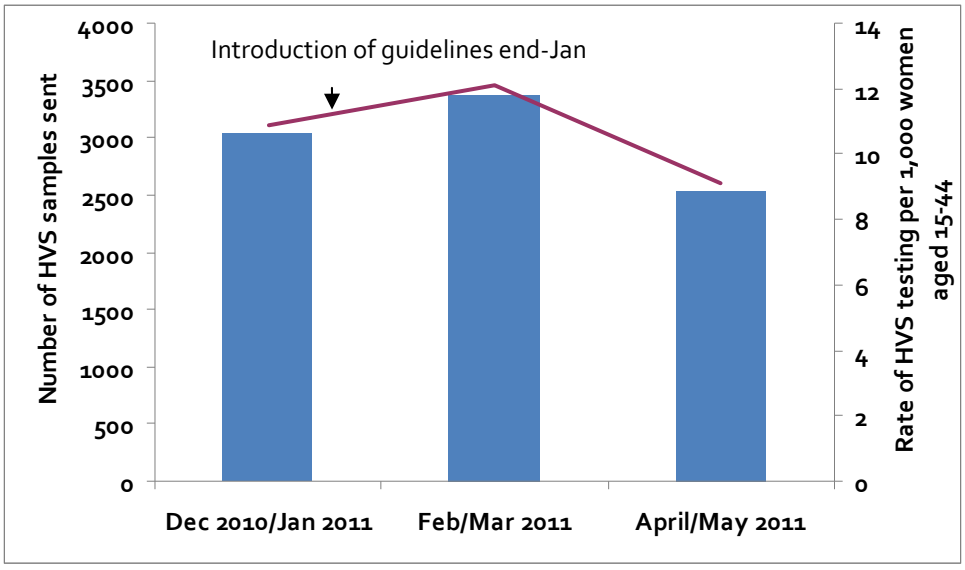
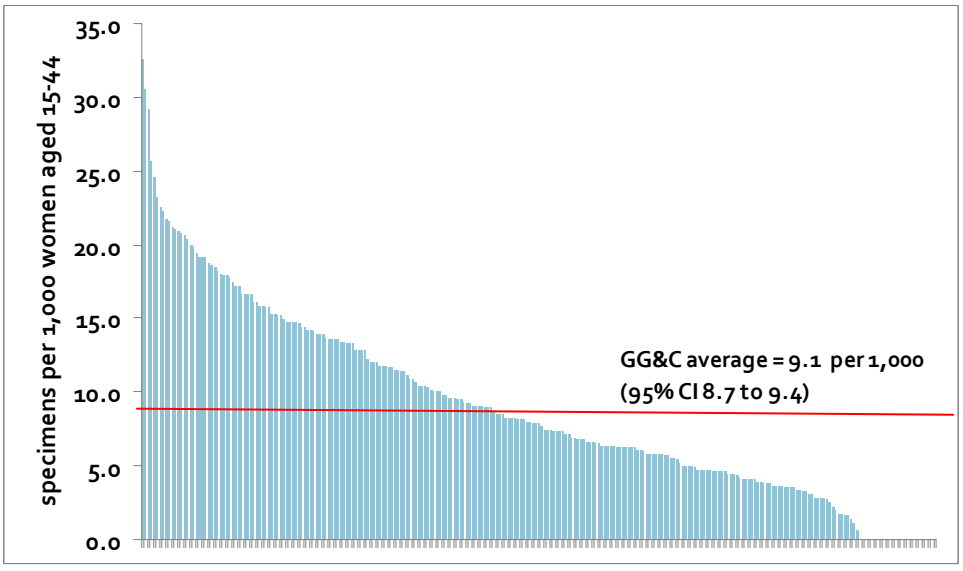


Figure 2 Rate of HVS test requests per practice, April /May 2011



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