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PHPU Newsletter

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Recall of Preflucel® egg-free flu vaccine

Baxter Healthcare Ltd has begun a voluntary recall of two batches of the egg-free influenza vaccine, Preflucel®. This is a precautionary measure because of a higher-than-expected frequency of reports of adverse reactions following use of vaccine from these batches.

All Preflucel® that has been supplied so far in the UK comes from the implicated batch with the batch number: VNV5Lo10C. An additional affected batch with the number VNV5Lo10A has been identified in *Northern Ireland only*. The MHRA drug alerts with Q&A appendix are available on the link below.

http://www.mhra.gov.uk/Publications/Safetywarnings/DrugAlerts/CON132025?utm_medium=email&utm_source=RPSGB&utm_campaign=Support+Alert+-+Class+1+drug+alert+issued+for+Preflucel+vaccine&dm_i=EQ,KW8Z,37JHLC,1P3JX,1

Preflucel® vaccine should no longer be used and *all* stocks should be returned via the distributors to the manufacturer or to the PDC if vaccine is received through this route.

As this vaccine accounts for a very small proportion of the total UK supply of influenza vaccine, this recall will not significantly affect the availability of influenza vaccine. Whilst it is the only egg-free vaccine available, low-egg content influenza vaccines are available. These can be used safely in those with egg allergy as described in guidance already available in the influenza chapter of the Green Book. Please refer to the PGD Appendix with [revised chart](#) for the list of low-egg content influenza vaccines. The [Green Book](#) chapter will shortly be updated to take account of the recall.

Suspected adverse reactions should be reported to the MHRA by use of a Yellow Card, which is available from MHRA, Freepost Yellow Card or electronically via <http://www.mhra.gov.uk/yellowcard>

Flu vaccine and children

The recent [CMO letter](#) 28th September 2011 issued guidance about the use of some brands of seasonal influenza vaccine in children because of an increased risk of fever. The revised age-indication of the vaccines available for administration under PGD is detailed in the [revised chart](#)

Prescribers administering under a PSD should be aware of the following. Where Enzira® vaccine or CSL Biotherapies generic influenza Ph. Eur. vaccine is administered to children in the age group 5-9 yrs, parents should be advised on the management of vaccine-induced fever. Viroflu® vaccine, also available in the UK under the brand name Inflexal®V, marketed by Crucell UK Ltd, *should not be given to children under 5 years* but if used parents should be advised to monitor for fever for 2 - 3 days following vaccination.

Tenofovir and Hep B - delays in community supply

The formulary status of Tenofovir for treatment of Hepatitis B now supports specialist initiation and ongoing prescribing by GP, rather than all supply via hospital. Community pharmacists must follow a specific ordering procedure for this product because it is not available from regular wholesalers. This involves faxing an order accompanied by a copy of the prescription (patient details removed). Prescribers should be aware that these supply arrangements can result in potential delays, particularly when a community pharmacy is ordering for the first time, although supplies should generally be available within two working days.

The Public Health Pharmacy (PPSU) has written to all community pharmacists to outline the procedure for ordering, but prescribers should be made aware of potential delays.

Hand foot and mouth disease

The PHPU has recently received a number of reports from nurseries and schools of Hand Foot and Mouth Disease (HFMD). This is generally a mild viral illness, caused by an enterovirus usually Coxsackie A or B, and small outbreaks often occur in nurseries and schools in the early autumn. The PHPU has issued a short [guidance note](#) within a letter to all GPs and departments of education in the NHSGGC area.

Adults are rarely affected and most enterovirus infections during pregnancy cause mild or no illness in the mother. Although the available information is limited, currently there is no clear evidence that maternal enterovirus infection causes adverse outcomes of pregnancy.

Shigella flexneri dysentery outbreak in MSM

The HPA (Health Protection Agency) is currently investigating an outbreak of *Shigella flexneri* among men who have sex with men (MSM).

In July, Greater Manchester Health Protection Unit identified an increase in UK-acquired cases of *Shigella flexneri*. To date, 14 reports have been received predominantly among MSM aged between 30-50 years, of whom some are HIV positive. In London, an increase in *Shigella flexneri* was noted during 2010/11 and enhanced surveillance since May 2011 found that 5/16 cases were in MSM. All cases in MSM in London and Manchester so far are serotype 3a. Pulsed field gel electrophoresis, (PFGE) was performed on three Greater Manchester cases and four London cases. This showed that one London and two Manchester isolates were indistinguishable. Preliminary investigation has not identified a common venue or point source. The epidemic curve indicates ongoing transmission rather than a point source.

Man is the only significant reservoir of *Shigella* infection and infection may follow ingestion of as few as 10 organisms. The incubation period is between 12 and 96 hours and the infectious period is primarily during the diarrhoeal illness. However, cases maintain a low level of infectivity for as long as the organism is excreted in the stool, and as *Shigella* species may survive for up to 20 days in favourable environmental conditions this may lead to transmission through contact with contaminated fomites.

GPs and health professionals who work in sexual health are asked to be alert for cases of *Shigella flexneri* acquired in the UK among MSM. Patients presenting with acute diarrhoea should have a stool sample taken for culture with a specific request for *Shigella* testing. To help interrupt onward transmission, patients with laboratory-confirmed infection should be treated with ciprofloxacin, subject to antimicrobial sensitivity. Of seven isolates tested thus far, all have been sensitive to ciprofloxacin. The following recommendations may also help reduce transmission: avoiding sex until recovery; washing hands thoroughly when preparing and eating food, after going to the toilet and, if patients do have sex, before and afterwards.

Salmonella and pet reptiles

Handling pet reptiles without due care to hygiene is increasingly a major factor in the acquisition of human cases of salmonellosis. Laboratories and public health departments throughout the UK are reporting increasing numbers of human cases of salmonella associated with pet reptiles such as snakes and lizards. *Salmonella arizona* is commonly found in the gut of reptiles, especially snakes, and is shed in their droppings and can contaminate their skin and other surfaces/object with which they come into contact. Infants and young children are particularly at risk of serious illness.

Reptile handlers should be advised to follow these steps to reduce the risk of transmission:

- Wash hands thoroughly with soap and warm water after each contact with pets
- Wash hands thoroughly after touching pet cages and equipment
- Supervise children when handling these pets
- Ensure children wash their hands after any contact and discourage their putting the reptile or equipment near their mouths, or kissing the reptile
- Wash hands immediately after feeding reptiles and after handling frozen or defrosted mice, rats and chicks used for feeding
- Don't let the reptile roam free in the home
- Don't eat, drink or smoke while handling the reptile
- Don't use kitchen sinks to bathe the reptile as this can cause contamination
- Dispose of waste water and droppings down the toilet, not the sink or bath

Click on the link for more info: http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1259152367287

Guidelines for meningococcal vaccination of close contacts

In a previous issue, [Vol 10 Issue 4](#), the HPA updated guidance on management of meningococcal disease was summarized. Please note below changes to vaccination for close contacts of cases.

- Extra Men C for close contacts of a case of meningococcal disease caused by confirmed serogroup C, of any age, if most recent dose more than 12 months before
- Men ACYW135 conj. vaccine for close contacts of probable cases of ACYW135 from nasopharyngeal swab (2 doses, 1 month apart, for those aged under 1 year)
- Cases in high risk groups (asplenia and complement deficiency) to receive Men ACYW135 conj. vaccine
- Conj. Men ACYW 135 to be offered to those indicated for antibiotics in clusters of A, W135 or Y disease

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