

Contents

- Botulism in Scotland
- HPV - change of vaccine to Gardasil
- Anti-tetanus supplies
- Fish pedicure
- Rabies vaccine
- Twinrix
- SIRS clinic reschedule
- Aurum drug alerts
- Carbon Monoxide

PHPU Newsletter

Public Health Protection Unit
Telephone 0141 201 4917

e-mail: phpu@ggc.scot.nhs.uk
Fax 0141 201 4950

Botulism in two siblings and suspected in a third

Two young members of the same family hospitalised earlier this month with botulism remain stable, and a third member admitted on the 16th November with suspected botulism has been discharged home. [HPS](#) has notified clinicians in Scotland and, to date, has received no more reports of suspected cases. *Clostridium botulinum* is a bacterium which makes a harmful toxin (or poison) which causes botulism when eaten. The toxin is only produced when *Clostridium botulinum* is in places without any oxygen. Certain foods that are stored in air-tight containers (e.g. cans, jars, vacuum packaging or modified atmosphere packaging) or in oil can potentially represent a botulism risk and so care needs to be taken when they are manufactured and stored.

HPV – vaccine changed to Gardasil® for next academic year

Following the recent procurement exercise for the supply of HPV vaccine for the next three years of the programme, the Department of Health has announced that Sanofi Pasteur's Gardasil will be used in the vaccination programme beginning September 2012 (next academic year). From that date, all eligible girls should start and complete their courses of HPV vaccinations using Gardasil. This vaccine also provides protection against genital warts.

Please note that for the current academic year (September 2011 to July 2012), *there is no change to the programme*. Cervarix remains the vaccine being offered for the HPV vaccination programme. Most girls should already have received their first and possibly second doses of the HPV vaccine Cervarix. Such girls should complete their HPV vaccination course with Cervarix (the vaccine with which they started the course). Girls who have yet to receive their first dose of HPV vaccine should also be offered Cervarix.

It is important that as many girls as possible complete the course of all three doses of Cervarix vaccine before the end of this academic year in order to ensure they are fully vaccinated.

There will be some girls who have missed one or two doses of their HPV vaccination course from the 2011/12 academic year. These girls should complete their vaccination course with Cervarix where possible and NHSGGC will retain stocks of Cervarix for this mop-up.

The Department of Health has produced a [HPV Q&A](#) sheet which provides information for girls and parents on the change of vaccine.

Anti-tetanus supplies

Currently the manufacturer advises that stocks of intramuscular Human Tetanus Immunoglobulin used for the treatment of tetanus and the prophylaxis of tetanus-prone wounds are in limited supply. This product is procured nationally by SNBTS which maintains a three month stockholding centrally to ensure resilience against shortages, to which these products are vulnerable.

Most tetanus-prone wounds do not require immunoglobulin for prophylaxis unless individuals are not fully vaccinated against tetanus or have a 'high-risk' tetanus-prone wound e.g. a wound which is also heavily contaminated with manure/soil or an abscess in an injection site. To preserve stock, tetanus immunoglobulin should be restricted only for use in those for whom it is advised in 'Immunisation against Infectious Disease' (Green Book).

http://www.dh.gov.uk/dr_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_103982.pdf

If tetanus immunoglobulin is not available, the HPA recommends the use of intramuscular human normal immunoglobulin as an alternative although this is an unlicensed use. Intramuscular tetanus immunoglobulin is also used for the treatment of tetanus, but the volume required may be difficult to tolerate. As an alternative, the HPA recommends that human normal immunoglobulin for intravenous use may be considered for treatment of clinical tetanus.

Further information is available on the HPA website

<http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/Tetanus/Guidelines/>

Fish pedicure - multi-agency working group advice for public

Fish pedicure is a beauty treatment that uses dozens of tiny fish to nibble away dead and hardened skin from the feet. During a session a person immerses their feet in a tank of warm water and lets the minute, toothless *Garra rufa* fish nibble away for around 15 to 30 minutes. The fish are said only to eat dead skin, although there are some anecdotal reports that they can break the skin if they nibble too deep.

The extent to which the use of live fish in fish pedicure procedures may be associated with a risk of transmission of a range of infections has been considered by an HPA-led multi-agency working group whose conclusions have been published. The report concludes that the risk of infection will be increased if the client has an underlying health condition that reduces the effectiveness of their natural defences against infection, or if there is broken skin. The working group recommends that fish pedicures **should not** be promoted as an appropriate therapy for those with medical conditions such as eczema, psoriasis and diabetes.

To read the full report click on the link [Fish pedicure](#)

Rabies vaccine supply problems and post exposure use

NHS GGC is one of the holding centres in Scotland that manages vaccines and anti-toxins for use in emergencies. In the case of the rabies vaccines it is required to hold a minimum of five vaccines in stock to allow the full treatment of an individual patient for post exposure prophylaxis. Although there are currently some supply difficulties reported by the manufacturers of these vaccines there is sufficient stock to meet individual need. The UK is considered a no risk country and prophylaxis against animal bites is generally not required except in the case of bats. Guidance on post exposure prophylaxis can be obtained from the [HPN guidelines](#) and risk countries can be found in the HPS [rabies country risk table](#)

Twinrix supplies restored

Please note that Twinrix supplies are now restored and that the NHSGGC PDC has had new stocks delivered.

SIRS and re-scheduling child immunisation clinics

Practices are advised that should they wish to re-schedule child immunisation clinics, they should send the request in writing, *at least 3 weeks before the proposed date*, to Mrs Julie Mullin, Assistant Programme Manager, Templeton Business Centre, 62 Templeton Street, Glasgow, G40 1DA

Aurum pre-filled syringes Drug Alert

Recently two drug alerts were issued by the MHRA [EL\(11\)A/27](#) and [EL\(11\)A/28](#) on 11th and 21st November respectively concerning potential incorrectly labelled pre-filled syringes from a range of products. The screen printing of the name of the product on the centre of the longest panel of the yellow plastic box is incorrect but the coloured product identification / tamper evident label on the end of the plastic box is correct and the syringe inside is labelled correctly. This has potentially serious consequences and all users of these products should check their stocks including any items kept for emergency use

Carbon monoxide awareness week 21st – 28th November

The Health Protection Agency (HPA) and the Health and Safety Executive (HSE) will once again be supporting the UK wide Carbon Monoxide (CO) awareness week, organised by the charity CO Awareness, commencing Monday 21st November 2011. For more information click on the Chief Medical Officer's letter [SGHD/CMO\(2011\)14](#)

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