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Merry Christmas and
Happy New Year

PHPU Newsletter

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MMR for unvaccinated schoolchildren

Until 1997, the UK had one of the highest MMR uptake rates in the world (over 95%) and, consequently, measles, mumps and rubella infections became very rare. In that year, Dr Andrew Wakefield published a paper in a medical journal claiming that his research had found an association between the MMR vaccine and a form of autism that some children present with at around aged 2. This caused a lot of adverse media publicity that seriously undermined the safety of the MMR vaccine and, consequently, the uptake rate in some parts of the country dropped to under 80%.

Since then, Dr Wakefield's name has been erased from the Medical Register due to suspected fraud committed during his MMR research. In addition, the overwhelming scientific evidence from all over the world and published since 1997 does not support Dr Wakefield's hypothesis.

With the confidence in MMR vaccine gradually restored, the MMR vaccine-uptake rate has risen significantly to the pre-1997 level of over 95%. There remains, however, a cohort of children born between 1996 and 2004 of whom, up to 15% remain unvaccinated and at risk from these infections. Currently, there are ongoing outbreaks of measles in a number of European countries including Spain, France and England as a direct result of low MMR uptake. So far, Scotland has been spared, however, if any of these unvaccinated teenagers born since 1996 visit a country where there is a measles outbreak they will be at risk. These unvaccinated teenagers can easily be identified from NHSGGC School Health System Records.

NHSGGC offers the HPV vaccine to 2nd year girls and it is proposed that for the next few years MMR will also be offered by school health teams to unvaccinated teenagers during the same visits. The plan is to target all unvaccinated S3 to S6 pupils between February to June 2012 and unvaccinated S3 pupils only from 2013 onwards.

The procedures governing informed consent and vaccine administration will be the same as current ones for the HPV and DTP/Polio vaccines.

The number of teenage pupils requiring MMR vaccination per school will vary from school to school but should be relatively small (around 5 to 15% of class cohort).

<http://www.who.int/wer/2010/wer8549.pdf>

Shortage of PPV

There is currently a supply shortage of Pneumovax® II 23-valent pneumococcal polysaccharide vaccine (Sanofi Pasteur MSD), which is likely to last until February, 2012. This is the vaccine recommended as a one-off dose for adults aged 65 or older usually supplied via community pharmacy

Clinicians should use their judgement in managing any shortfall they may experience. This may include deferring patients' PPV immunisation until supplies are restored, or deciding if particular patients need immunisation with PPV as a priority.

PCV

The PHPU has been made aware of practices receiving advertising on the use of Prevenar® 13 (the 13-valent pneumococcal conjugate vaccine marketed by Pfizer) in older adults. Prevenar® 13 supplied by the PDC is *only for use in the national childhood immunisation programme for children up to the age of five years*. This stock must not be used for older adults.

In September 2011, the European Medicines Agency (EMA) extended the licence for Prevenar® 13 to adults aged 50+, after reviewing evidence of antibody responses in this age group. The EMA advised that [the use of Prevenar 13 should be determined on the basis of official recommendations](#).

While stocks of Prevenar® 13 can be obtained from Pfizer for use in older adults, the UK Joint Committee on Vaccines and Immunisations (JCVI) does not currently recommend Prevenar® 13 for this age group. JCVI is awaiting the results of a major research study that is looking at how effective the Prevenar® 13 vaccine is in preventing disease in older people [the CAPITA study](#). JCVI will consider the research findings as soon as they become available.

BMA clarifies NHS provision of travel vaccines

The regulations regarding the NHS provision of immunisations for travel can be traced back to the original 'Red Book' regulations of the 1960s. Written to cover the immunisations available at that time, these do not reflect today's clinical practice and have never been fully updated. In 2004, the new GMS contract incorporated these as an additional service. Consequently, everything in the Red Book was transferred unchanged and included in the global sum of payments rather than the previous item of service system.

The change in availability of immunisations and the nature of foreign travel has made these old regulations ever more difficult to interpret, with understandable confusion over how they apply to current practice. The BMA has issued a new document to reflect the present situation which is intended to help practices by clarifying the existing regulations as they currently stand. See link below for the full BMA document.

http://www.bma.org.uk/health_promotion_ethics/vaccination_immunisation/focustravelimm.jsp

HIV-infected HCWs and working group's recommendations

A tripartite working group of the Expert Advisory Group on AIDS, the UK Advisory Panel for Healthcare Workers Infected with Blood-borne Viruses and the Advisory Group on Hepatitis has reviewed current national guidance, which applies UK-wide, on the management of healthcare workers infected with HIV, hepatitis B and hepatitis C. A consultation paper issued on 1 December seeks views on recommendations from the working group for changes to the current policy on HIV-infected healthcare workers.

The tripartite working group's main recommendations are that:

HIV-infected healthcare workers should be permitted to perform exposure-prone procedures if they are on combination antiretroviral drug therapy (cART) and have a plasma viral load suppressed consistently to very low or undetectable levels (i.e. below 200 copies/ml);

HIV-infected healthcare workers should demonstrate a sustained response to cART before starting or resuming exposure-prone procedures and should be subject to viral load testing every three months while continuing to perform such procedures;

HIV-infected healthcare workers who wish to perform exposure-prone procedures whilst on cART should be under the joint supervision of a consultant in occupational medicine and their treating physician;

Any HIV-infected HCW who fails to comply with monitoring arrangements, or whose plasma viral load rises significantly above 200 copies/ml (i.e. to more than 1000 copies/ml), should be restricted from performing exposure-prone procedures until their viral load returns to being stably below 200 copies/ml.

The Expert Advisory Group on AIDS has prepared a suggested implementation framework for these recommendations that forms part of the tripartite group's report. There are no data available on the prevalence of HIV in healthcare workers in this country. However, by applying the general population prevalence rate for HIV to relevant NHS workforce numbers, it is estimated that the tripartite working group's recommendations could affect around 110 HIV-infected healthcare workers in England and a maximum of 15 in Scotland.

The Scottish Government is aiming to maintain an appropriate, evidence-based balance between patient safety and the rights and responsibilities of HIV-infected healthcare workers in the light of the tripartite working group's advice. The Scottish Government will decide how to respond to the tripartite working group recommendations once it has had the benefit of responses to this consultation paper.

The consultation closes on 9 March 2012. The consultation paper can be accessed at <http://www.scotland.gov.uk/Publications/2011/11/28133630/0>.

Further documentation including a health impact assessment, an equality analysis and the report of the Tripartite Working Group can be found on the Department of Health website: http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_131532.

Yuletide food tips

The PHPU wishes all readers a very Merry Christmas and a Happy New Year, and exits 2011 with a **few simple tips for cooking the Christmas meal:**

- Defrost frozen meats thoroughly in the fridge for 24 hours before cooking
- Always wash hands thoroughly before preparing food, touching raw meat and before eating
- Do not use the same utensils for raw and cooked foods
- Do not assume the meat is cooked all the way through just because the outside surface looks well charred.

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