

## Contents

- Mumps outbreak and new LES
- Update on vaccine and Ig supplies
- Schistosomiasis and travel to endemic areas
- Legionnaires' disease in Spain
- HPV and GPs

# PHPU Newsletter

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## Mumps outbreak – new LES for MMR for 16-30-yr-olds

A new Local Enhanced Service fee (LES) has been introduced for MMR administered to patients in the 16-30-yr-old group.

This LES follows identification of a mumps outbreak at the University of Glasgow affecting mainly students aged 17-25 yrs. Based on the advice of the Joint Committee on Vaccination and Immunisation (JCVI), those in the current at-risk group are 18-30-yr-olds, and particularly 22-25-yr-olds, who attend university or further-education college and have not previously received two doses of mumps-containing vaccine.

In the UK, there is currently no immunisation target for this current at-risk group as reliable statistics on the size of the group are not available. For *all* at-risk groups, GPs should maximise uptake in the interests of patients, although deciding who should be offered immunisation is a matter for the clinical judgement of the GP.

This local enhanced service gives incentives to GPs to adopt a proactive and preventative approach by offering an **opportunistic MMR vaccination** to young people **aged 16-30 yrs**.

*Practices are able to request supplies of this vaccine from the PDC (0141 347 8981). To conserve stocks please only order when required and liaise with health visitors to ensure stock is utilised.*

### MMR school catch-up

All children up to the age of 15 (S4) who have not had any previous MMR vaccination can be vaccinated by GPs. This is a contractual responsibility under the Statement of Financial Entitlement (SFE). Any children who would qualify for such vaccinations, and who cannot be vaccinated at the teenage booster point in schools, can be directed to their own GP for MMR.

Non-pregnant women of child-bearing age who have not had any previous MMR vaccines can also be vaccinated by GPs under the SFE, so older girls who cannot be vaccinated through the teenage booster in schools can also be directed to their GP.

## Update on vaccine and immunoglobulin supplies

### Pneumovax

Problems with Pneumovax II supply are expected to be resolved by mid February

### Rabies Vaccine

The supply difficulty with both Novartis and Sanofi rabies vaccines has now resolved and both are now available

### Human Tetanus Immunoglobulin

Neither SNBTS nor BPL has any specific tetanus immunoglobulin (TIG) in stock so Human Normal Immunoglobulin (HNIG) for subcutaneous use (Subgam) should be used as an alternative. BPL is hopeful that TIG will be available by late February.

Subgam may be administered for *prophylaxis* in an individual with a tetanus-prone wound. This is a licensed product, although not specifically licensed for this indication. The volume of Subgam required to achieve the recommended dose of 250 iu will be approximately 5mls.

HNIG for intravenous use (Vigam) may be used as an alternative to TIG for *treatment* of clinical tetanus. The volume of Vigam required to achieve the recommended treatment dose of 5,000-10,000 iu will be approximately 250 to 500mls. This product is held by Gartnavel General Blood Bank.

### Human Hepatitis B immunoglobulin (500iu/vial)

SNBTS and BPL have product available but it expires at the end of February 2012. BPL is working with the Medicines and Healthcare Regulatory Agency (MHRA) to put an extension of six months on this batch as they do not have another batch near completion at the moment. The extension will only apply to stock which is held at BPL. This stock will be re-labelled and sent out when agreed with the MHRA.

### Human Anti-D immunoglobulin (D-Gam 250iu)

BPL will have none of this product available until the beginning of April 2012. SNBTS currently has three months' supply so this should not cause any problems.

### Human Anti-D immunoglobulin (D-Gam 500iu)

BPL is currently out of stock but has a batch being released mid February. Currently, SNBTS has one month's supply of this product and will replenish when the BPL stock is released (returning to three months' supply).

## Schistosomiasis and travel to endemic countries

It is important that all travellers to tropical destinations - including pupils or students on cultural exchange trips - receive accurate travel health advice. A range of travel health issues should be considered for these groups including the risk of exposure to schistosomiasis. The PHPU was recently involved in the coordination of post travel screening for 2 separate school parties. In addition, NHS Highland public health reported an incident where 21 students required to be screened after one of the party presented to urology with haematuria and a history of exposure to untreated water in Malawi; 13 tested positive for schistosomiasis and of those only 2 were symptomatic. The incident and conclusions were reported in Journal of Public Health Advance Access, published online December 11<sup>th</sup> 2011.

Schistosomiasis is a parasitic infection which is present in fresh water in many tropical countries, especially African countries. It is contracted following exposure to untreated fresh water including swimming, paddling, washing, and showering. It is usually asymptomatic but an itchy rash, swimmers itch, can occur at the site of entry. Two to four weeks later fever, diarrhoea, cough, or a rash may develop. Long standing infection can lead to bowel, liver, kidney and bladder problems including bladder cancer.

Travellers are advised to seek pre-travel health advice and, to allow accurate advice to be given, should provide the clinician with as much information as possible about the trip, including arrangements for washing and showering. Travellers to endemic areas should be advised not to bathe, swim or wade in freshwater lakes or rivers. Those intending to wash or shower, as well as those who swim or paddle, in untreated fresh water will need post-travel screening for schistosomiasis and they should be advised at the pre-travel consultation to attend for screening *8 weeks from return*.

Screening involves a serum sample - 5mls clotted blood in either a red or yellow-topped tube - obtained **after a minimum of 8 weeks since last exposure** which should be sent to the Scottish Parasite Diagnostic Laboratory (0141 201 3029). This is the shortest time it takes for worms to mature, reproduce and lay eggs. The test examines levels of Schistosoma antibodies. Results for any new positive cases are phoned directly by the Consultant Clinical Scientist to the GP and a written report is issued for all positive and negative tests.

Serologically positive patients should be referred to an infectious disease physician at the Brownlee where further investigation and treatment will be carried out. See [Schistosomiasis Screening Flowchart](#) for GPs

Practices looking for more information on this test and the range of other tests offered by the Scottish Parasite Diagnostic Laboratory should click on to the link: <http://www.spdl.scot.nhs.uk/>

Other useful links for advice/ information are listed below:-

<http://www.fitfortravel.nhs.uk/advice/disease-prevention/schistosomiasis.aspx>

<http://www.nathnac.org/pro/factsheets/schisto.htm>

<http://www.nhs.uk/Conditions/schistosomiasis/Pages/Prevention.aspx>

## Legionnaires' disease in UK holidaymakers in Spain

Since 16<sup>th</sup> December, 15 cases of Travel Associated Legionnaires' disease (TALD) have been notified to the ELDSNet Surveillance Network. All cases - 11 residents from the United Kingdom and 1 from Spain - stayed in the hotel from 25 November 2011 (first arrival) and 26 January (last departure). An additional three cases have been detected in hotel staff. Three of the UK cases have died. Dates of onset range from 4<sup>th</sup> December 2011 to 26<sup>th</sup> January 2012. The average age of the TALD cases is 74 years (min 44 - max 89) and the gender distribution is 10 males/5 females.

Control measures were taken at the hotel on the 16<sup>th</sup> and the 17<sup>th</sup> of January and hyperchlorination of the water system in the hotel was carried out. On 2<sup>nd</sup> February, environmental samples resulted positive for Legionella so the health authorities decided to close the hotel to continue with the investigation.

The Costa Blanca is a popular tourist destination with UK and other European holiday makers and the tour company involved deals mainly with older clients. Therefore, it is possible that further cases will be identified over the next few days both in the UK and in other countries.

Early symptoms are flu-like with muscle aches, tiredness, headaches, dry cough, breathlessness and fever that can lead to pneumonia. As with any pneumonia, the patient can become very unwell. Diarrhoea and confusion may occur in addition to chest and breathing problems. It is usually six to seven days after exposure that the individual would begin to show symptoms

## HPV vaccination and GPs

The HPV immunisation programme catch-up in the community has now ended and in future this vaccine will be offered via the schools immunisation programme. The central clinics offered at Teachers Building, St Enoch's cease at the end of March 2012. Thereafter, any girls remaining eligible, *up to the age of 18 yrs*, who have not received their complete course of vaccine at school may attend their GP for the vaccine. In these isolated instances practices may be able to request further supplies of this vaccine from the PDC (0141 347 8981) although the rationale for each request would have to be provided.

NB: Girls who *commenced* a course of immunisation offered to them as part of the *catch-up campaign* and have yet to finish it after their 18<sup>th</sup> birthday, should receive the required 3 doses.

If you would like to comment on any aspect of this newsletter please contact Marie Laurie on 0141 2014933 or at [marie.laurie@ggc.scot.nhs.uk](mailto:marie.laurie@ggc.scot.nhs.uk)