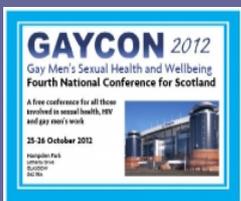


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Primary care staff please note that [e-learning module](#) on the cold chain is now live



PHPU Newsletter

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Menjugate - caution in use

The PHPU has received a couple of complaints regarding recent batches of Menjugate Kit® (Novartis) where the plunger has pulled free of the syringe barrel when drawing up diluent resulting in loss of vaccine. It is important that when preparing Menjugate Kit® for administration staff ensure that the two sections of the plunger are secured together before attempting to draw up diluent by lightly administering one or two clockwise turns to the plunger grip.

This problem has been reported to Novartis who are currently investigating and further advice will be disseminated when available. Please continue to report potential defects with any vaccine to pharmaceutical public health (0141 201 4464)

Pre - filled syringes drug alert

An alert was issued by [MHRA EL\(12\)A15](#) on 4th April concerning potential incorrectly labeled pre-filled syringes with different labels on the main box label and the end label. This potentially affects all plastic boxed pre filled syringes supplied by Aurum. This has potentially serious consequences and all users of these products should check their stocks including any items kept for emergency use; however boxes should not be opened. If there is any mismatch between the labels the item should be immediately withdrawn from use and returned to the supplying pharmacy.

Egg - free flu vaccine

Novartis Vaccines intends to market an egg-free seasonal influenza vaccine under the brand name Optaflu® for the influenza season 2012/13. It is understood that this vaccine will be licensed for use in those aged 18 years and above.

In line with Scottish Government circular [PCA \(P\)\(2011\)1](#), GP practices will have advised community pharmacists of their requirement for vaccines for 2012/13 season and pharmacists will have processed these orders.

GP practices should note that [Optaflu®](#) will be available for order. Those practices with patients of 18 years and over in whom egg-containing seasonal influenza vaccines are contraindicated on the basis of previous anaphylaxis to egg, should liaise with their local community pharmacist and place an additional order for the small number of such patients. It will not be possible to change orders already placed by pharmacists.

Hepatitis B risk groups and vaccination

Groups at increased risk of Hepatitis B Virus (HBV) include injecting drug users (IDU), men who have sex with men (MSM), sex workers, and people who have sex abroad or with a partner from a country where HBV is common. Hepatitis B disease can be prevented by vaccination. In line with expert advice from the Green Book and the Joint Committee on Vaccination and Immunisation, it is recommended that the following groups should receive a course of vaccine:

- Current and former IDU, and their household contacts
- Individuals who change sexual partners frequently, including MSM and male and female sex workers
- Close family contacts of a person with chronic HBV infection
- Individuals receiving regular blood or blood products
- Patients with chronic renal failure
- Patients with chronic liver disease whatever the cause, including those with cirrhosis and those with chronic hepatitis C infection
- People travelling to areas of high or intermediate prevalence, including China, South Asia and South East Asia

To support vaccine coverage, there is no need to confirm immunity before vaccinating an individual. Some groups, especially IDU and MSM will benefit from vaccination against hepatitis A, and a combined vaccine may be appropriate. For recommended schedules see the [Green Book](#).

For more information on HBV vaccination, testing and referral go to the [Viral Hepatitis MCN website](#)

Gay Men's Sexual Health and Wellbeing

The fourth national (free) conference for all those involved in sexual health, HIV and gay men's work takes place at Hampden Park 25-26 October 2012. Click on [Gaycon](#) for more details.

HPV

Girls who have left school

ELIGIBLE

Under 18s - no previous HPV doses

Over 18s - have had one or two doses which started when under 18

NOT ELIGIBLE

Over 18s - no previous HPV doses

How to get it

Refer eligible girls to Carol McCafferty, PHPU (0141 201 4464)

Note :

GPs can obtain HPV from PDC to vaccinate eligible girls but are not contractually required to do so.

HIV - epidemiology, intervention and treatment update

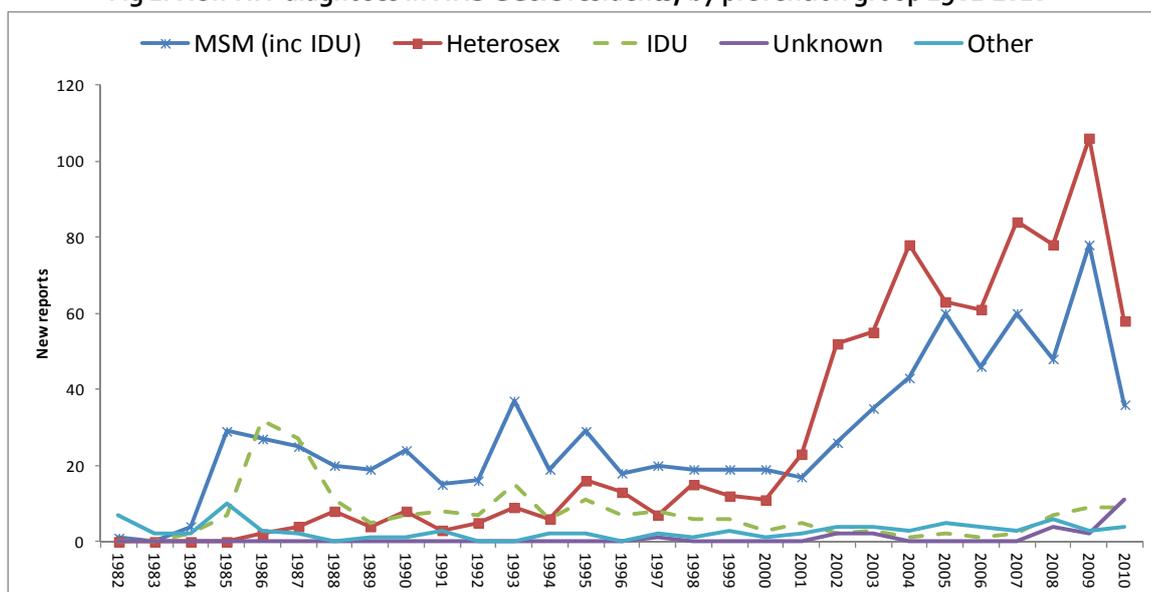
Treatment advances have transformed human immunodeficiency syndrome (HIV) infection from a fatal disease into a long-term chronic condition. It remains, however, one of the most important and serious communicable diseases in the UK because of its potential for serious long term morbidity, premature loss of life, high treatment/care costs and psychosocial impact.

Within the UK, HIV is most commonly acquired by sexual contact; other transmission routes include sharing injecting equipment, mother-to-child transmission, and receiving donated blood, organs or injections with unsterilised needles in countries with inadequate screening or infection-control procedures. Awareness of HIV has, to a large extent, fallen below the public radar and stigma continues to drive onward transmission.

It is estimated that by the end of 2012, 100,000 people will be living in the UK with HIV-1 infection; around one quarter of them will be unaware of their HIV status. In Scotland, the cumulative total of known HIV-positive individuals is now 6,492, of whom 5021 (72%) are male and 1921 (28%) are female. 2921 (41%) of the total known cases are thought to have acquired their HIV infection outwith Scotland.

Cumulatively to 30th September 2011, a total of 1,974 GG&C residents have been diagnosed with HIV infection; of these, 854 are men who have sex with men (MSM), 819 are heterosexual and 209 are injecting drug users; the remaining 92 acquired HIV infection from other/undetermined exposures.

Fig 1: New HIV diagnoses in NHS GG&C residents, by prevention group 1982-2010



Prevention activity and targeted groups

The majority of the Board's current HIV prevention activity and expenditure is targeted to the two subgroups most at risk of acquiring HIV; people from Black African communities and MSM. Targeting concentrates carefully designed interventions tailored to the social, cultural, linguistic, psychological and behavioural characteristics of the subgroup and is therefore more effective and offers best value

Although HIV is generally concentrated within defined subpopulations in NHSGGC, there is a need to maintain proportionate investment in preventing HIV in the population as a whole via standard sexual health and health improvement activities. All pregnant women are offered screening for HIV in pregnancy because of the existence of highly effective interventions to reduce HIV transmission. In the absence of any intervention, an HIV-positive woman has a 15 to 30% chance of transmitting the virus to her baby during pregnancy and delivery. If she breastfeeds, there is an increased 5 to 20% risk of transmission. With ARV treatment, the risk of vertical transmission can be reduced to under 2%.

Testing and Treatment

HIV-testing is highly cost effective at a population level because earlier antiretroviral treatment has such a powerful effect on reduction of transmission. For this reason, NHSGGC is making considerable efforts to scale up HIV testing activity in a wider range of settings when particular clinical circumstances arise thus helping to normalise and destigmatise HIV infection.

All adults diagnosed with HIV and living in NHSGGC attend for clinical care at the Brownlee Centre for Infectious Diseases, located on the main Gartnavel campus. Patients are treated by both Infectious Diseases (ID) and Genitourinary Medicine (GUM) physicians. Children infected with HIV attend the paediatric infectious diseases service at Yorkhill hospital. A total of 1287 patients are currently attending for care (as at April to September 2011), reflecting a 6.7% rise on the cohort at 30 September 2010.

Links for more HIV-related info:

[HPS Surveillance Quarterly Report](#)
[HIV/TB WHO Guidance](#)

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