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PHPU Newsletter

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Gonorrhoea in NHSGGC

Confirmed episodes of gonorrhoea in NHSGGC have risen **53%** in two years from 392 in 2009 to 603 in 2011. This is a genuine rise in case numbers as sensitive nucleic acid amplification tests (NAAT) were used during this whole period. Gonorrhoea is most common in men aged 20-29 and women aged under 25 years. It is found in urogenital, rectal and pharyngeal specimens, and prevalence has increased at all these sites. About a quarter of diagnoses are now made outside of specialist sexual health settings.

Detection: Testing for chlamydia and gonorrhoea should be limited to patients with symptoms, or as part of a full sexual health screen in those who have significant concern. NHSGGC uses a very sensitive Abbott RealTime Ct/NG assay, providing a combined test for gonorrhoea and chlamydia. This is the main test that should be used to exclude gonorrhoea. Attempts at culture remain important to monitor for antibiotic resistance, but a NAAT test must be the primary test taken (vulvovaginal swabs in women, urine in men, and rectal or pharyngeal swabs if indicated by the sexual history). The test is very robust; occasionally confirmatory testing may not confirm the initial result and additional tests may be needed.

Resistance and treatment: Internationally there is great concern that gonorrhoea will soon become untreatable. May 2010 saw the first cefixime-resistant isolate in Scotland. In the last decade first line antibiotic in Scotland has changed from oral ciprofloxacin to oral cefixime to parenteral ceftriaxone. NHSGGC Primary Care Infection Guidance (updated Feb 2012) recommends **all** cases be referred to Sandyford Sexual Health Services for parenteral treatment. There is no place for 'blind' treatment of any genital discharge with ciprofloxacin, as well over 30% of Scottish isolates are quinolone resistant.

Partner notification: Sandyford operates a Shared Care system. All positive gonorrhoea results - from any setting - are copied to the primary care sexual health adviser team (0141 211 8639) who contact the test taker/practice to ensure an appropriate management plan is in place for the patient and any sexual partners. The adviser can assist with referral and on what to tell the patient.

Up-to-date information about gonorrhoea in Scotland is maintained by the Scottish Bacterial STI Reference Laboratory, available at <http://www.hps.scot.nhs.uk/reflab/RefLabDetail.aspx?id=20>

Health Scotland information leaflet (translations available) is at <http://www.healthscotland.com/documents/3423.aspx>

Egg-free seasonal flu vaccine – needles

The egg-free seasonal influenza vaccine, Optaflu®, for the 2012/13 season is licensed for use in those aged 18 years and above. This remains available to order from wholesalers via the community pharmacist. The PDC will only be able to supply in exceptional circumstances.

GP practices should note that Optaflu® is not supplied with a needle. The LuerLok syringe device is, however, compatible with standard needles. Contractors who have placed orders for Optaflu® should ensure that they have the required number of appropriately sized needles. For information on needle choice see [Chapter 4](#) of the Green Book.

New Hep B PGD for children

Staff who immunise children should note that a PGD for Hep B vaccination of children aged 0-15 yrs will be available later this month. This will now cover the immunisation of neonates born to Hep B positive mothers in addition to older babies and children who are deemed to be at risk.

The PGD will be sent out to all relevant staff via the usual distribution routes.

Pediacel - presentation change from vial to syringe

Practices should note that the Pediacel® presentation is changing from a vial to a single dose pre-filled syringe with two separate needles. Distribution of Pediacel® pre-filled syringes from Movianto for the childhood Immunisation programme will start in the Autumn 2012.

Anthrax case in Scotland

A confirmed case of anthrax in an IDU in Lanarkshire recently follows five cases reported in the previous two months in Europe – three in Germany, one in Denmark, and one in France. It is thought that these cases are due to exposure to heroin contaminated with *Bacillus anthracis*

The European Centre for Disease Prevention and Control (ECDC) and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) have updated their joint rapid risk assessment which concludes that further cases among IDU may be identified in the near future.

It is important that those services in contact with drug users maintain awareness of anthrax, and also of other severe infections caused by spore-forming bacteria, in those at risk through injecting drug use. The PHPU recently [wrote](#) (July 25th) to all GPs and relevant colleagues highlighting the need to be alert to the possibility of anthrax infection in IDU.

The [Scottish Drugs Forum](#) has published revised resources for drug workers and drug users relating to anthrax infection: [Anthrax and Heroin Users](#) [Anthrax leaflet](#) [Anthrax poster](#)

Herpes zoster vaccine

The PHPU has received queries from GP practices regarding the prescription of Zostavax®, a live attenuated vaccine indicated for prevention of herpes zoster (shingles) and herpes zoster-related post-herpetic neuralgia (PHN) in individuals aged 50 years or older. Up to fairly recently and due to the complexity of the manufacturing process, supplies of the vaccine were limited and it was only available on private prescription. Supply of the vaccine has since improved and Zostavax® is available to prescribe on GP10.

Key points for prescribers to consider are:

- The Joint Committee on Vaccination and Immunisation (JCVI) has recommended the introduction of a shingles vaccination programme for people aged 70-79 years, conditional on the vaccine being purchased at a cost effective price. It is anticipated that a nationally funded programme will commence in 2013.
- The vaccine currently costs £99.96; wide scale prescribing on GP10 at this stage would have a considerable impact on prescribing budgets.

The Green Book and BNF have not yet been updated to include Zostavax®, but the Summary of Product Characteristics states:

- The vaccine is not indicated for treatment of shingles or PHN
- Contraindications include primary and acquired immunodeficiency states and immunosuppressive therapy, active tuberculosis and pregnancy
- Although this has not been demonstrated in clinical trials with Zostavax®, post marketing experience with varicella vaccines suggests that there is a theoretical risk of transmission of the attenuated virus from a vaccinee to a susceptible contact

HPV programme 2012/13

The national immunisation programme for human papilloma virus (HPV) to protect against cervical cancer continues to be very successful. Provisional uptake figures for the schools-based element of the third year of the programme indicate that, by August 2011, uptake of the first dose in S2 reached 92% with 90% achieved for the second dose and 81% for the third dose. It is routinely provided to girls aged 12-13 years in the second year of secondary school but any girls who are under 18 remain eligible regardless of school year.

Recently the [Scottish Government](#) announced the change in contract from Cervarix® to Gardasil® from 1st September 2012. Gardasil® protects against the 2 strains of HPV that cause over 70 per cent of cases of cervical cancer in the UK, and also provides protection against a further 2 strains of HPV that cause around 90 per cent of genital warts.

Gardasil® and Cervarix® are not routinely interchangeable and therefore Cervarix® supplies will be made available for a further 6 months, until April 2013, to allow those who have started the course with Cervarix® to complete it. The PDC can supply Cervarix® on a named-patient basis to complete immunisation if required (tel 0141 314 8981). It is important that girls receive the full 3-dose schedule in order to ensure maximum protection.

The primary purpose of the national immunisation programme is to protect against cervical cancer. It would not be appropriate, therefore, as part of the NHS programme, to offer Gardasil® to those who have had a full course of Cervarix® with the aim of providing additional protection against genital warts.

[Chapter18](#) in the Green Book has been updated accordingly.

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