

## Contents

- Hajj pilgrims and vaccination
- Unlicensed tattooist - warning to public
- Ordering extra vaccines for childhood immunization
- Anthrax death in IDU
- Novel influenza H3N2
- MMR and Gardasil
- Typhoid and Hep A vaccines shortage

**IMPORTANT  
PPV  
Pneumococcal  
vaccination is  
now indicated  
in those  
occupationally  
exposed to  
metal fumes  
e.g. welders**

See updated  
Chapter in  
[Green Book](#)

# PHPU Newsletter

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## Hajj pilgrims and vaccination

The National Travel Health Network and Centre ([NaTHNaC](#)) has issued its annual guidance detailing all the health requirements and recommendations that Hajj pilgrims need to consider before they leave for their trip. The guidance has been produced in conjunction with the UK Department of Health and is in line with that issued by the World Health Organization and that on visa requirements and other recommendations set by the Saudi Arabia Ministry of Health

There has been no substantive change to the guidance set out by the Ministry compared to 2011. However, as in previous years, the Ministry requires that arrivals from listed countries should receive polio vaccine and/or meningococcal chemoprophylaxis; these listed countries may have changed slightly since 2011. UK pilgrims who are visiting other countries en route to Saudi Arabia should therefore check these requirements carefully.

The Hajj pilgrimage to Makkah (Mecca), Saudi Arabia - which all adult Muslims who are physically and financially able to do so are obliged to make once in their lifetime - takes place on different dates each year; the 2012 Hajj is expected to take place between 24 and 29 October 2012. For information regarding all other vaccine requirements and health recommendations for Hajj and for Umrah (a shorter, non-compulsory pilgrimage) click on the link [Hajj Pilgrimage Advice](#)

Travel vaccinations required are : -

- Quadrivalent meningococcal vaccine ACW135Y
- Polio (if incomplete vaccination (<5 does) or, if complete, 10 years since last vaccination)
- MMR, if incomplete vaccination
- Seasonal flu

## Unlicensed tattooist – warning to the public

On 7 August, NHS Lothian issued a warning to the public concerning the dangers of using unlicensed tattooists. This came following the arrest of a 28-year-old man in Edinburgh for allegedly carrying out tattoo work without the proper qualifications and licences.

Lothian and Borders Police and environmental officers from the City of Edinburgh Council had carried out a joint investigation following intelligence that members of the public in the Capital and Midlothian were paying for tattoo sessions from an individual without the appropriate qualifications or permissions. In each case the tattoo artist would visit their homes to carry out the work.

The police consider that it is likely that only a small number of people have been affected. However, NHS Lothian is keen to make sure anyone who received a tattoo at home from an individual they met in Edinburgh seeks the appropriate medical advice.

Unhygienic tattoo equipment carries a risk of infection of blood-borne viruses including Hepatitis B, Hepatitis C and HIV. Clinical staff are asked to seek advice from the PHPU should they see any patient who has recently had a tattoo that was not from a licensed tattoo parlour.

## Ordering extra vaccines for childhood immunisations

GPs are reminded that the amount of childhood vaccine supplied by PDC is allocated according to SIRS summary. If additional vaccine is required e.g. additional paediacel due to earlier vaccination, it would be useful to indicate this additional requirement on the order form or discuss with PDC directly.

## Anthrax death in IDU in England

The Health Protection Agency [HPA](#) recently reported that a person who injected heroin has died from anthrax infection in Blackpool Victoria Hospital. This death has occurred three weeks after another person who injected drugs also died in Blackpool from confirmed anthrax infection.

There is an ongoing outbreak of anthrax among people who inject drugs in a number of countries in Europe with ten cases identified since early June. The latest case in Blackpool brings the total number affected in the UK to four - two in England (both fatal), one in Scotland and one in Wales (both recovering). The source is presumed to be contaminated heroin. It is unclear as yet whether these recent cases are linked to the cases in Europe (three in Germany, two in Denmark and one in France) but the HPA is continuing to monitor the situation. Please click on link to read the [PHPU letter](#) sent to all relevant staff in July.

## Novel influenza A (H<sub>3</sub>N<sub>2</sub>) in US

There is a public health issue in the US relating to an increase in human infections with a novel influenza A(H<sub>3</sub>N<sub>2</sub>) variant virus of swine origin (A(H<sub>3</sub>N<sub>2</sub>)v) including a genetic component from the 2009 pandemic virus since July 2011 (<http://www.hps.scot.nhs.uk/ewr/article.aspx>). To date, 290 cases have been reported across 13 states in the US, with Indiana and Ohio most affected. On the 31<sup>st</sup> August, twelve additional cases of H<sub>3</sub>N<sub>2</sub>v infection were reported by CDC, as well as the first H<sub>3</sub>N<sub>2</sub>v-associated death, which was reported by the state of Ohio. A summary of the current outbreak situation is available on the CDC website at: <http://www.cdc.gov/flu/spotlights/h3n2v-more-cases.htm>.

Following a substantial increased reporting of H<sub>3</sub>N<sub>2</sub>v cases in the US this summer, the European Centre for Disease Prevention and Control (ECDC) updated its risk assessment from last year. The risk assessment for European countries has been assessed as low as there has been to date:

- No swine influenza A(H<sub>3</sub>N<sub>2</sub>)v viruses found in European pigs
- No influenza A(H<sub>3</sub>N<sub>2</sub>)v virus infections reported among humans in the EU

ECDC, however, considers that European travellers exposed to pigs in the US are at some risk of developing the disease. Whilst the risk in the UK is thought to be low, there is a need to be more vigilant and to ensure any potential H<sub>3</sub>N<sub>2</sub>v cases are identified, particularly if the situation changes in the future.

### Action for GPs

It is recommended that returning travellers from the USA who have a flu-like illness and who have had recent (<5 days) contact with pigs in the USA should be investigated further and swabs sent to the WoSSVC for H<sub>3</sub>N<sub>2</sub>v testing. The clinical details outlined above and the request for H<sub>3</sub>N<sub>2</sub>v testing should be clearly highlighted on the request form.

HPA recently issued a briefing note summarising the background and implications for interpretation, detection and surveillance of the H<sub>3</sub>N<sub>2</sub>v virus and the issue in the US, which can be accessed at: [http://www.hpa.org.uk/webc/HPAwebFile/HPAweb\\_C/1317135716201](http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317135716201).

## MMR and Gardasil - packaging alert

Staff who administer childhood immunisations, but particularly school nursing staff, should be aware that the packaging of MMR VaxPro and Gardasil (Sanofi Pasteur MSD Ltd.) is **very similar in appearance (see left)**.

For the school immunisation programme the PDC will supply these in separate vaccine porters to help prevent confusion. MMR Vax Pro, along with any Cervarix vaccine still required, will be provided in the same vaccine porter. School nursing staff are asked to ensure that all unused vaccines are returned to the PDC in the same porter in which they were delivered.



## Typhoid and Hep A vaccine supplies

Due to a manufacturing delay, Typherix is unavailable until summer 2014. Hepatyrix is also now out of stock but expected to be available towards the end of 2012. It is then expected to go out of stock early in 2013 until mid-2014.

Alternative Hep A vaccines are available from GSK, Sanofi Pasteur MSD or Crucell while typhoid vaccines are available from Sanofi Pasteur MSD. Crucell also produces an oral vaccine.

In the event of single antigen typhoid vaccine being unavailable, practices might want to consider:

- Using Viatim® but ensure at least 1 year has elapsed since any previous Hepatitis A vaccination to reduce risk of local reaction. *Note: Injectable typhoid vaccine provides protection for 3 years*
- Obtaining a 10-vial pack from the community pharmacy on a GP10A form where a surgery has a regular demand for typhoid vaccination. Typically the vaccine has a shelf life of 2 years and although a stock order will incur VAT charges, broken bulk charges may result when community pharmacies are asked to pack down single vials

Vaccine	Brand Name	Manufacturer	Stock availability
Hep A	Avaxim	Sanofi	Limited supplies will be allocated
	Havrix	GSK	Stock available
	Epaxal	Crucell	Stock available
Hep A and Typhoid	Hepatyrix	GSK	No stock at present. Available at end 2012. Expect to go out of stock again early 2013 until mid 2014
	Viatim	Sanofi	Stock available
Typhoid	Typherix	GSK	Not available until summer 2014
	Typhim	Sanofi	Packs of ten only available. No date when singles will be available

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](mailto:marie.laurie@ggc.scot.nhs.uk)