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## New Sign Guideline

Click link below

[Management of suspected bacterial urinary tract infection in adults](#)

# PHPU Newsletter

Public Health Protection Unit  
Telephone 0141 201 4917

e-mail: [phpu@ggc.scot.nhs.uk](mailto:phpu@ggc.scot.nhs.uk)  
Fax 0141 201 4950

## Prescribing antivirals for flu in primary care to be authorised

The CMO in England has written to the NHS (17<sup>th</sup> Dec) to advise that antivirals may now be used for patients presenting with flu-like symptoms. This action is being taken because surveillance data indicate that the influenza virus is circulating. A similar letter of authorisation from the CMO in Scotland to all Health Boards is expected by Friday 21<sup>st</sup> December.

Prescribers are reminded to endorse all prescriptions for oseltamivir (Tamiflu®) and zanamivir (Relenza®), with the reference "SLS" as community pharmacies are only able to dispense these at NHS expense if the prescription is so endorsed.

Please refer to the updated [HPS guidance](#) on the use of antivirals for treatment and prophylaxis of flu

## Interim payment for GPs for seasonal flu vaccinations

GP Practices will shortly be receiving an Interim Payment in relation to the number of Seasonal Flu vaccinations they have given to date (as at 3rd December 2012) in the 2012-13 season. This payment, as in previous years, is based on estimates of vaccine uptake received by HPS from the Health Protection Scotland Flu Portal. Please note that these figures are only estimates, and may differ from what GPs think they should be due to potential issues around denominator accuracy and delays in GP software roll-out. These estimates are the only figures available on which an interim payment can be made. Final payments will be made next Financial Year, the bulk of which will be made March 2013, on submission of valid claims by GP Practices to Practitioner Services Division - Medical (PSD-Med).

The interim payments will be made directly by PSD-Med to practices as part of the Dec 2012 Medical payment. Any queries should be directed to Maria Coppola on 0141 300 1301

## Maintaining the cold chain during the festive period

Practice staff are aware of the importance of maintaining the cold chain for vaccines storage, and this responsibility is frequently delegated to one or two key individuals. During holiday periods these duties may need to be covered by less experienced staff and, previously, this has coincided with periods of extreme weather and power outages. Practices are reminded of the need to train staff who will be responsible for vaccine storage over the holiday periods. A quick 30min e-learning package covering the important points is available on <http://nhs.learnprouk.com>. Once registered, click on 'more learning' and go to the 'pharmacy' tab

In particular the covering staff should know:

- The importance of cold chain maintenance
- How to read and reset the thermometer in use
- What action to take if temperatures are out of range

## Vaccine supplies

In order to ensure sufficient supplies of vaccine, practices should be aware that Infanrix-IPV® (dTaP/IPV) will be the only pre-school booster vaccine that can be ordered for childhood immunisation programme. Supplies of Repevax® (dTaP/IPV) will be reserved for the temporary programme to vaccinate pregnant women against pertussis and this needs to be specified when placing an order with PDC.

## BBV training 2013

The *Certificate in Hepatitis B and C: Detection, Diagnosis and Management* is a new educational package developed by RCGP Scotland. The certificate is aimed at GPs, nursing staff, clinic workers, pharmacists and those working with immigrant populations. It is particularly relevant to those with a special interest in the management of drug users, prisoner healthcare, sexual health and migrant health. This certificate is also useful for clinicians and non-clinicians involved in dried blood spot testing. A training course including an e-learning module and face-to-face training will take place on Wednesday 30<sup>th</sup> January 2013 at the Trades Hall. [Click here](#) for more details and to book a place.

The NHSGGC [BBV Training Programme](#) for 2013 is now available



Merry Christmas  
And Happy New  
Year

## Whooping cough - diagnosing cases

Management of suspected whooping cough should be based on clinical suspicion and not delayed until laboratory confirmation. GPs should note that a blood test is not recommended for clinical and/or public health management. For diagnostic reasons, patients should have a *per-nasal swab* done during the first 3 weeks of onset of symptoms as the patient is non infectious after this 3-week period.

## Pertussis vaccination of pregnant women

In England and Wales there were three deaths in infants with laboratory confirmed whooping cough reported in October bringing the total number of deaths in this age group so far this year to 13. Although there have been over 1000 reported cases in Scotland there have been no deaths. It is recommended that all pregnant women are offered of a dose of Repevax® between 28-38 weeks, ideally 28-32 weeks, of pregnancy and that babies are vaccinated against whooping cough on time including babies of women who've had the vaccine in pregnancy as this provides the baby with continued protection through childhood. See last month's [Pertussis Newsletter](#) for more details.

## Important - new malaria advice and malaria map for India

The Scottish Malaria Advisory Group (SMAG) has issued updated advice for those travelling to India. The changes to the advice are concerned with both geographic areas of India and the recommended anti-malarial chemoprophylaxis for travellers.

SMAG obtained up-to-date data from the Indian National Vector-Borne Diseases Control Program and considered this alongside existing incidence maps from the Malaria Atlas Project and World Health Organisation (WHO) to prepare [updated maps](#) and advice for use in Scotland

It's estimated that 40% to 50% of cases of malaria in India are due to *Plasmodium falciparum* and chloroquine resistance is being reported. SMAG has therefore opted to follow the WHO recommendation (at <http://www.who.int/ith/en/>) for **prescription-only antimalarial chemoprophylaxis** as first line choice for higher risk areas as opposed to over-the-counter medication. Please note that patients will have to pay for a private prescription as drugs for malaria prophylaxis are not prescribable on the NHS.

One of the key messages is that travellers should consult a health professional at least 6-8 weeks in advance of their trip in order to allow time for pre-travel preparations, including advice, chemoprophylaxis and any necessary vaccinations. <http://www.fitfortravel.nhs.uk/news/newsdetail/3805.aspx>

## Measles cases in local travelling communities

There has been an outbreak of measles in members of the travelling community in Lanarkshire. So far, there are five confirmed and seven probable cases. One primary school and one nursery are involved in the outbreak. All cases, who were unimmunised, presented to GP or A&E services. The cases are improving and there have been no hospitalisations or complications. There are links with members of the travelling community in Cumbria where an outbreak was previously reported.

There has also been a cluster of two confirmed cases resident in Morayshire, Grampian but no link has been established between them. One case is a member of the travelling community who visited family in Bellshill, Lanarkshire during the incubation period.

Measles cases were identified in the Hadrian's Wall camp, Cumbria, following a large gathering of Traveller families in the Midlands during the summer and have continued to date. In England, this is part of a larger outbreak affecting the travelling community with as of 10<sup>th</sup> October, 210 confirmed cases. The pattern of spread is broadly from South to North of the country. Immunisation uptake and GP registration tends to be lower in this group. Increased transmission of infectious agents often occurs after large social events. Evidence from the genotyping of viral nucleic acid detected in cases indicates that different genotypes are circulating, most probably due to multiple seeding of the measles virus in this immunologically naïve section of the population.

In Scotland so far in 2012, in total there have been 24 confirmed and 23 probable cases of measles notified to HPS. The age range is 0 to 48 years with the median being 17 years.

Of these, 10 confirmed and 22 probable cases have been in members of different travelling communities. Three confirmed and 11 probable cases formed part of an outbreak affecting Eastern European people resident in Glasgow in May and June. Since August, there have been 7 confirmed and 11 probable cases in UK travelling people. The age range (excluding the most recent cases) has been 5 to 20 years with the median 13.5 years.

GPs are reminded to give MMR vaccine opportunistically to unimmunised travellers.

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)