PHPU Newsletter

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Contents

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New type of appointment letter for primary immunisations

Practice staff should note that the national child health system programmes will stop using pressure mailer stationary (pink sealed envelopes) and will instead use A4 letters and envelopes. One advantage is that up to eight inserts can be included e.g., information sheets and flyers. The SIRS module of the Child Health Information System will be the first to start using letters and this is planned for the first week in February 2013. The CHSP pre-school module will follow shortly thereafter and then the CHSP school module.

This mailing change will bring the Child Health Information Systems in line with other Community & Preventative Care (CPC) systems such as Scottish Cervical Call Recall System (SCCRS) and the annual flu letters

Minimum interval between 2nd and 3rd dose of HPV vaccine

There is no clinical data on whether the interval between doses two and three can be reduced below three months. Where the second dose is given late and there is a high likelihood that the individual will not return for a third dose after three months or if, for practical reasons, it is not possible to schedule a third dose within this time-frame, then ***a*** third dose can be given at least one month after the second dose. This applies to both Cervarix® and Gardasil®.

See Green Book chapter on HPV for more details

Increasing flu cases and invasive respiratory infections

Recent weeks have seen an increase in community and hospitalised cases of seasonal influenza leading to the issue of a CMO letter authorising the use of antivirals in the community.
http://www.sehd.scot.nhs.uk/cmo/CMO(2012)10.pdf

In keeping with prior seasons, this increase in influenza has also heralded a seasonal increasing trend in laboratory detections of a number of invasive respiratory bacterial infections. The PHPU has recently written to all GPs (letter dated 7th January) alerting them to this increase in the laboratory detection of invasive infections mostly from blood and CSF and, in particular, to the management of suspected meningococcal disease.

Schistosomiasis – post travel management

Clinicians are reminded of the risk of schistosomiasis infection in travellers who may have been exposed to untreated fresh water in Malawi and other endemic countries.

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

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

Checking latex content of vaccines

Immunisation staff are advised to check the latex content of vaccines whenever a patient presents for vaccination with a history of *severe* latex allergy i.e. previous anaphylactic reaction. It is important to ascertain on each occasion that the vaccine is latex free before administration. Click on the link above to view the checking procedure.

Changes to the childhood immunisation programme 2013

The Scottish Government, with all the other UK administrations, is planning to introduce a number of changes to the immunisation programmes starting from July 2013. The actual details of the roll-out of these proposed programmes are still being worked out and to be agreed at an UK level but the latest information is as follows:

- Rotavirus vaccine (oral) will be offered to all infants at 2 months and 3 months of age from July 2013
- The second Men C dose currently given to infants at age 4 months will be discontinued in April/May 2013
- Intranasal flu vaccine will be introduced from Oct 2013 in phases for selected age groups(details still to be worked out)
    - 1 or 2 doses depending on previous flu immunisation for 2 - 8 year olds; 1 dose for 9 -16 year-olds
    - Year 1 – probably two primary school year cohorts from Oct 2013
    - Year 2 – all 2 to 5-year-olds and all primary school children from Oct 2014
    - Year 3 – all 2 to 5-year-olds and all primary and secondary school children from Oct 2015
- One dose of Men C booster to be offered to all 13/14 year olds at school (S3) from Sept 2013 onwards but given with the school leaving DTP booster, so in NHSGGC, likely to start in Jan/Feb 2014
- One dose of Men C to be offered to all students going into higher education
- Herpes Zoster vaccine to be offered to all 70-year-olds and a catch-up for those aged of 71 to 79 years
    - Year 1 – all 70-year-olds and all 79-year-olds from Oct 2013
    - Year 2 – to be decided

Delivering these proposed vaccines, in addition to the existing programme, will be a challenge. In fact, the number of people routinely offered vaccine is going to increase by 100% at the end of this 3-year period (increase from 1 million to 2 million people in Scotland). The PHPU has already started to engage with various colleagues affected by these changes and has begun a process of initial discussion and programme planning. Education and training seminars for primary care and school health staff will be arranged by the PHPU over the summer months prior to these changes.

PDC to supply Meningitec ® instead of Menjugate ®

In order to ensure stocks of Men C Vaccines for the childhood immunisation programme, the PDC will in future supply Meningitec® (1x10 doses) once current supplies of Menjugate Kit® (single dose) are exhausted. To avoid waste, staff are asked to take care and not over-order Meningitec® as it's supplied in boxes of 10 doses.

The PHPU has received a complaint regarding a recent batch of Menjugate Kit® (Novartis) where reconstituted vaccine was difficult to withdraw resulting in failure to deliver full dose. This problem has been reported to Novartis who are currently investigating and further advice will be disseminated when available. Staff are reminded to report potential defects with any vaccine to pharmaceutical public health (0141 201 4464).

BCG clinics in NHSGGC

Staff are reminded of the arrangements for BCG for 'at risk' babies and children in NHSGGC. The PRM organises its own BCG service and newborns are appointed to the twice monthly BCG out-patient clinic prior to discharge. 'At risk' babies born at the SGH and RAH/Inverclyde are appointed by the PHPU to the BCG community clinics at Govanhill, Woodside and Renfrew Health Centres. Please note that babies are usually appointed to community clinics within 2 months of birth.

Children/young people up to age 16yrs who are travelling to, or have resided for 3 months or more in, a TB 'high risk' country; adults who require Mantoux/BCG for occupational reasons; and new entrants to the UK aged 16 -35yrs from Sub-Saharan Africa should be discussed with the PHPU staff to confirm eligibility for Mantoux/BCG.

The BCG appointment number for all community clinics is 0141 201 4932

Updated Best Practice guidelines for immunisation

Immunisation staff should note that the updated NHSGGC Immunisation and Best Practice Guideline 2013 is now available on the PHPU website

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**