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# PHPU Newsletter

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## Change to call/recall for Hep B vaccination in 'at risk' babies

The call/recall system for hepatitis B vaccination is primarily designed for 'at risk' babies who are identified at birth and vaccinated *prior* to discharge from hospital. A baby is at risk because:

- the mother is a carrier of hepatitis B virus  
or
- there is drug misuse in the family

Please note that if the course of vaccination does not begin within 1 month of birth then the infant will NOT be added to the national call/recall system for hepatitis B vaccination and primary care staff will need to arrange follow-up appointments with the family to complete the course. Child Health will not send reminder letters to GP/HV or parents of babies if Hep B vaccination is not started within 1 month of birth. For recording purposes, please continue to notify Child Health when subsequent doses of hepatitis B vaccine are given.

The vaccination schedule 0,1,2 and 12 months should be followed. Only babies born to HBV carrier mothers require a blood test after the 4th dose. They also need a 5th dose of vaccine before school although no blood test is required thereafter. The child will be called automatically for the pre-school dose if child health is notified of the mother's status when the vaccination course begins.

## Listeriosis and vulnerable groups

An information sheet has recently been published by the Food Standards Agency for hospitals and nursing/care homes that highlights to staff the risk of listeriosis to vulnerable people in their care and outlines the simple steps that can be taken to reduce this risk. This has been published to help to raise awareness of this issue following the eight foodborne outbreaks of listeriosis, reported in UK hospitals between 1999 and 2011, which resulted in eight deaths, and two deaths which occurred in hospitals in Wales and Northern Ireland during 2012. The link to the information sheet is provided below:

<http://food.gov.uk/policy-advice/microbiology/listeria/listeria-care-settings>

This information sheet is a starting point for the development of a more comprehensive package of guidance for hospitals and healthcare professionals which will provide information on what can be done to reduce the risk of listeriosis to people in highly vulnerable groups. It is worth noting that the clinical surveillance data suggests that hospital acquired outbreaks of Listeriosis have not occurred to the same extent in Scotland compared to other parts of the UK.

## Flu vaccine supply arrangements 2013/14

Sufficient supplies of the new live attenuated nasal flu vaccine, Fluenz®, should be ordered to meet requirements for children aged 2 years to less than 18 years **in a clinical risk group**. This is the recommended vaccine for this age group unless contraindicated (severe immunodeficiency, severe asthma, active wheezing or pregnancy). Some of these children may be offered flu immunisation at school if they are part of the pilot introduction of the universal immunisation programme which will be rolled out to all children aged 2 - 17 years from 2015/16 onwards but will only affect one or two birth cohorts in 2013/14. Fluenz® is only available in packs of 10. Please note that children younger than 9 years will require TWO doses of Fluenz® **if receiving flu vaccination for the first time**.

GPs should identify the quantity of egg-free vaccine required for patients with previous anaphylaxis to egg. For the 2013/14 season, Optaflu® is licensed for adults aged 18 years and above and should be available in single units. It is not supplied with a needle but the LuerLok syringe device is compatible with standard needles.

Please note that some vaccines have licence restrictions with respect to age. The vaccines available for 2012-13 and the indicated age groups are listed in the [Green Book](#) but the SPC should be consulted for 2013-14 vaccines once available. GP practices require at least a proportion of their order to include vaccine suitable for all potential patients including children from 6 months to under the ages of 4 or 5. The product licence dictates that Fluenz® **should not be given to children under 2 years of age** and it is not licensed for adults aged 18 and above.

Click on the link to view recent letter from PHPU to all GPs and community pharmacists

<http://library.nhs.gov.uk/mediaAssets/PHPU/seasonal%20oflu%20ovacc%20prog%202013-14.pdf>

**NB**  
**2 doses of**  
**Fluenz® for**  
**children under 9**  
**yrs if receiving**  
**flu vaccination**  
**for first time**

## New case of corona virus in UK

A new case of novel coronavirus infection was confirmed by the HPA on 15<sup>th</sup> February. The case is a member of the same family as the two earlier confirmed cases of coronavirus infection which were reported on 8<sup>th</sup> and 12<sup>th</sup> February. The case became unwell on 5<sup>th</sup> February following contact with the index case. On 6<sup>th</sup> February s/he self-isolated at home with a flu-like illness lasting several days. S/he is now recovering. All close contacts (family and work related) have been identified and are being managed as per the current HPA guidance.

This now brings to 12 the number of confirmed cases globally, four of which have been diagnosed in the UK.

Summary of novel coronavirus cases reported to date: 12 confirmed cases (5 fatal)

- 2 UK residents (one with underlying condition) who were in contact with confirmed case of novel coronavirus when symptomatic
- 1 UK resident with travel history to the Kingdom of Saudi Arabia and Pakistan; co-infection with Influenza A(H1N1)pdm09 detected
- 2 laboratory confirmed cases from Jordan (both fatal) who were part of a cluster of cases of severe pneumonia in a healthcare setting in April 2012
- 2 laboratory confirmed cases in Qatari nationals, one was hospitalised in London, the second was hospitalised in Germany
- 5 laboratory confirmed cases from the Kingdom of Saudi Arabia, 3 of whom have died (all 5 cases were treated in Saudi Arabia, 3 of the cases occurred in a household cluster)

A meeting of the Incident Management Team, coordinated by HPS Colindale, was held on 15 February to consider the available information and to review the risk assessment. The revised risk assessment is:

The risk to UK residents of contracting this infection in the UK is very low.

The risk to UK residents travelling to the Middle East is very low and does not warrant a change to current travel advice.

No confirmed case of novel coronavirus has been reported in Scotland to date, however, any patient presenting with unexplained severe acute respiratory illness and a travel history to the Middle East warrants further investigation.

## Measles - diagnostic testing

Measles is a notifiable disease and general practitioners should report clinically suspected cases to the PHPU immediately. Laboratory confirmation of measles will then be required. For immediate confirmation a throat swab (non-charcoal and flocced if available) should be taken for PCR detection of viral nucleic acid. This is a highly sensitive test and sampling can be undertaken from the prodromal phase up to 14 days after onset of rash. The swab should be inserted into a vial container of Viral PCR Solution (VPS) and sent to the West of Scotland Virus Lab (WOSVL) at Gartnavel Hospital. If there is no VPS available, practices should contact the WOSVL at **0141 211 0080**.

### NB

The standard salivary-testing kit offered by the PHPU after GP notification of a clinical case is not intended for rapid confirmation of measles, mumps or rubella (it's usually some weeks before the results are reported back to the GP and PHPU). This test is recommended for the purpose of UK-wide surveillance.

## Pertussis vaccination of pregnant women

Following the review of the epidemiological data since the introduction of the programme in October 2012, the JCVI advised that the programme should continue until further review is undertaken by the Committee later in the year. A communication will be sent out soon by the Scottish Government endorsing this advice. Midwives and primary care staff should, therefore, continue to offer the vaccine to pregnant women.

## Flu vaccine uptake in NHSGGC & Scotland

Provisional data to date suggests that vaccine uptake overall for Scotland for those aged 65 yrs and over is above the WHO target uptake of 75 % for this age group. Uptake rates for each risk group at mid February 2013 are compared to rates at the same time point in 2012 (see the tables below).

### Week 8: 2013 (Week beginning 18<sup>th</sup> February) Flu vaccine uptake rates

Area	Over 65s	Under 65s at risk	Pregnant	Pregnant at risk
NHSGGC	75.8%	56.8%	58.9 %	72.7%
Scotland	76.4%	55.9%	50.9%	67.9%

### Week 8: 2012 Flu vaccine uptake rates

Area	Over 65s	Under 65s at risk	Pregnant	Pregnant at risk
NHSGGC	75.6%	57.4%	39.5%	62.6%
Scotland	76.1%	56.4%	38.7%	60%

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)