PHPU Newsletter

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Pertussis vaccination for pregnant women extended

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Measles outbreak in UK and local public health actions

The latest news regarding the Swansea outbreak suggests over 900 cases, 70 hospital admissions and the death of a 25-year-old male. Other areas of the UK including the North East of England have also seen increasing numbers of cases in recent months.

Uptake of MMR immunisation in NHSGGC fell slightly following the Wakefield controversy in the late 1990s and early 2000, but uptake in Scotland has always been higher than in England and Wales. The uptake rate in NHSGGC never fell below the estimated herd immunity uptake level of 83% and the current rate of MMR uptake is over 95%.

Despite this, PHPU has been notified of 4 confirmed cases of measles in the last week (ending 19/04/13). The cases either live in Renfrewshire or have connections with the area. They appear to be sporadic and are not associated with travel outside the UK. Two of the cases are under one year of age and the other two are in older age group. There does not appear to be any connections between the cases and PHPU does not consider this to be an outbreak. There have not been any confirmed cases of measles in any other area of NHSGGC.

Public Health Actions

Children born between 1997 and 2005

Two doses of MMR vaccine give 99% protection against measles. Primary care staff may wish to check the immunisation records of children and young adults born between 1997 and 2005 and offer vaccination to those that have not had two doses of the vaccine. The 1st dose of MMR can be given at any time after the first birthday, ideally at 13 months of age. The 2nd dose is normally given with the pre-school booster (from 3 years and 4 months) as long as there is an interval of 3 months between doses. Further information can be obtained in the measles chapter of the Green Book - http://immunisation.dh.gov.uk/green-book-chapters/

Young child travellers

From 01/04/12 to 31/03/13 in NHSGGC a total of 9 confirmed cases of measles were identified in children ≤ 3 years and many appear to have been travel-related.

Children who are likely to travel to endemic areas/countries (Asia, Africa) before the age for routine MMR vaccination should be targeted and offered MMR from 6 months of age. If immunised before 13 months of age they require two further doses of MMR as per the routine immunisation programme. This is due to the lower seroconversion rates in younger infants. Children who have already had 1 dose of MMR at the routine age (13mnths) and who are travelling to a high risk area can receive a second dose prior to the pre-school age. Although the 3-month gap is optimal, a 1 month gap is sufficient if the child is aged over 18 months. NB: MMR PGD does not cover children under 12 months of age so a PSD will be required for this age group.

Opportunities for educating parents regarding the risks of travel-related measles can include attendance for routine immunisations at 2,3 and 4 months by health visitors/practice nurses, and at travel clinics.

Primary care staff are reminded that where the opportunity presents itself, all young people should be immunised with MMR where there is no history or a partial history of immunisation.

NB: Practices should order vaccine from the PDC and *not* from community pharmacies. Orders should be faxed on headed notepaper or pre-printed order-form specifying that it is for catch-up of young adults; only the minimum required should be ordered. Under the GP contractual arrangements males up to age 15 years and women of child bearing age are eligible for vaccination by their GP.

Meningitec® should not be used for babies from May 1st

Practices are now beginning to receive supplies of Menjugate Kit® from the PDC because from **May 1st Meningitec® should not be used** for immunisation against Men C at 3 months as babies will not be called to receive a second dose at 4 months.

Practices are advised as follows:-

- Do not use Meningitec® after **Tuesday 30th April**
- Return remaining Meningitec® to the PDC for destruction
- Mark the returned vaccine clearly with the name of the practice and practice number
- Ensure sufficient stock of Menjugate Kit® is available for any clinics being run from **May 1st**

Pertussis - investigation algorithm for chronic cough

NHSGGC has finalised the algorithms for adults and children to be used in the investigation of chronic cough with or without known exposure to pertussis.

Investigation of chronic cough in adults Guidance on Samples and testing Taking a pernasal swab Treatment and post exposure prophylaxis Investigation of chronic cough in children

Increase in Parvovirus in Scotland and exposure in pregnancy

There has been an observed increase in parvovirus B19 activity in Scotland and GPs and primary care staff are asked to be vigilant and aware of the relevant information and guidance on diagnosis and management of infection.

Parvovirus is a common viral infection in humans. (Also known as B19 or "slapped cheek syndrome"). It is most often a disease contracted in childhood, and 60% of adults tested are shown to be immune from parvovirus. It is spread by direct contact with the nose and throat secretions of infected persons. The incubation period of parvovirus in 4-20 days (14 days on average) and is infectious from 7 days before the rash appears, after which it is probably not infectious.

The illness begins with a flu like illness proceeded by a facial rash which spreads down the trunk and limbs. In children it is known as *erythema infectiosum*. Symptoms in healthy adults are usually mild, although joint aches and pains are common in adults with the disease. If a pregnant women contracts the disease ***prior to 20 weeks gestation*** the risk of miscarriage is elevated by 10% above the average and a 3% chance of post infection hydrops fetalis which has a 50% mortality rate. Parvovirus does not cause malformation of the foetus.

If a pregnant woman has had contact with a suspected case of parvovirus, screening of her blood is required. If she has already had antenatal booking bloods done, then staff should contact the West of Scotland Virus Lab WOSVL (0141 211 0080) and request testing of stored blood for parvovirus, otherwise the GP should submit a blood sample for parvovirus screening to the WOSVL. Results are usually available within 24 hours.

Results	Interpretation	Action
IgG +ve/ IgM–ve	Immune/ not infected	Reassure / No action required
IgG –ve / IgM –ve	Not immune/not infected	Repeat blood sample in 3 weeks' time (if repeat IgM is +ve follow Action below)
IgG –ve / IgM+ve	Not immune/infected	**REFER TO OBSTETRICIAN**

The HPA has produced detailed guidance on management of viral rash in pregnancy and a useful Algorithm guiding the follow-up of women exposed to rash in pregnancy.

Immunisation seminars 2013

The PHPU has organised a series of seminars for primary care staff in preparation for the changes to the national immunisation programme to take place from 1st July 2013. To register for a seminar click on the link below to view the PHPU letter sent to all GPs in NHSGGC with booking links to venues and dates.

Immunisation Seminars 2013

Update on typhoid vaccine supplies

Supplies of typhoid vaccine remain a problem. Currently no single antigen typhoid vaccine is available and practices may want to consider using Viatim® but need to ensure that at least 1 year has elapsed since any previous Hepatitis A vaccination to reduce the risk of local reaction. The PDC can, in exceptional circumstances, supply to the GP practice. If required please contact pharmaceutical public health to arrange (0141 201 4464).

Note: Injectable typhoid vaccine provides protection for 3 years. Crucell produces an oral vaccine but this is not the preferred vaccine.

H7N9 cases in China

As of 23rd April 2013, WHO has been notified of 108 laboratory confirmed cases of influenza A (H7N9) infection in China including 22 (23.7%) deaths. The cases come from five provinces (Anhui, Henan, Jiangsu, Shengdeng and Zhejiang) and two Municipalities (Beijing and Shanghai). Cases are currently confined to China; they are relatively rare and there is no evidence of person-to-person transmission at this time; there is, however, always concern when there is evidence of transmission of novel strains of influenza to humans. Both animal-to-human and human-to-human routes of transmission are being actively investigated at present by WHO.

Health Protection Scotland has issued guidance for clinicians in Scotland on the investigation and management of cases of influenza A H7N9 in people returning from China with flu-like symptoms. The HPS Algorithm has been distributed to all GPs and relevant clinicians in the NHSGGC area.

HPS Travel Guidance for Schools

HPS has recently produced Travel Guidance for Schools , the aim of which is to provide additional practical advice on health issues for those going on an overseas excursion, especially for those intending to visit a country where health hazards not found in the UK exist. The framework for safe practice Going Out There should be used in the first instance for all off -site visits /trips.

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