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PHPU Newsletter

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Zostavax® - care needed with syringe

Staff are asked to exercise care when preparing Zostavax® for administration. The lack of a backstop to the syringe driver may result in the plunger withdrawing completely from the barrel with loss of vaccine. If a problem is identified with any vaccine please report promptly to pharmaceutical public health (0141 201 4424) and retain the affected product for further examination.

Fluenz® - check expiry dates

Fluenz® has a limited shelf-life and, like all vaccines, needs to be used before it exceeds its expiry date. Fluenz® supplied for the children's programme for two- and three-year olds has expiry dates of 18, 23, 24 December 2013, the 13, 14, 15, 16 January 2014 and 5 February 2014. Staff are asked to ensure the vaccine is within its expiry date before using it.

If a second dose of Fluenz® is required 4 weeks after the first dose (e.g. children in clinical risk groups aged two nine years who have not received influenza vaccine before), but the vaccine expires before that date, then it is safe and likely to be highly effective to give *inactivated* vaccine as a second dose.

NB: GPs are reminded about the recent request by Public Health Pharmacy for information on unused Fluenz®. Any expired Fluenz® should be returned to the PDC for destruction (Please phone 0141 347 8981 to arrange). If there is no Fluenz® vaccine remaining in the practice then please phone/email Eddie McArdle to confirm: 0141 201 4464/ Edward.McArdle@ggc.scot.nhs.uk

Men C vaccination in infants - Meningitec® not to be used

Since the 1st June 2013, infants receive only one dose of a Men C vaccine as part of the childhood schedule and either NeisvacC® or Menjugate Kit® should be used. ***Meningitec® vaccine is no longer to be used as a single priming dose.***

Please note that any child who has received one dose of ***Meningitec®*** after 1st June will require a second dose of Meningitec® or Menjugate Kit® as soon as possible to complete their primary course.

Meningitec® should no longer be held as stock in GP practices. Any stock retained for a specific patient should be clearly identified. Any remaining stock should be returned to PDC to avoid inadvertent administration (please phone 0141 347 8981 to arrange).

Varicella exposure and pregnant women

GPs are reminded that any pregnant woman who may have been exposed to chickenpox ***and who does not have a confirmed history of previous infection*** should be referred to the hospital midwife. If the patient has had chickenpox infection in the past there is nothing to worry about and the GP can reassure the patient. If there is no history of previous infection or it is uncertain, the midwife can arrange for antibody levels to be checked on the booking bloods at the virus lab. Any follow up, e.g., a repeat test or assessment for immunoglobulin, is the decision of the obstetrician as, by contacting the midwife, the patient is then under their care.

[NHS GGC Chickenpox in pregnancy guideline](#)

UTI cluster in Scotland caused by unusual E coli

There have been three cases of UTI caused by *Escherichia coli* producing NDM-type carbapenemases identified from patients in the community in the same geographical area over a period of four months. The first case was identified in August, and the two latter cases in November. None of the patients was hospitalised at the time of their UTI. Two patients had long term urinary catheters and were receiving care in the community. One patient (of the two) had severe co-morbidities. None of the three patients had a travel history (in the last 12 months) or any foreign visitors. The *E. coli* isolates have been / are being typed at PHE's AMRHA1 Reference Unit for comparison with other Scottish and UK strains.

Investigations have shown that the NDM producers in Europe (and elsewhere) originated in Indian sub-continent and subsequently have been spread globally via travel (including medical tourism). This is the first report of an apparent cluster of NDM producers (*E. coli*) in Scotland in a geographical area (within one NHS board) involving three patients with no travel or healthcare history abroad.

Childhood primary vaccination uptake Jul-Sep 2013

The childhood primary vaccination uptake rates for the year quarter July to September 2013 for each health board area are summarised in the table link below.

[Childhood primary vaccination uptake Jul-Sep 2013](#)

Halal and Kosher medications

UK Medicines Information (UKMi) is an NHS pharmacy based service. Its aim is to support the safe, effective and efficient use of medicines by the provision of evidence-based information and advice on their therapeutic use. It has published guidance for healthcare staff on Halal and Kosher medications. Click on the link to read the UKMi [O&As](#)

Salmonella and reptiles

Most reptiles, including those kept as pets, carry salmonella in their gut without showing any signs of infection. Salmonella can pass from reptiles to people and infection can have serious consequences, particularly for babies and small children, in whom it can prove fatal.

Babies, children under five, pregnant women, the elderly and those with weaker immune systems are particularly at risk from salmonella infection. Children are particularly at risk because they like to handle and stroke pet reptiles. As a result, the hands and fingers can become contaminated. Babies and small children may be infected by parents and other family members who have handled a reptile and then not washed their hands before feeding or touching the child. They may also become infected from reptile droppings if the reptile is free to roam the home.

See HPA leaflet designed for public information
[Reducing the risk of salmonella infection from reptiles](#)

Renfrew BCG clinic

Staff in Renfrewshire area should note that the community-based BCG clinic for babies and children will now run every **two** months. The BCG appointment number is 0141 201 4932

Shingles immunisation programme - update

Since its introduction in September, the shingles immunisation programme is progressing well with almost all practices having immunised at least half of their eligible* patients. The vaccine can be administered to the two eligible cohorts at any time between 1st September 2013 and 31st August 2014. Initially supplies were limited but are now sufficiently available to meet demand and practices are encouraged to support the implementation of this programme. This is, however, an expensive vaccine that is in limited supply and practices will be allocated according to availability of vaccine and reported uptake. So far there have been relatively few incidents however even this small number has a significant impact due to the cost of the vaccine. Practices are encouraged to order only the minimum required, no more than 2 weeks' stock should be held at any one time, and staff should ensure that supplies have been received before arranging clinics.

*All 70-year-olds at 1st September 2013 and one catch-up cohort of 79-year-olds in 2013/14

Combined hormonal contraceptives and VTE

The Scottish Government's Chief Pharmaceutical Officer recently wrote to all GPs to alert them to the finding of a Europe-wide review of Combined Hormonal Contraceptives and risk of venous thromboembolism. The letter is on the link below and other relevant appendices are also linked.

[Letter from Chief Pharmaceutical Officer](#)

[Prescribers Checklist](#)

[Information website for women](#)

[Direct Healthcare Professional Communication](#)

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