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PHPU Newsletter

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Flu vaccination uptake falling in pregnant women

Healthcare staff involved with pregnant women should note that 90% of Flu A isolates this year are H1N1 (swine flu) and it is important that practices identify all pregnant women and vaccinate them as soon as possible.

In February, a [21-year-old-woman in Leicester](#) contracted swine flu when 7 months' pregnant and died within a few days of giving birth prematurely. This avoidable death highlights the need to vaccinate pregnant women against flu.

For more info on available resources click on the link below

<http://www.immunisationscotland.org.uk/vaccines-and-diseases/seasonalflu/pregnantwomen.aspx>

Seasonal flu - time to use antivirals

Recent surveillance information indicates that there is now a substantial likelihood that people presenting with an influenza-like illness are infected with an influenza virus. Accordingly, health professionals are advised **that antiviral drugs can now be prescribed in the community for the prevention or treatment of influenza where clinically indicated/appropriate.**

Please see the recent [CMO](#) letter for more details

Flu vaccine supply - arrangements for 2013-14

The arrangements for the supply of flu vaccine for the 2014-15 season are laid out in the [recent letter](#) from the Scottish Government's Chief Pharmacist. In summary, all flu vaccines, intranasal and injectable, required to vaccinate children and young people up to age 18 years will be purchased centrally and supplied to GP practices from the PDC. Only vaccines prescribed for adults should be ordered from the community pharmacy.

Discontinuation of MenACWY polysaccharide vaccine

GSK intends to discontinue manufacture of its polysaccharide vaccine (ACWY Vax®) and stocks will run out from July 2014. Given the preferred vaccine is the conjugate vaccine this may have limited impact. The quadrivalent conjugate vaccines available are Menveo® (Novartis) and Nimenrix® (GSK).

Pertussis vaccination and pregnant women

Pertussis is a cyclical disease with waves of increased activity every three or four years. Although the reasons for this are not clear, the UK experienced an unusually high peak of infections in 2012 with increased activity in all age groups including young babies. High levels of pertussis in teenagers and adults continued into 2013 and in 2014 are still above recent historic levels.

To protect babies from birth it is therefore recommended that women are vaccinated against pertussis between weeks 28 and 32 of pregnancy, although the vaccine can be given up to week 38. This is to generate high levels of antibodies against pertussis in the mother which then cross the placenta to passively protect the baby when it is born. Vaccinating the baby at birth would not offer immediate protection as he or she responds to the vaccine over a number of days and high levels of protection are only achieved after two or more doses have been given. The vaccination also protects the mother who cannot then infect her baby.

Click on the [graph](#) link to see the dramatic impact of the programme in pregnant women on confirmed cases of pertussis, and deaths, in infants under 3 months of age.

NB: GPs should note that from early summer Boostrix IPV® will replace Repevax® as the vaccine to be offered to pregnant women

MMR catch-up to cease

The short term MMR catch-up commenced in June 2013 for 10-17-year-olds is now to cease. MMR should still be offered to those identified as being susceptible at the time of the S3 'teenage booster' vaccination and continuing initiatives should be aimed at the Travelling Community. Furthermore the need for immunisation in HCWs should be reinforced. See recent [CMO](#) letter for more details.

Avian influenza A/H7N9 in China

Given the recent increases in the number of human cases of avian influenza A(H7N9) in China, Public Health England (PHE) has concluded that the risk to UK residents remains very low and the measures that are currently in place are proportionate. Travellers visiting the affected areas (several provinces of mainland China, Hong Kong, and Taiwan) and individuals who have had close contact with confirmed cases remain those most at risk. An updated risk assessment has been published.

In addition to reviewing and updating the current risk assessment, **the guidance on the prophylaxis of close contacts of cases of A(H7N9) was reviewed**. It is now recommended that, in line with PHE guidance, **oseltamivir 75mg twice daily for five days is used for the prophylaxis of close contacts of cases of A(H7N9)**. This is to address concerns about the development of antiviral resistance following the identification of mutations associated with resistance in treated patients.

Since February, a total of 331 cases of human infection with A(H7N9) have now been confirmed by WHO, with 64 deaths. The mode of transmission remains unknown, but the majority of cases report contact with birds or live animal markets. Although there is currently no evidence of sustained human-to-human transmission, there have been a small number of familial clusters, raising the possibility of limited human-to-human transmission. The majority of cases have been identified in several provinces of mainland China. There have been four imported cases reported from Hong Kong, and two imported cases reported in Taiwan. Compared to the first wave, cases are occurring more frequently in the southern provinces of Zhejiang and Guangdong, close to the Vietnamese border.

Although the recent increase in the number of cases may, in part, be due to increased surveillance efforts, China entered a busy period of travel, shopping and festivities in celebration of the Chinese Lunar New Year (31 January 2014) and there was considerable movement of people to and from urban areas and abroad leading to increased crowding and mixing. The situation therefore warrants close monitoring and a heightened awareness of the possibility of cases in returning travellers is needed.

Please note that the Algorithm for the Investigation and management of possible human cases of avian influenza A/H7N9, in returning travellers has been updated (attached and available on <http://www.hps.scot.nhs.uk/resp/publicationsdetail.aspx?id=54528>).

E coli O157 outbreak associated with Hydro

A total of 21 cases of *E coli* O157 were linked to events on the 17th, 18th and 19th January at the SSE Hydro. The PHPU along with other health boards, Health Protection Scotland, the Food Standards Agency and Glasgow City Council Environmental Health worked together to investigate the cases. Investigations indicated a link to the SSE Hydro, Glasgow and an association with the consumption of burgers in each of the identified cases.

All 21 cases have now fully recovered. Of these, 20 cases were from Scotland and 1 from Cumbria.

Vaccines update

Typhoid

Typhoid vaccine remains in limited supply. Sanofi is limiting supplies to 5 vaccines per pharmacy and as there is only one allocation per pharmacy, GP staff may have to phone around to obtain supplies. The alternative is oral vaccine but this is not the preferred vaccine due to efficacy and is contraindicated in those aged under 6 years ; pregnant women; and immunocompromised patients. Please note that patients prescribed the oral vaccine should be advised regarding its cold chain requirement. The PDC has a very small supply of Typhim Vi® but can, in exceptional circumstances, supply for patients where live vaccine is contraindicated.

Zostavax®

This vaccine is an expensive vaccine with a short expiry date. Initial supplies to practices have an expiry date of October 2014. GPs are encouraged to support the shingles programme by implementing stock rotation that ensures all allocated vaccine is used for eligible patients before expiry of 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.

Fluenz® 2013-2014

Practices are reminded that all remaining stocks of Fluenz® vaccine will now be expired. **Please do not destroy locally or return vaccine to the local pharmacy**. If uplift is required contact the PDC on 0141 347 8981. If there are no vaccines for uplift then please call Eddie McArdle on 0141 201 4464 or email Edward.McArdle@ggc.scot.nhs.uk to confirm.

Infanrix IPV/Hib® and Pediacel®

From early summer both Infanrix IPV/Hib® and Pediacel® will be supplied from PDC for the infant primary immunisation

Yellow fever vaccine

Stamaril® single dose presentation is now available to all registered yellow fever centres.

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