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PHPU Newsletter

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Promoting effective immunisation practice e-learning

In response to users' feedback, The NES Promoting Effectice Immunisation Practice elearning course has recently been shortened, and relaunched. The course should now take approximately 12 hours to complete. From January 2015, staff registering for the course will not be offered the financial incentive that was previously given upon completion. For anyone who has already registered, this funding will be available until end June 2015.

Pneumococcal immunisation for children in at risk groups

The PHPU has become aware of some misunderstanding regarding pneumococcal vaccination for children in at risk groups (due to underlying medical conditions). In addition to routine childhood pneumococcal immunisation at 2, 4 and 12-13 months with Prevenar 13® (PCV13), children aged between 2 years and 5 years in these groups should receive one dose of Pneumovax 23® (PPV-23) ***at least 2 months*** after the last dose of PCV.

Please note, only those with no spleen, splenic dysfunction or chronic renal disease should receive a PPV-23 vaccination ***every 5 years*** due to declining antibody levels. Please see the pneumococcal Green Book chapter for further information

Warning : Zostavax® and immunosuppressed patients

Shingles (Herpes zoster) vaccination for 2014/15 is underway, targeting people aged 70 years (routine) and 78 and 79 years (catch-up). Shingles vaccine is a live attenuated vaccine and is therefore contraindicated for some patient groups. There has been a report of inadvertent Zostavax® administration within NHS Scotland and therefore GPs and primary care staff are reminded that patients must be assessed for immunosuppression prior to administration of the vaccine.

Zostavax® should **not** be given to a patient who:

- has a known primary or acquired immunodeficiency state due to conditions such as:
    - acute and chronic leukaemias,* lymphoma,
    - immunosuppression due to HIV/AIDS
    - cellular immune deficiencies
- is receiving immunosuppressive therapy, including high dose corticosteroids, biological therapies, or combination therapies, extending 3-6 months after ceasing treatment for some products.
- is pregnant
- has had a confirmed anaphylactic reaction to any component of the vaccine or a previous varicella vaccine
- is receiving oral or intravenous acyclovir or has ceased this treatment within 48 hours

**In individuals with chronic lymphoid neoplasms, the degree of immunosuppression should be assessed before considering vaccination. If there is any doubt over the functional integrity of the immune system, immunological advice should be sought.*

Individuals who have undergone **immunosuppressive chemotherapy or radiotherapy for malignancy should not receive the vaccine until six months after the end of treatment,** and they are demonstrated to be in remission. If there are specific patients where the decision is less clear cut then please discuss with their relevant consultant e.g. oncologist, haematologist or rheumatologist. **If in doubt please do not give the vaccine.**

GP practices that offer both the flu and shingles vaccines at the same visits to eligible patients should be particularly aware that there are different contraindications for these vaccines and this should be kept in mind when assessing for the suitability for this live vaccine.

Full details are provided in Green Book Chapter on shingles (herpes zoster) and NHS Education Scotland also provides training materials with further detail

What to do following inadvertent administration of Zostavax® in an immunosuppressed patient

Immunosuppressed individuals who are inadvertently vaccinated with Zostavax® should be urgently assessed to establish the degree of immunosuppression. As all individuals of this age group should be VZV antibody positive, varicella-zoster immunoglobulin is unlikely to be of benefit but prophylactic acyclovir may be considered in those for whom the attenuated vaccine virus poses a significant risk. Immunosuppressed individuals who develop a varicella rash following inadvertent vaccination can be offered prompt treatment with acyclovir.

Vaccine storage over the holiday period

As Christmas approaches practices should review the stock in their fridge to ensure only the minimum stock is held to prevent loss of vaccine during cold chain incidents

Overall supply and allocation of Fluenz® and Zostovax® to GPs appears to be progressing well with 73% and 46% of stock supplied respectively. Fluenz® stock has a short shelf life and expiry dates of supplied stock range from 22nd December to 7th January. Practices should attempt to use their existing stock as soon as possible.

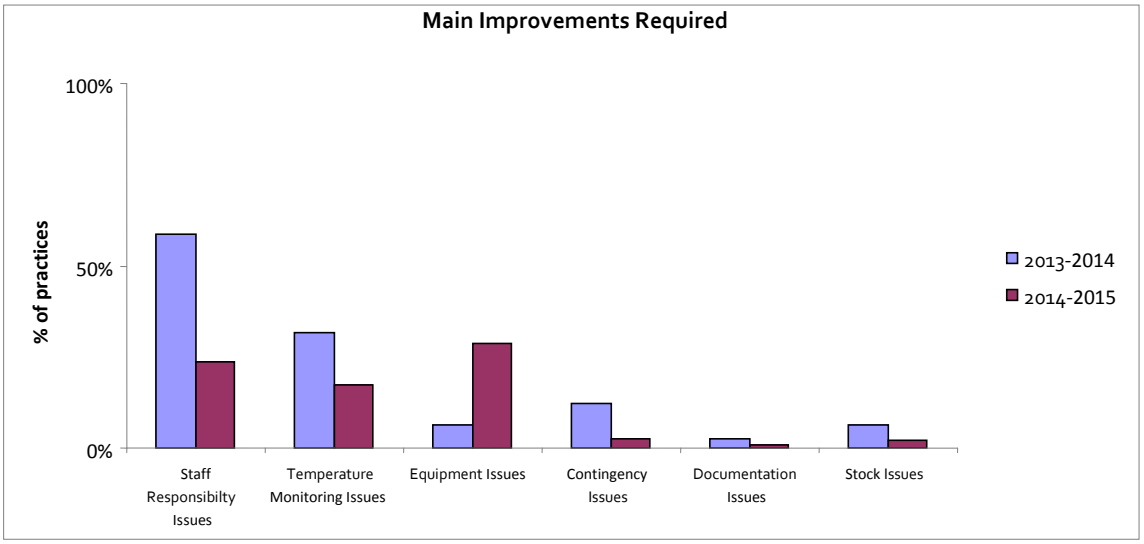
During the holiday period staff arrangements may result in changes to normal deputising arrangements for monitoring fridge temperatures. One way of minimising problems is to encourage as many staff as possible within the practice to undertake a brief (20 minutes) e learning module about the cold chain at http://nhs.learnprouk.com. Once registered, click on 'more learning' and go to the 'pharmacy' tab.

Effective Management of Vaccines in Primary Care

Every 6 months a report is sent to Clinical Directors on vaccine cold chain management for all NHS GGC and an individualized report for the CHP.

Improvement in both participation in self audit and adherence to best practice has been observed over the last couple of years and all practices have undertaken self audit in the last 12 months. Follow-up (e.g. further submission of temperature records or repeat logging exercise) is seldom required, only in 7% of the practices.

There has been a definite improvement in most areas of storage and handling (see graph below).



One area requiring attention is equipment and this is due to older fridges still in use.

Practices should consider replacement of fridges as the fridge functioning may deteriorate over time and the ability to maintain correct temperature cannot be guaranteed. Results demonstrate that around a third of fridges are over 5 years old. Some new fridges now have a facility to provide a record of temperatures in event of any power interruption which is a useful function. As well as being more reliable they may prove more economic to run.

Other issues which could be improved include;

- Temperature records - should be reviewed monthly and signed to confirm review
- Thermometers - should be reset after each reading
- Uptake of e learning module
- Review of contingency arrangements, especially in light of new immunisation programmes

From April to September 2014, 45 incidents with associated cost of £98k were reported, and with risk assessment £76k was advised to be reused. Nevertheless, incidents continue to occur which can result in significant financial loss. This reinforces the value of regular self audit and the e-learning cold chain module, since 10 (22%) of the incidents were considered preventable had best practice been followed.

Seasonal flu - antiviral guidance from the CMO

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, antiviral drugs can now be prescribed for the prevention or treatment of influenza in the community where clinically indicated/appropriate. Please see the recent CMO letter for more details

If you would like to comment on any aspect of this newsletter please contact Marie Laurie on 0141 201 4917 or email marie.laurie@ggc.scot.nhs.uk

Merry Christmas and Happy New Year