# PHPU Newsletter

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Feb 2015
Volume 14, issue 1

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## Uncertain or incomplete immunisation status

The Public Health England Guidance on the vaccination requirements of individuals with uncertain or incomplete immunisation has been recently updated. Primary care staff responsible for childhood and adult vaccinations should refer to the algorithm where a patient presents with an incomplete or unknown vaccination history.

## End of this season's school flu immunisation

The 2014 School Flu Immunisation Programme, including mop-up community clinics, has now finished. Any primary school-aged child who missed the opportunity to be immunised through the programme will be invited for immunisation when the programme returns to primary schools in October-December later this year.

## Fluenz® stock in GP practices

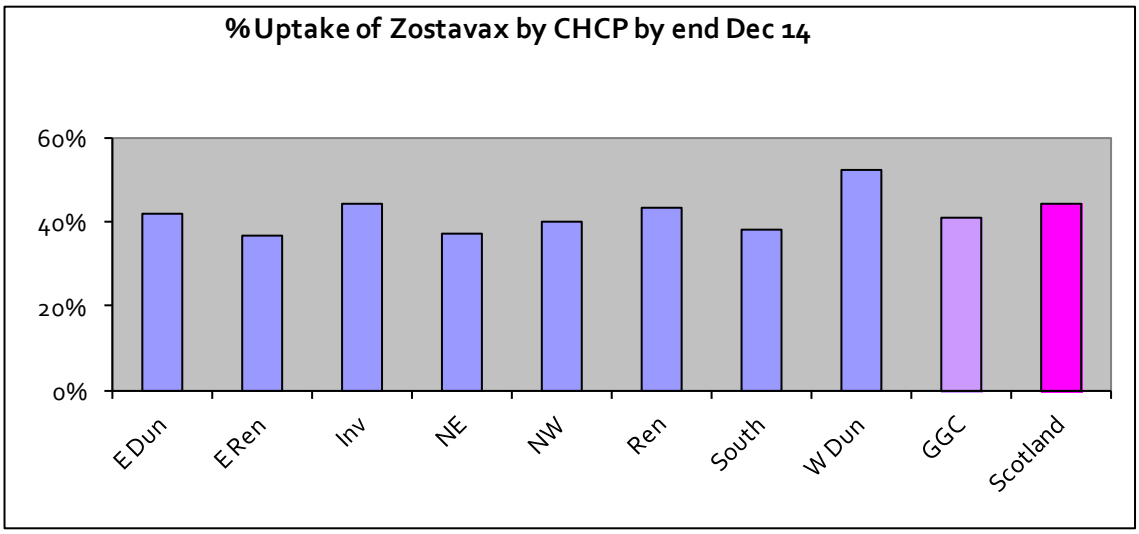
Most GP practices should have completed immunising any children requiring Fluenz®. This vaccine has a very short shelf life and all previously distributed stock will have expired. Practices should check their stock and return any expired vaccine by phoning PDC to arrange (tel 0141 347 8981).If practices still require Fluenz® for specific patients please phone PDC to discuss requirements as only limited supplies of this later-dated stock is available

## Update on shingles immunisation programme

Shingles is a serious disease and it is important that every effort is taken to immunise all eligible patients. Since its introduction in September 2013, the shingles immunisation program is progressing well with some practices having immunised almost all their eligible patients. Considerable variability of uptake exists amongst practices (0-96%) and overall uptake reported to HPS by end of December last year was 41%, slightly below uptake for all Scotland, 44% (figure).

The second year of the shingles vaccination programme ends on 31st August 2015 and GPs are encouraged to continue to offer vaccination to all eligible patients until this date. Practices are however reminded that Zostavax® is an expensive vaccine with a relatively short expiry date. Stock should be checked to ensure the vaccine with the shortest remaining shelf life is used first. There is no supply problem with this vaccine and stock is ring fenced for each practice according to eligible cohort so the minimum should be ordered, with no more than 2 weeks' stock in fridge, to reduce the impact of a cold chain incident. Even a small number of incidents have significant financial impact.

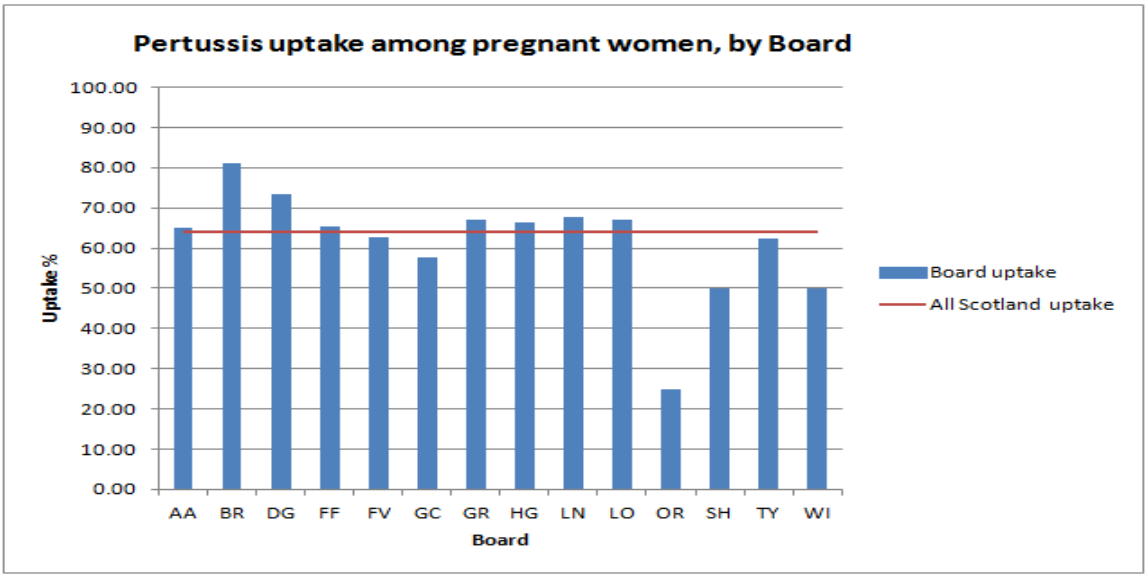
Further information on the second year of the programme can be found at http://www.sehd.scot.nhs.uk/cmo/CMO(2014)21.pdf



# Pertussis-vaccine uptake in pregnant women in NHSGGC

In October 2012, the Scottish Government and the Department of Health introduced a temporary programme to vaccinate pregnant women against pertussis. The aim was to provide indirect protection to infants who, too young for routine vaccination against pertussis, are at highest risk of associated morbidity and mortality. The vaccination is recommended between 28-38 weeks (inclusive) gestation but ideally between 28-32 weeks (inclusive).

The national uptake and uptake by NHS Board for the Month December 2014 is summarised in the chart below. Unfortunately, uptake in NHSGGC was below the national average in December.




Please note that further information and training materials for primary care staff and midwives are available on the NES website.

# Mumps - increasing numbers in Scotland

There was a threefold increase in the notification of mumps in Scotland in the first 3 weeks of 2015, see the HPS report for more details. The PHPU accepts clinical notifications of mumps and, on receipt of a notification, staff will offer to send out the MMR kit for salivary testing. Please note that the **MMR Kit is for surveillance purposes and not diagnosis** - results on salivary samples sent to Colindale in London take up to 6 weeks. GPs seeking confirmation of infection should take a mouth swab and send it to the WoSSVC (virus lab) at the GRI for PCR testing.

MMR vaccine is not a useful control method for contacts of a case as the antibody levels take too long to rise but may be of future benefit. However, as this is an outbreak situation, GPs should, where the opportunity arises, ensure that adults aged 20-35yrs have received two doses of MMR.

# Wound botulism in PWID in Scotland

There is an ongoing outbreak of botulism in people who inject drugs (PWID). The source of the infection is believed to be heroin contaminated with *Clostridium botulinum* spores. To date, there have been 19 people in Scotland admitted to hospitals between 21st December 2014 and 5th February 2015 (five since 29th January 2015), where botulism has been suspected. Four of these have been confirmed microbiologically to be botulism and in three, they have been confirmed as type B. In 13 cases, there is clinical evidence to support a diagnosis of wound botulism and laboratory results are pending (n= 10) or negative (n=3); these cases have been classified as probable cases. In the last two cases, botulism was thought not to be the cause of the illness; these cases have been discounted. Where information is available, all have obtained their drugs in, or their drugs were sourced via, Glasgow.

More information is available on the HPS site and in the recent letter sent from PHPU to all relevant clinicians in NHSGGC.

# Mid season 14/15 - flu vaccine effectiveness

Data for the 14/15 mid-season estimate of vaccine effectiveness in the UK confirms evidence of antigenic drift and genetic mismatch between circulating A ($H_3N_2$) viruses and virus strain in the 14/15 flu vaccine. Vaccine effectiveness has been estimated to have been 3% overall, compared with approximately 50% typically seen in the UK in recent years. Nevertheless, current vaccine will protect against flu A($H_1N_1$) and flu B, both of which may yet circulate this season, and at-risk individuals are encouraged to receive vaccination. Antiviral drugs remain an important and effective intervention in vulnerable groups. See the recent CMO letter authorising the prescribing of antiviral drugs in the community and HPS guidance on antiviral prescribing.

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