PHPU Newsletter

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Flu vaccine effectiveness

Although the 2014/15 seasonal Flu vaccine shows low effectiveness against the main circulating strain seen so far this season (A(H_3N_2)), flu vaccination remains important for other strains that were isolated this winter. The current vaccine is still expected to protect against flu A(H_1N_1)pdm09 and flu B, both of which have been confirmed this season. Please note that all previously distributed Fluenz® vaccine for children will have expired. Practices should check their stock and return any expired vaccine by phoning PDC to arrange (0141 347 8981).

Throughout the last decade, there has generally been a good match between the strains of flu in the vaccine and those that subsequently circulate, so it's crucial that the results of the 14/15 season do not discourage people in at-risk groups from having flu vaccination now, or in the future.

Flu vaccine is still the best protection against an unpredictable virus which can cause severe illness and deaths each year in at-risk groups, including older people, pregnant women and those with a chronic health condition.

Flu uptake rates

Please find the latest flu-vaccine uptake figures (14/15) to the end of March 2015. There are marked ranges in uptake rates of NHSGGC GP practices for all groups but especially for pregnant women and young children.

Self-audit of cold chain

NHSGGC GP practices have been undertaking annual audits of their vaccine storage for several years demonstrating year-on-year improvement. These self-audits reassure practices about their cold chain procedures although, because some practices have several fridges, it can be a laborious exercise for busy practice staff. The PPSU (Pharmacy Prescribing Support Unit) has now streamlined the process, making it quicker to complete the new form which was introduced on 1st April.

The key changes include:-

- self audit questions reduced from around 50 criteria to 11
- one self audit form to be completed per practice irrespective of number of fridges

The temperature logging exercise for each fridge remains as practices have found this very useful.

It's hoped that practices are pleased with the new process and the PPSU is keen to have your feedback. Full instructions will be provided at the time but if there any concerns please contact Karen.Pawelczyk@ggc.scot.nhs.uk

The Penrose inquiry - recommendations for GPs

Following the publication of the recommendations of the Penrose Inquiry, the CMO recently issued a letter to all Boards and GPs with key information in relation to the testing of the very small number of individuals who may have been exposed to Hepatitis C via blood or blood products prior to 1991 and have not already been tested. The full Penrose Inquiry report was published on 25th March 2015.

It is recognised that some individuals may approach their GP or other NHS services looking for advice and information, or to seek a test.

Those patients who are seeking further information can be directed to the NHS Inform website, or to any of the following organisations which provide information and advice around Hepatitis C and infected blood:

Haemophilia Scotland, 0131 524 7286, hello@haemophiliascotland.org

Scottish Infected Blood Forum, 0141 649 0050, mail@sibf.org.uk

Hepatitis Scotland, 0300 343 0250, enquiries@hepatitisscotland.org.uk

Patients who report having received a transfusion in the UK before September 1991 and who approach a GP seeking a test for hepatitis C should ordinarily be tested by their practice.

Patients with active HCV infection (HCV Antigen and/or RNA positive) should be referred to their nearest Specialist Care centre as follows:-

Departments of Gastroenterology/Hepatology: GGH, GRI, SGH, Victoria, IRH, RAH
Department of Infectious Diseases: the Brownlee Centre
Patients co-infected with HCV and HIV should be referred to the Brownlee Centre

Increase in MenW disease – new immunisation programme

Public Health England has reported a continuing increase in meningococcal group W (MenW) disease associated with atypical clinical presentations across *all age groups* in England, although Meningococcal group B (MenB), remains the most common cause of invasive meningococcal disease in England.

Numbers of cases in England
MenB cases have declined from 867 in 2009 to 400 in 2014, while MenW cases have increased from 11 to 117 over the same period. In January 2015 alone, there were 34 laboratory-confirmed MenW cases in England, compared to 18 in January 2014 and 9 in January 2013.

Affected age-groups
MenW cases initially appeared in adults but, by 2011, had extended across all age-groups and, for the first time in the past decade, MenW-related deaths were observed in young children. The current increase is not travel-related and cases have been diagnosed across all regions, indicating that this strain is now endemic. There has also been an increase in MenW cases among students attending universities across the country, suggesting that carriage and transmission of this strain has become established. Between 2009 and 2012, MenW caused around 4 deaths every year and mainly among the elderly. During 2013 and 2014, however, 24 of the 193 (12.5%) cases in England died and, for the first time in the past decade, MenW-related deaths were seen in young children.

Clinical presentation
MenW cases often had atypical clinical presentations, with septic arthritis and severe respiratory tract infections (including pneumonia, epiglottitis and supraglottitis) being over-represented among MenW cases compared with other meningococcal groups. Several adults with MenW septicaemia have presented primarily with gastrointestinal symptoms, but without the characteristic non-blanching rash, and progressed rapidly to death.

Number of cases in Scotland
Of 73 meningococcal cases in Scotland in 2014, serogroups were determinable for 61, of which five were serogroup W (8%). This compares with 42 for serogroup B (69%), 12 serogroup Y (20%), and two serogroup C (3%). HPS, working closely with local Heath Protection Teams and laboratories, particularly the Scottish Haemophilus, Legionella, Meningococcus and Pneumococcus Reference Laboratory (*SHLMPRL*) continues to carefully monitor the situation

Action
On the advice of the UK Joint Committee on Vaccination and Immunsiation (JCVI), the Scottish Government will, in 2015/2016, implement a routine MenACWY immunisation programme for adolescents aged 14-18 years of age (school years S3-S6) to protect them and also to generate herd protection against Men W in the rest of the population. In addition, the existing time-limited freshers programme will switch from MenC to MenACYW.

Introduction of MenB vaccine for infants

In September 2015, the MenB vaccine, Bexsero®, will be introduced to the routine immunisation programme for infants. There are around 1,200 cases, mainly babies and children, of meningococcal group B disease each year in the UK, with around one in 10 dying from the infection.

The vaccination will be given in three doses at two, four and 12 months, with all babies in Scotland aged two months at the point of introduction being eligible. The Joint Committee on Vaccination and Immunisation (JCVI) has also advised that when the programme starts there should be a one-off, catch-up programme for babies aged three and four months of age.

Seminars for immunisation staff in primary care

The PHPU is organising Summer seminars for primary care staff in preparation for the changes to the routine immunisation programmes being introduced in the Autumn. Further details will be available in a future edition of this newsletter.

BCG clinics

The appointment line for BCG is 0141 201 4932. HVs are directed to the most recent WHO list of high risk countries in deciding if a child is eligible for BCG.

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