PHPU Newsletter

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Egg allergy and flu vaccination

Flu vaccination of 'at risk' children in the primary care setting

GPs should note that there are two groups of 'at risk' children who should be referred to hospital for supervised flu vaccination:-

1. Children who have suffered egg-related anaphylaxis ***which required adrenaline***
2. Children who have egg allergy of any severity with severe uncontrolled asthma (BTS SIGN step 4 or above)

'At risk' children who are egg allergic but not in one of the above groups can be immunised safely within primary care using one of the inactivated vaccines available with a low content of ovalbumin (less than 0.06µg/dose).
See the list of flu vaccines and age indications in this year's Flu vaccine PGD Appendix

GPs are reminded that Fluenz® is the preferred vaccine for children in 'at risk' groups who have not been offered the vaccine as part of any school pilot. This should be ordered from community pharmacy and not from PDC

Flu vaccination of children in the school setting

Schoolchildren who are being vaccinated as part of the pilot programme will be offered IM inactivated flu vaccine if Fluenz® is contraindicated because of mild egg allergy. Schoolchildren in 'at risk' groups requiring a second dose of Fluenz® or IM inactivated flu vaccine will be referred to their GP. Children in 'at risk' groups who have either confirmed anaphylaxis to egg (see 1 above) or egg allergy with severe uncontrolled asthma (BTS SIGN step 4 or above) will be referred to their GP for onward referral.

NB: Healthy children with severe egg allergy (see 1, 2 above) will **not** be vaccinated this year as part of this pilot.

An egg-free vaccine (Optaflu®) is licensed for adults, however, the manufacturer has announced a short delay and deliveries are now expected week commencing 4th November.

MMR stocks

GP practices holding stock of MMRVAXPRO® ordered for a short measles catch-up campaign in late spring (SGHD/CMO(2013)07) are asked to review their ongoing requirement for this vaccine and transfer any excess stock to other primary care users within the practice for use in the childhood immunisation programme e.g. health visitors if necessary

Fluenz® and live vaccines

Immunisation staff are asked to note that there is no need for a 4-week gap if a live vaccine, such as MMR, is given ***before*** Fluenz®.

If Fluenz® has already been given and another live vaccine is indicated, but not required urgently, e.g. for travel purposes, then staff are advised to leave a 4-week gap. If, however, the patient is likely to default or the vaccine is required urgently then vaccination should proceed despite a gap of less than 4 weeks.

Flu vaccination for staff

NHS staff can see updated information on staff vaccination on the NHSGGC Staffnet page.
During the first two weeks of the staff flu programme ***7978*** staff were immunised at staff flu clinics and peer immunisation sessions

Flu vaccination and porcine gelatin

Immunisation staff should note that advice has been issued by representatives of the Jewish community and the global Muslim community to clarify the position of these communities in relation to porcine or other animal-derived ingredients in non-oral products, which includes vaccines.

Rabbi Abraham Adler, BPharm MRPharm S, of Kashrus and Medicines Information Service stated that that according to Jewish laws, there is no problem with porcine or other animal derived ingredients in non-oral products. This includes vaccines, including those administered via the nose, injections, suppositories, creams and ointments.

In 2001, the Regional Office of the World Health Organization (WHO) for the Eastern Mediterranean issued guidance on this. It concluded it would be permissible for Muslims to accept non oral vaccines containing gelatin of porcine origin. However, the PHPU is aware that this view is not shared by all Muslim communities and practices are advised to deal with any enquiries on this issue on a case-by-case basis bearing in mind the guidance already distributed to all parents and copied to GP practices in NHSGGC.

Pertussis vaccine and pregnancy

Please note that the JCVI has confirmed its recommendation that women should be vaccinated against pertussis *in each pregnancy*.

Typhoid vaccines

Typherix® and Hepatyrix® marketed by GSK are out of stock and will remain so until Q4 2014.

Sanofi has limited stock of Typhim Vi® but limited to 5 doses per customer until further notice. In exceptional circumstances PDC may be able to supply.

Ordering varicella zoster vaccine for use against chickenpox

GP practices and community pharmacies should carefully specify the type of varicella zoster vaccine required when prescribing or ordering varicella zoster vaccines on or against a GP10 to avoid confusion.

There are three varicella zoster vaccines; Varilrix® (GSK) and Varivax® (Sanofi Pasteur MSD) are licensed for vaccination against chickenpox and contain a lower dose of antigen than Zostavax® (Sanofi Pasteur MSD) which is licensed for vaccination against shingles.

Currently Zostavax® supplies have been diverted to supply the national immunisation programme for over 70-year-olds and Varivax® will be in short supply until mid-November. However, GSK advises that Varilrix® for vaccination against chickenpox is currently available to order from wholesalers.

BBV screening of all newly arrived asylum seekers

All newly arrived asylum seekers in Glasgow coming through the initial accommodation service at Petershill Drive in Springburn are offered an initial health assessment.

The Asylum Health Bridging Team (AHBT) is based in the building and through its assessment aims to identify any immediate health needs, to share information as appropriate, and to support GP registration once people are dispersed from the initial accommodation into flats across Glasgow.

The recent NHS GGC guidance on 'Testing, Diagnosis and Referral of Bloodborne Viruses' has been the basis of the decision to incorporate BBV screening into the initial health assessment because many asylum seekers are from countries with a high prevalence of HIV, Hepatitis B or Hepatitis C.

The AHBT will offer BBV screening to all newly-arrived adult asylum seekers as part of this health assessment from November 2013 and the results will be available in the paperwork which is shared with GP practices on dispersal. The team will work closely with Sandyford Shared Care Programme and the allocated GPs to ensure all onward referrals are followed up.

Link nurses within the team are allocated on a geographical basis to support GP practices in their work with asylum seekers. See list of link nurses and contact details.

Global shortage of yellow fever vaccine

There is currently a worldwide shortage of yellow fever vaccine which is affecting the UK. Sanofi Pasteur MSD produce the only licensed yellow fever vaccine available in the UK and is experiencing a delay in the manufacturing process. Interruption to the supply of vaccine is expected to continue until January 2014. Under IHR yellow fever is currently the only disease for which an International Certificate of Vaccination or Prophylaxis (ICVP) may be required for entry into a defined number of countries. This has serious implications for travellers who will find it increasingly difficult to source vaccine as the situation extends.

Advice for Travel Health Providers

- Diligent prescribing of yellow fever vaccine to allow best use of available stock
- Careful risk assessment (taking account of the recent WHO Strategic Advisory Group of Experts on immunization (SAGE) which does not recommend routine boosting 10yearly – view at http://www.who.int/wer/2013/wer8820.pdf)
- Centres with no stock should refer to another centre
- Locate YFVCs in Scotland by health board area at http://www.hps.scot.nhs.uk/yellowfever/locate.aspx

HPS has posted information on both TRAVAX and fitfortravel and will continue to monitor the situation

Shigella and MSM

There has been an increase in *Shigella sonnei* reported in NHS Greater Glasgow & Clyde; eight primary infections were reported during a seven week period from mid-August to the beginning of October – six among men and two among women. The two female patients had a history of overseas travel. Of the cases in men, onset dates were between 16th August and the 24th September, five of these are known to be men who have sex with men (MSM) and are considered to be UK-acquired cases. The isolates are genetically indistinguishable by pulsed field gel electrophoresis (PFGE) typing. There is a further case in an MSM in another NHS Board area which has an identical genetic profile to the Glasgow isolates from the male cases.

Symptoms include diarrhoea, fever and stomach cramps between 12 and 96 hours after infection. The diarrhoea can be bloody. Some infected individuals may be asymptomatic. Shigellosis usually resolves in five to seven days.

Clinicians should note the high level of resistance to ciprofloxacin detected among these isolates if initiating antibiotic therapy.

Vaccine - syringe problems

There are anecdotal reports of problems with the syringe plunger when administering the new vaccines (Fluenz® and Zostavax®). These vaccines are expensive and in limited supply. 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.

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