

PHPU Newsletter

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Pneumovax® II name change

Immunisation staff should note that Pneumovax®II will now be called [Pneumococcal Polysaccharide Vaccine Sanofi Pasteur MSD](#) and the packaging has changed accordingly.

Measles outbreak in Europe – advice to travellers

Travellers to Europe where there have been reports of [measles outbreaks](#) are advised to be vaccinated with MMR prior to travel. It should be confirmed that children have received their recommended doses of MMR at 12-15 months of age and again pre-school around 3 years 6 months. Unimmunised adults who have not had the disease themselves may consider vaccination if thought to be at risk. Two doses of MMR vaccine are required to give adequate protection.

GP practices are entitled to charge for the administration of MMR vaccine when it is given for the purposes of travel, but have discretion not to do so. **Central stocks should not be used for this purpose.** See [FAQs](#) on prescribing charges for vaccines.

Wild poliovirus and advice to travellers

The 5th IHR Emergency Committee regarding the international spread of wild polio virus met on 24th April 2015. It unanimously agreed that the spread of polio still constitutes a PHEIC (Public Health Emergency of International Concern) and recommended the extension of the Temporary Recommendations, as revised, for a further three months.

In view of this Health Protection Scotland (HPS) has advised the following:

- Travellers should receive a booster dose of a polio-containing vaccine if they have not had one **in the past 12 months** and are visiting one of the [polio-infected or exporting countries](#) for **longer than 4 weeks** (this advice supersedes the current advice in the Green Book).
- Travellers should acquire this additional dose within 12 months of the date they plan to leave the polio-infected country.
- Travellers visiting one of these countries for **less than 4 weeks** should ensure they are up-to-date with routine polio vaccination, including **10 yearly boosters**.
- Travellers should carry proof of vaccination. In particular, for Pakistan and Equatorial Guinea, this should be documented on the standard **International Certificate of Vaccination or Prophylaxis (ICVP)**. The ICVP is the 'Yellow Card' normally used for yellow fever vaccination.
- **In Scotland**, paper ICVP's can be obtained from HPS by contacting TRAVAX administration. Email **FULL NAME and FULL POSTAL ADDRESS to:** NSS.HPSTravax@nhs.net
- electronic copies can be downloaded from [WHO](#)

HIV home-testing kits

The first commercially available HIV home testing kit has gone on sale in the UK.

The test, a finger prick 2nd generation antibody test, is only available from the Bio Sure UK website, and at present, is the only CE kite marked self-testing kit currently approved for sale in the UK.

Practitioners should be aware of the change in the law and the next steps if a patient reports a positive result after using a self-testing kit.

- **Patients attending A&E:** clinicians should refer to an appropriate NHS testing service such as Sandyford or GP. However, if a person reports exposure to HIV within the last 72 hours, they should be assessed for [PEP](#) (post-exposure prophylaxis).
- **Patients attending other practitioners:** clinicians **must** carry out a confirmatory test to verify the result. If confirmed, referral to specialist services is required.

Click on the Sandyford links for further information on self-testing for both [staff](#) and [members of the public](#),

Shingles vaccination – update

This year's shingles vaccination programme ends on 31st August 2015 so GPs can continue to offer vaccination to all those who were aged 70 (routine cohort), 78 and 79 years on 1st September 2014, as well as those who were aged 70 years on 1st September 2013.

Uptake figures suggest many eligible patients may not yet have received the vaccination, leaving patients at risk of shingles and its complications. In particular, practices that have recently registered care homes patients should check their vaccination eligibility and status.

Practices are reminded that Zostavax® is an expensive vaccine with a relatively short expiry date. Stock held in practices may expire anytime between end of August and end December 2015. Please check existing stock prior to submitting an order and order the minimum required with no more than 2 weeks' stock held at any one time.

GP immunisation seminars

Immunisation staff should note the times, dates and venues of this year's immunisation update seminars. Click on the links below to book a place. The seminars are targeted at primary care staff, midwifery and occupational health staff.

Immunisation Programme Update – Renfrew, 28th July 1130-1400 David Lloyd Renfrew, Arkleston Road, Renfrew, PA4 0RA <https://www.eventbrite.co.uk/e/immunisation-seminar-david-lloyd-renfrew-tickets-17080163228>

Immunisation Programme Update – Inverclyde, 30th July 1130-1400 Tontine Hotel, 6 Ardgowan Street, Greenock, PA16 8NG <https://www.eventbrite.co.uk/e/immunisation-seminar-tontine-hotel-tickets-17080243468>

Immunisation Programme Update – West, 4th August 1130-1400 David Lloyd Anniesland, 242 Netheron Road, Anniesland, G13 1BJ <https://www.eventbrite.co.uk/e/immunisation-seminar-david-lloyd-west-end-tickets-17080423005>

Immunisation Programme Update – South, 7th August 1130-1400 Adelphi Centre, Room 2, 12 Commercial Road, Gorbals, G5 0PQ <https://www.eventbrite.co.uk/e/immunisation-seminar-adelphi-conference-centre-tickets-17080442062>

Immunisation Programme Update – East, 11th August 1130-1400 Reidvale Neighbourhood Centre, 13 Whitevale Street, Dennistoun, G31 1QW <https://www.eventbrite.co.uk/e/immunisation-seminar-reidvale-neighbourhood-centre-tickets-17080640656>

JAMA article - no link between MMR and ASD

A recent study that included approximately 95,000 children with older siblings, receipt of the measles-mumps-rubella (MMR) vaccine was *not* associated with an increased risk of autism spectrum disorders (ASD), regardless of whether older siblings had ASD, findings that indicate no harmful association between receipt of MMR vaccine and ASD even among children already at higher risk for ASD, according to a study in the [April 21st issue of JAMA](#), a theme issue on child health.

Although a substantial body of research over the last 15 years has found no link between the MMR vaccine and ASD, parents and others continue to associate the vaccine with ASD. Surveys of parents who have children with ASD suggest that many believe the MMR vaccine was a contributing cause. This belief, combined with knowing that younger siblings of children with ASD are already at higher genetic risk for ASD compared with the general population, might prompt these parents to avoid vaccinating their younger children, according to background information in the article.

Of the 95,727 children included in the study, 1,929 (2.01 percent) had an older sibling with ASD. Overall, 994 (1.04 percent) children in the cohort had ASD diagnosed during follow-up. Among those who had an older sibling with ASD, 134 (6.9 percent) were diagnosed with ASD, compared with 860 (0.9 percent) diagnosed with ASD among those with siblings without ASD. The MMR vaccination rate (1 dose or more) for the children with unaffected siblings (siblings without ASD) was 84 percent (n = 78,564) at 2 years and 92 percent (n = 86,063) at age 5 years. In contrast, the MMR vaccination rates for children with older siblings with ASD were lower (73 percent at age 2 years and 86 percent at age 5 years). Analysis of the data indicated that MMR vaccine receipt was not associated with an increased risk of ASD at any age.

PHE Guideline – administering more than one live vaccine

Immunisation staff should note the [revised guideline](#) from Public Health England on administering more than one live vaccine.

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