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PHPU Newsletter

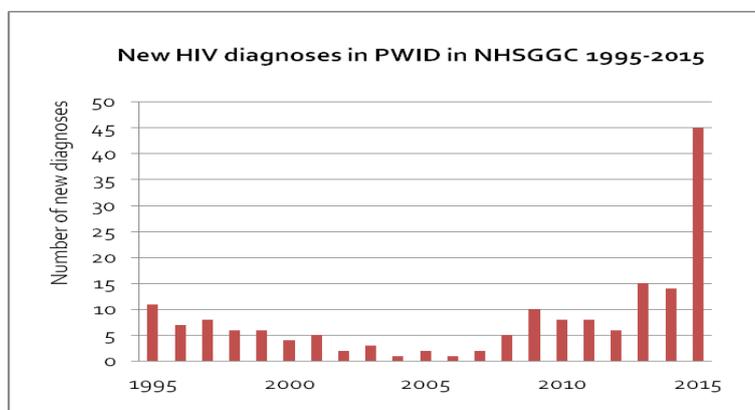
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People who inject drugs in NHSGGC – increase in HIV cases

There has been a significant increase in new HIV infections in people who inject drugs (PWID) in NHSGGC. In 2015, there were 45 new cases of HIV identified in this population. HIV prevention activities include harm reduction through [provision of injecting equipment](#), oral substitution therapy (e.g. methadone), and the [Free Condom](#) service. NHSGGC is also working to raise awareness of the risk of HIV from sharing equipment including spoons and water.

An essential element in tackling the spread of HIV is **Treatment as Prevention**. HIV treatment reduces the individual's viral load and, with successful treatment, they are unlikely to pass on the virus to others. Colleagues are asked to encourage [HIV testing](#) (with other bloodborne virus testing as indicated) in people who may be at risk, and to support diagnosed patients to attend specialist treatment and care services.



Flu and antiviral prescribing – latest CMO advice

The CMO recently circulated a [letter](#) relating to the prescribing of antiviral drugs in primary care. Recent surveillance information provided by Health Protection Scotland 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 and in particular, in those who are presenting with severe infection/symptoms where it is evident their use may help reduce overall symptoms and mortality in hospitalised patients

NB Prescribers are reminded to endorse all prescriptions for antivirals with the reference "SLS". Pharmacists can only dispense antivirals at NHS expense if this endorsement is made by the prescriber.

Zostavax® now to be offered to 76- and 77-year-olds

Immunisation staff should note that the number of cohort groups recommended for herpes zoster vaccination have increased (see [CMO](#) letter dated 19th January). From 1st February, shingles vaccine should also be offered to anyone aged 76 and 77 (as defined by their age on 1st September 2015). Please note that latest expiry date of current and previously distributed stock is June 2016 and practices should use existing stocks to avoid wastage of this expensive vaccine.

This vaccine should be administered *intramuscularly*, unless contraindicated e.g., bleeding disorder, in which case it can be given subcutaneously. The [PGD](#) and [screening tool](#) have both been updated to reflect these changes.

Making BCG appointments by email

Health visitors/primary care staff who requested BCG appointments by emailing Philip Ross should now send requests to the PHPU inbox phpu@ggc.scot.nhs.uk as Philip is no longer with PHPU.

Seasonal flu vaccination – targeting risk groups

The dominant flu strain this season so far appears to be Influenza A H1N1, the same flu strain which caused severe illness in young adults and pregnant women during the 2009/10 pandemic and subsequent season.

Following recent increases in the number of severe flu cases requiring admission to intensive care units, GP practices are being encouraged to target risk groups where uptake is lower than this time last year – including over 65s, pregnant women, and under 65s 'at risk'.

Meningococcal ACWY (Men ACWY) Programme

The Men ACWY programme for 14–18-year-olds was implemented in August 2015 in response to a dramatic increase in cases of meningococcal group W (Men W) in the UK. From February 2016, this programme will be delivered in schools although pupils who have left school and those attending university for the first time will be able to receive the vaccine from their GP until end March 2016. To avoid wastage practices are asked to ensure they only order minimum amount of vaccine required. Any practice with more than 10 vaccines remaining at end of March are asked to contact PDC (0141 347 8981) to arrange return of vaccine.

Immunisation Best Practice Guideline – update

The NHSGGC Immunisation Best Practice Guideline (January 2013) has been revised and separated into two new complementary guidelines which have been posted in the [NHSGGC Clinical Guidelines Repository](#)

- 1 [Immunisation Best Practice 2015](#)
- 2 [Vaccine Ordering, Storage and Handling Guideline 2015](#)

Key changes include:

- Information re. routine childhood immunisation programme, local processes updated and FAQs removed (to be updated)
- New advice regarding disposal of part-used and expired vaccine.
- Details of a revised vaccine ordering process.

HPV – no association with CRPS or POTS

The European Medicines Agency's Pharmacovigilance Risk Assessment Committee (PRAC) has completed a detailed [scientific review](#) of the evidence surrounding reports of two syndromes, complex regional pain syndrome (CRPS) and postural orthostatic tachycardia syndrome (POTS) in young women given human papillomavirus (HPV) vaccines. These vaccines are given to protect them from cervical cancer and other HPV-related cancers and pre-cancerous conditions.

The review concluded that the evidence does not support a causal link between the vaccines (Cervarix, Gardasil/Silgard and Gardasil-9) and development of CRPS or POTS. Therefore there is no reason to change the way the vaccines are used or amend the current product information.

Updated PGDs in 2016

Immunisation staff should note those PGDs which have been updated in 2016

[Hep B PGD](#)

[Hep A&B PGD](#)

[Zostavax PGD](#) / [Screening tool](#)

Zika virus – information and guidance for Primary Care staff

The [HPS site](#) contains general information about the Zika virus. Please note specific [guidance for primary care professionals](#) (PHE, BMA, RCGP) and for the [travelling public](#).

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