PHPU Newsletter

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Rubella screening in pregnancy ends 1st June 2016

Following the recommendation by the UK National Screening Committee, Scottish Ministers have agreed that rubella susceptibility screening in pregnancy should **cease in Scotland from 1st June 2016**. The PHPU has notified all GPs, midwives, and obstetric staff by letter .

Pertussis vaccination update

Immunisation staff should note that the JCVI recommendation that pregnant women can be vaccinated against pertussis from 16 weeks' gestation onwards came into effect on **1st April 2016 (**see CMO letter)**. A**n updated DES will be issued shortly, as will a revised PGD.

Expiry date for Zostavax®

This year's shingles vaccination programme ends on 31st August 2016 so GPs can continue to offer vaccination to all those who are aged 70 (routine cohort), 76, 77, 78 and 79 years on 1st September 2015. Uptake figures suggest many eligible patients have not received the vaccination, leaving patients at risk of shingles and its complications.

Practices are reminded that Zostavax® is an expensive vaccine with a relatively short expiry date. The 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.

Checking the vaccine syringe plunger

Reports of the vaccine syringe plunger becoming loose or detaching before administration have recently been received. This affected Zostavax® but can happen with other preparations. To avoid vaccine waste the plunger should be checked before starting to prepare a vaccine for administration. If it feels loose gently screw the plunger into the barrel to tighten it.

Please report any vaccine syringe defects to Pharmacy Public Health using the Medicines Defect Form alternatively phone 0141 201 4824 or email Pharmacy Public Health to request a copy.

Re-engaging Hep C patients in care

Around 15,000 people have been diagnosed with hepatitis C (HCV) infection in NHSGGC. Eighty percent of these have chronic infection which can only be cured following a course of treatment. Around one third of those with chronic infection either DNA their first hospital appointment or become lost to follow-up. These people are at increased risk of developing serious liver disease including cirrhosis and primary liver cancer, and could be involved in onward transmission.

In recent years a number of new treatments for hepatitis C have become available with a number of benefits for patients. These therapies offer cure rates of over 90% for patients who complete a course. The duration of treatment has reduced from between 24-48 weeks to around 12 weeks for many patients. New therapies have fewer adverse effects or issues with drug-drug interactions. Patients with moderate to advanced HCV-related liver disease are priority candidates for these therapies.

The Viral Hepatitis MCN is keen to re-engage patients known to have active HCV infection who are no longer in care. Around 4,000 individuals have became lost to follow-up since the year 2000. Over the summer the Network will be writing to these patients, outlining the benefits of re-engaging in care and encouraging them to seek re-referral to their local specialist care centre.

National Infection Prevention and Control Manual website

The NIPCM website is now active. The NHSScotland National Infection Prevention and Control Manual was first published on 13 January 2012, by the Chief Nursing Officer and updated on 17 May 2012.

Men B eligibility

The first infants eligible for menB vaccination will reach age 12 months on 1st May 2016.
The Scottish Government has confirmed that ***all*** children born from 1st May 2015 remain eligible for MenB vaccine, ***regardless of how many doses they have previously received.***

This advice aligns with current Green Book wording:

Children aged one year to less than two years should receive two doses of 4CMenB* at least two months apart. Those who received one dose of 4CMenB before their first birthday only require one more dose, with an interval of at least two months between the two 4CMenB doses. Further info is also available in the PHE Uncertain/Incomplete Immunisation Guideline

** Only children born on or after 1st May 2015 should be offered 4CMenB catch-up vaccine*

As vaccination for the May and June cohorts was on an opportunistic basis, immunisers should be aware of continued eligibility and recommendations for vaccine administration at age 12 months. Prophylactic liquid paracetamol is not routinely recommended.

Helpful extracts from the NES FAQ are below: See the NES link for more information.

Where should I administer Bexsero® if four vaccines need to be administered at the same time, ie at 12-13 month booster?
Infants attending for their routine booster immunisations at 12-13months are likely to receive four vaccines that are required to be administered at the same time. It is recommended that Bexsero® should be administered in the **left thigh**, ideally on its own, with other booster immunisations being administered into the remaining limbs. If another vaccine needs to be administered in the same limb, then it must be given at least 2.5cm apart. The sites at which each vaccine was given should be noted in the individual's health records.

Does paracetamol suspension need to be administered when children receive their 12-13 month booster dose of Bexsero® ?
In clinical vaccine trials, the most common adverse reaction observed in infants and children under two years of age was a high rate of fever (>38°C) when Bexsero® was administered at the same time as other routine childhood vaccines. As a result, the JCVI recommended the use of prophylactic paracetamol when infants receive Bexsero® at the same time as other routine childhood vaccines such as DTaP/IPV/Hib at 2, 3 and 4 months of age. As these vaccines are not administered as part of the 12-13 month booster vaccines, there is no additional requirement to offer paracetamol at the same time.

Men W cases - HPS alert

GPs and hospital clinicians are advised of an alert issued by HPS regarding the increase in MenW cases in England and high number of fatalities in atypical cases (gastrointestinal symptoms and absence of non-blanching rash). Scotland has also observed a rise in serogroup W cases in 2015 with an increase to 21 cases in 2015 compared with five for the whole of 2014, representing an increase to 29% of the overall cases from 8% in 2014. One third of serogroup W cases were amongst young adults aged 15-24years, as seen in the rest of the UK.

Although nausea, vomiting and diarrhoea are well-described symptoms of meningococcal disease, presentation with primarily gastrointestinal symptoms is rare. Atypical presentation has been associated with serogroup W cases both in Scotland and elsewhere in the UK. Clinicians and microbiologists should continue to be mindful of potential increases in invasive MenW disease and maintain a high index of suspicion across all age groups *particularly in those who look very unwell and whose clinical state seems disproportionate to their gastrointestinal symptoms.*

It is important that clinical specimens and isolates are submitted for confirmation to the Scottish Haemophilus, Legionella, Meningococcus and Pneumococcus Reference Laboratory (SHLMPRL). Microbiologists and ID Physicians are also reminded of the value of nasopharyngeal (throat) swabs in diagnosis of meningococcal disease. Nasopharyngeal swabs have now gained even greater importance with the introduction of vaccination against Meningococcal B(MenB) in the UK from 1st September 2015. This is because the assay used to evaluate MenB vaccine effectiveness – Meningococcal Antigen Testing System (MATS) – requires a viable organism.

Fall in number of vaccine storage incidents in NHSGGC

Thanks to a lot of hard work in GP practices and Primary Care Centres, there has been a year-on-year reduction in vaccine storage incidents. There were 58 vaccine storage incidents from April 2015 to March 2016 compared to 71 in 2014-15. Figure 1 illustrates the main reasons for incidents. Fridge equipment failure resulted in the destruction of over £27,000 of vaccine. The majority of the fridges were over 5 years old, see Figure2.

Practices are urged to consider replacing older vaccine storage fridges. NHS discounts are now available on some models please contact Pharmacy Public Health or telephone 0141 201 4464 for advice.

Other vaccine incidents could have been avoided by following recommended procedures such as protecting fridge plug points to prevent fridges being turned off. Everyone involved in the handling and storage of vaccine is encouraged to undertake the NHSGGC cold chain LearnPro module and refer to NHSGGC Vaccine, Ordering and Storage Guidelines

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