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PHPU Newsletter

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Historical blood transfusion and Hep C testing campaign

The Scottish Government has launched a new campaign to promote hepatitis C testing to people who may have been infected following a historical blood transfusion. The hepatitis C virus was discovered in 1989 and screening of all donated blood in the UK was introduced in September 1991. There is a small risk that some Scots who received a blood transfusion before this date could have been infected but remain undiagnosed.

In 2016 the [Penrose Inquiry](#) reported on issues surrounding the transmission of blood-borne viruses as a result of NHS treatment in Scotland. The inquiry made just one recommendation; that anyone in Scotland who had a blood transfusion before September 1991 should be tested for hepatitis C if they have not already done so. Health Protection Scotland have estimated there is a "small number" of patients infected this way, undiagnosed and still alive in Scotland. These people are at increased risk of developing liver cirrhosis, liver failure and primary liver cancer, and could be involved in onward transmission.

New increasingly effective and well-tolerated treatments for hepatitis C are now available in NHSGGC. These offer cure rates of over 90% to patients who complete a course. Patients with moderate to advanced disease are being prioritised for treatment across Scotland. Healthcare professionals are encouraged to offer diagnostic testing to patients who are known to have had a blood transfusion before 1991, as well as to all other risk groups. For a list of groups who should be offered testing see p.7 of the [SIGN 133 Management of hepatitis C](#).

Antivirals for seasonal flu

In Scotland, clinical influenza activity in primary care is stable and remains low. However clinical activity in secondary care is increasing. Virological influenza activity suggests that there is evidence of increasing community circulation of influenza. A [CMO letter](#) recommending that antiviral drugs can now be prescribed for the prevention or treatment of influenza in the community - where clinically indicated - was issued on 23rd December 2016. In particular they should be used in those presenting with severe symptoms where it is evident their use may help reduce overall symptoms and mortality in hospitalised patients.

NB Prescribers should note that prescriptions for antiviral should be endorsed with the reference 'SLS'.

Fluenz® - expired stocks for disposal

Most GPs ordered sufficient Fluenz® to undertake immunisation of pre-school children as part of the extended seasonal flu programme. Fluenz® stock has a short shelf life and most of the vaccines previously distributed **expired in mid December and other supplies expired at end of January 2017.**

Please note expired Fluenz® vaccine should be clearly marked 'for disposal' with the name of the practice and practice number, and uplift should be arranged with the PDC. Please inform PDC that uplift is required either by telephone (0141 347 8974) or fax (0141 445 1513).

MenACWY - last vaccination opportunity for 16-18-yr-olds

Men W cases continue to be reported. However, since the introduction of the Men ACWY immunisation in Aug 2015 for 14-18-year-olds, there has been a steady decline in serogroup W cases in young adults potentially suggesting early effectiveness of the campaign. NHSGGC is providing a **final** opportunity for any young person aged **16-18 years** who missed the vaccine at school **and are not at school** to receive the vaccine at a one-off community clinic on Thursday 16th February, 3.30pm – 6pm. Any patients requiring further information should be asked to call **0141 201 4473**.

MenACWY remains available for clinical reasons where it should be prescribed on a GP10, or for travel purposes via a private prescription. In *exceptional* cases the PDC could supply vaccine if required.

Immunisation of immunocompromised individuals

The Scottish Immunisation Programme recently drew together a compendium of [Guidance](#) for the immunisation of immunocompromised individuals. This compendium aims to provide NHSScotland staff with an overview of all materials available relating to immunisation of persons with underlying medical conditions and specific diseases.

Seasonal flu vaccination uptake by HSCP in 2016

The uptakes in NHSGGC are comparable and slightly better than the Scottish average for all groups, however a significant proportion of the eligible groups remain unvaccinated.

HSCP	> 65s	< 65s at risk	Pregnant (not at risk)	Pregnant (at risk)	Pre-school 2-5 yrs old
E Dunbartonshire	74.5%	46.6%	56.2%	71.6%	67.3%
E Renfrewshire	70.9%	42.2%	54.0%	63.6%	62.4%
Inverclyde	69.2%	44.8%	50.7%	67.6%	53.8%
North East	69.0%	44.2%	45.1%	53.1%	53.2%
North West	69.5%	43.2%	52.3%	62.0%	56.4%
Renfrewshire	71.3%	43.8%	51.4%	60.0%	55.1%
South	70.7%	44.3%	51.7%	63.3%	52.5%
W Dunbartonshire	74.9%	47.8%	52.2%	60.8%	55.7%
NHSGGC	71.1%	44.4%	51.1%	61.6%	56.1%
SCOTLAND	71.1%	42.4%	43.9%	54.5%	55.0%

Please note that these vaccine uptake estimates are based on automated extracts from 100% of Scottish GP practices. Source: Health Protection Scotland; as at Dec 2016

Latest shingles vaccination uptake by HSCP Sep-Nov 2016

The uptake rates among eligible groups are disappointingly very low and below the national average. Practices should therefore make every effort to identify those eligible and invite them for vaccination

Cumulative data from 1 September 2016 - 30th November 2016

HSCP	Aged 70	Aged 76	Total
E Dunbartonshire	20.1%	13.5%	17.2%
E Renfrewshire	19.5%	16.6%	18.3%
Inverclyde	17.7%	15.2%	16.7%
North East	28.3%	21.0%	25.1%
North West	19.8%	16.9%	18.5%
Renfrewshire	21.9%	15.2%	19.1%
South	26.5%	21.3%	24.3%
W Dunbartonshire	22.3%	19.5%	21.2%
NHSGGC	22.4%	17.8%	20.5%
SCOTLAND	27.2%	21.0%	24.6%

These vaccine uptake estimates are based on automated extracts from 99% of Scottish GP practices and may change retrospectively. Source: Health Protection Scotland Herpes Zoster vaccine uptake automated extract as at 13/12/2016.