

PHPU Newsletter

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Immunisation seminars 2017

Immunisation staff should note the dates and venues of PHPU's Immunisation Seminars planned for Aug/Sep 2017. Lunch will be served from 11.30am until 12 noon and the seminars commence soon after. Please click on the links to register - when the page opens enter the password which is **Flu**. Places are restricted so staff are advised to register as early as possible.

NB From October this year, Hepatitis B vaccine will be added to the routine childhood immunisation programme and given as a combined **6:1 vaccine**, replacing the current 5:1 vaccine. Details including the schedule, side effects, contraindications and other issues will be covered in these seminars and therefore all staff involved in childhood immunisation programme are encouraged to attend.

Date	Venue	Time	Places
Tuesday 22nd August 2017 Password for registering is 'Flu'	Tontine Hotel, 6 Ardgowan Square Greenock, PA16 8NG	12.00 – 14.00 Lunch 11.30 - 12	70
Thursday 31st August 2017 Password for registering is 'Flu'	The Adelphi Centre, Room 2, 12 Commercial Road, G5 0PQ	12.00 – 14.00 Lunch 11.30 - 12	80
Wednesday 6th September 2017 Password for registering is 'Flu'	David Lloyd Anniesland, 242 Netherton Road, G13 1BJ	12.00 – 14.00 Lunch 11.30 - 12	110
Thursday 7th September 2017 Password for registering is 'Flu'	David Lloyd Renfrew, Cockleshill Park, Arkleston Rd, PA4 0RA	12.00 – 14.00 Lunch 11.30 - 12	100
Friday 15th September 2017 Password for registering is 'Flu'	Stobhill ACH, Seminar Rm 6, Grd Floor, 133 Balornock Rd, G21 3UW	12.00 – 14.00 Lunch 11.30 - 12	70

Servicing of fridges and reduction in cold chain incidents

Due to the hard work and commitment of all staff involved in the storage and handling of vaccines, the number of cold chain incidents in NHSGGC has halved over the last few years to an average of around 4 incidents per month; these are usually due to power failure. However, in the last two months significantly more incidents involving fridges between 5 and 16 years old have occurred. Many of these could have been avoided if Pharmacy Public Health's recommendations to replace or service fridges had been followed. Although power failures cannot be prevented, their impact can be reduced if the pharmaceutical fridge is working optimally. Pharmaceutical fridges over 5 years old become less efficient as seals dry out, motors age and they can be prone to sudden failure.

It is important to preserve vaccine stock, both to avoid cost of wasted vaccine and to maintain patient care with vaccines currently difficult to source. The cost of servicing a pharmaceutical fridge is typically £60 to £80. PPH can advise on electrical servicing firms or replacement of pharmaceutical fridges. Email Pharmacy Public Health or telephone 0141 201 4824 for advice.

Hep E screening of donated blood

In March 2017, the Scottish National Blood Transfusion Service implemented HEV RNA (Hep E) screening of all blood donations, in line with recent recommendations by the Advisory Committee for the Safety of Blood, Tissues and Organs (SaBTO) (accessible through the NHSBT Hospital and Science [website](#))

The public health implications of hepatitis E virus (HEV) in Europe have changed due to increasing numbers of hepatitis E cases and recent reports of chronic, persistent HEV infections associated with progression to cirrhosis in immunosuppressed patients. The main infectious risks for such immunosuppressed patients are exposure to undercooked infected pork products and blood transfusion. See [Eurosurveillance article](#) for more information.

Useful immunisation links on PHPU website

Staff should note that there are a number of useful links to immunisation information sources now available on the [PHPU website](#).

Introduction of HPV for MSM

From 1st July 2017, men who have sex with men (MSM) aged up to, and including 45 years of age, who attend sexual health/HIV clinics will be eligible for the HPV vaccine as part of a national HPV vaccination programme. Prisoners who identify as MSM will also be able to access the HPV vaccine through prison health services.

The introduction of this programme is based on the [advice](#) of the Joint Committee on Vaccination and Immunisation (JCVI). The JCVI recognises that MSM is a group at high risk of HPV infection and associated disease which receives little indirect health benefit from the existing HPV vaccination programme for girls. Since the girls' programme was introduced in 2008 evidence has emerged that HPV vaccination is likely to provide protection against a wider range of HPV related diseases such as penile, anal and a subset of oropharyngeal (head and neck) cancers.

See the recent [CMO letter](#) for more info

MenB PGD and vaccination of infants under 2 months

The PHPU would like to provide reassurance about vaccinating infants under the NHSGGC [Meningitis B Patient Group Direction](#) who are slightly younger than 2 months of age when called for their first primary immunisation. Such infants can be vaccinated under the PGD because they have been identified and called by SIRS and therefore meet the PGD's Inclusion criteria, '*Individuals identified by the latest CMO letter as suitable for inclusion under the childhood immunisation programme,*' and, furthermore, no minimum age is specified in the Exclusion criteria.

Vaccine supplies – update

There are ongoing issues with supply of vaccines particularly those containing hepatitis A and typhoid antigens. While it is hoped that stock of pneumococcal polysaccharide vaccine might be available by the end of this month, others remain out of stock or in short supply until early autumn. Pharmacy Public Health currently collates a summary of vaccine stock availability, please contact [Pharmacy Public Health](#), Tel 0141 201 4824 if you have any queries.

Hep A vaccine shortage and dose-sparing options

Monovalent adult hepatitis A vaccine is preferred for pre-exposure immunisation. In view of potential stock-outs of adult vaccine and anticipated increased demand PHE is working closely with partners across the health system to secure supplies of hepatitis A vaccine.

In the interim, temporary dose-sparing options were proposed by PHE and agreed by the Joint Committee for Vaccination and Immunisation (JCVI) at the June 2017 meeting.

Priming of unvaccinated HIV-positive adults:

- Unvaccinated HIV-positive persons should *preferentially* receive standard adult antigen content monovalent hepatitis A vaccine as a priming dose because of the poorer response rates to vaccine in this group

Where adult monovalent hepatitis A vaccine stock is not available:

- A single dose of paediatric monovalent hepatitis A vaccine can be given to adults [off-label](#) as pre-exposure immunisation
- Where this is not available or where hepatitis B immunisation is also indicated a single dose of adult combination hepatitis A/B vaccine can be given to adults, off-label, as pre-exposure immunisation

For adults already primed with adult hepatitis A vaccine:

- Paediatric monovalent hepatitis A vaccine or adult combination hepatitis A/B vaccine can be given off-label as the booster dose.
- The booster dose can be delayed to five years

This advice is supported by immunogenicity data which indicate that the antigen content of a single dose of hepatitis A paediatric monovalent or adult combination hepatitis A/B vaccine is sufficient to confer short term protection to adults. In addition, a WHO review found that protective anti-HAV antibody levels after a single dose of hepatitis A vaccine persist for several years.

Remaining hepatitis A and B doses can be given using either monovalent or combination vaccine. For post exposure immunisation, schedules detailed in the [Green Book](#) should be followed.

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