

PHPU Newsletter

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Shingles vaccine effective but uptake rates low

Introduction of the herpes zoster (shingles) vaccine in the UK in 2013 has proved to be an effective addition to the national immunisation programme, according to a [recent paper](#) in Lancet Public Health.

A new analysis, presented in the paper, complements the conclusions of earlier clinical trials, and other studies carried out in the USA, that indicated the programme would be cost-effective. The authors' analysis of sentinel, primary care (RCGP) data in England indicate a clear reduction in primary care consultations for herpes zoster and post herpetic neuralgia, in the first three years of the programme. Begun in 2013, the phased programme offers the vaccine to different cohorts of >70 year-olds, with a catch-up element for those who miss their first opportunity to be vaccinated. The paper concludes that there were estimated 35% (95% CI 28–40) and 33% (26–39) declines in herpes zoster incidence amongst the routine and catch-up cohorts, respectively, equivalent to 17 000 fewer zoster consultations among the 5.5 million individuals eligible for vaccination in England. The results suggest a short-term vaccine effectiveness of **62% against herpes zoster, and 70–88% against post herpetic neuralgia**, in the year of vaccination.

The authors conclude that, "the real world impact of the herpes zoster vaccination programme is somewhat higher than estimated in the [earlier] clinical studies, consistent with the vaccine resulting in fewer patients with severe forms of disease presenting to health-care services. In Scotland, with a smaller population size it will take a bit longer to collate adequate data to assess the impact of the programme, meanwhile it is critical that the coverage of this vaccine is significantly improved from the latest very low uptake rate to maximise public health benefits.

See NHSGGC low uptake rates (Sep–Nov 2017) below:

Herpes Zoster Vaccine Uptake Rates for Season 2017/2018, persons aged 70 and 76 years

Cumulative data from 1 September 2017 - 30th November 2017 by HSCP

HSCPC	70yrs	76yrs	Total
E Dun	25.7%	17.9%	22.8%
E Ren	21.3%	30.2%	24.6%
Inverclyde	19.8%	15.5%	18.2%
NE	29.4%	20.3%	26.0%
NW	24.3%	20.4%	21.9%
Renfrewshire	20.8%	14.7%	18.6%
South	25.7%	22.3%	24.4%
W Dun	23.4%	15.0%	20.4%
GGC	22.4%	19.2%	22.3%
Scotland	27.4%	23.6%	26.0%

Note : These vaccine uptake estimates are based on automated extracts from 97% of Scottish GP practices and may change retrospectively. Source: HPS Herpes Zoster vaccine uptake automated extract as at 19/12/2017

Quadrivalent influenza vaccine - licensed for use in babies

The licences for the generic quadrivalent influenza vaccine manufactured by Sanofi and Fluarix® (GSK) have recently been updated to reflect that they may now be administered to infants from the age of 6 months rather than 3 years. The NHSGGC PGD has been updated and will be reissued. This means that Sanofi generic quadrivalent influenza vaccine is the influenza vaccine of choice for all children from the age of 6 months who require intramuscular injection, rather than the trivalent vaccine.

PPV, Hep A, Hep B vaccines - limited stocks

There are ongoing problems with supply of pneumococcal polysaccharide vaccine and Hepatitis A and B vaccines. Advice has already been issued on preservation of the stock of these vaccines. Practice staff seeking guidance should contact the [PHPU](#) team who will undertake a risk assessment and authorise supply of vaccine from PDC, if deemed appropriate.

Expiry of Fluenz Tetra® stocks

Fluenz Tetra® has a shorter expiry than injectable flu vaccine and stock in GP practices is due to expire in mid February. Small amounts of slightly later dated stock may become available to Boards but it is only available in packs of 10 and so practices can't be guaranteed that suitable replacement stock will be available. Practices are encouraged to complete the immunisation of their Pre-5 child cohort as soon as possible, only order replacement stock if required for patients attending appointments, and share stock with neighbouring practices where possible.

Promoting Effective Immunisation Practice (PEIP)

Immunisation staff should note that the [Promoting Effective Immunisation Practice](#) (PEIP) will be moving to a new hosting environment from **19th February 2018 for new learners**. **PEIP will close for existing learners on the current platform from 21st March 2018**. Full details regarding the transition arrangements are provided in the [PEIP FAQ](#)

Flu – educational materials

As expected, during the winter, respiratory (flu) infections are increasingly reported. Flu is spread from person to person via droplets when coughing or sneezing and by touching objects and surfaces that are contaminated with the virus (i.e. doorknobs and telephones) and then touching eyes, nose or mouth. The influenza virus may persist for hours in dried mucus and be transmitted by direct contact. It is spread very easily indoors, which is why it is so prevalent in the winter months, when people spend more time together inside. The NHS Scotland advice is listed below :-

- If possible, flu sufferers should stay at home. This will help prevent spreading the illness to others
- Washing hands often will help protect from germs
- Good respiratory and cough hygiene is also designed to minimise the risk of cross-transmission of respiratory illness:
 - Cover the nose and mouth with a disposable tissue when sneezing, coughing, wiping and blowing the nose
 - Dispose of all used tissues promptly into a waste bin
 - Wash hands after coughing, sneezing, using tissues, or after contact with respiratory secretions or objects contaminated by these secretions
- Keep hands away from eyes, nose and mouth

These are all important actions that can help prevent the spread of germs.

Health and social care settings should have supplies of tissues in common areas (e.g. waiting rooms) and there should be adequate supplies of alcohol-based hand rub that can be used by any individual. Non-touch waste receptacles should be available to allow for the prompt disposal of used tissues.

NES has produced a [video](#) on respiratory and cough hygiene based on Section 1.3 of the National Infection Prevention and Control Manual. The 'Flu - I'm ready for you' posters are still available from the [PHRU](#)

Flu Immunisation

It is still not too late for patients to be immunised against flu. All practices participating in the Ihub flu project should continue to implement the recommendations in their individualised feedback report to improve their immunisation rates for the 17/18 flu season. Any practices wishing a further copy of their report should contact frances.notman@ggc.scot.nhs.uk

Typhoid vaccination requirement for travellers - update

Health Protection Scotland's recent [review](#) has determined that the majority of typhoid illness in travellers is acquired in Central/South Asia. Consequently TRAVAX will recommend that typhoid vaccine only be 'usually advised' for the following countries; **Afghanistan, Bangladesh, Bhutan, India, Nepal, Pakistan**. For travellers to other countries where a lower risk of typhoid has been identified, vaccination may be [sometimes advised](#). For some countries, typhoid vaccination is not recommended.

Adverse vaccine incidents in NHSGGC

Since January 2017 there have been **6** recorded adverse vaccine incidents where staff reported that they had administered vaccines which were out of date. There were also **3** incidents where the wrong vaccine was administered.

These errors cause distress for the member of staff involved as well as for the patient/family. A lot of time is then spent getting advice, completing a datix and reassuring the patient/family.

Staff are reminded to take a couple of seconds to double check the vaccine and the expiry date before going ahead with vaccination.

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