PHPU Newsletter

April 2018
Volume 17, Issue 2

IMPORTANT REMINDER TO GPs

Vaccination Service Redesign

Contents

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PHPU Website **PHPU Newsletters**

Unused flu vaccines – last day for uplift 20th April

Any unused flu vaccines should now be returned for disposal including partially used boxes. Vaccines to be returned do not need to be stored in the cold chain but all vaccines, full packs, partial packs, and single vaccines should be clearly marked 'for disposal' with the name of the practice. Please complete the return form and e mail a copy to the PDC vaccines@ggc.scot.nhs.uk who will arrange uplift. Last day for uplift is 20th April.

Aids to translating foreign immunisation records

Primary care staff presented with the foreign immunisation records of overseas children residing in NHSGGC may find the following resources helpful in aiding their translation. These resources have been created by the CDC (Center for Disease Control and Prevention) and Immunization Action Coalition. Please note that these lists are not comprehensive although both organisations state that sources have been checked but complete accuracy can't be assured.

Staff are asked to check these lists in the first instance, and if they would welcome a second opinion they should email the PHPU and an HPN (health protection nurse) will assist.

Vaccines in Foreign Languages - Europe only

Foreign Products Tables - International

Please note that the WHO Vaccination Schedule site lists the vaccination schedules for every country.

Incomplete HPV vaccination in school leavers

In the unusual situation where a school leaver has not completed their HPV schedule, the remaining doses may be given by the GP practice. There is, however, no payment for this. Practices should contact PHPU for authorisation to obtain the vaccine.

Testing of oral fluid for mumps to end in Scotland

Following the Scottish Immunisation Programme meeting on 21st February, it was agreed that oral fluid testing for suspected mumps cases would cease from the 1st April.

Therefore, as from the 1st April, no suspected mumps case should have an oral fluid sample taken to be tested by Public Health England at Colindale. Colindale will be asked not to test oral fluid samples for mumps virus from Scotland unless there is prior communication from HPS that a sample will be sent down e.g. where confirmation of a late clinical diagnosis is warranted.

Laboratory confirmation (PCR buccal swab) of suspected mumps cases will remain available from WoSSVC 0141 201 8722

Patient Information Leaflets

Staff are reminded that there is a range of NHSGGC Patient Information leaflets on the PHPU website. These cover Gastrointestinal infections, TB and Scabies.

New PGDs – Boostrix IPV® and Oral Typhoid

Immunisation staff should note the following PGD updates:

Oral Typhoid PGD **Boostrix IPV® PGD**

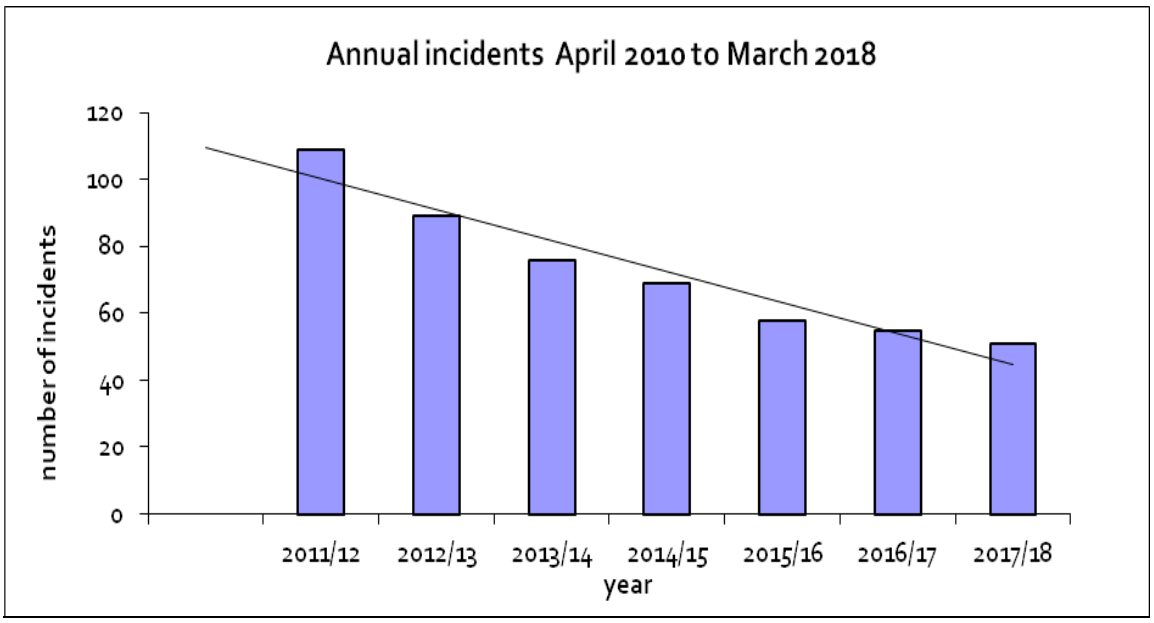
All current PGDs are available, *for reference only*, on the PHPU website.

Cold chain incidents in NHSGGC - numbers decreasing

Over the last six years, as a result of the improvements in cold chain procedures in GP practices, the number of incidents has decreased year on year (see graph below). This is particularly impressive in light of the increasing extent and complexity of the national immunisation programme. Nevertheless, incidents still occur which can result in significant financial loss. From April to March 2018, 52 incidents with associated cost of £114k were reported but, with risk assessment, £72k was advised to be reused. This reinforces the value of regular self audit and the e-learning cold chain module (hospital staff link, community staff link), since half of the incidents were considered preventable had best practice been followed.

Recent reports have also highlighted that many of these incidents demonstrated over-ordering of vaccines by practices. As well as increasing the cost of incidents, this increases the risk of vaccination with expired vaccine and likelihood of poor air circulation in an over-full fridge. Practices are reminded to ensure that only 1-2 weeks' stock is held at any one time. Recently, the order form has been changed to make it clearer to record the number of vaccine doses remaining in the fridge to avoid confusion when vaccines are in packs of ten.

Number of cold chain incidents since routine self audit practice introduced



Multi-drug resistant gonorrhoea - safe sex reminder

Public Health England is investigating a case of *Neisseria gonorrhoeae* with high-level resistance to azithromycin and resistance to ceftriaxone which has been acquired abroad. This is the first report in the UK, and globally, of a patient with high level resistance to both the first line antibiotic recommended for the treatment of gonorrhoea.

The individual is being monitored closely to ensure that the infection was effectively treated with other antibiotics and minimise the risk of any onward transmission.

Everyone can significantly reduce their risk of getting and/or passing on gonorrhoea through the consistent and correct use of condoms with new and casual partners. [Source: PHE, 28 March 2018. https://www.gov.uk/government/news/resistant-gonorrhoea-case-reminds-import...]

For more information on this specific case see the PHE website

For information on the free condom service in NHSGGC please refer to the Sandyford website

Two cases of lead toxicity in NHSGGC

Two cases of lead toxicity in young children were notified to the Public Health Protection Unit (PHPU) in 2017. The two children (Child A, two years old and Child B, one year old) were both from Asian families and both had unequivocal evidence of lead toxicity with blood lead levels in excess of 20µg/dl (upper limit of acceptable range of values is 10µg/dl). Environmental investigation in both cases found that the source of the lead toxicity had been ethnic makeup, an eye-liner called sura. The sura used in Child A and B was found to have lead content of greater than 30% and 80% respectively and had been manufactured in Pakistan. These cases underline the importance of recognising the risks that ethnic cosmetic agents may pose for the health of young children in ethnic minorities. In general, use of cosmetic agents manufactured in the Indian subcontinent or in Afghanistan in young children should be discouraged. Enquiry should always specifically be made about use of sura in the investigation of children with established lead toxicity in ethnic communities.

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