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PHPU Newsletter

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Hajj Pilgrimage – vaccines required

Pilgrims travelling to Umrah, Hajj are required to submit a valid vaccination certificate with a Quadrivalent (ACWY) meningococcal vaccine administered **no less than 10 days** prior to arrival to Saudi Arabia. **Seasonal flu** and **MMR** vaccines are also recommended.

ACWY meningococcal vaccine

Vaccination with **ONE** of the following vaccines is acceptable:

- Quadrivalent (ACWY) polysaccharide vaccine within the last **3 years**.
- Quadrivalent (ACWY) conjugate vaccine within the last **5 years**.

Note: If the vaccine type is not indicated in the certificate, the certificate will be valid for 3 years.

More health information about the Hajj can be found on the [Travax](#) site.

TB Liaison Nurse Service

NHSGGC has 5 TB Liaison Nurses who are responsible for the case management of patients diagnosed with TB. A patient is assigned to a TB nurse by postcode, each nurse being responsible for an area within NHSGGC.

Primary care staff who require any advice regarding TB or guidance about screening potential contacts of a TB case should call the TB Liaison Nurse responsible for the individual's [postcode area](#). The TB nurse will advise if any action has to be taken. Enquiries about a patient's TB medication should also be directed to the responsible nurse.

TB nurses will identify close contacts of a TB case and organise Mantoux screening or Chest X Rays. They are also responsible for administering [BCG](#) vaccine to both children and adults.

NHS Scotland Immunisation Polish leaflet – error

An error on page 25 of the Polish language version of the Routine Childhood immunisation leaflet was recently brought to the attention of NHS Health Scotland. It stated that the first dose of rotavirus vaccine must not be given '**until after the age of 15 weeks**, it should have said '**must not be given after 15 weeks of age**'. The error had been in leaflet since 2014. The translation company has rectified the error and checked all other translations – no others contain the error.

The [updated Polish version](#) of the Routine childhood Vaccination booklet is now available.

Practices are asked to destroy all previous Polish version of this booklet and to order the updated version from nhs.healthscotland-alternativeformats@nhs.net.

Click [here](#) for all up-to-date copies of translated booklets. [here](#)

Hep B immunisation schedule for high risk babies

All babies born on or after 1st August 2017 are offered the new hexavalent vaccine, Infanrix hexa®, for their primary immunisations; this vaccine contains HepB. Whilst this should benefit infants at increased risk of hepatitis B (e.g. those born to an infected mother) as they are more likely to complete the full course of hepatitis B, these babies still require the critical early doses at birth and four weeks of age. Healthcare practitioners administering the programme may mistakenly assume that these doses are no longer needed.

HPS, NHS Scotland, and NES have recently produced [Guidance](#) for healthcare practitioners about the neonatal selective immunisation programme for babies at high risk of Hep B.

New Hep C diagnoses in 2017

Health Protection Scotland (HPS) has recently published the latest [hepatitis C surveillance report](#). This report shows diagnoses up to the end of December 2017. A total of 1,511 people were diagnosed HCV antibody positive in Scotland in 2017, which represents the lowest number of new diagnoses in more than a decade. This figure compares to 2022, 1814, and 1591 for 2014, 2015 and 2016 respectively. An average of 1953 cases were diagnosed per annum in the years 2008-2011, compared with 1908 from 2012-2016.

It is estimated that around 45% of those infected with HCV in Scotland remain undiagnosed.

'Transfer-in' families – immunisation histories

Health Visitors are asked to review written immunisation histories when completing the transfer-in process to check that they are decipherable. If they are in another language they should be discussed with the parents/interpreter to ascertain which immunisations have been given and when. Neither Child Health nor PHPU has access to interpreting services, other than by phone. Aids to translation of records were in last month's [PHPU Newsletter](#)

New HIV reports in 2017 – reminder to test

There were **129** new reports of HIV in NHS GGC in 2017 and there are over **1600** patients attending the Brownlee Centre for treatment and care. (Ref: [HPS Quarterly HIV Report to Dec 2017](#))

There is no cure for HIV, but very effective treatment is now available which, if taken properly, means HIV can be considered a long-term condition. Adhering to treatment not only means an individual can live a healthy life, it can also stop the onward spread of HIV. This is known as Treatment as Prevention – HIV treatment reduces the individual's viral load to undetectable levels, so they cannot pass on the virus to others.

A significant proportion of the new HIV reports in 2017 – nearly 30% - are amongst People who Inject Drugs. There are now **121** new cases of HIV associated with the outbreak in this community group since the end of 2014. Interventions to limit further transmission continue, including outreach treatment services, community prescribing of HIV medication and **importantly a sustained focus on testing those at risk**.

The majority of the cases – 42% - were diagnosed in the acute setting when they presented with unrelated illnesses.

It is recommended that clinical colleagues in both primary and secondary care should routinely offer an HIV test to all patients with a history of drug addiction problems when they present for health care.

NB: If the patient has had a negative test within the last 3 months **but has continued risk** a repeat test should be offered. All trained healthcare workers can conduct an HIV test - all that is required is informed consent, which does not usually need a lengthy discussion.

As there is significant overlap in the routes of acquiring HIV and hepatitis C, clinicians should consider testing for both if the BBV status is not known.

Training and support for HIV/BBV testing can be obtained from community sexual health adviser in the STI/BBV shared care initiative on 0141 211 8639.

BCG reports from Child Health on 'Tasks'

Health Visitors will now be receiving quarterly BCG reports from Child Health in TASKS on the EMIS web system. These reports list children who are deemed at risk of TB but who, according to Child Health records, have not received BCG. **NB:** Child Health does not appoint children for BCG, it notifies HVs of the requirement.

There are 3 response options for HVs:-

- If there are children on the report who have been appointed for BCG or have recently had BCG then **no action** from the HV is required. HVs should contact [PHPU/0141 201 4932](#) to check if a child has been appointed.
- If BCG appointment has not been made and child is confirmed as at risk then the HV **should contact** [PHPU/0141 201 4932](#) and arrange an appointment. There is no need to contact Child Health.
- If there is a reason why BCG is not indicated, e.g. the child has had BCG in another area/country; further risk assessment has been made and BCG is not required; or the parents don't want BCG, then the **HV should respond to Child Health on TASK** stating the reason why there should be no further notification from them.

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