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PHPU Newsletter

Public Health Protection Unit
Telephone 0141 201 4917

e-mail: phpu@ggc.scot.nhs.uk
[PHPU Website](#) [PHPU Newsletters](#)

Towards elimination of hepatitis C

Hepatitis C is the most prevalent BBV in Scotland with over 1% of the population infected. NHSGGC has the highest number of HCV diagnoses in the country; a cumulative total of more than 14,000 individuals were reported to be Hep C antibody positive at the end of 2017. Ref: [HPS Hep C Surveillance Report 2017](#)

The good news is that hepatitis C treatment has changed dramatically and is now interferon free. This means that treatment:

- is much shorter – 8 weeks for most patients;
- has limited, if any side effects;
- involves taking once-daily tablets – no injections or liver biopsy;
- cures at least 95% of those treated

Initially use of these new drugs was focused on prioritisation of treatment to patients with more advanced disease. Treating patients with advanced disease reduces but does not remove the risk of liver failure and liver cancer. The shift is now towards the elimination* of hepatitis C - treating all to prevent needless complications and onward transmission of an easy-to-treat infectious disease.

Everyone who is diagnosed positive is eligible for assessment and treatment, regardless of stage of disease or other health and social factors.

There is a need to inform both staff and patients about this change and refer people living with hepatitis C to treatment services.

It is important to test those who have ever been at risk, or who are at on-going risk, but there is also need to re-engage those individuals who were previously diagnosed with hepatitis C, but did not stay in treatment or were not able to engage with the old interferon-based treatment regimes. These individuals should also be offered re-referral to treatment services.

There are new materials available to support messages around this and can be obtained from Hepatitis Scotland or from PHPU

<http://www.hepatitisscotland.org.uk/publications-and-resources/resources/hepatitis-c-treatments-have-changed>

* The definition of elimination used accepts that there will continue to be hepatitis C infection, but aims for fewer than 5,000 people with chronic hepatitis C infection in Scotland.

Vaccines administered by non-registered staff

Practices are reminded that only registered nurses can administer vaccines under a PGD. Non-registered staff who administer vaccines must do so under a PSD i.e. a prescription written by the GP. The GP is responsible for ensuring that such staff are adequately trained in administration of vaccine and that there are procedures in place should errors occur.

Flu vaccine supplies - update

Staff should refer to the [PHPU Flu Website](#) for local updates on flu vaccine supplies in NHSGGC.

Vaccine delivery dates over the festive period

Please note that practices and clinics whose normal delivery day is a Tuesday or Wednesday **will not** receive a vaccine delivery across the festive period and require to **order in advance** for delivery on Tuesday 18th or Wednesday 19th of December and Tuesday 8th January or Wednesday 9th January respectively.

Pregnant women/breast-feeding mothers on biologic drugs

Immunisation with live vaccines should be delayed until 6 months of age in children born to mothers who received immunosuppressive biological therapy* during pregnancy. In practice, this means that children born to mothers who were on immunosuppressive biological therapy during pregnancy will not be eligible to receive rotavirus vaccine (and will need to defer BCG, if indicated, for 6 months). Specialist advice should be sought if there is any doubt as to whether an infant due to receive a live attenuated vaccine may be immunosuppressed due to the mother's therapy. Contact the [PHPU](#) or the consultant specialist who is prescribing the medication.

See the relevant section in the [Rotavirus PGD](#) and the [BCG PGD](#)

Breast-fed babies and live vaccines

Specialist advice should also be sought for breast-fed babies who require a live vaccine, including MMR, and whose mothers are receiving immunosuppressive biological therapy. Contact the [PHPU](#) or the consultant specialist who is prescribing the medication.

* (e.g. Anti-TNF therapy such as alemtuzumab, ofatumumab, rituximab)

Post immunisation fever and breastfeeding

Immunisation staff are reminded to advise breast feeding mothers of the importance of offering extra breast feeds in the event of post immunisation fever. See the NHS Scotland [post-immunisation handout](#) for parents (extract below)

"...offer them extra drinks (if you're breastfeeding, your child may feed more often)"

At no point should a breastfeeding mother be told to offer cool water to the child, breast milk should always be the preferred method of hydration in the first instance.

The NHS post-immunisation handout for parents clearly states the correct advice, however, the advice at the bottom of p38 of the pre-immunisation booklet - [Protect your child against serious diseases](#) - refers to giving the baby cool drinks and, therefore, compromising established breastfeeding.

To avoid any confusion and to ensure a consistent message is delivered in all the NHS Scotland information for parents and clinicians, the advice on p38 of the leaflet - Protect your child against serious diseases – will be amended accordingly.

Childhood vaccinations at GP practices

Although childhood immunisation is moving to corporate clinics, GP practices may occasionally be required to administer non-routine childhood vaccines for clinical reasons.

These vaccines can still be obtained from the Pharmacy Distribution Centre (PDC) using the [standard vaccine order form](#) and stating the name and quantity of vaccine required with a brief description as to why the vaccine is needed - **specific patient details should not be recorded on the form**. Vaccine will be supplied on the usual practice delivery day.

Many vaccines come in boxes of 10 so there is potential for some vaccines to remain unused and be wasted when they expire. For this reason, any remaining unused vaccine should be transferred to the nearest corporate clinics for use there. The HSCP immunisation-team leads might be able to assist with the collection of unwanted childhood vaccines and practices are advised to contact them to discuss – contact details can be found by clicking on the [link](#).

This is not the sole responsibility of the corporate clinic, the process requires mutual co-operation between the practice and clinic. Fridge temperature charts should be available to demonstrate satisfactory storage of any vaccine removed.

Useful weblinks

[WHO High risk countries for TB 2017](#) - assessing eligibility of babies/children for BCG

[Aids for staff in translating immunisation records in other languages](#) - for HV staff with new entrants

[Flu immunisation programme in NHS GGC 2018/19](#)

[Notifiable diseases and organisms](#) - notifiable diseases and organisms under Public Health etc (Scotland) Act 2008

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