NHS Greater Glasgow and Clyde

Feb 2019

Volume 18, Issue 1

CONTENTS

PHPU Newsletter

Public Health Protection Unit
Telephone 0141 201 4917
e-mail: phpu@ggc.scot.nhs.uk
PHPU Website **PHPU Newsletters**

Invasive Group A Strep (iGAS) in NHSGGC

Group A streptococcus (GAS) bacteria is a Gram positive, beta-hemolytic coccus in chains which can colonise the throat, skin and anogenital tract. It is an important cause of morbidity and mortality worldwide and causes a broad spectrum of diseases ranging from mild to life-threatening invasive infections.

Non-invasive GAS infections, which are less severe and more contagious than iGAS infections, include:

- strep throat
- scarlet fever
- impetigo
- ear infections

Invasive GAS infections are more aggressive and include:

- streptococcal toxic shock syndrome
- necrotising fasciitis
- pneumonia
- septicaemia
- septic arthritis
- meningitis

Risk factors

iGAS cases mostly occur in the community, with a higher risk for care home residents and the elderly. Other groups considered to be particularly at risk are people with co-morbidities such as diabetes, cardiovascular disease, influenza or recent chickenpox, neonates and post-partum women in the neonatal period, and those who inject drugs.

Invasive streptococcus pyogenes (from blood, cerebrospinal fluid or other normally sterile site) is a notifiable organism by diagnostic laboratories which requires urgent notification within the same working day. iGAS isolates are collected as part of a national surveillance system to ensure early detection of clusters or outbreaks of iGAS so that effective control measures can be implemented. For more info on genotyping click on the link

Management of iGAS contacts in the community

A close contact is defined as someone who has had prolonged close contact with the case in a house-hold type setting during the *seven days before onset of illness*. The risk of iGAS among household contacts is higher than the risk to the general population, but the risk is low. For more info click on link

Advice should be given for heightened awareness for symptoms of GAS in close community contacts for 30 days following index case diagnosis.

Close contacts with no symptoms suggestive of localised GAS infection will be provided with an information leaflet by PHPU advising that if they have been in close contact with someone with invasive Group A strep and develop a sore throat, high fever or signs of skin infection, they should seek medical advice.

Close contacts with symptoms suggestive of localised GAS infection, sore throat, fever or skin infection, should be offered chemoprophylaxis

Close contacts with symptoms suggestive of invasive disease, high fever, severe muscle aches or localised muscle tenderness, should be referred immediately to A&E.

iGAS in NHSGGC 2015-2018

The incidence of iGAS disease in NHSGGC has increased year on year. Commonly identified risk factors include heart disease, respiratory disease, diabetes, PWID, nonsurgical wounds.

Graph 1 shows number of iGAS cases in NHSGGC by month 2015-18. Note the peak of cases in the first 3 months of 2018

Graph 2 shows iGAS notifications by disease 2015-18

Table 1 below presents the iGAS data in more detail for years 2017 and 2018

Table 1: NHSGGC Notifications of iGAS in 2017 and 2018

Year	No of cases	Most common emm type (% cases)	Septicaemia /bacteraemia (% cases)	Necrotising fasciitis (% cases)	Median age (yrs)	Mortality rate (% cases)
2017	47	emm 1.0 (41%)*	51%	19%	44	25.5
2018	70	emm 1.0 (42.5%)**	57%	21%	44.5	24.2

**emm* typing was available for 29/47 (61.70%) cases. The top *emm* type in 2017 was 1.0 and accounted for 41.% of cases

***emm typing was available for 47/70 (67.14%) cases. The top 2 emm types in 2018 were 1.0 and 3.93 and accounted for 42.55% and 14.89% respectively.

Sourcing vaccines for GP practices

GP practices should refer to the following summarised guidance for obtaining a range of vaccines that are administered in primary care.

Isoniazid shortage

Due to manufacturing difficulties, supplies of isoniazid tablets are limited and will remain so for the foreseeable future. If a community pharmacy is unable to dispense isoniazid tablets, GPs are advised to contact the hospital consultant who initiated the treatment and who may be able to access supplies from a hospital pharmacy, or advise on an alternative drug for the patient.

Seasonal flu vaccine uptake – new guidance

Last flu season more than 40 GP practices were involved in a pilot project designed to improve seasonal flu vaccine uptake in clinical at-risk groups. As a result, a Good Practice Guidance was developed and is available to practices to help encourage immunisation uptake.

Flu vaccine availability

aTIV QIV practices should note that aTIV and QIV stock **can no longer be ordered online** but needs to be requested from Movianto by telephone on 01234 248623 (8am-6pm). Pharmacy Public Health may contact practices to confirm requirements if they have already received significantly more vaccine than anticipated.

Trivalent flu vaccine remains available to order from the Movianto website

Fluenz ®stock has a short shelf life and current distributed stock will expire 4th February 2019. Supplies of later dated stock are limited and therefore practices should vaccinate as soon as possible.

Antiviral prescribing for flu – CMO guidance

Practices and hospital staff should note that the CMO's letter regarding the prescribing of antivirals for flu in primary and secondary care settings has been now been issued.

Please note:

- Zanamivir (Relenza®) is no longer recommended in pregnancy unless benefit outweighs risk
- Oseltamivir dosing is doubled from 5 days to 10 days for immunocompromised patients

PGDs – updated website

Immunisation staff should note that the PGDs for Men B, Rotavirus, Men ACWY, Gardasil, Paed Hep A&B, MMR, and Cholera have been updated and are available for reference on the PHPU website

NB: Eligible age groups for shingles vaccine

The PHPU has become aware of some confusion among GP practices of the age groups eligible for the shingles vaccine. Point 2 in the recent CMO letter recommends vaccination for **all those aged 70-79 years on 1st Sep 2018** who have not received the vaccine.

To ensure the live vaccine is not administered to a patient for whom it is contra-indicated, staff are advised to use the pre-vaccination screening tool. For more information on the shingles vaccine please refer to Chapter 28 in the Green Book.

If you would like to comment on any aspect of this newsletter please contact Marie Laurie on 0141 201 4927 or email marie.laurie@ggc.scot.nhs.uk