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## NB

Return of flu  
vaccine stocks  
Click on the link  
[Letter to GPs](#)

# PHPU Newsletter

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[PHPU Website](#) [PHPU Newsletters](#)

## TB in NHSGGC

### Scottish TB data

The 2017 data - latest complete data - is now available on the [HPS website](#)

Important points to note are:-

- Decrease in the incidence of TB of 7% from 2016
- Increase in drug resistance
- Most cases diagnosed in those aged between 25-34 years
- 38.6% of cases were resident in the most deprived Scottish Index of Multiple Deprivation Area (SIMD)
- 16% of cases were resident in the least deprived areas
- Successful treatment outcomes set by ECDC target - 85%, 2017 was 82%.
- 12.6% case fatality rate - the highest since surveillance began.

The HPS [infographic](#) provides a helpful overview of TB in Scotland

### TB Cohort Review

TB Cohort Review is the systematic six-monthly review of the management of every case of TB treated in NHSGGC. In 2016, NHSGGC piloted the first Cohort Review in Scotland based on its successful implementation in England. TB Cohort Review has now become standard practice within this health board area.

A cohort review provides a multidisciplinary forum to review the management of each TB case and ensure accountability at all levels of the service, while linking to local and national targets. Targets are set against particular indicators which are measured at each review. It allows identification and follow-up on important case management issues. It is hoped that in the future GPs will receive feedback in the form of a letter following the review of their patient. This may allow the identification of local learning needs or further discussions about service delivery and highlight specific areas for service improvements.

### TB and Primary Care

GPs can contact their local TB nurse specialist to arrange attendance at a Cohort meeting or to discuss a case/ referral to the TB service.

The TB Nurse Specialists can be contacted at:

- |  |   |
|--|---|
| • Gartnavel General Hospital (West/NW)           | Catriona Paterson 0141 232 2161         |
| • Glasgow Royal Infirmary (East/NE)              | Una Lees / Ellen McGeough 0141 211 4958 |
| • Queen Elizabeth University Hospital (South/SW) | Lesley Ritchie 0141 451 5862            |
| • New Victoria Infirmary (South/SW)              | Lynda Darroch 0141 347 8846             |

Useful resources for GPs are available online:

[Tuberculosis in General Practice](#)

[TB Alert](#)

## MMR vaccine and autism – the final nail in the coffin?

Another study, this one a massive undertaking in Denmark, demonstrates no connection between the measles, mumps, and rubella (MMR) vaccine and autism. The study was published in the [Annals of Internal Medicine](#).

Several studies have since disproved and discredited Wakefield's work and have demonstrated no link between vaccines—including the MMR vaccine—and autism, but this is the first study to show that the MMR vaccine does not trigger autism in subgroups of susceptible children, according to a summary of the study for patients published in the same journal.

This study comes at a very critical time given the widespread outbreaks of measles across Europe including in England, therefore every opportunity should be taken to offer 2 doses of MMR vaccine to those who are not fully vaccinated.

# Diagnosing and notifying measles and mumps

## MEASLES

Measles is a notifiable disease under the [Public Health \(Scotland\) Act 2008](#).

Measles should be considered if the patient has:

- Fever  $\geq 38^{\circ}\text{C}$  **AND**
- Generalised maculopapular rash **AND**
- Either cough, coryza **OR** conjunctivitis (ref [HPS](#))

GPs should take a **throat swab** as soon as possible when measles is clinically suspected. The swab should be [expressed into the Viral PCR Sample Solution vial](#) (VPSS) and sent off to the West of Scotland Specialist Virology Centre at the GRI. If VPSS is not available, swabs can be cut off and sent dry in a sterile container. **This should be avoided whenever possible as the virus remains infectious and sensitivity is reduced.** VPSS inactivates and preserves the pathogen genome for PCR testing.

TrakCare item: **Adult maculopapular rash - virus PCR - Set** (See [WoSSVC](#) under Rash testing - maculopapular)

TrakCare item: **Paediatric maculopapular rash - virus PCR - Set**

GP electronic request (ICE / EMIS / Vision) item: **Maculopapular rash PCR-current infection**

### Notification

GPs should notify the PHPU Health Protection Nurse by calling 0141 201 4917

On notification, the HPN will assess the **individual epidemiological features** of the case: -

Immunisation history – any known vaccination history or history of measles?

The vaccine effectiveness of a single dose of MMR is around 90% and approximately 95% for two doses. Although vaccine failure is rare, it can occur, particularly after a single dose.

Travel – any travel within and outside the UK during the incubation period, with an assessment of whether travel was in an area where measles is known to be circulating?

Ethnic and cultural/religious background – are there details on the patient's ethnicity, and importantly, **whether the patient is a member of an under-vaccinated population group** (e.g. Charedi Orthodox Jewish community, Steiner community)?

Epidemiological link – is there a known epidemiological link with another laboratory or epidemiologically confirmed case?

### WHO Measles Surveillance

If the PHPU clinician agrees that the case meets the definition of a possible measles, an oral fluid kit (MMR salivary kit) for IgM testing will be sent out - previously sent to GP surgeries, these are now being posted from the PHPU directly to patients/parents/guardians who are requested to forward the sample directly to PHE Colindale using the labelled packaging supplied. MMR kits, which meet the WHO requirements of measles investigation to satisfy elimination criteria, are sent out even if PCR testing is negative.

### Exclusion of a confirmed case

People with confirmed measles should be excluded from their usual place of work or study or from shared childcare facilities or any other shared space until at least four days after the rash has developed. The case should be advised to self isolate and to avoid contact with vulnerable groups during this time. For more info click on [link](#)

## MUMPS

Mumps is a notifiable disease under the [Public Health \(Scotland\) Act 2008](#).

Oral fluid testing (MMR salivary kit) for suspected mumps cases ceased on 1<sup>st</sup> April 2018.

Mumps can be diagnosed clinically. However, if a GP is keen to have laboratory confirmation of suspected mumps cases, the PCR test is available from the WoSSVC. A **buccal (inner cheek) mouth swab** should be [expressed into the VPSS vial](#) and sent off to the WoSSVC (GRI). When Viral PCR Sample Solution (VPSS) is not available, swabs can be cut off and sent dry in a sterile container.

TrakCare item: **Mumps PCR - current infection**

GP electronic request (ICE / EMIS / Vision) item: **Mumps PCR - current infection**

### Ordering VPSS

Please email the WoSSVC ([west.ssvc@nhs.net](mailto:west.ssvc@nhs.net)) to order Viral PCR solution (VPSS) and include:

1. The requesting location address (inc. the postcode)
2. The number of VPSS vials required
3. Name, telephone number and email address of a contact in case of questions regarding the order

Alternatively requests for VPSS can be made via the office 0141 201 8722.

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](mailto:marie.laurie@ggc.scot.nhs.uk)