

CONTENTS

- Immunisation Update Seminars 2019
- Flu vaccine allocation 19/20
- Mumps in NHSGGC – update
- Shiga toxin producing E coli (STEC) – testing information
- Measles – MMR for eligible individuals
- Hajj pilgrimage and the risk of MERS-CoV

PHPU Newsletter

Public Health Protection Unit
Telephone 0141 201 4917

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

Immunisation Update Seminars 2019

The Immunisation Seminars 2019 will give staff an update on the current vaccination programmes, vaccine-uptake rates and the latest research on the impact of the current programmes including any adverse events identified through the surveillance system. Other issues covered will include any changes to the current vaccination schedule and the vaccines to be used for the forthcoming flu season.

All staff involved in the immunisation programmes are encouraged to attend one of these seminars. To book a place, staff should click on the chosen venue link below. Please note there will be a buffet lunch between 11.30am and 12pm.

Day/Date	Venue	Time	No of places
Tues 13 th Aug	Stobhill	11.30 – 12.00 (Lunch) 12.00 - 14.00	70
Thurs 29 th Aug	Inverclyde	11.30 – 12.00 12.00 - 14.00	70
Thurs 5 th Sep	Gartnavel	11.30 – 12.00 12.00 - 14.00	60
Tues 10 th Sep	Adelphi	11.30 – 12.00 12.00 - 14.00	120
Thurs 12 th Sep	RAH	11.30 – 12.00 12.00 - 14.00	80

Flu vaccine allocation 2019/20

NHS boards have now been informed of the proposed allocation of inactivated seasonal influenza vaccines for the forthcoming season.

Please note that healthy pregnant women and carers of those aged under 65yrs who are in an at risk category have been included to get a more complete idea of the allocation per health board.

For those health boards that are taking the VTP or midwife delivery route this year, a figure for all pregnant women is included for information only. [Proposed vaccine allocation 2019/20](#)

Mumps in NHSGGC – update

Recently, there has been a significant increase in reports of mumps in NHSGGC especially in the 18-25 age group; of those affected several have been university students. This reflects the situation in NHS Lothian and NHS Lanarkshire. Following discussion with university colleagues a message was sent to all students on Tuesday 23rd of April alerting them to this increase, signposting them to [further information](#), and advising them to ensure they have received two doses of MMR (measles/mumps/ rubella) as this offers the best protection.

Students requiring further vaccination were advised to contact their local GP surgery. In the UK, MMR vaccine is usually given at the ages of 12-13 months, with a second dose to complete the course at around 3 years 4 months. Child Health will usually have a record of the vaccines given to NHSGGC residents up to around 30 years of age. MMR for purposes of travel is usually obtained on prescription but in this exceptional circumstance, patients in the risk group presenting to the GP who have not had two doses of MMR should be vaccinated. The vaccine can be supplied from PDC (Pharmacy Distribution Centre) and should be ordered on the [routine vaccine requisition form](#) indicating that it has been advised by public health. Any unused vaccine can be returned to the surgery's local corporate clinic to avoid waste. Further information on the risk of mumps in adults, and the requirement for vaccination by age group can be found on [p262 of the Green Book](#):

Shiga toxin producing E coli (STEC) – testing information

Shiga toxin-producing E. coli (STEC), also known as Vero-toxigenic Escherichia coli (VTEC), is a group of bacteria which can cause gastrointestinal illness in humans. Asymptomatic infection can also occur and cases tend to peak in the summer months. The term STEC refers to all strains of E coli which produce shiga toxin (ST) or possess ST genes.

Local diagnostic laboratories investigate all diarrhoeal faeces for the presence of E. coli O157 and refer isolates to the SERL (Scottish Ecoli Reference Laboratory) in Edinburgh for confirmation and further typing. **STEC of serogroup O157 are the only STEC for which routine standard tests are performed in the local diagnostic laboratories.** Faeces from high-risk patients which test negative at the local laboratory are sent to SERL where more sensitive methods are used for detection and isolation of STEC.

Clearance samples are required from patients in [risk groups](#) who are excluded from work/nursery/school under the Public Health Act, and from any household contacts, *even if asymptomatic*, who are in a risk group. The following situations frequently arise for clearance samples:

Scenario 1:

Stool sample tests negative at local diagnostic lab, but because of clinical symptoms of bloody diarrhoea, sample is forwarded to the reference lab, where a **non-O157 STEC is detected**:

There are some strains of E coli circulating in Scotland which cause bloody diarrhoea and can't be detected by the local laboratory so samples for these strains are tested at the SERL using specialised techniques. Results from such samples will take several days to be reported.

Scenario 2:

Stool sample tests negative at local lab, but because of clinical symptoms of bloody diarrhoea, sample is forwarded to the reference lab, where a **STEC O157 is detected**:

For such strains of E coli O157, clearance samples will be processed at the local diagnostic laboratory initially, even though the Reference Lab first detected the organism. Results from such samples will take several days to be reported.

Scenario 3:

Stool sample tests positive at diagnostic lab for Ecoli O157 and sent to Edinburgh for confirmation and typing:

Clearance samples will be processed at the local laboratory. Results normally available within 2-3 days

Two of the scenarios above demonstrate how negative E coli results from the local laboratory can appear on clinical portal until samples have been processed by SERL. This has understandably caused some confusion in the past with clinicians reporting negative results to patients only to be informed a day or so later by the PHPU that the result is positive. To avoid confusion and to ensure that patients are informed of definitive test results some new procedures have been introduced. In particular, for cases/contacts of non-O157 Ecoli STEC infection the PHPU will call the GP surgery and also email a [letter](#) outlining the procedure for submission of clearance samples.

Measles – MMR for eligible individuals

Measles is highly infectious - the most infectious of all diseases transmitted through the respiratory route. Measles can be severe, particularly in immunosuppressed individuals and young infants. It is also more severe in pregnancy, and increases the risk of miscarriage, stillbirth or preterm delivery. The most effective way to control measles is by achieving a high uptake of two doses of measles, mumps, rubella (MMR) vaccine. Sporadic cases and clusters continue to occur when infection is imported.

To maintain the control of measles, eligible individuals with no history or incomplete history of 2 doses of MMR, should be offered vaccination on request.

Because of measles outbreaks in Europe and elsewhere, all travellers are advised to check that they are up to date with MMR vaccination before they travel. If travelling with a baby, the MMR vaccine can be given from six months of age before travelling to a country where measles is a risk or where an outbreak is taking place. In this situation, this dose should then be ignored, and two further doses given at the recommended routine times between 12 and 13 months of age and at three years four months.

There are 2 vaccines available to order: **MMRvaxPRO** and **Priorix**. These can be obtained either from the Pharmacy Distribution Centre, on the [GP vaccine requisition form](#), or from community pharmacy via a GP 10. MMRvaxPRO contains gelatine; Priorix is gelatine-free and may be preferred by members of some religious communities. Single measles, mumps and rubella vaccines are not available in the UK

After two doses of MMR vaccine, about 99 of people out of 100 will be protected against measles, about 88 out of 100 will be protected against mumps, and almost everyone will be protected against rubella. Reference: Green book chapter 21: [Measles](#)

Hajj pilgrimage and the risk of MERS-CoV

The annual Hajj pilgrimage will fall approximately between the 9th August and the 14th August this year. Cases of Middle East Respiratory Syndrome Coronavirus (MERS-CoV) continue to occur in the Middle East and the risk of importation of a case to the UK may be greater during the pilgrimage. GPs should refer to the HPS primary care algorithm, [HPS website](#) and to [Travax](#) for more information. NHS Scotland has produced a [patient leaflet](#) and a [poster](#) which provide advice to those intending to travel to the Hajj (both publications also available in Arabic, Bengali and Urdu).