PHPU Newsletter

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PHPU Website **PHPU Newsletters**

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Coronavirus (COVID-19)

In late December 2019, the People's Republic of China reported an outbreak of pneumonia due to unknown cause in Wuhan City, Hubei Province.

In early January 2020, the cause of the outbreak was identified as a new coronavirus (COVID-19). COVID-19 can cause respiratory illness of varying severity and, currently, there is no vaccine or specific treatment for infection with the virus.

NHSGGC management of *possible cases* includes clinical assessment, testing, and providing advice to patients, families and communities. Testing of those who meet the possible case definition, but who do not require hospital care or further assessment, is being undertaken in an outpatient setting and also by a mobile team in the community.

This is an evolving situation, and the Public Health Protection Unit will continue to update GPs on any significant changes to the guidance. The most up-to-date information and guidance, including specific guidance for primary care, is available on the Health Protection Scotland webpages. The primary care guidance includes the definition for possible cases of novel coronavirus, and gives details on how to manage them.

Members of the public who have travelled from a risk area (at 25/02/20) within the last 14 days should be directed to the NHS Inform website for the most up-to-date information and advice

Updates of sample test numbers and results in Scotland are published daily on the Scottish Government website

Test results for the UK are published on the Department of Health and Social Care website

HIV outbreak in NHSGGC – reminder to test

There is an ongoing outbreak of HIV within NHSGGC amongst people who inject drugs. Transmission of HIV occurs primarily via the sharing of injecting equipment or unprotected sex. Specific risk factors linked to the outbreak include homelessness, public injecting, and cocaine use (alone or in addition to opiates).

Many of those diagnosed as part of the outbreak have acquired their infection in the 3-4 months prior to testing and have had a negative HIV test within the last year. If the outbreak is to be addressed it is essential that levels of HIV testing are increased.

Anyone with a history of drug injecting should be tested for Blood Borne Viruses. Those with ongoing risks should be tested **every 3 months**.

For further information or support in relation to the outbreak or testing, please contact Julie Craik- Public Health Programme Manager Julie.craik@ggc.scot.nhs.uk

Mumps – increase in cases in NHSGGC

Recently, there has been a significant increase in reports of mumps in NHSGGC again, especially in the 18-25 age group; the postcode districts show that university students are affected. This is similar to the increase in mumps cases reported in the July 2019 newsletter. University colleagues were asked to send a message to all students in the third week of January 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 are 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 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.

Cold Chain Guidance update

Recently the A5 magnetic cold chain guideline has been revised and will be mailed out to all practices and clinics. Please destroy the old version and replace with revised guidelines dated June 2019

A couple of recent incidents have highlighted the need to sometimes manually defrost even self-defrosting fridges. There should be no ice build-up in the cabinet of self-defrosting models but this can happen if:

- The room is too warm or humid
- The fridge thermostat/temperature is set too low
- Door seals are compromised
- Wet cardboard packaging has come in contact with the back wall
- Open Tupperware® style containers are being used which attract moisture

If ice is detected in the fridge then a manual defrost is required where the contents are removed to another fridge with assured functioning and the fridge switched off until all ice has gone. Good practice would be to undertake this every 6 months irrespective of ice build-up. Excessive ice build-up may indicate improper functioning and a fridge service may be required.

Changes to childhood PCV schedule from April 2020

The Joint Committee on Vaccination and Immunisation (JCVI) has recommended a revised schedule for childhood PCV vaccination. Currently two priming doses are given at 8 and 16 weeks, with a booster at 12-13 months. From 6 April 2020 the childhood PCV schedule will change to a **single priming dose at 12 weeks** and a **booster dose at 12-13 months**. For more information please refer to the recent CMO letter

Green Book – updated chapters

Immunisation staff should note the recently updated chapters in the Green Book

Chapter 7 (Immunisation of individuals with underlying medical conditions)

This chapter has been updated to include the updated recommendations on the schedule for immunising individuals with asplenia, splenic dysfunction or severely immunocompromised and advice regarding the removal of the recommendation for an additional Hib vaccine for children and adults with asplenia or splenic dysfunction.

Chapter 11 (UK immunisation schedule)

This chapter has been updated to reflect all the recent changes to the routine childhood immunisation schedule. The revised recommendations for administering more than one live vaccine, eligibility for the HPV programme and changes to the PCV schedule for infants have now been incorporated into this chapter.

Chapter 21 (Measles)

This chapter has been revised to include the updated epidemiology to 2018, the administration of MMR and other live vaccines and recommended intervals, rare and serious events, and advice for pregnant women sections.

Maternal pertussis vaccine – temporary change

The maternal pertussis immunisation programme, which commenced in 2012, initially used Repevax® vaccine (dTaP/IPV). This changed to Boostrix®-IPV (dTaP/IPV) in July 2014. However, since mid-January 2020, Repevax® has been supplied by NHS board vaccine holding centres instead of Boostrix®- IPV.

This is a temporary change and it is anticipated that supplies will revert back to Boostrix®- IPV in Autumn 2020. This change is necessary to run down all stock of Repevax® before the introduction of Boostrix®-IPV across both the maternal pertussis and the pre-school booster programmes.

Updated PGD – oral typhoid vaccine

Please note the recently updated PGD for oral typhoid vaccine. All current PGDs used in NHSGGC are available for reference on the PHPU website

If you would like to comment on any aspect of this newsletter please contact Marie Laurie on 0141 201 4917 marie.laurie@ggc.scot.nhs.uk

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International Year of the Nurse and Midwife

2020