

Contents

- HIV treatment – no charges for overseas visitors
- Vaccination against MenB
- Updated flu chapter in Green Book
- PGDs
- BCG appointments
- Inadvertent administration of Boostrix® IPV
- Travel Vaccines
- Pertussis vaccination in pregnancy to continue
- Hajj pilgrimage 2014
- Shingles vaccine 2014

PHPU Newsletter

Public Health Protection Unit
Telephone 0141 201 4917

e-mail: phpu@ggc.scot.nhs.uk
Fax 0141 201 4950

HIV treatment - no charges for overseas visitors

On the 1st May 2014, the Scottish Government introduced an amendment to [The National Health Service \(Charges to Overseas Visitors\) \(Scotland\) Regulations 1989](#). Where, previously, the law had made provision only for those applying for asylum, it now extends the entitlement to HIV treatment to all overseas visitors. Read the Scottish Government's [policy note](#) on this amendment.

Vaccination against Men B

Vaccination against meningococcal B using Bexsero® is now recommended for individuals with asplenia, splenic dysfunction, complement disorders and for laboratory staff who work with meningococci. The dosage regimens are detailed in [Chapter 7](#) of The Green Book.

The start-date and schedule for the routine Men B childhood immunisation programme have not been announced by the Scottish Government as yet. The PHPU will communicate the date to Practices as soon as it's known. Please note that it is likely the recommended dosage for infants younger than 6 months of age in a vulnerable clinical group will be slightly different, as a reflection of the importance of offering protection from meningitis B infection to these individuals.

Bexsero® should be ordered for administration to patients in GP practices by GP10 from community pharmacies

Updated flu chapter in Green Book

Please note that the flu chapter (19) in the Green Book has been recently updated. Please click on the link to read the recent changes. [Updated Chapter 19](#).

PGDs

A Patient Group Direction (PGD) is a legal document which requires approval by the health board before healthcare practitioners may work under it. In NHSGGC these documents are approved by an Area Drug and Therapeutics Committee sub group (ADTC).

The administration of the sub group distributes new and reviewed PGDs to appropriate practitioners by cascading the documents either through line managers or clinical leaders as appropriate.

The ADTC PGD subgroup administration will know the best person to contact to answer any questions, and therefore any queries about the content of a PGD should ideally be referred directly to them rather than a line manager or clinical leader.

Any queries about NHSGGC PGDs should be made to Jacqueline.richardson@ggc.scot.nhs.uk

BCG for 'at risk' babies – waiting time for appointments

HV staff should note that new-born babies who are 'at risk' and referred for BCG prior to discharge from hospital will usually be appointed to community-based BCG clinics within 3 months of birth. Staff are asked to contact the PHPU **only where the baby is older than 3 months of age** and has not received an appointment.

The BCG appointment contact is Philip Ross (0141 201 4932) philip.ross@ggc.scot.nhs.uk

Inadvertent administration of Boostrix® -IPV to children <4 yrs

There have been reports of inadvertent administration of Boostrix®-IPV, instead of Repevax®, for pre-school boosting. Both vaccines contain the same antigens although there are [small differences](#). Boostrix-IPV® is not, however, licensed for children aged under 4 years so it is not covered by PGD and therefore the prescriber bears additional responsibility when it is given 'off licence'. The GP prescriber should be informed of the vaccine administration error and the parent advised and reassured. Normal incident reporting procedure should be followed e.g. DATIX reporting

Travel vaccines

Travel vaccines which are prescribable on the NHS under the General Medical Service Contract are:

- Hepatitis A - first and second dose
- Combined hepatitis A and B - all doses
- Typhoid - first and any subsequent doses
- Combined hepatitis A and typhoid - first dose (second dose monovalent hepatitis A)
- Tetanus, diphtheria and polio - given as combined vaccine
- Cholera

NB: All other travel vaccines and malaria prophylaxis should be prescribed by private prescription.

NHS travel vaccines are supplied and administered on an individual basis and therefore should be prescribed on a GP10. *Stock orders should not be used in place of a GP10 to supply medication to named patients.*

MMR vaccine is not classed as a travel vaccine but patients whose routine MMR vaccinations are not up-to-date should be vaccinated before travel.

Maintenance of the cold chain in a domestic setting after patients have collected their travel vaccines from the community pharmacy is very important. To avoid wastage of expensive vaccine, GP practices and community pharmacies should liaise closely. A local community pharmacy might be asked to deliver travel vaccines directly to the surgery or request the patient to collect travel vaccine **directly before** attending the surgery for administration of the vaccine. This requires that the prescription is provided to the community pharmacy sufficiently in advance to allow arrangements to be made. If there is any doubt about maintenance of the cold chain and, therefore, the potency of a vaccine supplied by a local pharmacy, it should not be administered.

Pertussis vaccination in pregnancy to continue

The JCVI has advised that pertussis vaccination in pregnancy should continue for at least the next five years.

Points to note:

- Pertussis activity in the general population remains at high levels
- Uptake of vaccine in pregnant women is 60%
- Babies of unvaccinated mothers continue to die before their first routine vaccination is due
- Whooping cough cases in babies born to vaccinated mothers reduced by over 90%
- No safety issues found in the vaccination of thousands of pregnant women

See the recent edition of [Scottish Vaccine Update](#) for more information.

Hajj pilgrimage 2014

The Hajj is expected to fall between 2-7 October. The World Health Organisation (WHO) has published the Ministry of Health of Saudi Arabia requirements and recommendations for entry visas for the Hajj and Umrah seasons in 2012. The full report appeared in the [Weekly Epidemiological Record of 8 August](#)

The Saudi Ministry of Health again recommends this year, that individuals aged over 65 years, those with chronic diseases (e.g. heart disease, kidney disease, respiratory disease, diabetes) and pilgrims with immune deficiency (congenital and acquired), malignancy and terminal illnesses, pregnant women and children aged under 12 years planning to come for Hajj and Umrah, *should postpone the performance of the Hajj and Umrah for their own safety.*

Shingles vaccination programme

The first year of the shingles vaccination programme ends on 31st August 2014 but any unused stock can be used for the new programme starting 1st September. Further information on the second year of the programme can be found at [http://www.sehd.scot.nhs.uk/cm0/CMO\(2014\)21.pdf](http://www.sehd.scot.nhs.uk/cm0/CMO(2014)21.pdf). No difficulties with vaccine supplies are anticipated this year but practices are reminded that this is an expensive vaccine and requests will be reviewed against reported uptake. Any requests for more than 20 doses should be discussed with PDC (0141 347 8974)

NHS Education for Scotland, in partnership with Health Protection Scotland, has revised existing educational resources for registered healthcare practitioners. These include training slides and notes and a 'questions and answers' resource. These will be available at: www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/public-health/health-protection/immunisation.aspx

The [Shingles Vaccine Eligibility Table](#) for 2014/15 is also a useful guide.

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