

CMO's Update 1

a communication to all doctors
from the Chief Medical Officer



CMO's Update is a newsletter sent by the Chief Medical Officer of the Department of Health to all doctors in England. It will incorporate some topics that might otherwise have required an individual letter, progress reports on earlier letters, and other information from the Department of Health that should be of interest to practising doctors.

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Effective Health Care bulletins

Effective Health Care bulletins are based on a systematic review of published research and are compiled by a consortium of the Nuffield Institute for Health, the University of Leeds, the Centre for Health Economics of the University of York and the Research Unit of the Royal College of Physicians. The programme is funded by the Department of Health.

In November 1993, the seventh Effective Health Care bulletin assessed the effectiveness of brief interventions in reducing the harm associated with alcohol misuse. The sixth Effective Health Care bulletin, published in June 1993, analysed the benefits of cholesterol screening and cholesterol-lowering treatment.

The other published Effective Health Care bulletins cover

screening for osteoporosis to prevent fractures, stroke rehabilitation, the management of subfertility, the treatment of persistent glue ear in children, and the treatment of depression in primary care. Subjects for future bulletins include treatment of breast cancer and back pain; a further eight bulletins have been commissioned.

Readers who have suggestions on possible topics should write to Dr Lindsey Davies, Room Q3W54, Quarry House, Leeds LS2 7UE.

Copies of bulletins already published are available for £3 each or as a series of nine bulletins for £25 within the UK (£35 outside the UK). Orders should be paid in advance (payable to 'University of Leeds') and sent to Effective Health Care, 30 Hyde Terrace, Leeds LS2 9LN.

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For changes in address, please contact: The Medical Mailing Company, PO Box 60, Loughborough LE11 0WP (or telephone Freephone 0800 626387).

January 1994

Health of the Nation

July marked the first anniversary of the publication of the White Paper *The Health of the Nation: a strategy for health in England*¹, which was launched in 1992 after widespread consultation. The strategy for health signalled a major shift in approach in that it concentrated on health in its widest sense, not just on health care, and set out objectives and targets as well as the action needed to achieve its goals. In November 1993, the publication of *One Year On*² allowed the assessment of the progress made towards some of these targets. Particularly encouraging progress was shown by the 9% fall in death rate from accidents among children aged under 15 years, a 4.8% reduction in the death rate from coronary heart disease in people under 65, and a 3% drop in the death rate from lung cancer in men under 75. However, obesity was found to be more common than had been thought, suicides showed a slight increase, and there had been little progress towards reducing teenage smoking between 1990 and 1992.

The strategy for health has now received wide support from health professionals and others. As the Chief Medical Officer pointed out on 15 November, "The White Paper sets out the first coherent strategy for reducing avoidable illness in this country. But it has done much more than that. It is revolutionising the way people think about health issues as the debate shifts from how best we treat disease to how we can prevent it. The World Health Organization has welcomed the Health of the Nation and held it up as an example for other

countries to follow". During the first 18 months, a major programme of conferences was organised and various mechanisms were set up to provide guidance to the NHS and others on how to take the strategy forward. The first anniversary was marked by the Chief Medical Officer's Challenge to the nation. A key feature of the strategy for health is the acknowledgement that everybody has a part to play if people's health is to be improved. The Challenge was therefore directed at individuals and families and it asked everyone to take at least one step to improve their health from a list of options such as "take the stairs instead of the lift or escalator", "have at least two alcohol free days per week" or "eat plenty of vegetables or salad every day".

One of the ways in which the strategy for health is being taken forward is by the establishment of 'healthy alliances'. *Working Together for Health*³, published in early July, describes this concept and emphasises how meeting the targets of the strategy for health will require effective health promotion for the whole community.

The Nutrition Task Force (NTF), set up in December 1992 to advise Ministers on a co-ordinated programme of action to implement the nutritional aspects of the Government's health strategy, published its outline programme in July for consultation.

Priorities and planning guidance for the NHS during 1994-95, published at the end of June⁴, identified the Health of the

Nation initiative as a first-order priority for all Regions, which were asked to set local targets based on the national targets in the health strategy. A discussion document⁵ was issued simultaneously to facilitate local progress.

Activities planned over the next year include the production of guidance to primary health care workers (to include not only GPs and associated staff but also pharmacists, dentists and optometrists) on ways to take forward the strategy for health. It is also hoped, in conjunction with the Department for Education, to produce guidance on the role of schools and associated establishments in promoting the nation's health. Action plans will be published for smoking and mental illness.

For further information on this article or the Health of the Nation initiative, write to Dr Diana McInnes, Department of Health, Room 542 Wellington House, 133-55 Waterloo Road, London SE1 8UG.

1. Department of Health. *The Health of the Nation: a strategy for health in England*. London: HMSO, 1992 (Cm 1986).

2. Department of Health. *One Year On: a report on the progress of the Health of the Nation*. London: Department of Health, 1993.

3. Department of Health. *Working Together for Health*. London: Department of Health, 1993.

4. NHS Management Executive. *Priorities and planning guidance 1994-95*. Leeds: Department of Health, 1993 (Executive Letter: EL(93)54).

5. NHS Management Executive. *Local Target Setting: a discussion paper*. Heywood (Lancashire): Department of Health, 1993 (Executive Letter: EL(93)56).

Asplenic patients and immunisation

Patients with no spleen or who have functional hyposplenism are at increased risk of severe infections, most commonly caused by encapsulated organisms - typically *Streptococcus pneumoniae*, but also *Neisseria meningitidis* and *Haemophilus influenzae*. Such infection is most common in the first two years after splenectomy; the risk is greatest among children, but persists into adult life.

In the 1992 Memorandum "Immunisation against infectious disease"¹, the Department of Health advises that all patients over two years of age with no spleen, or who have splenic dysfunction, should be immunised with 23-valent pneumococcal polysaccharide vaccine. However, a recent study indicated that some patients who

have had a splenectomy remain unvaccinated².

Where possible, the vaccine should be given two weeks before splenectomy, together with advice about the increased risk of infection. Immunisation should also be considered before starting chemotherapy. Additional daily antibiotic prophylaxis is advisable for children up to the age of 16 years (typically phenoxymethylpenicillin twice daily, dose adjusted for age).

The vaccine is given as a single dose subcutaneously or intramuscularly into the deltoid muscle or the lateral aspect of the mid-thigh. Antibodies are likely to wane more rapidly in patients with no spleen and re-immunisation, which is not normally recommended for pneumococcal vaccine, should

be considered after five to ten years. Immunisation of splenectomised patients against *Haemophilus influenzae* type b (Hib) and meningococcal meningitis groups A and C is also recommended - although two-thirds of meningococcal isolates in the UK are in group B and not covered by the vaccine. Asplenic patients who travel overseas should be warned that infections with some tropical diseases carry increased risks: for malaria, in particular, strict adherence to the appropriate prophylaxis for the area being visited is essential.

1. Department of Health. Memorandum "Immunisation against infectious disease". Heywood (Lancashire): Department of Health, 1992 (Professional Letter: PL/CMO(92)7).

2. Kinnersley P, Wilkinson CE, Srinivasan J. Pneumococcal vaccination after splenectomy: survey of hospital and primary care records. *BMJ* 1993; 307: 1398-9.

Breast Implant Registry

A Breast Implant Registry, located at the Wessex Centre for Plastic and Maxillofacial Surgery, came into operation on 1 June 1993.

It is hoped that the main Registry will prospectively include details about all patients who receive a breast implant for any purpose, and all doctors in the UK have been informed of the Registry and encouraged to enter patients into it and to use it¹.

Patients with existing implants may be included in a separate part of the Registry at their own or at a doctor's request, provided that the necessary information is obtainable.

As noted in an earlier letter¹, the

independent Expert Advisory Group set up to examine all relevant data on the evidence relating to silicone gel breast implants and connective tissue disease concluded that there is no evidence of an increased risk of connective tissue disease in patients who have undergone silicone gel breast implants, and therefore no scientific case for changing practice or policy in the UK with regard to breast implantation.

The Registry database will be available for use in future research projects, as indicated by scientific or clinical concerns.

1. Department of Health. Silicone gel breast implants. London: Department of Health, 1993 (Professional Letter: PL/CMO(93)2).

CMO's Annual Report

The Chief Medical Officer's Annual Report for 1992¹ was published on 28 September 1993. As well as reviewing a range of activities undertaken within the Department of Health, it describes progress on action points identified in the 1991 Report (health of black and ethnic minorities, communicable diseases, clinical audit and outcomes of care, and medical education and manpower). New issues identified for particular attention, and which will be returned to in future Reports, include the health of men, cigarette smoking among children, mentally disordered offenders, and verocytotoxin-producing *Escherichia coli*.

1. Department of Health. *On the State of the Public Health: the annual report of the Chief Medical Officer of the Department of Health for the year 1992*. London: HMSO, 1993. (ISBN 0-11-321619-X, price £15.95.)

Hepatitis B: protection of health care workers and patients

It is vital not only to protect patients against the risk of acquiring hepatitis B from an infected health care worker, but also to ensure that health care workers who may be at risk of acquiring hepatitis B from a patient are protected by immunisation. New guidelines¹, *Protecting Health Care Workers and Patients from Hepatitis B*, were issued by the NHS Management Executive in August 1993.

The new guidance focuses on health care workers who carry out procedures in which injury to the worker could result in his or her blood contaminating a patient's open tissues. In particular, it recommends that all health care workers who perform exposure-prone procedures should be immunised against hepatitis B and their response to the vaccine should be checked; and that health care workers who are highly infectious carriers of hepatitis B (HBsAg-positive) should not perform any exposure-prone procedures.

The guidance also underlines existing advice that hepatitis B vaccine should be given to all health care workers, including those in training, who are at occupational risk of acquiring hepatitis B.

1. NHS Management Executive. *Protecting Health Care Workers and Patients from Hepatitis B*. Heywood (Lancashire): Department of Health, 1993 (Health Service Guidelines: HSG(93)40).

1991 Health Survey for England

The report of the 1991 Health Survey for England was published on 1 July 1993¹. At the same time, the Chief Medical Officer issued his Challenge to the Nation; both initiatives received widespread media coverage. The joint launch underlined the importance of information about health.

The Health Survey for England is one of several new surveys outlined in the *Specification of National Indicators*², which sets out the main sources of information used to monitor the Health of the Nation initiative. These include pre-existing surveys such as the General Household Survey, and other new surveys such as the National Survey of Psychiatric Morbidity and the Department of Health/Ministry of Agriculture, Fisheries and Food National Diet and Nutrition Survey Programme (which covers Great Britain).

The Health Survey for England not only includes an interview and a clinical examination but also has a number of other features which make it ideally suited for monitoring

the health of the population as a whole. It is national in its approach, includes a representative sample of the adult population of England (including the elderly), and covers all important aspects of the diseases under investigation (currently coronary heart disease [CHD] and stroke, and their main risk factors). The design makes it possible to monitor trends over time by the selection of a new survey sample each year; from 1993 onwards, the sample size will be extended and should allow better assessment of variations across time, place and individual. The Survey has been selected as the main vehicle to monitor the obesity and blood pressure targets in the CHD and stroke key area of the strategy for health, although the Survey may be extended further to assess progress or health needs in other areas.

1. White A, Nicolaas G, Foster K, Browne F, Carey S. *Health Survey for England 1991*. London: HMSO, 1993.

2. Department of Health. *Specification of National Indicators*. London: Department of Health, 1992.

Notification of termination of pregnancy

All doctors, particularly those undertaking termination of pregnancy, should be aware of their statutory obligations under the Abortion Act 1967 (as amended by the Human Fertilisation and Embryology Act 1990), and the Abortion Regulations 1991. Any doctor who terminates a pregnancy, whether surgically or medically, is required by Regulation 4 of the 1991 Regulations to notify the Chief Medical Officer. The prescribed form HSA4 must be completed and sent within seven days of termination. Wilful failure to comply with Regulation 4 is a serious criminal offence.

Further information can be obtained from Dr Dawn Milner, Room 503, Wellington House, 133-55 Waterloo Road, London SE1 8UG.

CMO letters in 1993

Copies of letters issued by the Chief Medical Officer can be obtained from the Health Publications Unit, No 2 Site, Manchester Road, Heywood, Lancashire OL10 2PZ. Topics covered up to the end of October 1993 are listed below. (The prefix PL/CMO(93) should be added if you have not received a copy or require further copies.)

1. Potassium iodate (stable iodine) prophylaxis in the event of a nuclear accident.
2. Silicone gel breast implants.
3. Working Group on specialist medical training.
4. Cot death.
5. Services for genetic disorders.
6. Ultraviolet radiation and skin cancer.
7. Ethnicity and health: a guide for the NHS.
8. Organophosphorus sheep dips: reducing the risks of exposure.
9. Diphtheria in the former USSR.
10. Your patients and their work.
11. Creutzfeldt-Jakob disease from treatment with human pituitary gonadotrophins.