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PHPU Newsletter

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Hepatitis C infection from NHS blood or blood products

The CMO recently circulated a [letter](#) regarding the detection of undiagnosed hepatitis C infection in Scotland. While the majority of cases are found among people with a history of injecting drug use, other infection routes are possible. The [Penrose Inquiry](#) recommended efforts are made to reduce undiagnosed infection among patients who received blood or blood products prior to September 1991.

All clinicians are asked to ensure that all patients with otherwise unexplained persistently elevated alanine aminotransferase (ALT) are offered a test for hepatitis C if they have not recently had one. A test should be offered even where the raised ALT could be associated with excessive alcohol consumption.

The Scottish Government is developing a targeted information campaign to encourage untested patients who had (or are likely to have had) a blood transfusion before September 1991 to come forward for testing.

People living with undiagnosed or untreated infection are at increased risk of developing cirrhosis of the liver or hepatocellular carcinoma. Highly effective new therapies for hepatitis C are now available which are increasingly effective and well-tolerated. Clinicians are encouraged to offer diagnostic testing to anyone who may have been at risk in line with [SIGN133 Management of hepatitis C](#) (p7.)

Infanrix®IPV to be replaced by Repevax® as PSB

Immunisation staff should note that the pre-school booster is being changed from Infanrix® IPV to Repevax®. These vaccines are interchangeable and stocks should have started being delivered in early October. **Repevax® should be used for pre-school booster only.** Boostrix®-IPV should be used for immunisation against pertussis in pregnant women

Pfizer Inactivated Seasonal flu vaccine – changes to PGD

The [Seasonal Influenza PGD](#) and [Appendix 1](#) have been amended to reflect the change of the marketing authorisation of the generic Pfizer Inactivated Seasonal Influenza vaccine from BioCSL to Seqirus.

It should be noted that while the packaging of this vaccine clearly states the licensed age of administration is from 5 years of age, Green Book recommendations state that **the vaccine should not be administered to individuals younger than 6 years of age.**

PPV vaccine – supply problem now over

There has been a shortage of PPV vaccine but Sanofi Pasteur MSD has advised that stocks will be available from the end of October. However, quantities of PPV may be limited, so when GP practices are placing orders with community pharmacies they are asked to carefully consider their requirements and order only what they need in the short term. More importantly, the 13-valent Pneumococcal Conjugate vaccine, Prevenar 13®, **is not a substitute for the 23-valent PPV** vaccine as part of the adult public health immunisation programme. If staff, in the absence of PPV, have used Prevenar 13® for adults then they will have to revaccinate with PPV leaving at least a 2-month gap.

The Pharmacy Distribution Centre (PDC) has recently received requests for large quantities of Prevenar 13® which were not reflected in the practice SIRS lists. Please note that supply of this vaccine for clinical 'at risk' adult patients should be via GP10 and PDC will query any requests for large quantities of Prevenar 13®.

Changes to Green Book - underlying medical conditions

Please note that [Chapter 7](#) of the Green Book has been updated. The updated version includes clarification on immunisation of asplenic and the addition of morbid obesity as a risk group. It also includes changes to reflect the routine immunisation schedule.

Men B vaccine catch-up cohort

Children born on or after 1st May 2015 remain eligible for MenB vaccination up until their second birthday. From recent immunisation-uptake reports, those in the May and June catch-up birth cohorts appear substantially under-immunised in some areas, equating to around 2,000 children across Scotland. Approximately 680 children eligible for the Men B vaccine in NHS GGC had not been immunised by September 2016. Public Health will be writing to parents of infants included in the catch-up cohort (those born 1st May – 30th June 2015) encouraging them to ensure that their children are vaccinated. These children would require two doses of the vaccine 2 months apart if they have not had any doses to date, but only one dose if they've already received a dose.

Primary school flu immunisation programme – mop-up

Any primary school child who, *for whatever reason*, misses flu immunisation at school, can be immunised by appointment at their GP practice. This has been agreed as part of the [DES](#) with GPs for this season. This year's school flu immunisation programme in NHS GGC began on 3rd October and will run until 7th December. Parents with any queries about the programme should be directed to Rina Duff, NHS GGC's School Immunisation Coordinator, on **GRO-C**.

Updated unknown /incomplete immunisation chart

Following the removal of the MenC dose at 3 months (on 5th September), practitioners in Scotland should refer to [updated version](#) of the unknown/incomplete immunisation chart.

Reminder about MenC stocks

Practices are reminded to request uplift of any remaining MenC vaccine. It should be marked, 'For Disposal', with the name of the practice and practice number. Please inform PDC that uplift is required either by telephone (0141 347 8974) or fax (0141 445 1513). Vaccines should be returned using the [pro forma](#).

No egg-free flu vaccine in 2016-17

There is no egg-free vaccine available in 2016-17 as it has been discontinued by the manufacturer. The recommendation for adults is that the majority of patients with an egg allergy will be vaccinated at the GP practices with a low albumin-containing vaccine; those with severe anaphylaxis to egg who have previously required intensive care should be referred to specialists for immunisation in hospital.

The [Green Book advice](#) is quite clear that those with confirmed egg allergy history should be given a **low ovalbumin**-containing flu vaccine ([see 2016/17 constituent chart](#)). There are a number of low ovalbumin-containing flu vaccines produced every year but the Sanofi vaccine is the one recommended for use in NHS GGC this year.

Pertussis vaccine uptake in pregnant women 2016

In October 2012, the Scottish Government and the Department of Health introduced a programme to vaccinate pregnant women against pertussis. The aim was to provide indirect protection to infants who, too young for routine vaccination against pertussis, are at highest risk of associated morbidity and mortality. The vaccination is recommended between 16-38 weeks (inclusive) gestation but ideally between 16-32 weeks (inclusive). The pertussis vaccine uptake data for Scotland by NHS board for women recorded as delivering from January until September 2016 for is summarised in the [chart](#). Uptake in NHS GGC was below the national average.

Further info on pertussis vaccination in pregnancy see [FAQs for healthcare professionals](#) and the [NHS GGC PGD](#)

If you would like to comment on any aspect of this newsletter please contact Marie Laurie on **GRO-C** or email marie.laurie@GRO-C