



Welcome to the winter edition of our Health Protection Newsletter. We have tried to focus on issues more common at this time of the year as we move towards the Christmas festivities. We often see an increase in cases of gastroenteritis, typically norovirus, so have included a section on measures to stay well.

Other issues such as measles and whooping cough have been in the media recently so we have included some information on these. As always, please feel free to contact the team with any questions.

## Staying Well 2023

Diarrhoea

Norovirus

Pertussis

Measles

Do you know about MDROs?

## Staying Well 2023

As we move closer to Christmas most of you will be attending many social events or gatherings with friends, colleagues and family. There are a number of precautions that you can take to reduce the risk of infection and spoiling your enjoyment.

- Don't go to work or send children to school, nursery or childminders if unwell. If you have had symptoms of diarrhoea and/or vomiting, do not return until you have been completely well with no symptoms for 48 hours.
- Don't attend gatherings if you are feeling unwell. Flu and COVID-19 are circulating as well as viruses causing gastroenteritis. Much better that you miss a get together than make yourself feel more unwell and potentially infect others.
- Perform regular, thorough hand hygiene. Hands should be washed before handling or eating food, after visiting the toilet, undertaking outdoor activities and whenever visibly soiled. Use running water and liquid soap. Alcohol hand gels should only be used if hands are already socially clean and **do not** get rid of germs that cause gastroenteritis.
- Keep your environment clean, particularly high touch points like toilet flush, taps and door handles. This will help prevent picking up transient organisms on hands that can then be transferred into the mouth.
- Make sure that when preparing food, you do not prepare raw foods with the same utensils/chopping boards as ready to eat products and wash hands thoroughly between handling raw and cooked foods.
- Make sure your vaccinations are up to date. Influenza, COVID-19 and pneumococcal vaccines are available for many people and provide protection throughout the winter.
- The immune system needs some additional support in winter months, ensure you are eating a well-balanced, vitamin rich diet, particularly vitamins C and D. Consider supplements if not sourced from your diet.

## Contact

You can contact the Health Protection Team at:  
NHS Grampian Health Protection Team.  
Address: Summerfield House, 2 Eday Road, Aberdeen.  
Phone: 01224 558520  
Email: gram.healthprotection@nhs.scot

**Above all, have a very Merry Christmas!**

Find out more about how to stay well this winter at <http://www.nhsgrampian.org/winter-support>

**Food Safety Standards:**

[Christmas food safety checklist | Food Standards Scotland](#)

[How to cook turkey safely | Food Standards Scotland](#)

[Parties and events | Food Standards Scotland](#)

**Fit For Travel:**

[Home - Fit for Travel](#)



**Diarrhoea**

Infectious diarrhoea is an illness caused by infection with a bacteria, virus or parasite, and is a very common cause of illness in the UK and worldwide.

Table 1 lists some of the most common causes of infectious diarrhoea in the UK. These infections are usually spread by the faecal-oral route, but food and waterborne transmission are also important.

The majority of cases of infectious diarrhoea are self-limiting and do not require antimicrobial treatment. In some cases, antimicrobial treatment may cause more harm than good through potential side effects of treatment, eradication of normal flora, prolonged shedding of bacteria (e.g. in non-typhi species of Salmonella) and the wider issue of increasing antimicrobial resistance. Supportive therapy with fluids and electrolyte replacement form the basis of treatment in most cases.

Occasionally, antimicrobial treatment may be indicated for certain bacterial and parasitic infections, for example in patients with severe or prolonged symptoms (more than 14 days), in cases of traveller's diarrhoea, and in certain patient groups, including the very young, the elderly and those who are immunosuppressed. If indicated, antimicrobial choice is guided by stool culture results and antibiotic sensitivities/local resistance rates.

Bacteria	<i>Campylobacter, Salmonella, Shigella, Shiga toxin-producing Escherichia coli (STEC)</i>
Viruses	Rotavirus, Norovirus
Parasites	<i>Cryptosporidium, Giardia</i>

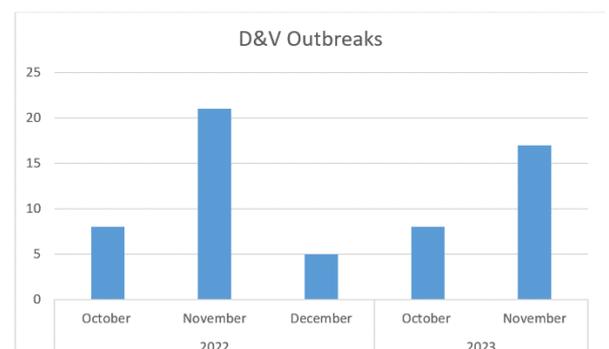
It is important to note that antibiotic treatment is not recommended in cases of STEC (e.g. E. coli O157) due to concerns that the incidence of complications, including haemolytic uraemic syndrome, may be greater after antibiotic therapy.

**Norovirus**

The frequency of infections due to Norovirus and other viruses generally increases at this time of year and they spread rapidly in settings such as schools and care homes. Outbreaks of norovirus are being reported to the Health Protection Team regularly at the moment.

Moe (2009) describes Noroviruses as nearly perfect pathogens! They are very infectious. It has been estimated that ingestion of as little as 18 viruses can cause infection in a susceptible person. Even small amounts of faecal matter or vomit containing norovirus can pose a risk of transmission via hands, objects, aerosols or water. Therefore it is essential that people wash their hands regularly and thoroughly using liquid soap and warm, running water. Alcohol Based Hand Rubs are NOT effective against organisms causing gastrointestinal illnesses.

More information can be found at: <https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/norovirus/>





## Bordetella pertussis (whooping cough)

The Health Protection Team are starting to see a small increase in pertussis positive serology results. A few other Boards are also noticing an increase in pertussis cases.

Pertussis, is a respiratory infection caused by *Bordetella pertussis* bacteria. It usually begins with quite mild non-specific symptoms which develop over one to two weeks into coughing fits which can be severe.

Pertussis is a very infectious disease that is passed from one person to another. The bacteria are present in the back of the throat of an infected person and maybe spread by coughing and sneezing. People are infectious from 2-4 days before they start to cough to around 21 days after onset. Once people receive 48hrs of appropriate antibiotic treatment they are non-infectious to others. Please advise people to stay off work and education/childcare settings until this time.

We would like to remind clinicians that pertussis is a notifiable illness under the Public Health etc. (Scotland) Act 2008, so if you suspect it in a patient then please report it to the Health Protection Team.

### Testing

If onset of cough is <3 weeks then please send a PCR test using a (VTM) viral transport medium (green or red cap) to virology for testing. If symptoms have persisted  $\geq 2$  weeks, serology should also be considered. Please provide date of onset or duration of symptoms on request form. Serology testing should only be performed on patients >1 year of age.



### Guidance

Guidelines for public health management of pertussis can be found here: Pertussis: guidelines for public health management - [Pertussis: guidelines for public health management - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/pertussis-guidelines-for-public-health-management)

## Measles

Many of you will have seen in the media the concerns regarding the increase in measles, particularly in England. This has come alongside a drop in the uptake of MMR vaccination. Whilst we have been lucky in Grampian so far, not having had any cases in around 10 years, we need to be vigilant. However, there are some areas of Grampian where uptake of MMR vaccination is poor so the risk of spread would be high if an individual brought measles into one of those communities



If you have any suspicion that there is a case of measles in your setting (e.g. healthcare, education, childcare) please contact the Health Protection Team as soon as possible on 01224 558520 to discuss further steps such as swabbing, exclusion etc.

Measles is a notifiable condition under the Public Health etc. (Scotland) Act 2008. Patients should be clinically assessed prior to notification.

The two dose schedule of MMR vaccination provides effective protection against measles and this is a good opportunity for people to ensure their vaccination status is up to date. GPs are the first contact for vaccination history. MMR vaccine can be given to individuals of any age, and should be offered opportunistically and promoted to unvaccinated or partially vaccinated younger adults – particularly those born before 1990. Unless there is a reliable history of appropriate immunisation, individuals should be assumed to be unimmunised. Patients can be referred for vaccination at: <https://www.grampianvax.com/>

More information about measles is available at [Measles | NHS inform](#) together with further information on the importance of MMR vaccination for protection at [MMR against measles | NHS inform](#).



## Do you know about MDROs?



MDRO stands for Multi-Drug Resistant Organism. Bacterial resistance to antibiotics is a growing problem in healthcare settings around the world, and bacteria which have developed resistance to more than one type of antibiotic are considered MDROs. Once someone has had an infection caused by an MDRO, it is likely to remain harmlessly in their body even after the infection has been treated. This is called colonisation. If the person acquires another infection in the future, it may also be resistant to antibiotics.

### **Have you heard about ESBL?**

ESBL stands for Extended-Spectrum Beta-Lactamase. This is a substance produced by some types of MDRO. Bacteria that produce ESBL are resistant to more types of antibiotic than usual for MDROs. While colonisation should be considered in the case of any MDRO, the level of antibiotic resistance in ESBL-positive organisms makes these particularly important to identify.

### **How do people develop MDROs?**

People develop MDROs for several reasons. Sometimes, normal bacteria in people who have had several courses of antibiotics adapt methods of resisting antibiotics – such as producing ESBL. In other cases, people pick up MDROs from their surroundings and other people – this is more common in a healthcare setting.

### **Points to consider:**

- People infected with MDROs must be informed of the antibiotic-resistant nature of their infection, their likely colonisation and that this colonisation may cause antibiotic resistant infections for them or their close contacts in the future.
- A patient information leaflet on MDROs in general is available on the Grampian intranet, and an ESBL-specific leaflet is available here.
- It is important people with MDRO infections are aware to inform healthcare staff of their previous infection in future health care interactions.
- Notes should be flagged with an alert signifying previous MDRO-associated infection.
- People with previous MDRO infections should be screened for colonisation on any future admissions to hospital.