

## Health Protection Newsletter: Spring

Volume 3 | Issue 1 | April 2024

### Measles

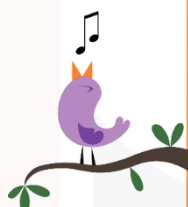
### Pertussis

### Health Protection Annual Review Data

### Contact with Birthing Animals

### Cryptosporidiosis

### Imported pets: Risks and Advice



## Measles

Many of you will have seen reports in the news of the increased number of measles cases in England, particularly in the west Midlands. There has also been an extensive increase in cases seen across Europe and Africa. In January, the WHO advised that of the 53 countries covered by them in Europe, 41 had outbreaks of measles. Numbers had increased from 941 in 2022 to 42,200 in 2023.

Measles is one of the most highly infectious diseases in human. In an unvaccinated population, one person with measles can infect between 12 and 18 compared to people infected with Covid-19 who can infect 2 to 8. 15 minutes or more in the same room as the case, or any face to face contact (i.e. within 1 metre) can be enough to transmit the infection to others. If a person is immunocompromised, even entering a room recently vacated by a case may constitute a significant exposure.

Measles starts with a prodromal illness fever, with or without conjunctivitis, cold symptoms and/or cough. After about 3 or 4 days, a red rash starts to appear on the face at the hairline and behind the ears, spreading downwards over the rest of the body and lasts for 4 to 7 days. People with measles are infectious to others from 4 days before to 4 days after the rash appears. Immunocompromised cases can present in a different way e.g. pneumonia and no rash and may be infectious for longer. Having measles can have serious complications including ear infections, pneumonia, encephalitis and even death.

There is no treatment for measles. Timely administration of vaccine and/or immunoglobulin may help to prevent those in contact with a case developing measles or at least reduce the severity of the infection. This is dependent on knowing that contact has occurred and given how infectious it is, this may not always be known.

The best protection is vaccination before any contact with a case even happens. You should check that all members of your family, parents and children, have had two doses of measles, mumps and rubella (MMR) vaccine. MMR vaccination is given after the age of 12 months with a second dose around 3 years 4 months and these 2 doses will provide 99% immunity. It is not too late to be vaccinated, regardless of your age. Your GP practice can advise on the vaccination history of your family if you are unsure if you have had 2 doses of the MMR vaccine.

To arrange a vaccination appointment:

- Aberdeen City residents:  
gram.immsservices@nhs.uk
- Aberdeenshire and Moray residents :  
01224 555333

For more information on measles, and how to check your child is fully protected visit  
[MMR against measles | NHS inform](#)



Since around Christmas, we have seen an increased number of cases of whooping cough (*Bordetella pertussis*) in Grampian and across Scotland generally. Whooping cough is a highly contagious, acute bacterial infection. Adolescents and adults tend to have a prolonged cough illness but without other major symptoms, young **unimmunised** infants are the most vulnerable group with the highest rates of complications and even death. Transmission occurs by droplet spread due to close direct contact with an infected person (up to 90% of household contacts develop the disease).

Vaccination is the most effective method of preventing pertussis transmission in the population. Vaccination is given at 2, 3, 4 months and again from 3 years and 4 months of age. Pregnant people are offered vaccination on each pregnancy in order to protect the infant until they are old enough to be vaccinated. Although protection afforded by vaccination or from past infection is **not** lifelong, vaccinated individuals have a much milder illness than those who have not been vaccinated.

Whooping cough usually presents as a paroxysmal cough which increases in frequency and severity as the illness progresses. Symptoms can last for 2 to 6 weeks, but it is not unusual for individuals to cough for months (often known as the 100 day cough). The paroxysms may end in vomiting, cyanosis and/or a characteristic inspiratory “whoop”. Serious complications can include pneumonia, seizures and encephalitis.

People are most infectious in the initial stage and during the first three weeks after the onset of cough. Antibiotic therapy for cases is effective in eliminating carriage of B. Pertussis within 48 hours of commencing treatment and prevents onward transmission of the infection. Affected individuals should stay off work, school, nursery etc until they have taken appropriate antibiotics for at least 48 hours. **Antibiotic treatment does not stop individuals from coughing.**

As always, basic principles of infection should be adhered to:

1. Do not attend work, school, nursery if unwell
2. Regular, frequent hand washing under running water with liquid soap
3. Effective cough/sneeze etiquette
4. Maintain a clean environment

### Health Protection Annual Review Data

The most common infections notified to the Health Protection Team in 2023 is summarised here. Pertussis which had been absent in 2022 is now present in the community, 2023 saw a rise in Active TB cases from 18 the previous year to 27. This increase in cases has been seen nationally.

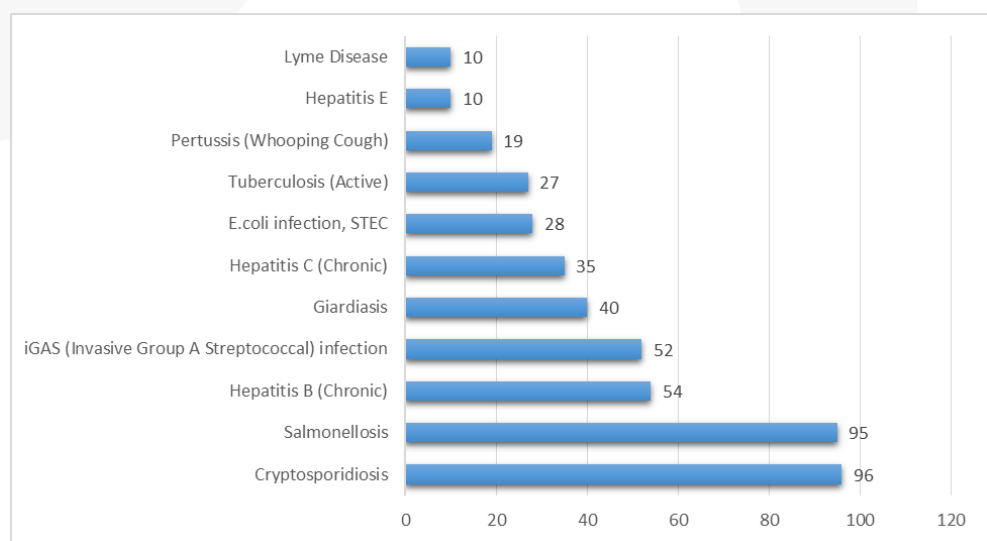


Figure 1 *Campylobacteriosis* has been removed as an outlier. There were 510 cases in 2023.

There was a decrease in E coli, STEC cases from 59 in 2022 to 27 in 2023. As you may be aware there was a steep rise in iGAS around week 41 in 2022 that continued at higher than normal levels through to week 30, 2023. Salmonella cases have returned to pre-pandemic levels in 2023. There was an increase in Cryptosporidiosis cases notified last year due to an outbreak in spring.

## Contact with Birthing Animals

People who are, or who may be, pregnant should be advised to avoid close contact with birthing livestock animals, in order to protect their own health and that of their unborn child. Infectious organisms may be present in birth fluids of animals, particularly sheep, cattle and goats. Such organisms may result in infections such as Chlamydiosis, Listeriosis, Q fever and toxoplasmosis.

Different species tend to give birth at different times of the year, meaning that these risks are not only confined to the spring when the majority of lambs are born.

Although these infections are uncommon, and the number of human pregnancies affected by contact with sheep is extremely small, it is important that pregnant individuals are made aware of the potential risks in order to safeguard their health and that of their unborn baby.



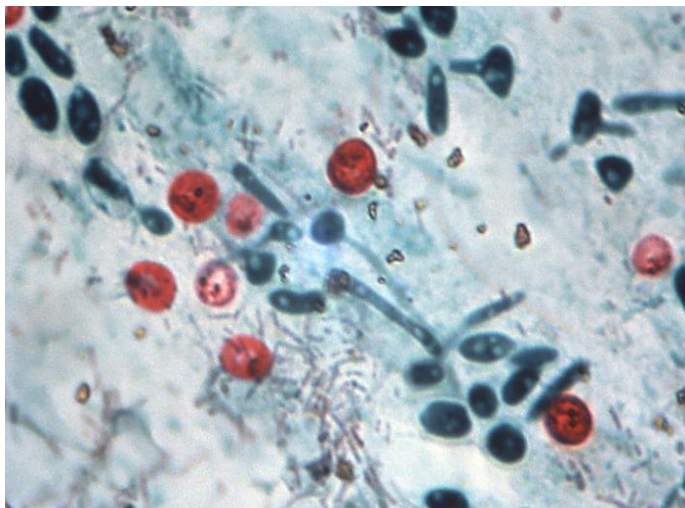
<https://www.gov.uk/guidance/pregnancy-advice-on-contact-with-animals-that-are-giving-birth>

To avoid the possible risk of infection, pregnant individuals should:

- Not be involved with birthing animals
- Avoid contact with aborted or new-born animals, the afterbirth, birthing fluids or materials such as bedding contaminated by such birth products.
- Avoid handling or washing clothing, boots or any materials that may have come into contact with animals as above. Clothing will be safe to handle after being washed on a hot cycle
- Partners and other contacts who have attended animals giving birth take appropriate precautions. This includes wearing personal protective equipment, removing outdoor “overalls” and boots before entering the home, washing clothing at high temperature and thorough, regular handwashing.

Pregnant individuals should seek medical advice if they experience fever or influenza-like symptoms, or if they are concerned that they could have acquired infection from a farm environment. Farmers and livestock keepers have a responsibility to minimise the risks to pregnant people, including members of their family, the public and professional staff visiting farms.

## Cryptosporidiosis



Cryptosporidium oocysts stained in red from a faecal smear.

Cryptosporidia are protozoan host-adapted parasites, which usually cause an acute self-limiting diarrhoeal illness in people and animals. In Grampian we generally see an increase in cases of cryptosporidiosis around April and May. This occurs in conjunction with the lambing and birthing of other farm animals. It is important to remember to wash your hands with running water and liquid soap, and launder clothing in hot water if you are working with birthing animals or animals that have recently given birth. It is also important to remember to take these steps if you are visiting a farm. In the past we have had outbreaks of Cryptosporidiosis in children that have visited farms on school trips where they were introduced to newly born lambs and calves. It is also important to remember if you or your child have a diarrhoeal illness you should stay at home until you are symptom free without the use of medication for at least 48 hours. Do not go swimming in a communal swimming pool until you have been symptom free for at least 14 days.

## Marco Malagoli, DVM, OV, MRCVS (Veterinary Advisor, APHA)

About 57% of UK households (16.2 million) house a total of 38 million pets.

Although the number of pets is up from 35 million last year (a rise of 9%), there has been a fall in the proportion of households owning a pet, from 17.4 million (62%) in 2022.

The most popular pets list has also evolved with a 50 percent rise in the number of smaller pets such as rabbits, guinea pigs and hamsters. This population now at 5 million – 1.7 million more than the previous year.

The proportion of pets imported has increased over the last decade, especially from eastern Europe.

In 2021: 1156 import notifications were received from high-risk EU countries and 3810 from low risk EU countries.

In 2022: 1044 from high-risk EU countries and 1270 from low-risk countries. (These figures do not take into account pets imported through the Border Control Posts, where APHA officials carry out official controls (Documentary, Identity and Physical checks) on pets imported from third countries). As a consequence of Brexit, by October 2024 also EU commercially imported pets will have to enter UK through a Border Control Post. The Pet Travel Scheme governing the movement of accompanied pets remains in place.



Historically the main concern has been the incursion in UK of rabies and echinococcosis. For these disease import requirements (vaccination/treatment) are in place to mitigate the risk. The UK import policy is derived from European legislation to harmonise and facilitate the movement of pets and protect public and animal health.

Very often pets imported from eastern Europe will have no medical history, posing the risk to importing exotic diseases and parasites such as heartworm, leishmania, brucellosis and babesiosis. Additionally, with the change in climate there is also the risk of the change in distribution of vectors.

It's known that some people are buying and selling dogs and cats that have been imported illegally from abroad. This trade is attractive because of the large profits, and the people involved are often engaged in other criminal activity, including the distribution of illegal drugs, money laundering and tax avoidance. Individuals can play a part in fighting this illegal trade in pet animals by following some simple guidelines.

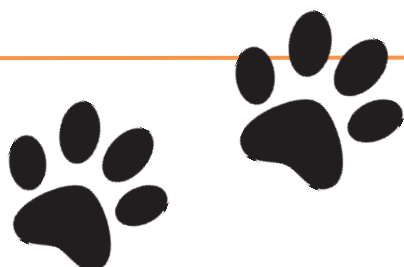


If planning to buy a puppy/kitten, be wary of online adverts for puppy, be cautious of any situations that sound “too good to be true” and seek out as much information as possible about the new pet, should always ask to see it with its mother and the rest of the litter and never allow the seller to bring the new pet to you or meet you at a random place such as car park.

If imported, these need a pet passport or a third country health certificate and to confirm has a valid microchip, it was vaccinated against rabies at no less than 12 weeks of age and for third country imports, had a subsequent blood test 30 days after vaccination. For dogs, it should also show that it has been treated for tapeworm.

Buy your animal from a reputable supplier - advice on buying a dog or cat is available from a range of organisations, such as the Dog Advisory Council, Scottish Kennel Club, the Dogs Trust and the SSPCA. If you have doubts about an animal speak to your vet before agreeing to buy it.

If the new pet is found to be illegally imported and non-compliant with disease control rules, this may be an emotionally heart-breaking experience as the buyer has to pay for costly quarantine and veterinary bills. If the buyer is unable to meet these costs, this may leave the local authority with no option other than to euthanise (put down) the animal.



## To Glove or Not to Glove – Outcome of the IPCT audit on Glove use (Sharon Falconer IPCN)

We noted locally that there was reduced compliance with moments of Hand Hygiene and overuse of non-sterile disposable gloves (NSDG) which was also reflected in national HIS\* inspections in other Boards.

Staff from various departments met together to look at how inappropriate glove use could be reduced. As part of this work, a survey was undertaken to help understand why/when staff wear NSDGs.

The survey was live for two and a half weeks and 583 NHSG colleagues from a variety of roles, participated, providing a valuable insight into staff practice, understanding and opinions on NSDG use.

### **Our aims were to:-**

- Reduce risk to skin integrity
- Reduce waste production
- Improve IPC measure of HH compliance
- Reduce risk of transmissible infections
- Reduce cost of purchase and disposal
- Improve sustainability and environmental impact
- Reduce CO2 footprint



We found colleagues wear gloves when they don't need to. The lack of knowledge of when to wear NSDGs and the impact of frequent changes in guidance has added to possible confusion with PPE requirements. This suggests further education is required. The impact of this project has raised staff awareness about NSDG use, prompted conversations about NSDG use and Highlighted several areas for action. Our next steps are to develop interventions based on barriers which were identified in the survey.

Posters can be accessed via the IPC website.

<https://nhsgintranet.grampian.scot.nhs.uk/depts/InfectionPreventionAndControlManual/Documents/>

---

### Contact

If you have any topics you would like us to cover in the newsletter or you have any queries

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](mailto:gram.healthprotection@nhs.scot)