

Health Protection Newsletter – Summer Edition

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Summer is here! Many of you will be going on holiday or visiting various attractions so we have included some advice to help keep you safe.

Whooping Cough (Pertussis)

NHS Grampian continues to see the higher than normal reports of whooping cough we reported in the last newsletter. This is consistent with the national picture. Since January 2024, over 800 cases have been reported to us. Whooping cough is highly contagious for two to three weeks after the onset of cough, or until the completion of 48 hours of appropriate antibiotic treatment. UK Health Security Agency (UKHSA) guidance [Pertussis: guidelines for public health management - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/pertussis-guidelines-for-public-health-management) has recently been updated and Public Health Scotland (PHS) recommends that NICE clinical guidance is aligned with this. Recommendations include:

- Antibiotic treatment commence within 14 days of onset (down from 21 days) and exclude from nursery/school/work for first 48 hours of treatment
- Still treat within 21 days of onset if infants or pregnant women in household or if household work with pregnant women or infants
- No requirement for PCR swab if coughing longer than 14 days – clinical diagnosis and notification to HPT

Advice on prophylaxis for priority contacts and treatment for pregnant women can be discussed with HPT and can be found in the UKHSA guidance

Whilst protection from pertussis provided by vaccination or previous infection is not lifelong, vaccinated individuals usually present with a milder illness.

Unimmunised infants are the group most vulnerable to severe complications including pneumonia, seizures, encephalitis or death. Neonates can be protected by maternal antibodies and infants by immunisation, hence the importance of vaccination in pregnancy and infancy.

The HPT undertakes active contact tracing to find susceptible pregnant women, infants or those who have prolonged contact with them and follow up with their GP practice as required.

As always, basic principles of infection prevention 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

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Pertussis Immunisation

Pregnant women should speak to their midwife about getting the whooping cough vaccine; you can find more about pregnancy and baby immunisations: [Pregnancy and baby - Immunisations in Scotland | NHS inform](#)

Parents are encouraged to contact their local NHS Immunisation team to arrange for their children to get vaccinated if they have missed any doses. Contact details: [01224 555 333](#). Further information can be found at [Whooping cough | NHS inform](#)

Healthcare workers are now being offered pertussis vaccination if working with people in the late stages of pregnancy or with young infants. Healthcare workers should contact Occupational Health to arrange vaccination if they have regular and close clinical contact with:

- women in the last month of pregnancy in hospital or community settings. This includes midwifery, obstetrics, maternity settings, neonatal units and paediatric intensive care, paediatrics, and Health Visitors
- severely ill or unimmunised infants
- work involves regular and close clinical contact with severely ill or unimmunised infants such as nursery workers in baby rooms.

Anyone in the above groups who has had a pertussis containing vaccination in the last five years does not need to be re-vaccinated. Anyone in the above groups who is pregnant should be vaccinated through the maternal pertussis programme.

Immunisation Update

The vaccination teams in NHS Grampian continue to deliver all routine and non-routine vaccinations offered in Scotland to all age groups. Travel vaccinations are delivered by Community Pharmacies in Grampian. Further information can be found at: [Vax Grampian | Vaccination information for the people of the Grampian Region \(grampianvax.com\)](#)

Two new respiratory syncytial virus (RSV) vaccination programmes will be introduced in August 2024

Respiratory Syncytial Virus (RSV) is a common respiratory virus that usually causes mild, cold-like symptoms in adults and children, but the severity of illness developed can vary.

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RSV follows a seasonal pattern, typically starting in October, peaking in December and declining by March. RSV therefore contributes to significant pressure across health and care services over the winter months.

For infants, RSV can cause bronchiolitis (inflammation of the small airways of the lung) which can be serious and cause death. RSV is one of the leading causes of hospitalisation in the first year of life, with over 3,000 hospitalisations in Scotland per year.

After infants, older adults are most likely to experience severe complications from RSV that may require hospitalisation, as they are more likely to have underlying chronic health conditions such as lung and heart disorders that increase the likelihood of complications.

Older Adults

The programme for older adults will offer vaccination to those aged 74 up to the age of 80 (i.e. 79+364 days) on 1 August 2024. This will be:

- A single dose of vaccine for those turning 75 within the 12 months from 01 August 2024, **and**
- A catch-up programme for those aged 75 up to 80 (i.e. 79+364 days) as of 01 August 2024. This catch-up will only run in the first year of the programme.

The team are currently planning to deliver the older adult programme between August and the end of September 2024. All eligible citizens will be invited to attend an appointment. There will be limited capacity for rescheduling appointments over this period due to the overlap with the upcoming seasonal flu vaccination programme. Further information is available on NHS Inform:

<https://www.nhsinform.scot/rsv-adult>

Programme to protect infants

The protecting infants programme will be delivered through maternal vaccination offered to pregnant women. All women who are at least 28 weeks pregnant (the eligible cohort) on 1 September 2024, will be offered a single dose of the RSV vaccine. After that, pregnant women will become eligible as they reach 28 weeks gestation and remain eligible up to birth.

Further information is available on [NHS Inform: https://www.nhsinform.scot/rsv-baby](https://www.nhsinform.scot/rsv-baby)

The winter programme for Covid and Flu vaccine will commence in September 2024 – more information will follow in the autumn newsletter.



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Measles Update

Many of you will have seen reports in the news of the increased number of measles cases in England. The most recent available data (June 20th 2024) shows there have been 1,767 cases of measles in England since the start of 2024. There have been 14 cases in Scotland since the start of 2024, though there have been no detected cases in Grampian. There has also been an extensive increase in cases seen across Europe and Africa. A WHO update from May 2024 highlights that, 56,634 measles cases and four deaths were officially reported across 45 out of 53 countries in the WHO European Region during the first three months of 2024.

Measles is one of the most highly infectious diseases in man. In an unvaccinated population, one person with measles can infect between 12 and 18 more (compared with those infected with COVID-19 who can infect 2 to and 6 people). 15 minutes or more in the same room as the case, or having any face to face contact (i.e. within 1 metre) can be enough to transmit the infection to others. If the contact is immunocompromised, even entering a room which has recently been vacated by the 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](#)



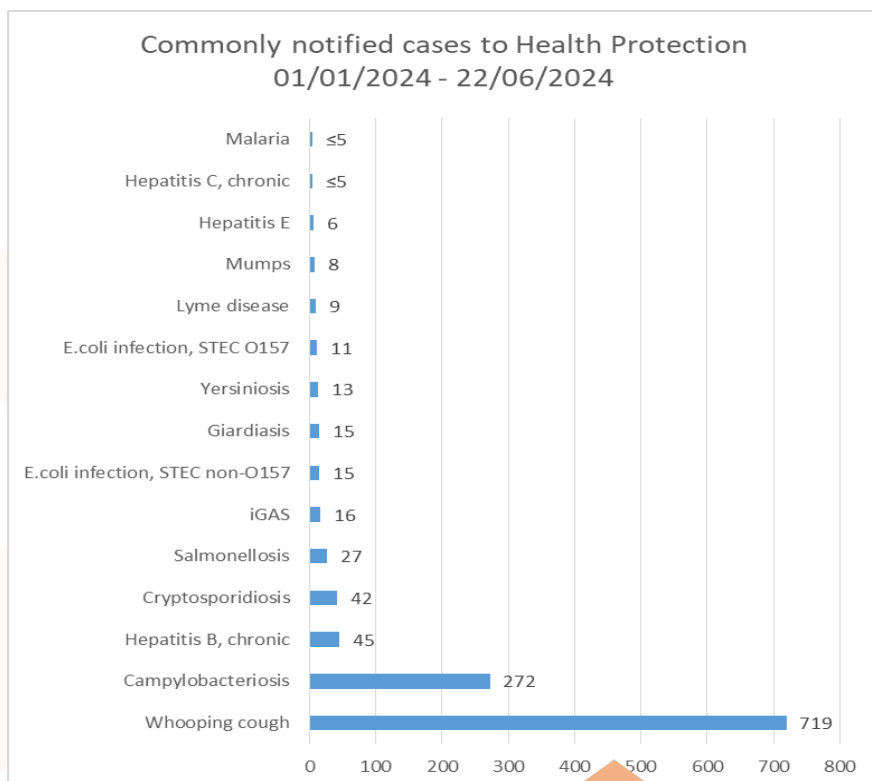
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Summer Travel: DON'T FORGET

Travel to some locations may require or have advised travel vaccinations.

These are best planned well in advance.

Check out the **Fit for Travel Website** for more information as well as Travel Checklists and Destination specific advice.

<https://www.fitfortravel.nhs.uk/advice/general-travel-health-advice/before-you-travel>

Animal Bites on Holiday

Whilst being bitten by an animal is never a pleasant experience, there are additional points for consideration when bitten by an animal outwith the UK.

The health impact can very much depend on the health and species of the animal and the first aid management at the time, with bites and scratches from dogs, cats, monkeys and snakes giving the most cause for concern. Animal bites reported by travellers are not uncommon and can potentially cause bacterial wound infections, tetanus or even rabies.

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First Aid following Animal Injury

- Wash injury with soap and clean running water as soon as possible. Wash skin even if not broken to remove animal saliva
- Encourage area to bleed by pinching, unless already bleeding freely
- Remove any debris such as hair, dirt, teeth
- Apply antiseptic such as alcohol and cover wound with a clean dry dressing. Apply pressure if bleeding heavily

SEEK MEDICAL ATTENTION

Before you go

- Check that all vaccinations are up to date and if not, arrange this with your local vaccination team or travel clinic
- Check if the country you are going to is a rabies endemic country and what you should do if bitten or scratched by an animal
<https://www.gov.uk/government/publications/rabies-risks-by-country/rabies-risks-in-terrestrial-animals-by-country>
- Pre exposure Rabies vaccine is recommended if you are travelling to an endemic country
- To work with animals e.g. wildlife workers, vets, zoologists
- Where post exposure medical care is absent or in short supply
- To undertake higher risk activities e.g. cycling or running
- To live for more than one month



When Travelling

Animals are more likely to bite if they feel threatened, disturbed when eating, sleeping or caring for their young.

- Maintain a sensible distance, especially from dogs, monkey and cats. Young children should be supervised at all times as they are less likely to understand the risks, less likely to defend themselves if an animal attacks and less likely to report a possible exposure
- Some activities increase the risk of exposure/attack such as cycling, running, exploring caves, feeding monkeys or eating food near monkeys
- Carry a first aid kit and be aware how to carry out first aid
- Seek prompt medical attention if bitten/scratched for wound care and assessment if any post exposure treatment is required such as antibiotics, tetanus or rabies vaccine
- If you are commenced of a post exposure course of immunoglobulin and vaccination for rabies – it is essential that your subsequent doses are given on the exact dates you have been advised

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Hand Washing - your protection against infection when visiting animal settings

We are now coming into the summer holidays and with that, we know that many people and families will be visiting petting zoos, farms and experiencing close contact with animals. There is no doubt that this is a great way to learn about farm animals and has a positive impact on the mental and physical well-being of individuals.

However, we have identified and managed several cases of diarrhoeal illness, linked to visits to these settings. E coli O157 and Cryptosporidium can be passed from 'hand to mouth' after touching animals or through contact with fields, fences and gates where animals are kept. Additionally, clothing and footwear can become contaminated with animal faeces.

Please continue to enjoy these animal visits and below are simple steps that can be taken to minimise the risk.

Remember to wash your hands with warm running water, liquid soap and dry with paper towels

- After touching/feeding animals and their environment,
- After going to the toilet
- After removing/handling footwear
- After cleaning buggy/wheelchair wheels
- Before eating or touching food
- Before leaving a farm attraction



Hot tips

- Hand sanitiser and hand wipes are not a substitute for hand washing.
- Hand sanitiser/gel is NOT effective against pathogens found in farm animals and their environment, such as E-Coli O157 and Cryptosporidium.
- It is recommended to take an extra pair of footwear and extra outer clothing to change into after visiting.
- Consider taking a bag/box to transport used footwear and clothing in when leaving the setting.
- When home, place outer clothing into the washing machine and thoroughly clean footwear that would have been in contact with animals and their environment, immediately wash hands after handling.

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Wild Swimming

As we head into summer, it can be refreshing to dip into water to cool down on a hot day. Wild swimming refers to swimming in any natural water source such as waterfalls, rivers, lochs or the sea. Although wild swimming has known benefits to mental and physical health, there are unseen hazards associated with it which include exposure to pathogens that naturally occur in the outdoors

These risks can be reduced if you;

- Do not swim in water that has signs of blue green algae, remember that harmful algae can be other colours. Check the area for signs warning against entering the water
- Do not drink from rivers, lochs or waterfalls, this water is raw water and likely to contain all the harmful pathogens removed by water treatment – this is not like water from you kitchen tap
- Check the most recent water or real-time predictions of water quality on Scottish Environment Protection Agency's (SEPA) bathing waters pages
- Try not to swallow the water during swimming
- Wash hands after swimming and before eating or drinking

Source: Public Health Scotland. 2023. [Wild swimming: how to swim safely in Scotland's outdoor water](https://www.publichealthscotland.scot/media/20099/2023-06-12-wild-swimming-v1.pdf). <https://www.publichealthscotland.scot/media/20099/2023-06-12-wild-swimming-v1.pdf>

For more information, please visit the following websites;

SEPA Bathing Water – for information on bathing water quality across Scotland.
<https://www2.sepa.org.uk/bathingwaters/Index.aspx>

Water Safety Scotland – for information on all water safety activities
<https://watersafetyscotland.org.uk/>

Swim safe - [open-water-swimming-safety-code.pdf \(watersafetyscotland.org.uk\)](https://watersafetyscotland.org.uk/open-water-swimming-safety-code.pdf)



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