Anaphylaxis following single component measles and rubella immunisation

Anaphylaxis as an adverse event following immunisation is a rare event. The incidence of anaphylaxis after administration of any vaccine has been estimated to be 0.65/million, and it is estimated that the incidence in the UK following MMR is 1.4/100,000.

However, a recently published report estimates that the incidence of anaphylaxis following administration of measles and rubella single component vaccines is 18.9 and 22.4/100,000 cases respectively. These figures are actually likely to be an underestimate as the authors have assumed that all imported single component vaccine has been administered.

This is a useful paper highlighting safety concerns regarding the safety of single vaccines, and the fact that combined MMR is less likely to induce anaphylaxis.


Emissions from compact fluorescent lights

New research from the Health Protection Agency (HPA) has shown that some energy saving compact fluorescent lights (CFLs) can emit ultraviolet radiation at levels that, under some conditions of use, can result in exposures higher than guideline levels.

The HPA has advised that open (single envelope) CFLs should not be used where people are in close proximity - closer than 30cm - to the bare light bulb for over one hour a day. In such situations open CFLs should be replaced by the encapsulated (double envelope type). Alternatively, the lamp should be moved so that it is more than 30 cm away.

The larger long “strip lighting” design fluorescent lights commonly used in offices and workplaces on ceilings can be used without any special precautionary measures.

If you wish to read further information on this topic, or see photographs of the different types of bulbs, please access the press release at www.hpa.org.uk

Availability of rabies vaccine - update

Sanofi Pasteur MSD has advised that they will begin distribution of a different European-approved rabies vaccine towards the end of 2008. Verorab, which is unlicensed in the UK, will be available when all current stocks of Rabies Vaccine BP have been exhausted, until it becomes available again next year. Verorab is widely used throughout Europe and has been used effectively to protect against rabies since the mid-1980s. Verorab is interchangeable with current rabies vaccines (Human Diploid Cell Vaccine and Purified Chick Embryo Vaccine) and can be administered on days 0, 7, 21, or 28. Practices should continue to order rabies vaccine in the normal manner.
Hand Hygiene

Everyone will be aware of the Hand Hygiene Campaign “Germs. Wash your hands of them” that was launched in January 2007. It is well recognised that hand hygiene is the most important factor in reducing and preventing avoidable infections….though we still miss opportunities.

Many of you may also have participated in training sessions and audits that have been carried out within NHS Highland. The World Health Organisation’s “Your 5 moments for hand hygiene” was approved for use in monitoring the opportunities taken for hand hygiene, and these are:

1. Before patient contact  
2. Before aseptic task  
3. After body fluid exposure risk  
4. After patient contact  
5. After contact with patient surroundings

These “5 moments” are of course just as relevant in community and home care settings as in the hospital environment - and even healthy individuals have been shown to reduce the risk of gastrointestinal and respiratory illness by hand washing. A meta-analysis of 30 studies recently demonstrated that hand hygiene is clearly effective against gastrointestinal and respiratory infections. The analysis provided no evidence to support the use of antibacterial soap, and there is therefore no basis for encouraging its routine use in the community.

There is increasing acceptance that controlling infections such as MRSA, Clostridium difficile and norovirus is a problem not confined to hospitals, and in the event of a flu pandemic, hygiene, and particularly hand hygiene, will be the first line of defence. Gastrointestinal infections are often thought of as being relatively trivial, but it is estimated that in 2-3% of cases, food borne disease results in chronic sequelae.

Good hygiene, practised by everyone means fewer infections, fewer prescriptions for antibiotics, fewer resistant strains developing and circulating in the community - and better health for all.


Bacillary dysentery 4  
Campylobacter 31  
Chickenpox 41  
Cryptosporidium 3  
E.coli O157 3  
Giardiasis 2  
Legionella 1  
Lyme disease 35  
Measles 1  
Meningococcal infection 1  
Mumps 3  
Salmonella 8  
Scarlet fever 1  
Viral hepatitis B 1  
Viral hepatitis C 1  
Whooping cough 1

The Health Protection Team are:

Dr Ken Oates  
(Consultant in Public Health Medicine)

Helen Tissington (Senior Health Protection Nurse Specialist)  
Lorraine McKee (Health Protection Nurse Specialist)

Eric Wiseman (TB Liaison Nurse)  
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Comments, feedback and suggestions all welcome.

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