**CURRENT NOTES**

**HPV vaccination programme extended to MSM**

**50/1301** In November 2015, the Joint Committee on Vaccination and Immunisation (JCVI) issued a statement (available at [https://www.gov.uk/government/publications/jcvi-statement-on-hpv-vaccination-of-men-who-have-sex-with-men](https://www.gov.uk/government/publications/jcvi-statement-on-hpv-vaccination-of-men-who-have-sex-with-men)) announcing its view that it was highly likely a programme to vaccinate men who have sex with men (MSM) up to 40 years of age attending GUM and HIV clinics would be cost-effective, as long as the vaccine was procured, and the programme delivered at a cost-effective price. JCVI also considered it reasonable to extrapolate the findings to those MSM aged 45 years, although there was too much uncertainty in the data to extrapolate further.

On 23 March, Scotland’s Public Health Minister announced that the Scottish Government had accepted the JCVI’s recommendation and would be working closely with Health Protection Scotland and NHS Scotland to find the best way to deliver the new programme. [Source: Scottish Government News Release, 23 March 2016.](http://news.scotland.gov.uk/News/HPV-vaccination-programme-24a0.aspx)

**Yellow fever outbreak in Angola**

**50/1302** A yellow fever outbreak was detected in Angola late in December 2015 and confirmed by the Regional Reference Laboratory, Institut Pasteur Dakar (IPD) on 20 January 2016.

Subsequently, a rapid increase in the number of suspected cases has been observed since mid-January 2016. Since 20 January 2016, imported cases have been detected in Huam-bo province, Huila, Benguela, Cuanza Sul, Cunene, Bie and Zaire. As all these cases were imported from Luanda, the epidemiological curve shows a similar trend as that for Luanda province. Beginning 2 February 2016, a response vaccination campaign started in Viana district, this initial campaign reaching 80% of the targeted population 12 days after its launch. The campaign has continued in Belas, Cazenga and Cacuaco districts. As of 14 March, vaccination was proceeding in Kilama Kiaxi and Mianga districts and was planned to continue in the remaining six districts of the province in the following days. At this point, administrative data indicated a vaccination coverage of 80% for the whole province of Luanda.

There have been many constraints in the implementation of the campaign, which have included availability of vaccines, inadequate number of vaccination teams and limited funds to cover operational

Yellow fever in an urban setting is a public health emergency that may result in a large number of cases until such time as a sufficient proportion of the susceptible population is vaccinated. The Health authorities in Angola, with help and support from the World Health Organization (WHO), have not only instituted a mass vaccination campaign across Luanda province, but are strengthening surveillance and vector control activity.

International spread of the disease has already been documented, and cases have been exported to China, Kenya and DR Congo.

Yellow fever infection can easily be prevented by vaccination. Vaccination is advised for all travellers to Angola (unless contraindicated) and proof of vaccination is required for all travellers over nine months of age entering Angola. The vaccine should be administered at least 10 days before travelling and Angola considers the International Certificate of Vaccination or Prophylaxis (ICVP) to be valid for life. It is essential that travellers also take steps to avoid mosquito bites.


**E. coli contamination of fresh produce**

**50/1303** On 23 March, Food Standards Scotland (FSS) published two research project reports investigating the survival of microbial contamination during the production of fresh produce and the effectiveness of controls to minimise the risk to the consumer.

- The first project (available at http://www.foodstandards.gov.scot/node/12734) was commissioned in response to an outbreak of *Escherichia coli* O157 in Great Britain during 2011, associated with the handling and consumption of soil covered vegetables (see Current note 45/4002 at http://www.hps.scot.nhs.uk/ewr/redirect.aspx?id=49297) and simulated a ‘worst case scenario’ contamination event occurring to growing crops a week prior to harvest. The research showed that the commercial processes used to clean, prepare and store vegetables did reduce contamination, however in the unlikely event of a large crop contamination occurring close to harvest, some contamination might remain.

- The second project (available at http://www.foodstandards.gov.scot/node/12735) was commissioned as a result of an *E. coli* O104 outbreak in Europe in 2011, where consumption of sprouts grown from contaminated seeds was associated with illness (see Current note 46/2002 at http://www.hps.scot.nhs.uk/ewr/redirect.aspx?id=51465). FSS investigated four different treatments that could be used to reduce contamination when sprouting seeds at home. A hot water (90°C for two minutes) treatment was found to be the most effective, although it was not 100% effective when the seeds were heavily contaminated.

The findings from both of these projects will be used by FSS to inform future risk assessments and food safety advice in relation to fresh produce. FSS advises good food hygiene practices in the kitchen (see [http://www.foodstandards.gov.scot/food-safety-standards/food-safety-hygiene](http://www.foodstandards.gov.scot/food-safety-standards/food-safety-hygiene)) especially with fresh produce that tends to have more soil attached to it. [Source: FSS News Release, 23 March 2016. [http://www.foodstandards.gov.scot/news/fss-research-contamination-fresh-produce](http://www.foodstandards.gov.scot/news/fss-research-contamination-fresh-produce)]

**Salt intake in Scotland**

**50/1304** A Food Standards Scotland (FSS) survey published on 23 March indicates that salt intakes in Scotland have reduced by 13% since 2006. FSS has welcomed this reduction and the
progress made towards the Scottish Dietary Goal for salt. However, intakes are still 30% higher than the recommended 6g. per day, with two-thirds of adults in Scotland still eating too much salt which can cause significant risk of developing high blood pressure, which in turn can increase the risk of heart disease and stroke.

Of the total salt consumed in Scotland, 75% is already in manufactured foods such as bread, meat products, cereals and convenience foods. Work by manufacturers and retailers, who have reformulated many of their own brands, has been important in achieving this reduction. Continued effort is required to reach the 6g. per day Scottish Dietary Goal.


Local air quality management - policy guidance

50/1305 On 23 March, the Scottish Government issued guidance intended to help local authorities with their local air quality management duties under Part IV of the Environment Act 1995. Available at http://www.gov.scot/Publications/2016/03/9717/0, it sets out:

- the statutory background and the legislative framework within which local authorities have to work;
- the principles behind reviews and assessments of air quality and the recommended steps that local authorities should take;
- how local authorities should handle the designation of Air Quality Management Areas (AQMAs) and the drawing up and implementation of action plans;
- suggestions for taking forward the development of local air quality strategies;
- suggestions on how local authorities should consult and liaise with others;
- the role of transport-related measures in improving air quality;
- the general principles behind air quality and land use planning;
- the effects of biomass on air quality; and
- the relationships between air quality and noise policy.

This guidance was issued by the Scottish Ministers under section 88(1) of the 1995 Act. Local authorities should have regard to it when undertaking their local air quality management duties, as required under section 88(2) of the Act. The guidance should be taken into account by all local authority departments involved in local air quality management (LAQM), including environmental health, corporate services, planning, economic development and transport planning. The guidance complements the information and advice contained in Cleaner Air for Scotland (CAFS – available at http://www.gov.scot/Publications/2015/11/5671), which was published in November 2015, and the two documents should therefore be read in conjunction.

The guidance on air quality and land use planning, in particular, should be read together with Scottish Planning Policy (SPP) and Planning Advice Note (PAN) 51: Planning, Environmental Protection and Regulation. The guidance may be material in preparing development plans and in determining planning applications. It should also be of interest to others involved with LAQM, and those whose actions may impact on local air quality.
Changes to dog fouling fines

50/1306 Dog owners who fail to pick up after their pets will face a fine of £80 from 1 April – double the current fixed penalty rate. The change, supported by the majority of responses to a Scottish Government consultation on dog ownership, brings the penalty for dog fouling in line with the fine for littering. Nearly a third of people said animal nuisance, including dog fouling or animal noise, was a very or fairly common problem in the Scottish Household Surveys of 2014 and 2013.

As well as increasing the fixed penalty, the Scottish Government is also working with local authorities to consider how more unpaid penalties can be collected. Current exemptions will continue to apply. These apply to blind persons in charge of their guide dog and disabled people with physical impairments which affect their ability to lift or carry everyday objects when in charge of their assistance dog.

The public consultation on promoting responsible dog ownership was carried out between 2013 and 2014. More than two-thirds of respondents felt more could be done to tackle the issue of dog fouling effectively and increasing the fixed penalty was one of the most popular suggestions. [Source: Scottish Government News Release, 23 March 2016. http://news.scotland.gov.uk/News/Changes-to-dog-fouling-fines-248d.aspx]

Environmental incidents - SEISS reports (Irvine garage fire – black smoke, acetylene hazard)

50/1307 The Scottish Environmental Incident Surveillance System (SEISS) recorded the following incident in the past week:

- A fire at a garage in Irvine on 22 March prompted emergency services to evacuate the surrounding area amid fears about smoke and harmful chemicals. Fire crews were called to the garage, in Ayr Road, at 12:58. They worked with police to clear the area after discovering the presence of acetylene. Local residents were advised to keep their windows closed because tyres were on fire and thick black smoke was affecting neighbouring properties. No-one was injured in the fire. (http://www.bbc.co.uk/news/uk-scotland-glasgow-west-35871345).

For more detailed information on SEISS please refer to the SEISS web-site (http://www.hps.scot.nhs.uk/enviro/ssdetail.aspx?id=107) or contact either Ian Henton or Colin Ramsay at HPS on 0141 300 1100.
Gastro-intestinal and foodborne infections: Viral pathogens, *Listeria, shigella* and *Yersinia*
Prepared by: Alison Smith-Palmer and Gill Hawkins

**Norovirus**

There were 1389 laboratory reports of norovirus (NV) to HPS in 2015, a rate of 26.0 per 100,000 – similar to the number reported in 2014 of 1306 and equivalent to a rate of 24.5 per 100,000 population. The number of reports in both 2014 and 2015 was considerably lower than the previous two years with 2976 and 1915 reports in 2012 and 2013 respectively, reflecting the cyclical nature of NV infection with some particularly high and low years.

**FIGURE 1:** Laboratory reports of norovirus to HPS 2004-2015.

These laboratory reports arise from confirmed infection in the whole population (community and healthcare). Laboratory confirmations represent just a small proportion of the true incidence in the community. The second study of infectious intestinal disease in the community (IID2 Study - accessible at [http://www.food.gov.uk/science/research-reports-search?keyword=&project_code=FS231043](http://www.food.gov.uk/science/research-reports-search?keyword=&project_code=FS231043)) estimated that approximately 290 cases of NV occur in the community for every case reported to national surveillance.

Laboratory reports of NV showed a distinct age distribution affecting the elderly and young, with 63% (877/1389) reported from those aged 65 years and over, 16% (216/1389) from those under five years of age, while none of the other age bands accounted for more than 4% of reports.

**Rotavirus**

A rotavirus vaccination programme was introduced into the infant immunisation schedule in July 2013 – more information on the programme is available in the Chief Medical Officer’s letter CMO(2013)04 (available at [http://www.sehd.scot.nhs.uk/cmo/CMO(2013)04.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2013)04.pdf)).


The introduction of the vaccine programme has had a significant impact on the number of laboratory reports of rotavirus, reducing them from 1301 in 2013 to 346 in 2014 and 419 in 2015.
(Figure 2). Of the reports in 2015, 371 (88.5%) were from children under the age of five. Figure 3 shows the impact of the rotavirus programme in eliminating the distinctive historical peak for rotavirus infection in early spring and the size of the reduction in 2014 and 2015 compared to the average for the previous five years.

**FIGURE 2:** Laboratory reports of rotavirus to HPS 2004-2015.

**FIGURE 3:** Laboratory reports of rotavirus to HPS, five-year average (2009-2013) 2014 and 2015.

**Hepatitis A**

There were 19 reports of hepatitis A in 2015, a decrease of 12 on 2014 when there were 31 such reports, which is in line with the variation in low numbers seen in recent years.
Hepatitis E

Reports of hepatitis E (HEV) infection in Scotland have increased in recent years, as they have elsewhere in the UK. Laboratory reports of HEV in Scotland increased from 13 in 2011, to 78 in 2012, 95 in 2013, 196 in 2014, and stabilised in 2015 with 183 reports. The overall rate of HEV in Scotland in 2015 was 3.4 per 100,000, with a predominance of infection in older males. In 2015, 124 (67.6%) of reports were from males and, of these 61 (45.4%) were from males aged 65 years and older.

HEV is emerging as an important new issue in Scotland and while some of the increase in reported cases is likely to be due to increased testing and better ascertainment, it is also believed to reflect a real increase in incidence. HPS is working with colleagues in Food Standards Scotland, the Scottish Government, NHS boards and Public Health England to improve understanding of the epidemiology of HEV, including risk factors and exposures, to inform public health management and control.

Listeria monocytogenes

The importance of *L. monocytogenes* as a gastro-intestinal pathogen arises not from the number of reported cases, which are relatively low compared to many other pathogens, but rather due to the severity of infection and high mortality. In line with reporting in the rest of the UK and Europe pregnancy associated cases are counted as one case, even when both the mother and infant are positive.

Infection with *L. monocytogenes* can cause an influenza-like illness, septicaemia or a meningoencephalitis. Pregnant women, newborn infants, the elderly and the immunocompromised are most at risk.

There were 13 cases of *L. monocytogenes* reported in 2015, a slight decline on the 15 cases reported in 2014, and reflecting the random year-on-year variation seen in the small number of cases (Figure 4).

FIGURE 4: Laboratory reports of *Listeria* to HPS 2004-2015.
Shigella

Among the species of *Shigella* reported the most common was *Shigella sonnei*. In 2015, 70 cases of *Shigella sonnei* were reported, which was an increase of 21 (43%) compared to the 49 reports in 2014, but similar to the incidence in 2013 of 62 reports.

In 2015, 29 cases of *Shigella flexneri* were reported, a decrease of five (15%) compared to the 34 reported in 2014. Typing information was available for all 29 reports in 2015. The most common serotypes were 2a and 3a responsible for 13 and six isolates respectively, while four isolates were of serotype 3b, two of serotype 1a, and one each of serotypes 1c, 4a, 6 and y variant.

Eight cases of *Shigella boydii* and two of *Shigella dysenteriae* were reported in 2015.

Yersinia

In 2015 there were five reports of *Yersinia enterocolitica* compared to four in 2014 and six in 2013.