
MEASLES OUTBREAK AND THE NATIONAL MMR CATCH UP PROGRAMME

1.0 Matter for consideration

- 1.1 Recent outbreaks of Measles in South Wales, the Northeast and the Northwest of the UK have led to a joint decision by Public Health England, NHS England and the Department of Health to run a nationally co-ordinated MMR catch-up campaign for the 10-16 year age group. This briefing describes the structure of the local MMR Working Group and outlines the approach being taken to the campaign across Lancashire. Information is also provided on the number of cases and numbers of unvaccinated children in Blackpool.

2.0 Recommendation

- 2.1 To receive the update and support the approach to promoting improved vaccine coverage across Blackpool.

3.0 Information

The northwest of England is currently experiencing a Measles outbreak, centred on Lancashire, with 92 confirmed cases in 2012 and 341 reported cases in the first five months of 2013 (94 confirmed so far). These figures include 10 confirmed and 9 reported cases in the Blackpool area.

| Measles Cases | 2010 | 2011 | 2012 | 2013 notified | 2013 confirmed |
|----------------|------|------|------|---------------|----------------|
| Pan Lancashire | 1 | 6 | 92 | 341 | 94 |
| Blackpool | 0 | 0 | 10 | 9 | 0 |

Measles is a highly infectious and unpleasant viral illness with a range of complications that can include pneumonia, blindness and occasionally death. The MMR (Measles, Mumps, Rubella) vaccination is the most effective method of reducing the risk of contracting measles. While vaccination provides protection for the individual, a community coverage level of 95% or more also provides sufficient 'herd' immunity to prevent the virus circulating freely and ensures that those too young or unable to receive the vaccine (newborn infants or the immunocompromised) are also protected.

The distribution of cases in the 2012/13 outbreak crosses all ages but has shown a peak in the 10-16 year age group. This is the group who, as small children, were most affected by the marked decline in MMR vaccination coverage that occurred in the late 1990s and early 2000s. The drop in uptake was due to parental concern at the time around a proposed, but later disproved, link between autism and the vaccine. Many of these unprotected children are now in secondary school where the opportunity for the infection to spread rapidly is high due to school size and mixing patterns.

The northwest outbreak, together with larger outbreaks in the North East and South Wales led to a joint decision by Public Health England, NHS England and the Department of Health to increase MMR vaccination coverage. They agreed to launch a national campaign to drive up demand for vaccination, particularly among the 10-16 year group, while at the same time maintaining efforts to achieve high coverage via the routine under-5s programme.

The campaign will run from the end of April to 30th September 2013 and is co-ordinated by a joint MMR Working Group in each NHS England local area.

The Lancashire MMR Working Group is chaired by the Lancashire Screening and Immunisation lead and has representation from the following:

| | |
|-------------------------------|--|
| NHS England Area Team | Lancashire Screening and Immunisation Team |
| Public Health England | Primary Care Contracting |
| Lancashire Council | Health Protection Consultant |
| | Health Protection lead |
| Blackpool Council | Screening and Immunisation lead |
| | Public Health consultant |
| Blackburn with Darwen Council | School nurse commissioner |
| Regional level | Public Health consultant |
| | NHS England communications lead |
| | Public Health England communications lead |

There are three components to the catch-up campaign

- an initial awareness raising campaign through the media
- identification of unvaccinated or partially vaccinated children
- an operational phase when invitations and letters will be sent out

Awareness raising

The approach used has involved a combination of national, regional and local press releases and media interviews, use of digital media, flyers to children and parents through pupil post and school portals, posters and flyers sent to GP surgeries, children's centres, youth centres and schools (state, independent and special).
(facebook <https://www.facebook.com/GetVaccinatedEngland> and twitter #gethemmr)

Key messages of the campaign

- Measles is at its highest level for the past 18 years. The only way to prevent measles outbreaks is to make sure there is good uptake of the MMR vaccine across all ages.
- Measles is often associated with being a disease of the past and as a result people may be unaware that it is dangerous and can lead to complications and even death in severe cases. Parents should ensure their children are fully protected against measles, mumps and rubella with two doses of the MMR vaccine.
- Experts believe the current rise in measles cases can be attributed to the proportion of largely 10-16-year-olds who are unprotected because they missed out on vaccination in the late 1990s and early 2000s, when concern around a now-disproved link between autism and the MMR vaccine was widespread.
- Parents of unvaccinated children, as well as older teenagers and young adults who may have missed MMR vaccination, should be aware it is never too late to

get vaccinated against measles and they should make an appointment with their GP to get vaccinated as soon as possible.

- If you are unsure whether you or your child has had two doses of the vaccine, speak to your GP who will have a record.
- The illness: measles is an unpleasant illness which starts with a few days of cold-like symptoms and is then followed by a rash accompanied by high fever, red eyes and a cough. It can be particularly severe in babies under the age of one year, teenagers and older people, especially those who have a weakened immune system. In these groups, measles can cause complications including pneumonia, ear infections, diarrhoea and encephalitis (swelling of the brain).
- Around one in every 10 children who get measles is admitted to hospital. In rare cases, people can die from measles. Measles in pregnant women can also be very serious and threaten the pregnancy

Identification of unvaccinated or partially vaccinated children and young people

Baseline data from the Child Health Information System was used to estimate the vaccination status of children in the 10-16year age group at the start of the campaign. The Blackpool baseline data is provided below.

| Blackpool Children and Young People – MMR Vaccination Records April 2013 | | | | | | |
|---|---------------------------|------------|--------------|------------------------|-------------------------|--------------------------|
| Year of birth | Total Children registered | Zero MMR | One MMR only | %coverage one MMR dose | Two MMR doses completed | % coverage two MMR doses |
| 2003 | 1152 | 112 | 82 | 7.1% | 958 | 83.2% |
| 2002 | 1077 | 120 | 103 | 9.6% | 854 | 79.3% |
| 2001 | 1215 | 158 | 137 | 11.3% | 920 | 75.7% |
| 2000 | 1365 | 176 | 202 | 14.8% | 987 | 72.3% |
| 1999 | 1281 | 129 | 179 | 14.0% | 973 | 76.0% |
| 1998 | 1466 | 102 | 162 | 11.1% | 1202 | 82.0% |
| 1997 | 1473 | 180 | 169 | 11.5% | 1124 | 76.3% |
| Total | 9029 | 977 | 1034 | 11.5% | 7018 | 77.7% |

In Blackpool only 77.7% of the target group had received two doses of MMR while 89.1% had received at least one dose. The number of children and young people unprotected was 977 with a further 1034 only partially protected.

Operational

A national specification has been developed for primary care. GPs are asked to

- Identify qualifying at risk children aged 10-16 and proactively contact them to offer MMR vaccination. Practices can decide on the best mechanisms to contact qualifying patients to maximise uptake but must send as a minimum a letter or email.
- Provide vaccination to any unvaccinated patients aged 16 or over who present to the GP surgery requesting vaccination

Local authority school nurse commissioning leads are sending out letters and leaflets to parents and pupils promoting MMR via their usual communication channels.

Local authorities and the Screening & Immunisation team are reviewing school nursing contracts to ensure that in the future MMR catch-up vaccination is available at the same time as sessions are held HPV and school leaver booster immunisations.

Information is being gathered on children looked after and on potential numbers of children at traveller sites in case specific vaccination sessions are required for these groups.

Monitoring

The local MMR Working Group reports fortnightly to the national co-ordinating group and to its member organisations.

Progress with the catch-up campaign is being monitored nationally via the Immform data collection site with further press releases provided on a monthly basis from the beginning of June 2013.

Dependent on the success of the GP-based campaign, the MMR working group will decide in late August whether specific mop up sessions are required in specific areas.

It is understood that funding for extra sessions will be available from a national contingency fund but further details are awaited.

Other age groups

Although uptake of MMR vaccine has improved since 2000, in Blackpool the number of five year olds with full protection against Measles is still a cause for concern. Once the Lancashire Screening & Immunisation team is fully staffed they will be working with GP practices and the local authority with the aim of increasing uptake to safer levels.

| Childhood Vaccination Uptake Blackpool January 2011 – December 2012 | | | | | | |
|--|-------------------------------|---------------------------|------------------------------|----------------------|----------------------|---------------------------------------|
| Blackpool Uptake rate % | DTaP/IPV/Hib Age 1 | Hib/MenC Age 2 | PCV Booster Age 2 | MMR Age 2 | MMR Age 5 | DTaP/IPV Booster Age 5 |
| Oct-Dec 2012 | 95.2 | 93.0 | 92.8 | 92.8 | 85.0 | 83.7 |
| Jul-Sep 2012 | 95.0 | 94.2 | 94.5 | 92.8 | 84.7 | 87.6 |
| Apr-Jun 2012 | 95.3 | 93.3 | 91.8 | 92.3 | 85.7 | 85.1 |
| Jan-Mar 2012 | 95.8 | 94.8 | 94.8 | 92.6 | 84.8 | 83.5 |
| Oct-Dec 2011 | 96.1 | 91.6 | 92.3 | 92.7 | 86.8 | 88.7 |
| Jul-Sep 2011 | 96.0 | 94.8 | 95.5 | 95.7 | 83.3 | 85.4 |
| Apr-Jun 2011 | 96.4 | 91.8 | 91.3 | 91.0 | 82.6 | 84.3 |
| Jan-Mar 2011 | 96.0 | 88.9 | 90.1 | 88.4 | 81.7 | 82.5 |

4.0 Financial considerations

4.1 None

5.0 Legal considerations

5.1 None

Relevant officer:

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Appendices attached:

None

Background papers:

None

Websites and e-mail links for further information:

<https://www.gov.uk/government/organisations/public-health-england/series/mmr-catch-up-programme-2013>

Glossary:

None