

From: Graham Gibbens, Cabinet Member Adult Social Care & Public Health

Meradin Peachey, Director of Public Health

To: Social Care & Public Health Cabinet Committee - 12th June 2013

Subject: **Update on the Measles Outbreak in England**

Classification: Unrestricted

Electoral Division: Countywide

Summary: There has been an increase in laboratory confirmed cases of measles in England. The increase in cases is amongst the teenage population who possibly have been affected by the adverse publicity given to MMR vaccination in mid 1990s. The highest numbers of cases are in North East and North West England. The lowest numbers are in the South East Region.

A catch up programme has been launched in England to immunise all partially immunised and unimmunised children between the ages of 10 and 16 years. There are almost 15,000 children in Kent who fall in this category. The local catch up programme is being led by NHS England Area Team.

Recommendation(s):

The Cabinet Committee is asked to note and approve the actions taken in Kent in response to the measles outbreak as part of the new health protection duties of KCC. The rates of measles are low in Kent. A MMR catch up programme has been put in place to immunize children.

1. Introduction

1.1 The purpose of this paper is to provide an update on the measles outbreak in England. According to the Health and Social Care Act, the Directors of Public Health needs to ensure that there are local plans for immunisationsⁱ

2. Financial Implications

2.1 Money has been set aside within the public health budget to meet any unexpected costs should there be an outbreak of measles in Kent

3. Detail

3.1 Background

3.1.1 Outbreaks of measles in England have been increasing in the last two years with an annual total of 1,920 confirmed cases in 2012, the highest annual figure since 1994. In the first quarter of 2013, 587 cases were confirmed in England. Cases have been spread across England, although the highest totals have been in the North West and North East. The key difference in the

pattern of infection in 2013 is a high rate of cases in teenagers, which has not been experienced in previous years. Secondary schools provide an opportunity for rapid spread of infection, as has happened in Swansea. This age group has most likely been affected by the adverse MMR publicity between 1998 and 2003. There have been 17 lab confirmed cases in South East which is the lowest amongst any region across England.

- 3.1.2 The target is that by 30th September 2013, at least 95% of young people aged 10 to 16 years who are partially vaccinated or unvaccinated will have received at least one dose of MMR. This figure is similar to the level now being achieved in younger children and should provide a level of herd immunity that will reduce transmission and spread of measles to other age groups.
- 3.1.3 According to the Child Health Records data there are 15,027 unimmunised or partially immunised children aged 10-16 years across Kent.

3.2 NHS England Area Team Response

- 3.2.1 The Kent and Medway Immunisation Campaign LES has been activated to implement the MMR catch up campaign
- 3.2.2 The national Measles campaign leaflets and posters have been sent to every GP practice, pharmacy and Children's Centres across Kent and Medway
- 3.2.3 A non-worded /picture poster has been developed for non -English speaking and vulnerable communities for display in GP practices.
- 3.2.4 Letter drafted for school nurses and community providers.
- 3.2.5 Child Health Records Team has identified cohorts of partially immunised and unimmunised children aged 10-16. Lists of these children have been sent to each GP practice with a request for practice to up-date/validate MMR child record.
- 3.2.6 All GPs have been sent a copy of the national MMR catch up letters and MMR Q&A and the national LES variation letter.
- 3.2.7 Visits are being arranged for the GP walk in centres with the intention of disseminating additional MMR information materials.
- 3.2.8 Registered traveller sites aligned to the GP practices have been identified in order to identifying unvaccinated children in the traveller communities.
- 3.2.9 Colleagues in offender health settings have been contacted to identify groups of unvaccinated children

3.3 Public Health England Response

- 3.3.1 PHE is responding to this incident as a level 3 (Incident and Emergency Response level) requiring national co-ordination.

3.3.2 PHE and NHS England are continuing to develop the national implementation plan with input from all partners including the Department for Education.

3.3.3 NHS England has put in place a formal operating procedure and PHE is working with NHS England to identify at risk groups and individuals

3.3.4 The plan will have 3 essential components; namely

- Active identification of children at risk.
- Offering MMR vaccine to children at risk.
- Improving and sustaining the current MMR programme.

3.3.5 The PHE Centres are working in collaboration with NHS England Screening and Immunisation teams and DsPH to plan and coordinate the local response, based on the national implementation plan, to ensure the population is fully protected, with a particular focus on 10-16yr olds.

3.4 Clinical Commissioning Groups Response

3.4.1 Each CCG has sent a press release with CCG chair sign up. This was developed collaboratively with NHS ATs, PHE leads and Local Authority DPH (s) to ensure consistent messaging.

3.5 Kent County Council's Response

3.5.1 The Director of Public Health has given radio interviews to raise the profile of MMR

3.5.2 Public Health in KCC is working with NHS England AT to identify groups of vulnerable children in the 10-16 age groups who attend schools in Kent, home educated children, looked after children and children in pupil referrals centres who may be at risk.

3.5.3 Letters produced by PHE containing information about measles are being sent to all primary and secondary schools in Kent through existing communication channels in KCC for onward dissemination to the pupils.

3.5.4 Information about the measles has been added to the KCC website.

4. Conclusions

4.1 According to the Health and Social Care Act it is the responsibility of the Director of Public Health to advise on whether immunisations programmes in the area are meeting the needs of the population, and whether there is equitable access. By working collaboratively with other stakeholders involved in this outbreak the DPH can ensure that there is an appropriate response to meet any challenges arising from this outbreak.

5. Recommendation(s)

The Cabinet Committee is asked to note and approve the actions taken in Kent in response to the measles outbreak as part of the new health protection duties of KCC. The rates of measles are low in Kent. A MMR catch up programme has been put in place to immunize children.

6. Background Documents

6.1 Public Health in Local Government, Commissioning Responsibilities, Department of Health, Dec 2011

7. Contact details

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ⁱ *Public Health in Local Government, Commissioning Responsibilities, Department of Health, Dec 2011*