

Health and Wellbeing Board
Meeting Date 14th November 2019

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Measles Mumps and Rubella Elimination Strategy

1. Summary

Measles is a highly infectious disease and can lead to serious complications. Following the implementation of the measles vaccine and the MMR immunisation programme, the UK reached elimination status in 2016. However, since this time the number of children receiving two doses of MMR has declined and no longer meet elimination status requirements. Ethnicity, deprivation and geography can impact on uptake rates. In addition, young people and teenagers aged 15-20 years are also a susceptible group. Public Health England have introduced an MMR Elimination Strategy as well as requesting that each local authority area develop their own local action plan.

2. Recommendations

For the Health and Well-Being Board to receive and note the content of the report and support the action plan and the work being carried out to improve awareness. Members of the Board are also asked to act as champions within their services and communities to further raise awareness and encourage immunisation uptake.

REPORT

3. Background

Measles is highly infectious and can lead to serious complications and, on rare occasions, it can be fatal. Because measles is so infectious, very high coverage (over 95%) with two doses of the Measles Mumps and Rubella (MMR) vaccine is necessary to eliminate it. Measles vaccination has been available in the UK for the last 50 years and the Measles, Mumps and Rubella (MMR) immunisation programme for the last 30 years. In 2016, the UK reached 95% coverage of the MMR vaccine for 5-year olds and the World Health Organisation declared that the UK had achieved elimination. However, the uptake of the second dose of MMR remains below 95% at approximately 88%. And therefore, elimination has not been sustained. Further Public Health England (PHE), analysis also suggests that immunity in young people and teenagers are well below that required to interrupt transmission. The most susceptible age group are those born between 1998/09 and 2003/04 (age 15-20 years). There is also a disparity in uptake within certain communities e.g. areas of deprivation, ethnicity and geography.

There have been large outbreaks of measles in Europe and imported infections are a real risk to the UK elimination status.

Measles if contracted can result in significant days lost at school and employment. Sub-optimal immunisation take up also creates and increases risk of outbreak, which if it were to happen locally would require extensive resource to immunise communities at risk and would also have an increased burden on primary and secondary care.

MMR Elimination Strategy

An MMR elimination strategy has been produced by PHE and all Local Authorities have been asked to develop their own action plan to raise awareness of the importance of vaccination. Further information on the MMR Elimination Strategy can be found by following the link.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/741055/Measles_local_government_case_study.pdf

The strategy has four main components:

1. Achieve and sustain $\geq 95\%$ coverage with two doses of MMR vaccine in the routine childhood programme (<5 years old)
2. Achieve $\geq 95\%$ coverage with two doses of MMR vaccine in older age cohorts through opportunistic and targeted catch-up (>5 years old)
3. Strengthen measles and rubella surveillance through rigorous case investigation and testing $\geq 80\%$ of all suspected cases with an Oral Fluid Test (OFT)
4. Ensure easy access to high-quality, evidence-based information for health professionals and the public

MMR uptake data 2018/19



Source: Public Health England Public Health

Profiles <https://fingertips.phe.org.uk/search/MMR#page/0/gid/1/pat/6/par/E12000005/ati/102/are/E06000051>

Recent data does suggest that there has been an increase in the uptake particularly of the second dose, which is encouraging.

In quarter 4 2018/19, 97.3% received one dose of the MMR vaccination by age 5, and 91.5% receiving two doses of the MMR vaccination by age 5.

<https://www.gov.uk/government/statistics/cover-of-vaccination-evaluated-rapidly-cover-programme-2018-to-2019-quarterly-data>

GP's have been commissioned to undertake a catch-up programme for MMR immunisation. This includes checking and updating the immunisation status of individual children and invite them to attend an appointment where one or more doses of the immunisations are missing.

Information has been sent to schools and early years settings to encourage them to share the information with parents/carers and also to check immunisation status of children when commencing in a setting.

Information has also been cascaded through social media networks.

A local action plan has been developed to raise awareness (see appendix 1) and this has been recognised by NHS England colleagues as being good practice and they have shared this with other local authorities.

4. Additional Information

MMR Elimination Strategy

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/769970/UK_measles_and_rubella_elimination_strategy.pdf

MMR General Leaflet

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/543379/9867_MMR_A5leaflet.pdf

Quarterly vaccination coverage report

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/834711/hpr3419_COVER.pdf

5. Conclusions

We are seeing an overall improvement in MMR immunisation uptake and although further work is required to achieve this, a number of initiatives are underway. An action plan has been developed and this will be reviewed regularly to ensure effectiveness.

6. Risk Assessment and Opportunities Appraisal

(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

There are no Human Rights, Environmental Consequences, Community or Equality issues identified with the provision of these updates.

7. Financial Implications There are no current financial implications

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)
Cabinet Member (Portfolio Holder) Rob Gittins: Deputy Portfolio Holder, Public Health
Local Member
Appendices: Appendix 1 MMR Shropshire Local Action Plan.

Appendix 1

Shropshire Council Public Health MMR Elimination Action Plan

Where	What	Timescales	Comments/status of action	Reach
Early Help Hubs	Information displayed and signposting	September 2019	Information disseminated to Early Help Commissioner who will action. To order posters etc attempted 08/08/2019 but publication order online down 8/8/2019- Information sent to be included in September Early Help newsletter	Professional- Public children and families
Maternity Hubs	Information displayed and signposting	When maternity hubs come on line- timescale will be dependent upon these being identified and up and running but will provide information for maternity asap.	TBC to await hubs to be developed.	Professional- Public children and families
Integrated 2-year review	Checking immunisation status and signposting	November 2019	This does happen and is part of the public health discussion with parents.	Children and families and Early Years professionals
2-year review	Checking immunisation status and signposting	September 2019	As above	As above
Early Years Foundation Stage progress check	Checking immunisation status and signposting	November 2019	To check with Early Years re this email sent 8/8/2019 also to add information into early years newsletter Presentation to Early Years Practitioners on 27 th November 2019	Professionals Early Years Practitioners and children and families
School readiness leaflet	Add in line re ensuring	End July 2019	Complete	Children, families and professionals

	immunisation schedules are completed			
Housing	Add in immunisation status check on housing provider checklist where available (check with Housing)	December 2019	To be commenced	Children, families and professionals
Safe and Well visits by Fire Service	Include information and signposting to safe and well visit for vulnerable families	December 2019	To be commenced	Children and families
First Point of Contact (FPOC) Shropshire Council	Ensure that FPOC have information on immunisation schedule and aware of signposting	October 2019	Complete 15th July 2019: Community Directory contacts updated and sentence regarding vaccinations included with advice to contact GP should they be required. 8/8/2019 CW emailed in relation to further information required by FPOC.	Children, families and professionals
Health Needs Assessments by Public Health Nursing service (PHNS)	Include immunisation status and signposting and information on web pages	December 2019	This does happen and our Looked After Vaccination rates are demonstrable of this This will also be included in HNA's for YR, Y6 and age 13 and backed up by CHAT web pages.	Children and families
Web pages	Add in information and signposting on health web pages Shropshire Council and Public Health Nursing Service	December 2019	Web being updated; already on current pages but these are being updated by end of Dec Will also be part of the CHAT website	Children, families and professionals
Baby Buddy App	Explore opportunity	September 2019	Push notifications go out via Baby	Children, families and

	to add in to Baby Buddy App as reminder		Buddy app up to 6 weeks postnatal this is localised	expectant parents
GP newsletter	Add information re immunisations and boosters to GP newsletter	October 2019	Link with DC at CCG for information to go to GP's which will be distributed through locality meetings and newsletter. This will include wording from contract	GP's and practice staff
Schools/Early Years	To explore with school/EYS what they do if parent/carers complete admissions forms and indicate that immunisations are not up to date	December 2019	Email sent to Early Years' service manager to check this. To also check whether signpost and how frequently do they recheck. Schools do check immunisation status prior to school trips particularly abroad. To speak to schools in September	Early Years and school settings
Schools Newsletter	Add information re immunisations and boosters to school newsletter	December 2019	Schedule for September newsletter Complete	Children and families and professionals
Parent mail	Add information re immunisations and boosters to go out on parent mail	December 2019	To be explored in September	Children and families
Independent Schools	Send information regarding immunisations out with vision screening emails	October 2019		Children, families and professionals
Home Educated	Explore ways to send information out to Home Educated		PH Registrar trainee to look at possible media platforms AMS to look to see if we can send this out with other LA information to Home Educated.	Children, families and professionals
Apprenticeships/FE colleges and	Awareness raising to staff to enable	December 2019	To be explored in September	Young people, families and professionals

Universities	them to provide information and signposting. Provide information in different formats to promote.			
HCPPB	Present action plan at Healthy Child Programme Partnership Board and ask partners for additions and commitment to support action plan and	Initial meeting in July completed action plan by December 2019	Presented at Partnership Board-partners asked to provide additions by 2 nd August 2019	Board members and their organisations
Foodbanks	Add information re immunisations and boosters in Foodbank venues	December 2019		Children families and volunteers
Energise	Awareness raising and exploring how can impart in formation and signpost	December 2019		Professionals
Early Help/ Strengthening Families incl. Enhance	Ensure immunisation status is recorded and signpost where required	September 2019	Complete and information provided	Professionals
Early Years Forums	Awareness raising at early years forums to provide information and signposting to families	December 2019	Presentation planned 27 th November	Early Years practitioners
GP Locality meetings	Provide information and updates on	TBC		

	data and immunisations			
Sexual Health	Check immunisation status for MMR and HPV at SXH contacts and signposting if not vaccinated (to be added to new service specification which will commence April 2020)	From April 2020	Sexual Health Commissioner asked to include in new service specification.	Professionals
Parenting Programmes	Ensure that information and signposting is available at all parenting programmes	September 2019	To discuss with Parenting Coordinator	Children and families
After school clubs	Awareness raising to staff to enable them to provide information and signposting	December 2019	To email sent 8/8/2019 to see if this is part of traded service of occupational health to major employers 8/8/2019 Emailed communications to look at designing this	Professionals
Link to large employers in area to raise awareness	Awareness raising to all and provide information and signposting	VC/MJ		
Screen savers (computers)	Link with communication teams to develop screen savers that can be used in organisations with key vaccination messages			
School lesson plans	To check that key			AC

Communications	information is included Work with communication teams to look at alternative ways of promoting e.g. Roald Dahl, testimonials, social media (particularly young person social media)	VC/MJ	In progress Information sent out via social media and communication networks
Health and Well-Being Board	Present paper to HWB and ask that Elected Members and partners promote to communities' sand organisations	AMS/DC	Scheduled for November Board meeting
Communication through Churches	To link with Churches in local area to help raise awareness to parishioners		To be commenced