

Health and Social Care Committee Inquiry: Measles Outbreak

Submission from the Aneurin Bevan Health Board, June 2013

1. Executive summary

Aneurin Bevan Health Board responded swiftly to the threat of the spread of measles from the Swansea outbreak, working together across the divisions and public health team, diverting necessary resources and prioritising the response, given the declared public health emergency. Similarly, there has been a very supportive and collaborative response from Local Authority and Education partners.

The initial outcomes of this proactive work for Aneurin Bevan Health Board are:

- As of 17th June 2013, **14,432 unscheduled doses of MMR have been given since March 2013** in the Aneurin Bevan Health Board area. Of these, 8926 were administered in General Practice, 2940 in Saturday Drop-in Clinics, 2094 in secondary schools/college sessions and 472 to healthcare staff.
- **96.3% of primary school aged children** (Reception to Year 6) **have received one dose of MMR vaccine**, with coverage ranging from 97.4% in Torfaen to 94.6% in Monmouthshire (as of 19th June 2013, Child Health System). 91.5% have had two doses of MMR vaccine.
- **94.8% of primary and secondary school aged children** (aged 4 to 18 years) **have received their first dose of MMR vaccine**, with coverage ranging from 96.9% in Torfaen to 91.2% in Monmouthshire (as of 19th June 2013, Child Health System). These children will have 90-95% protection against measles. 88.8% have had two doses of MMR vaccine
- **93.5% of secondary school aged children** (Years 7 to 13) **have received their first dose of MMR vaccine**, with coverage ranging from 96.4% in Torfaen to 88.5% in Monmouthshire (as of 19th June 2013, Child Health System). 86.4% have had two doses of MMR vaccine.
- **95.7% of children reaching the age of two years have received their first dose of MMR vaccine**, with all Local Authority areas within the Health Board reaching the target uptake of 95% (COVER report Jan 2013 to March 2013).
- **89.6% of children reaching the age of five have received their second dose of MMR**. Whilst the uptake of the second dose has been of concern in Monmouthshire, in this quarter it reached 91.8% (COVER report Jan 2013 to March 2013).

Aneurin Bevan Health Board is committed to continuing to build on the successful work undertaken with the aim of achieving the 95% target for two doses of MMR vaccine.

The report outlines:

Section 2: Background - factors that led to the current measles outbreak

Section 3: Aneurin Bevan Health Board area: actions taken in response to the measles outbreak in the Swansea outbreak

Section 4: Routine childhood vaccination MMR activity and work undertaken over the last 10 years

Section 5: Lessons learned.

2. Background - factors that led to the current outbreak

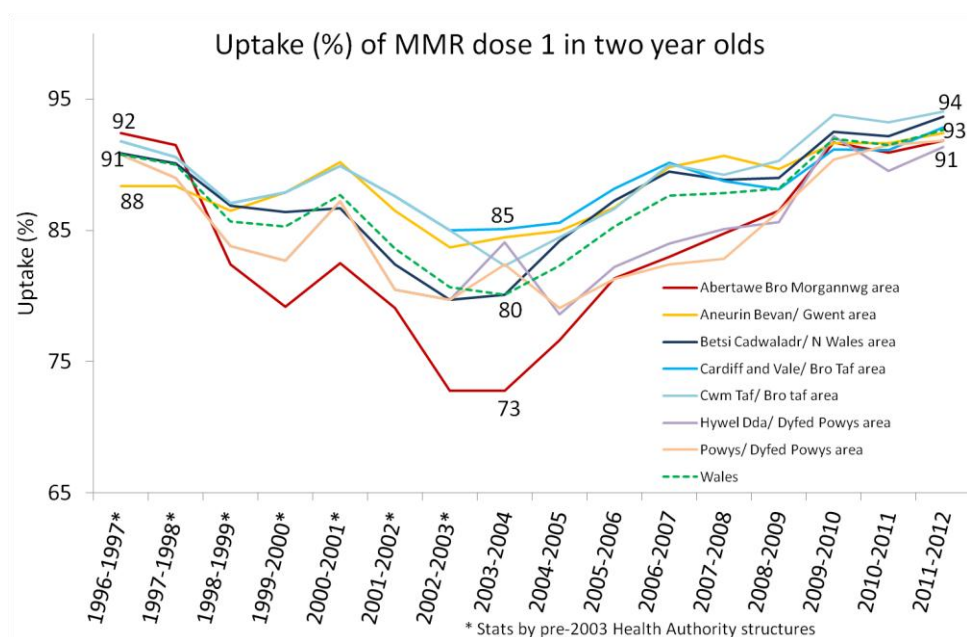
In the late 1990's, in response to extensive media coverage of a paper published in *The Lancet* in 1998 and the claims of a few researchers that MMR, autism and bowel disease were linked, uptake of MMR vaccine fell in the UK. In two year old children in Wales uptake fell from a quarterly peak of 94% in 1995 to 78% by 2003. It is notable that across the Aneurin Bevan Health Board area as a whole, the decline in the first dose of MMR (which conveys 90-95% protection against measles) was less marked than in some area of Wales (see Figure 1). *The Lancet* paper has since been formally withdrawn, and the research thoroughly discredited, with independent research overwhelmingly supporting the safety of MMR.

However, the consequences of the scare would be apparent for years to come as the minority of children, who were not routinely vaccinated over the years of the controversy, many of secondary school age, therefore had no protection against measles, mumps, and rubella infection.

In spite of ongoing work, it was estimated that as at 1st November 2012, (in the Aneurin Bevan Health Board area), there were 17,492 individuals aged 2 years to 18 years at risk from measles. Of these, 8,837 children aged 2 years to 18 years were unvaccinated as had not received their first dose of MMR and 8,655 children aged 4 to 18 years were partially vaccinated (had received one dose of MMR vaccine).

This was of concern, given the close proximity of Aneurin Bevan Health Board to Abertawe Bro Morgannwg University Health Board area and the highly infectious nature of measles.

Figure 1: Annual uptake of first dose of MMR (all Health Boards), 1996-2012 (April – March years)



Uptake figures represent percentages of resident children reaching their second birthday between April 1st and March 31st who were immunised by their second birthday.

Note: Pre-2003 health authority structures:

- Iechyd Morgannwg covered current Abertawe Bro Morgannwg University Health Board area.
- Gwent covered current Aneurin Bevan Health Board.
- Bro Taf covered current Cardiff & Vale University Health Board and Cwm Taf Health Board areas.
- Dyfed Powys covered current Hywel Dda Health Board and Powys Teaching Health Board areas.

Source: Public Health Wales

3. Aneurin Bevan Health Board area: actions taken in response to the measles outbreak in the Swansea area

The following section details the actions taken by public health professionals, in partnership with other agencies, in response to the outbreak in the Swansea area.

3.1 Strategic leadership and co-ordination of the response

Aneurin Bevan Health Board convened a Measles Emergency Group on 5th April 2013, with representatives from Emergency Planning, Primary Care, Public Health Wales (including Consultant in Communicable Disease Control and Team), School Nursing, Health Visitors, Family and Therapies clinical lead, Immunising Coordinator, Communications and Local Public Health Team. The Group was responsible for leading and co-ordinating a response to

prevent a possible measles outbreak similar to that experienced in the Swansea area and respond should this be necessary in the future.

The Director of Public Health chaired the Measles Emergency Group which met on a weekly basis even before the letter to Health Boards, from the Chief Medical Officer for Wales was received on 17th April 2013, to activate their school based plans to vaccinate all unprotected school aged children, as part of a Wales-wide campaign, with the aim of completing the task by 24th May 2013.

3.2 Priorities for action

The priorities for action agreed by the Measles Emergency Group were to:

- Increase the availability of MMR vaccination within Gwent and delivering a school-aged MMR programme/campaign
- Promote awareness of the need for MMR vaccination
- Develop contingency plans for possible increased numbers of cases and potential local outbreaks.

An implementation plan was produced to address the agreed priorities (see Appendix A). This was agreed by Executive Team on 16th April 2013 and an update paper was approved by the Aneurin Bevan Health Board on 22nd May 2013.

3.3 Progress in implementing priorities for action

3.3.1 Increasing the availability of MMR vaccination within Gwent and delivering a school-aged MMR programme/campaign

A three-pronged approach was implemented to actively offer parents the opportunity to have their unprotected children/young people immunised through:

- Schools and further education college based MMR catch-up programme/campaign targeting young people aged 11 to 21 years
- Primary Care clinics for primary school children
- Increasing availability of MMR vaccine including drop-in MMR clinics.

3.3.1a Schools and further education colleges based catch-up programme /campaign

2094 children and young people aged between 10 and 18 years of age were vaccinated through the schools and colleges campaign (see Appendix B).

MMR Clinics were promoted, held and delivered in all:

- 42 secondary schools (including 4 independent schools)
- 5 special schools
- 6 colleges of further education
- 1 University.

The delivery plan commenced in the further education colleges on Wednesday 24th April 2013, Comprehensive Schools on Monday 29th April 2013 and the campaign delivery plan was completed on 24th May 2013. Schools were prioritised according to the highest number of children/young people who had not been protected by having two MMR vaccines. The planning utilised 58 staff per week (nurse immunisers and support staff).

3.3.1b Primary Care clinics for primary school aged children

General Practice has been extremely busy with 8,926 unscheduled MMR vaccinations given between March 2013 and 17th June 2013 in Primary Care. Of these 2,357 vaccines were to individuals aged 10 to 18 years of age (see Appendix B).

Under the leadership of the Assistant Medical Director, MMR vaccination was prioritised by General Practice with the aim of proactively offering all under immunised primary school aged children the MMR vaccine by 24th May 2013. A MMR Local Enhanced Service (LES) was agreed to support the implementation of the plan, prioritising primary schools aged children, and young people who would not have been reached by the schools programme (young people not in education or unable to attend the school sessions).

All GP practices were issued with a patient list extracted from the Child Health System which identified all patients aged 19 years and below registered with the practice who had not completed a full course of the MMR vaccine. Practices were asked to reconcile this data against the immunisation status recorded on the GP system and return to the Primary Care Team. The Primary Care Nursing Team nurse lead designated for immunisations developed web pages for practices staff specifically on vaccinations. General Practices together with Health Visitors, collaborating via Neighbourhood Care Networks, co-ordinated additional clinic activity to accommodate the demand for the MMR vaccine.

3.3.1c Increasing availability of MMR vaccine including drop-in MMR clinics

A proactive approach was undertaken to offer increased and easy access to MMR vaccine through drop-in clinics, and also a targeted approach to check immunisation status and offer vaccine to vulnerable groups who may have missed out in the past for whatever reason.

- **Saturday MMR Drop-in Clinics**

2,940 individuals were vaccinated at eight Saturday MMR drop-in clinics (see Table 1).

These were extremely well attended with 20% of all individuals vaccinated for MMR during this period in the Aneurin Bevan Health Board area at these clinics; a testament to the flexibility and enthusiasm of all immunisers and support staff. The clinics reflect the integrated nature of the Health Board as they were organised by Primary Care and planning, run in hospital settings and involved primary care nurses and clinical leads working alongside paediatric hospital, community nursing and public health staff.

- **Vulnerable Groups**

Vulnerable Groups were targeted and MMR vaccine offered to those under the age of 25 years, who were under vaccinated (see Table 2). Individuals living on traveller's sites were offered vaccinations and information/materials were disseminated in 12 different languages to target different population groups in the Newport area.

Table 1: Activity at Saturday MMR Drop-in Clinics

Date	Aneurin Bevan Health Board area: Drop-in MMR Clinic	Number vaccinated
13 th April 2013	Ysbyty Ystrad Fawr, Ystrad Mynach	563
	Bellvue Surgery, Newport	252
20 th April 2013	Ysbyty Ystrad Fawr, Ystrad Mynach	596
	Royal Gwent Hospital, Newport	514
	Nevill Hall Hospital, Abergavenny	493
27 th April 2013	Ysbyty Aneurin Bevan, Ebbw Vale	338
18 th May 2013	Royal Gwent Hospital, Newport	168
	Chepstow Community Hospital, Chepstow	16
Total		2,940

Table 2: Targeting MMR vaccination for Vulnerable Groups

Week commencing	Vulnerable Group	Action
15 th April 2013	HM Prison Usk	185 vaccinations given at prisons
	HM Prison Prescoed	
13 th May 2013	Gypsy and traveller community	Vaccinations administered on site
13 th May 2013	Ethnic minority communities	Materials/information on MMR cascaded via networks in 12 different languages
22 nd April 2013	Gwent Specialist Substance Misuse Service (GSSMS)	MMR vaccination offered by the service to service users
	Kaleidoscope (voluntary sector substance misuse provider)	
April – May 2013	Looked After Children	Immunisation status checked and offered MMR if needed

- **Healthcare staff**

472 healthcare staff received MMR immunisation during the campaign (see Appendix B).

Despite Aneurin Bevan Health Board Occupational Health Department proactively promoting and offering under vaccinated healthcare staff the opportunity to have their MMR vaccine in line with the Staff Action Plan, uptake amongst healthcare staff was disappointing. Actions implemented by the Occupational Health Department included (see Appendix C for Action Plan):

- Offering staff who request MMR vaccination an Occupational health appointment within 48 hours
- Organising two drop-in clinics for staff in Royal Gwent Hospital on 15th April 2013 and Ysbyty Ystrad Fawr on 16th April 2013
- Attending higher risk workplaces (e.g. Accident and Emergency Department) to vaccinate staff on site
- Enabling staff in certain areas, where they have the competencies, to vaccinate their own teams e.g. midwifery, school nurses, and certain district nursing sites.

3.3.2 Promoting awareness of the need for MMR vaccination

3.3.2a Communications plan

A comprehensive Aneurin Bevan Health Board communications plan for health, local authorities, educational settings and wider partners was developed and implemented. The plan dovetailed into the national press/media engagement activity led by Public Health Wales. Social media was extensively utilised by Aneurin Bevan Health Board to raise awareness and reach the prioritised aged group including targeted advertising on Facebook and messages via Twitter.

The drop-in clinics and need for MMR vaccine were widely promoted through networks targeting parents of school aged children (e.g. Family Information Services, local colleges, ethnic community networks, youth services, education system etc.), local press, radio adverts and through social networks.

3.3.2b Engagement with local authorities, further education colleges and wider partners

The Chief Executives and Directors of Education of the five local authorities in the Gwent area were informed of the Measles Emergency Group and its priorities on 5th April 2013. The Health Board secured full support from all five local authorities and Principals of further education colleges to implement the MMR Emergency Plan. Relationships were established with nominated key individuals to work with Aneurin Bevan Health Board Measles Emergency Response Group to actively implement plans. Chief Executives and Directors of Education were updated regularly on progress with the implementation of the plan, as well as the Gwent Local Resilience Forum. Other organisations which were actively engaged to support the MMR Plan included local housing associations and the voluntary sector.

A copy of the Communications Action Plan can be seen in Appendix D.

3.3.3 Develop contingency plans for possible increased numbers of cases and potential local outbreaks.

A draft Measles Outbreak Response Plan was produced to respond to a potential outbreak (see Appendix E).

Plans were developed to respond to an outbreak of measles in the Aneurin Bevan Health Board area in settings such a nursery, school, college or workplace. This included an outbreak response team to co-ordinate visits to the venue to deliver vaccines to the contacts. Action included timely identification of cases and swift action to identify contacts to prevent spread.

Extra staff were identified and trained in order to increase the capacity of staff that is able to immunise in an event of an outbreak. This training was delivered to Paediatricians, nurses

and Public Health Staff by the Immunisation Co-ordinator, supported by the Public Health Wales Vaccine Preventable Disease Programme staff.

As of 17th June 2013, 120 cases were notified in the Aneurin Bevan Health Board area since 1st March 2013, all of whom have been followed up by the Health Protection Team. Of these, 29 were microbiologically confirmed cases and eight of these positive cases required hospitalisation for between one day and five days.

3.4 Data

The outcomes of this proactive work for Aneurin Bevan Health Board are:

- As of 17th June 2013, **14,432 unscheduled doses of MMR have been given since March 2013** in the Aneurin Bevan Health Board area. Of these, 8926 were administered in General Practice, 2940 in Saturday Drop-in Clinics, 2094 in secondary schools/college sessions and 472 to healthcare staff.

Initial analysis of the local Child Health System indicates that, as of 19th June 2013:

- **96.3% of primary school aged children** (Reception to Year 6) **have received one dose of MMR vaccine**, with coverage ranging from 97.4% in Torfaen to 94.6% in Monmouthshire. 91.5% have had two doses of MMR vaccine.
94.8% of primary and secondary school aged children (aged 4 to 18 years) **have received their first dose of MMR vaccine**, with coverage ranging from 96.9% in Torfaen to 91.2% in Monmouthshire. 88.8% have had two doses of MMR vaccine.
- **93.5% of secondary school aged children** (Years 7 to 13) **have received their first dose of MMR vaccine**, with coverage ranging from 96.4% in Torfaen to 88.5% in Monmouthshire. 86.4% have had two doses of MMR vaccine.

The latest published COVER report (January – March 2013) illustrates a continued improvement in MMR uptake rates for Aneurin Bevan Health Board, with:

- **95.7% of children reaching the age of two years having received their first dose of MMR vaccine.**
- **All five Local Authority areas within the Health Board area achieved the target of 95% uptake of first dose of MMR for children reaching their second birthday.**
- **89.6% of children reaching the age of five have received their second dose of MMR.** Whilst the uptake of the second dose has been of concern in Monmouthshire, in this quarter it reached 91.8%.

3.5 Finance

Table 3 outlines the estimated costs that Aneurin Bevan Health Board has incurred based on the activity undertaken to the end of May 2013. The majority of costs for the schools programme were opportunity costs whereby the secondary school MMR catch-up programme was prioritised and staffs were redeployed to implement the Measles Emergency Plan. For example, the school health nurses were utilised to deliver the schools programme, the implication of this was that the current work programme (which included child measurement programme) ceased to enable the MMR programme to be delivered.

Please note that the costs outlined in Table 3 are an estimate only and that the following factors will increase the costs substantially. The costs only include direct additional costs to the Health Board. They do not include staffing costs which were not additional costs to the organisation, or the impact of work done to prevent a possible measles outbreak for which staff have not been paid (i.e. time in lieu). The costs also do not include the increased vaccine costs associated with the general increase in uptake for scheduled vaccination programme. As the General Medical Services MMR Local Enhanced Service is currently being implemented, these costs have not been included as yet.

Table 3: Estimated costs to the end of May of implementing Measles Emergency Plan

Item	£	Additional detail
Vaccines	39,157	Based on numbers administered excluding Primary Care
Staff Costs*	13,250	Based on actual costs
Vehicle/Transport	5,782	Includes transportation of vaccine in schools programme
Other Equipment	796	Includes sundries, stationary for schools programme
Advertising	1,330	Based on current costs
GMS MMR LES**	tbc	Based on number of unscheduled vaccinations in primary care
Total	60,324	

*Claims for some drop-in clinics need to be accounted for

**As MMR General Medical Services Local Enhanced Services is still being implemented, it is too early to give indication of the costs incurred

4.0 Routine Childhood Vaccination MMR activity across Aneurin Bevan Health Board

4.1 Existing Gwent immunisation structures and roles

The Gwent Immunisation Group is responsible for overseeing the immunisation programme in Aneurin Bevan Health Board area. The objectives of the Group are to:

- (a) Promote and support an effective immunisation service to protect the population of Gwent from vaccine-preventable diseases and to achieve targets for immunisation uptake rates
- (b) Make recommendations on immunisation policy in Gwent, in line with Welsh Government policy, and the recommendations of the Joint Committee on Vaccination and Immunisation
- (c) Recommend measures to improve the uptake of scheduled childhood and adult immunisation in Aneurin Bevan Health Board area.

The multi-disciplinary group is jointly chaired by the Consultant in Communicable Disease Control and Director of Public Health, and reports to Aneurin Bevan Health Board Public Health and Partnership committee.

4.2 Strategic direction

Aneurin Bevan Health Board and partner organisations regularly receive information regarding the importance of immunisation and uptake rates of childhood vaccinations. A number of strategic documents, Board and Partnership papers which refer to MMR uptake have been received in recent years. These include:

- Aneurin Bevan Health Board's Public Health Strategic Framework 2011-15
- The associated work plans for the Aneurin Bevan Gwent Public Health Team for 2011-12, 2012-13 and 2013-14 include actions to increase the uptake for childhood immunisations, giving priority to preschool and teenage vaccinations. Action of increase uptake of the second dose of MMR as per schedule and catch up programme in teenagers are included in the plan. Progress in relation to the ABHB Public Health Strategic Framework is reported in the Director of Public Health's Annual Report
- Aneurin Bevan Health Board paper - Childhood Immunisations in Aneurin Bevan Health Board (January 2010)
- Children and Young People's Partnership (CYPP) paper 'Get Protected' Immunisation Health Promotion Campaign in February 2010 presented at the five CYPPs across Gwent

- Aneurin Bevan Health Board paper - Measles outbreaks across Europe; a risk to young people in Monmouthshire due to low Measles, Mumps and Rubella Vaccination uptake June 2011. This paper was also taken to the 5 ABHB Locality Management Team meetings and amended copies to each Children and Young People's Partnership across Gwent.

4.3 Routine childhood vaccination programme

The childhood scheduled programme continues to be delivered as normal throughout Gwent with children being called for their first MMR vaccination at the age of 12-13 months and their second MMR vaccination at 3 years and 4 months. Immunisers and their administrative support staff adhere to the All Wales Minimum Standards for Childhood Immunisation Administrative Procedures and Data Collection (PHW 2010), as described in the ABHB Immunisation Governance Framework agreed by Aneurin Bevan Health Board in 2012.

Key aspects of the proactive approach to promoting childhood vaccination programme to reach 95% uptake include:

- All new parents are given information on vaccinations by health visitors and practice nurses, i.e. literature to support vaccinations and directed to web pages Public Health Wales/ NHS Choices where they can find further information if required.
- The Child Health Department operate a call-recall appointments system for scheduled childhood immunisation programme. Children are sent appointments for MMR1 at 12-13 months and MMR2 at 3 years and 4 months of age.
- The Immunisation Coordinator monitors vaccination clinic waiting lists quarterly using the data stored on the Child Health Computer System. Any lists which contain 50 children or more are investigated, and support to vaccinate negotiated if required to reduce the waiting list.
- Where children miss their appointments for scheduled MMR, a number of checks and reminders are in place, including an automatic second appointment being sent to recall the child.
- Parents of pre-school children who do not attend for appointments are followed up by the health visiting service with home visits if necessary. Parents who refuse to consent are asked to sign 'a refusal of consent form' and are reminded that they can change their mind at any time. These families are be sign-posted to further information which they may find helpful.
- In extenuating circumstances domiciliary immunisations may be offered.
- Immunisation status of children is assessed at school entry by running reports on Child Health System. The school nurses then communicate with parents to encourage vaccination.

- All pre-school children who move into Aneurin Bevan Health Board catchment area and register with a GP are visited at home by the health visiting service. Immunisation status is elicited and vaccinations discussed and offered if applicable.
- The Asylum Seeker nurse is involved in assessing the immunisation status for children of families who are seeking asylum in the catchment area. These children are then referred into the appropriate agencies i.e. health visiting, respiratory services for BCG or practice nurse.
- Looked After Children (LAC) children have an annual health review performed by LAC nurses. Their immunisation status is assessed and referrals made to appropriate agencies.
- As part of their public health role, the school nurses are offering outstanding vaccinations to young people who are referred to them on a domiciliary basis, if appropriate.
- Children who attend pupil referral units (PRU) within the educational system are often difficult to reach. Information on teenage vaccinations is sent to the Senior Educational Welfare Office for each Borough every year. This information is for cascade via the PRU signposting/reminding pupils about the importance of immunisation.
- Continuing Professional Development sessions are routinely delivered on immunisations for staff, including practice nurses and practice managers.

4.4 Work over the past 10 years in response to the ongoing threat of a measles outbreak, given MMR uptake over time

Over the past 10 years there has been a gradual but steady upward trend in the uptake rates of MMR, as illustrated in Figure 1.

During this period there has been ongoing actions advocating the importance of immunisations across Aneurin Bevan Health Board area. Each of the five Local Health Boards which covered the area prior to the formation of Aneurin Bevan Health Board, acted independently in response to the need to increase uptake of MMR; examples of some of the actions undertaken can be found in Appendix F.

Since the formation of Aneurin Bevan Health Board, a Gwent wide approach to the promotion of vaccinations has been adopted:

- In 2009, the Gwent Immunisation Group established a task and finish group named **STRIVE (Strategy To Raise Immunisation and Vaccination for Everyone)**, it aimed to plan and implement a programme of activities to increase the public's awareness of teenage vaccination, and increase awareness amongst vulnerable people including minority ethnic groups, which it has done for example, in partnership with the South East Wales Regional Equality Council.

- In 2010, a targeted bilingual campaign 'Get Protected' was implemented aimed at young people, it used posters and leaflets, radio adverts, competitions and educational sessions with young people to promote teenage vaccination including MMR. Materials were designed and piloted involving young people and distributed via school health nurses to all those in years 10, 11, 12 and 13. The campaign addressed teenagers themselves and their own responsibility for ensuring their immunisation status as they grow into adulthood as well as parents. This was because in the past promotional efforts were focused more at parents.
- As part of the 2010 Tetanus, Diphtheria and Polio vaccination programme targeting school aged children in Year 10, the Health Board promoted to parents the importance of MMR and advised they check their child's vaccination status and to make an appointment with their GP if their child was under vaccinated.
- Further examples of Gwent wide initiatives to promote the update of vaccination since 2009 can be found in Appendix G.

5.0 Lessons learned

Aneurin Bevan Health Board held a preliminary debrief to reflect on the programme of work at the Gwent Immunisation Group, on 12th June 2013, to discuss initial thoughts regarding lessons learned and emerging themes which will form a framework for the formal debriefing session which is scheduled for 23rd July 2013.

Three areas were thought to be important to explore at the preliminary debrief; these were data, communications and operational surge planning to ensure the Health Board is able to mount a sufficient response in a timely fashion, to any future health threats, such as a communicable disease outbreak.

Data/Systems

The prioritisation for this programme of work has been informed predominantly by a data system, which is informed by a paper based system relying on information being returned from various sources to the child health department on vaccinations given. This current system meant that data on the vaccination status of individuals were not necessarily up-to-date. There are a number of contributing factors and the group discussed a need to focus on the system at the formal debrief to plan how the system can be improved to give timely and up-to-date data.

To address this challenge during the campaign, GPs reconciled their practice data with that of the Child Health System data which then improved the accuracy and completeness of the data held on the Child Health System. This worked extremely well. It was recognised that to maintain this level of accuracy, records regarding changes of address and school, and /or change in registration with General Practice need to be undertaken on a regular basis. For school aged children, class records are not currently requested from schools unless

required, for example, to invite consent from parents for girls in year 8 to receive HPV vaccination and all young people to receive their teenage booster for Tetanus, Diphtheria and Polio in Year 10. It is proposed that class records for all classes should be received annually, to update the Child Health System on a regular basis.

There was a strong view that a shift from paper processes to more accessible electronic processes would be efficient and facilitate greater accuracy, particularly when current paper processes such as 'unscheduled vaccination' forms are time consuming to complete and in the current system required the attention of more than one individual. It was proposed that GPs should be able to input data directly (on to the Child Health System) for patients registered to their practice.

Similarly, the use of social media and school websites to promote the schools campaign directly to parents worked extremely well. It was proposed that for future school base campaigns that this was replicated to include, for example, parental consent forms for vaccinations given in schools electronically, emailed directly to the majority of parents, and that they could include a section to enable parents to input the dates of the vaccinations if previously received elsewhere, so they could then be used to update the system.

On a national basis, cross border issues are challenging and complex. The processes for neighbouring health board's Child Health Systems to exchange data regarding individuals who move out of county, are educated out of county, or cross the border from England need to be further developed and strengthened. These factors appear to contribute significantly to data for the Monmouthshire population, where the Child Health System identified school aged children to be under-vaccinated with MMR, who were subsequently found to be fully protected.

A further challenge to the Health Board is the system by which data are held regarding the vaccination status of frontline health and social care staff. At present each ward or department have been asked to collate vaccination status of their own staff. However, there is no central database holding this information and since this is personal health information, there is no obligation for a member of staff to share it with their manager. There was acknowledgement that whilst MMR vaccination could not be made compulsory, there needs to be stronger communication and a shift in emphasis that as an occupational vaccination, the organisation's expectation is that frontline health care workers have a duty of care to protect patients where possible and therefore to received the recommended vaccinations (including MMR and flu vaccinations).

Communication

The group felt that internal and external communications on the whole had been clear with effective use of social media, in particular Facebook and Twitter.

There was some initial public confusion because Aneurin Bevan Health Board was not an outbreak area and the majority of the national press releases and subsequent media coverage centred on the Swansea outbreak area. Whilst this caused demand from parents wishing to have their children vaccinated before they were due to receive either first or second dose of MMR, the Saturday Drop-in Clinics enabled prompt access for members of the public to discuss any concerns with health care staff.

There was effective and strong working relationship and support from all five local authorities to the MMR Campaign. A key factor contributing to this was an agreement that activity between the Local Public Health Team, the Health Protection Team and each Local Authority relating to measles and MMR campaign would be communicated by and to nominated individuals only. Using local authorities, and in particular schools, to cascade information proved to be an effective way of communicating and achieving clarity in the key messages.

All five local authorities were immensely supportive of the campaign and widely distributed materials that were prepared by the Local Public Health Team and Health Board on a regular basis.

The Health Board used social media such as Facebook and Twitter on a regular basis to provide information about local services across Aneurin Bevan Health Board area. The benefit was that unquestionably, these methods have great reach and are the means that most young people access information. The use of social media necessitated staff to monitor Twitter and Facebook on a constant basis to ensure that the Health Board responded quickly to queries as necessary.

Operational surge planning

The group's initial views are that as an organisation, the Aneurin Bevan Health Board health community were able to mount a rapid and effective response to the declared public health emergency with efficient cross-divisional working. Staff from all divisions were mobilised and were fully committed to respond to the public health emergency. For example, members of the Local Public Health Team were deployed to support school health nurses delivering the schools catch up MMR vaccinations; staff from Primary Care, Family and Therapies Division, Occupational Health Department and the Local Public Health Team organised and delivered the Saturday drop-in clinics at short notice with great enthusiasm and professionalism. It is testament to the commitment and enthusiasm of staff that nearly 3,000 individuals were vaccinated at eight drop-in clinics.

The group felt the drop-in clinic was a successful model that could be utilised in any potential future outbreaks. Emergency contingency plans would be updated to include 'template' scripts, plans regarding estates and venues suitable for mass clinics, 'off the shelf

check lists' and communications plans which can be tailored to any given 'emergency' scenario. This will be explored in greater detail at the formal debriefing session.

The Board is committed to continuing to build on the successful work undertaken with the aim of achieving the 95% target for two doses of MMR vaccine.



ANEURIN BEVAN HEALTH BOARD

**Measles Emergency Response Implementation Plan
(School Age Children & Young People component)**

Updated: 26th April 2013

Submitted to Public Health Wales 26th April 2013

1.0 Governance

1.1 Measles Emergency Group

A Measles Emergency Group was convened on 5th April 2013, jointly between ABHB and PHW, to co-ordinate a response to prevent a possible measles outbreak similar to that experienced in the Swansea area. The Director of Public Health chairs this group which meets on a weekly basis.

The priorities for action agreed by the group are to target school aged children and young people by:

- Promoting awareness of the need for MMR vaccination
- Increasing the availability of MMR vaccination within Gwent and delivering a school-aged MMR programme/campaign
- Developing contingency plans for possible increased numbers of cases and potential local outbreaks.

A draft Measles Outbreak Response Plan has also been produced.

1.2 Reporting

The Director of Public Health reports on progress to the Executive Team and the Public Health and Partnership Committee of the Board.

2.0 Promoting awareness of the need for MMR vaccination

2.1 Communications plan

A local ABHB communications plan for health, local authorities, educational settings and wider partners has been developed and is currently being implemented. The Communications Officer works with the local press to raise awareness of activity. The plan dovetails to the press/media engagement activity which is led by Public Health Wales and the Public Health Wales Communications link to ABHB, is copied in to local correspondence.

2.2 Engagement with Local Authorities, Further Education Colleges and wider partners

The Chief Executives and Directors of Education of the 5 Local Authorities in the Gwent area were informed of the Measles Emergency Group and its priorities on 5th April 2013. The Health Board has secured full support from all 5 Local Authorities and Principals of Further Education Colleges to implement the MMR Plan. Relationships have been established with nominated key individuals to work with ABHB to actively implement

plans. Chief Executives and Directors of Education are updated on a weekly basis on the work of the Group. Update reports to Gwent Local Resilience Forum are also to be submitted.

Other organisations which are actively engaged to support the MMR Plan include local housing associations and the voluntary sectors.

Actions implemented to date across the 5 Local Authorities and partner agencies include:

- Letters sent to parents/guardians of school aged children (primary, secondary & pupil referral units) regarding the risk of measles and the need to ensure children are vaccinated (10th April)
- Letters to Directors of Education informing them of the school based campaign (16th April)
- Information produced for Family Information Services and cascaded via their social media networks to organisations which work with children and young people (e.g. scouts, play groups, nurseries, colleges, child minders, clubs etc.)

Further details on actions can be seen in the Communications Plan.

3.0 Increasing the availability of MMR vaccination within Gwent and delivering a school-aged MMR programme/campaign

3.1 Targeting children and young people

Whilst individuals born after 1970 are being encouraged to get vaccinated against measles, the plan focuses on children and young people of school age who missed out on MMR vaccine for whatever reason in the past so that they are offered catch up vaccinations to provide maximum protection to the community as a whole.

Target group: Under immunised school aged population (no or one MMR in past) with special focus on 10-18 year group who have had no MMR immunisation in past.

3.2 Population at risk of measles

It is estimated that 17,492 individuals aged between 2 and 18 years are at risk from measles, (in the Aneurin Bevan Health Board area), as they have not received one or two doses of MMR vaccine (see table 1).

Table 1: Numbers of children aged 2-18 years under-immunised (unvaccinated or partly vaccinated) in Welsh Health Boards, April 2013 (from PHW data)

Health Board	Total numbers	Numbers under-immunised	Rate of imms per weekday necessary to immunise all susceptible beginning 22/4 to complete by 24/5 (25 days)
Abertawe Bro Morgannwg	90360	14176	567 (567.04)
Aneurin Bevan	114718	17492	700 (699.68)
Betsi Cadwaladr	126007	12551	502 (502.04)
Cardiff and Vale	92072	12777	511 (511.08)
Cwm Taf	56092	6511	260 (260.44)
Hywel Dda	65959	10184	407 (407.36)
Powys	22978	4510	180 (180.40)

The summary data supplied by Public Health Wales on Thursday 11th April has been cross checked using more up-to-date reports from the Child Health System to identify the susceptible population. This list has been used to inform prioritisation of schools to commence vaccination.

A three-pronged approach is planned to actively offer parents the opportunity to have their unprotected children/young people immunised through:

- Implementing a schools and further education college based MMR catch-up programme/campaign targeting young people aged 11 to 21 years, and children of primary school age
- Primary Care clinics for Primary School children
- Increasing availability of MMR vaccine including drop-in MMR clinics

3.3 Schools and further education colleges based catch-up programme/campaign

Implementing a schools and further education college based catch-up programme/campaign targeting young people aged 11 to 21 years, and children of primary school age.

We advocate a proactive approach targeting school-aged children who are either unvaccinated or partially vaccinated across the ABHB area. Some areas in Gwent such as Blaenau Gwent Local Authority do not have 6th forms within their comprehensive schools and instead pupils study for their A 'Levels at colleges of further education. There are 2 Colleges of Further Education operating from 6 different sites across Gwent, and all of these have been included within the delivery plan, along with the 5 special schools and 4 Independent schools.

MMR Clinics will be held and delivered in all:

- 6 colleges of further education
- 5 special schools
- 42 secondary schools (including 4 Independent schools)
- Primary Schools identified with 50 or more children unvaccinated or partly vaccinated. (Remaining primary schools will be immunised via Neighbourhood Care Networks).

The delivery plan is commencing in Further Education College on Wednesday 24th April, Comprehensive Schools on Monday 29th April and aim to complete the campaign delivery plan by 24th May 2013. Schools have been prioritised according to the highest number of children/young people who have not been protected by having two MMR vaccines. The planning is based on a 50% uptake rate (with consent granted), with two schools per day being completed, utilising 58 staff per week (nurse immunisers and support staff).

The schools delivery plan lists the diary of scheduled school sessions.

The immunisation status of all Looked After Children will be checked and MMR offered to those at risk. This will be completed by 24th May 2013.

- **Primary Care clinics for Primary School aged children**

Plans are well underway in Primary Care to proactively target all those under-immunised children who attend primary school, and young adults who would not be reached by the schools programme, again striving to achieve this by 24th May 2013 working through Health Visitors and General Practices collaborating via Neighbourhood Care Networks.

The Child Health System department has made available list of patients whose vaccination status is incomplete (by General Practice). These lists have been given to General Practices

to enable them to proactively contact parents and invite them to bring their children for MMR vaccines. General Practices together with Health Visitors are currently contacting families with unimmunised children on their lists to offer the vaccine within Primary Care. Both GP's and HV's are co-ordinating additional clinical activity to accommodate the demand for the vaccine.

Plans are also in place to 'run' lists of children who are either unvaccinated or partially vaccinated by primary schools. A personal letter will be sent to the parents/guardians to invite them to attend a primary care MMR clinic for their vaccination.

In the 7 day period ending 21st April 2013 there were 1291 doses of MMR given to patients at non-routine ages in General Practice in Aneurin Bevan Health Board, which accounts for 22% of those given in General Practice for that period across Wales.

The childhood scheduled programme continues to be delivered as normal throughout Gwent in the present situation with children being called for their first MMR vaccination at the age of 12-13 months and their second MMR vaccination at 3 years and 4 months.

3.4 Drop-in MMR clinics

- **Saturday MMR Drop-in Clinics**

Special drop-in MMR Clinics have been organised on Saturdays to increase the availability of MMR vaccine. These were promoted through networks targeting parents of schools aged children (e.g. Family Information Services, local colleges, ethnic community networks, youth services, education system, local press etc.).

The following clinics have been held:

- Saturday April 13th 2013 (11am to 3pm)

The first special drop-in MMR clinics were held by Aneurin Bevan Health Board on Saturday 13th April, at Ysbyty Ystrad Fawr and Bellevue Surgery, Newport, between the hours of 11a.m and 3p.m. Both clinics were successful with a total of 815 individuals vaccinated, 563 in Ysbyty Ystrad Fawr and 252 at Bellevue Surgery.

- Saturday April 20th 2013 (10am to 4pm)

Three MMR drop-in clinics were held on Saturday 20th April at Main Outpatients Departments of the following hospitals: Ysbyty Ystrad Fawr, Royal Gwent and Nevill Hall. A total of 1615 individuals were vaccinated.

The plan is to continue to hold special drop-in MMR and review on a weekly basis at the Measles Emergency Group.

Prisons (vulnerable population)

There are 2 HMP Prisons within the geographical area that Aneurin Bevan Health Board serves, Usk and Prescoed. MMR vaccinations will be offered at the prison for inmates.

Substance misuse Services (vulnerable population)

Gwent Specialist Substance Misuse Service (GSSMS) and Kaleidoscope have immunisers working within their services. It has been agreed that the services will offer and administer MMR vaccine to service users, under the age of 25 years, who are under vaccinated, in line with the Immunisation Governance Framework.

- **Gypsy and traveller community (vulnerable population)**

Staff linked to gypsy and traveller community sites are promoting uptake of the vaccine and will be offering vaccination on sites.

- **OH staff**

A plan for staff has been developed.

3.5 Contingency planning for increased numbers of cases and potential local outbreaks

In the event of an outbreak of measles in the Aneurin Bevan Health Board area in a setting such a nursery, school, college or workplace there will be a requirement to provide an outbreak response to the area. The Health Board will co-ordinate a team to visit the venue and deliver vaccines to the contacts in that area. Dependent on the area this will be a resource from School Nursing, Health Visiting, Primary Care, Secondary Care. Extra staffs are currently being identified and training arranged to increase capacity of staff able to immunise.

Extract from : Update on MMR vaccinations given to children and teenagers aged 10-18 years. Draft Report.

Table 1: Headline data for MMR immunisations given during the outbreak up to 17th June 2013:

All ages, apart from those at which MMR is routinely given.

All ages					
	GP*	Drop in	School	Occupational Health	Total
Abertawe Bro Morgannwg UHB	16500	8674	1749	2600	29523
Aneurin Bevan HB	8926	2940	2094	472	14432
Betsi Cadwaladr UHB	2974	0	1344	548	4866
Cardiff and Vale UHB	4310	214	1283	1108	6915
Cwm Taf HB	3299	0	1640	466	5405
Hywel Dda HB	5374	570	1204	386	7534
Powys Teaching HB	2440	29	330	59	2858
Wales	43823	12427	9644	5639	71533

* Based on data submitted each week by approximately 90% of practices

Table 2: Headline data for MMR immunisations given during the outbreak up to 17th June 2013:

10 – 18 year olds

10 to 18 year olds				
	GP*	Drop in	School	Total
Abertawe Bro Morgannwg UHB**	2787	1017	1749	5553
Aneurin Bevan HB***	2357	374	2094	4825
Betsi Cadwaladr UHB	837	0	869	1706
Cardiff and Vale UHB***	1354	24	1277	2655
Cwm Taf HB	1066	0	1374	2440
Hywel Dda HB***	1026	68	1204	2298
Powys Teaching HB	662	11	330	1003
Wales	10089	1494	8897	20480

Total given in prisons	1629
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Grand total	73162
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** Based on data submitted each week by approximately 90% of practices

** Drop-in clinic data for 10 - 17 year olds

*** Drop in clinic data estimated for 10 - 18 year olds based on 12% of total for all ages



ANEURIN BEVAN HEALTH BOARD STAFF MMR VACCINATION STATUS

1.0 Purpose

The purpose of this paper is to provide information for Welsh Government on the MMR status of Aneurin Bevan Health Board (ABHB) staff and the programme that is in place to achieve full vaccination.

2.0 Current Measles Situation in ABHB Area

There has been a rise in the number of notified and confirmed cases of measles in the Aneurin Bevan Health Board (ABHB) area but there is not an outbreak of measles in the ABHB area.

Measles is highly infectious and can be a very severe illness which can cause serious and permanent complications such as eye disorders, deafness or brain damage, including death.

An individual who has not been immunised, or hasn't had measles before, has a 90% chance of catching measles if they come into contact with a case. The only way to gain protected from measles is by vaccination. Two doses of MMR are required to give protection

3.0 ABHB Staff MMR vaccination programme

Healthcare workers have a key role to play in minimising the effects of any outbreak by making sure that they are immunised. This will ensure as far as possible that they do not contract the disease or act as a vector to infect colleagues, patients and others

in the community. This is particularly important as measles is communicable from about 4 days before the rash onset.

The MMR vaccine is particularly important for staff who may transmit measles to vulnerable groups, especially those patients who are immunocompromised. While healthcare workers need the vaccination for their own benefit, ideally they should also be immune to measles to protect patients.

All new employees undergo a pre-placement health assessment, which includes a review of immunisation needs. If staff are assessed and considered to be at risk of exposure to measles, mumps and/or rubella they are offered routine pre-exposure immunisation as appropriate.

As an employer ABHB can demonstrate through its occupational health service that the practical principles for an effective staff immunisation programme are in place to offer employees vaccination but it is not compulsory for staff to accept the offer uptake of MMR vaccination.

Staff who have regular clinical contact with patients and who are directly involved in patient care include doctors, dentists, midwives, nurses, ancillary staff, occupational therapists, physiotherapists, radiographers, students and trainees in these disciplines. Volunteers who are working with patients are also included.

According to the ABHB workforce information approximately 8900 of the 13200 employees are involved in direct patient contact.

Although individuals born before 1970 are likely to have had measles and are therefore less likely to be susceptible to the disease, occupational health do offer the MMR vaccine to this group.

4.0 Plan for increasing ABHB staff MMR uptake

- Promoting awareness of the need for MMR vaccination
- Increasing the availability of MMR vaccination

3.1 Promoting awareness of the need for MMR vaccination

- Senior managers in the highest risk areas were contacted on 04/04/13 to raise awareness around the need to improve vaccination uptake
- Information for staff is on the intranet

- Clinical areas across ABHB have been visited/sent information.
- Importance of vaccination covered at corporate induction.
- Staff who do not attend for their second dose of MMR are sent two reminder letters.

3.2 Increasing the availability of MMR vaccination

The plan is to actively offer staff the opportunity to have their MMR vaccination by:

- Occupational Health resources have been re-directed to deliver more MMR vaccinations in the three occupational health departments and in high risk clinical areas.
- Staff who request MMR vaccination are being offered an Occupational health appointment within 48 hours. 2 drop in clinics have been held (Royal Gwent Hospital 15/04/13 and Ysbyty Ystrad Fawr 16/04/13).
- Occupational Health staff are attending higher risk workplaces to vaccinate staff on site
- Staff in certain areas, where they have the competencies, are vaccinating their own teams e.g. midwifery, school nurses, and certain district nursing sites.
- Occupational health usually administer 20 -25 doses of MMR vaccine each month. So far 119 doses have been administered in April 2013 (91 first doses, 28 second doses).
- In the number of measles cases rises significantly in the ABHB area the occupational health nursing team will stop routine clinical work and further divert resources into further increasing the MMR uptake amongst ABHB staff.

25th April 2013

Appendix D

Aneurin Bevan Health Board Communications Action Plan for Local Authority and wider partners to promote awareness of the need for MMR vaccination

Setting/Service/Network	Target audience reached	Resources required	Dissemination mechanism	By whom	Target date	Progress
Early Years Development & Childcare Partnership* <ul style="list-style-type: none"> • Baby & Toddler Groups • Toy Library • Playgroups and Cylch Meithrin (Sessional Day Care) • Nurseries (Full Day Care) • Childminders • Afterschool Clubs • Holiday Play Schemes • Open Access Play 	Parents with children aged 0-5 years	General information Poster 10 by 5 materials PHW website link	Email cascade via LA link	ABGPHT	12/4/2013	Completed
Family Information Service <ul style="list-style-type: none"> • Integrated Children Centres • Play Service • Parenting • Sports Clubs/Associations • Uniformed Groups • Young People's Outdoor Activity Groups • Families First Community Hubs 	Parents of children and young people aged 0 to 18 years Families	Letter to parents General information Poster 10 by 5 materials Information regarding extra vaccination clinics	Email where possible, mail otherwise Twitter and Facebook Agreement with FIS to distribute on our behalf	ABGPHT ABHB Comms	12/4/2013	Completed
Schools <ul style="list-style-type: none"> • Nurseries • Primary Schools • Secondary Schools • Pupil Referral Units 	Parents of children aged 3 to 18 years and	Pupil letter via LA Education Dept	Distribute via LA Director of Education via usual schools communication	ABGPHT	09/4/2013	Completed

<ul style="list-style-type: none"> Special Needs School 	<p>teenage pupils</p> <p>Staff</p>	<p>Information regarding extra vaccination clinics</p> <p>General information for websites and link to PHW website</p>	<p>routes</p> <p>Daily twitter and Facebook messages promoting school vaccination clinics</p>	<p>ABGPHT / Comms Team</p>	<p>10/4/2013</p>	
<p>Youth Support Services</p> <ul style="list-style-type: none"> Statutory Detached Voluntary Sector Youth Forums 	<p>Young people aged 12-25 years</p>	<p>General information and promotional materials</p> <p>Posters</p>	<p>Distribute materials via LA links</p>	<p>ABGPHT</p>	<p>11/4/2013</p>	<p>Completed</p>
<p>Leisure & Cultural Services</p> <ul style="list-style-type: none"> Active Living Centres Play Centres Sports Clubs Libraries Community Centres Art Centres & Theatres 	<p>0-25years</p>	<p>General information and promotional materials</p> <p>Posters</p>	<p>Distribute materials via LA links</p>		<p>24/05/13</p>	<p>Completed</p>
<p>Social Services</p> <ul style="list-style-type: none"> Adult Social Care Looked After Children Fostering & Adoption 		<p>Liaise with LAC nurses asking they check MMR status of LAC and facilitate vaccination as necessary</p>		<p>Via Linda Brown</p> <p>ABGPHT</p>	<p>15/05/13</p>	<p>Completed</p>
<p>Further & Higher Education</p> <ul style="list-style-type: none"> Coleg Gwent <ul style="list-style-type: none"> City of Newport Crosskeys 	<p>Young people aged 16 years +</p>	<p>Student letter</p> <p>General information</p> <p>Poster</p> <p>Twitter</p>	<p>Email distribution</p> <p>For website and 'blackboard/intranet'</p>	<p>ABGPHT</p>	<p>12/4/2013</p>	<p>Completed</p>

<ul style="list-style-type: none"> ○ Blaenau Gwent Learning Zone (Ebbw Vale) ○ Pontypool ○ Usk ○ Ystrad Mynach <ul style="list-style-type: none"> • University of Wales Institute Newport 	Staff	Promotional materials/consent forms and letters Notification of extra 'clinics'				
<p>Third Sector</p> <ul style="list-style-type: none"> • Gwent Association of Voluntary Organisations (GAVO) • Torfaen Voluntary Alliance (TVA) • Communities First 	0-45 years	General information Promotional materials Posters PHW Website link	Email cascade directly and via LA link	ABGPHT	18/4/2013	Completed
Work places	16-45years	<p>Letter for employers / employees (where there is a confirmed case within the workplace)</p> <p>Letter to all LA staff</p> <p>General Information to cascade via South Wales Chamber of commerce</p> <p>Poster</p> <p>PHW Website link</p>	<p>Email via HP team</p> <p> </p> <p>Email to cascade via South Wales Chamber of commerce</p> <p>Cascade for use by LA and ABHB</p>	ABGPHT	<p>11/4/2013</p> <p> </p> <p>18/4/2013</p>	<p>Completed</p> <p> </p> <p>Completed</p> <p> </p> <p>South Wales Chamber not pursued due to associated costs.</p>

Welfare & Advice <ul style="list-style-type: none"> • Job Centre Plus • Citizens Advice Bureau • Council One Stop Shop/Call Centres • Benefits Advice Centres 		General information Promotional materials Posters	Information cascaded via LAs	ABGPHT	15/05/13	Completed
Prisons	16-25	Promotional information linked to vaccination clinics	Prisons Health care Manager Agenda item for forthcoming Prisons Partnership meeting	ABGPHT/ Primary Care Lead	30/4/2013	Completed
ABHB Primary care and community	1-25	General information for targeted groups of low uptake Posters PHW website link	Cascade to Practice Managers	Primary Care Lead / ABGPHT	April/May	Completed
Exec level update	Corporate	Updates	To LA contacts, LA Heads of Public Protection, GAVO and TAVO	ABGPHT/ Health Protection	Regular communication	Completed

*Membership of the Early Years Development & Childcare Partnership typically includes Local authority representation from Education and Social Services, maintained nursery schools, National Childminding Association (NCMA), Wales Pre-school Playgroups Association (WPPA), Clybiau Plant Cymru Kid's Clubs (CPCCKC), Mudiad Ysgolion Meithrin (MYM), Private sector nurseries, Flying Start, Satellite Family Support Services and Family Information Service (FIS)

**Aneurin Bevan Health Board
Measles Outbreak Response Plan
April 2013**

Draft for ratification

Introduction

The current outbreak of measles in Swansea and further cases emerging across Wales is a Public Health Emergency. Measles is a highly contagious illness and the epidemic has begun in that area due to low uptake of the MMR vaccine. In the ABHB area, despite better vaccine uptake there are over 9000 children in school from reception class to year 11 who have not received any MMR vaccines and a further 2,300 who have missed their second dose. The MMR vaccine is recommended by the World Health Organisation, UK Department of Health and Public Health Wales as the most effective and safe way to protect children against measles.

Within the Gwent area the Health Board working with General Practitioners (GP's) and Public Health Wales have developed a response to proactively meet the immunisation needs of the local population, manage any individual patients presenting with measles and respond to outbreaks should they occur.

It is important that a local response is able to support the Gwent population and prevent spread of the disease.

Delivery of MMR immunisation

Public Health Wales have identified the most effective way to control the outbreak of measles in Wales is by assertive action to ensure all children have been fully immunised with MMR. The Health Board have information available of vaccination uptake across Gwent by Borough, and this can be broken down to information by GP practice using the CHS records. Therefore the following actions will be undertaken in the Gwent area;

Immunisation in response to enquiries

A number of families have already been in contact with the Health Board requesting MMR vaccinations for children who have not had any vaccines or just one dose. GP's and Health Visiting Teams (HV's) will ensure that those families who contact them will have access to the vaccines within 48 hours following request.

To assist those receiving calls within GP practices and HV teams a script will be developed with questions to ask to ensure that the vaccination is required, and giving appropriate sign posting to where the vaccine can be accessed.

Proactive approach to promote vaccine uptake

Across Gwent there will a proactive approach to support uptake of those who have not received MMR vaccinations or who have had one and not attended for the second. GP's together with HV's will contact families with unimmunised children on their lists to offer the vaccine. Both GP's and HV's will co-ordinate additional clinical activity to accommodate the expected demand for the vaccine. Additional clinics need to be in place to include evenings and Saturdays.

To enable GP's to have the accurate information they require to contact patients and families the vaccination data from Child Health System has been made available by practice.

Additional vaccines will need to be available for practitioners to deliver and clinical sites accessible for administration.

Outbreak response

Should there be a confirmed case of measles in a setting such a nursery, school, college or workplace there will be a requirement to provide an outbreak response to the area. The Health Board will co-ordinate a team to visit the venue and deliver vaccines to the contacts in that area. Dependent on the area this will be a resource from School Nursing, HV or nursing teams. The immunisation co-ordinator will support the development of this resource, ensuring training is up to date and individuals are aware of and signed off on the PGD.

Occupational Health

ABHB Occupational Health Team has put in place provision to vaccinate any staff not already protected against measles. The PGD allows staff of any age to be vaccinated and should be particularly directed at staff providing direct patient care to patients in at risk areas.

Clinical Directors have been advised of this resource and should ensure all staff within Divisions are made aware of this provision.

Supply and provision of vaccine

The Health Board hold a stock of MMR vaccines, quantities have been issued out to GP practices (week commencing 1st April) A further 5000 doses have been ordered with delivery expected on Wednesday 10th April. Pharmacy will liaise with the transport department to ensure delivery systems are in place, maintaining the cold chain.

The vaccine is a single dose and is in a syringe presentation requiring reconstitution.

Patient management

Effective diagnosis of measles is important to ensure patient management and accurate reporting.

The clinical diagnosis of measles includes the following features....

- Fever (>38°C if measured); plus
- Rash (on the third to seventh day, which usually starts on the face); plus one of
- Conjunctivitis, cough, coryza

The experience from Swansea is that true measles cases are consistently following this case definition.

There are a number of other conditions that may be confused with measles (eg. Scarlet fever, Roseola, other virus infections with rash). If there is any doubt clinicians should seek advice from experienced colleagues.

Primary Care settings

If Patients contact practices concerned that they or a family member have measles they should be offered a home visit if required rather than presenting at the practice due to the highly infective nature of the illness. If they present at practice they should be supported to wait attention away from the general waiting room wherever possible to avoid spread.

Secondary Care settings

Individuals may present at secondary care settings with the symptoms of measles. A flow chart for the management of patients presenting at secondary care settings will be in place to ensure a

consistent approach to management. Infection control procedures should be in place to ensure that individuals do not wait to be seen in general waiting rooms to prevent spread of infection. Individuals would not normally be admitted with measles however should they present with complications they may require admission. If children present with a confirmed case of measles Paediatric teams will provide MMR vaccines to patient's contacts presenting should they require it.

Confirmation of Diagnosis

Confirmation of diagnosis should be sought in individual suspected cases. In the context of an outbreak of clear measles cases this may not always be necessary.

For cases managed at home Public health would usually send a saliva test out to the families concerned. This is sent by post to Colindale and can take 7 days for results. This method has proved to have a good uptake and return rate. In hospital settings, with severe cases, when an urgent result is required specimens for PCR, or blood IgM analysis can be sent to Cardiff, with results usually within 24 hours.

Vulnerable contacts of measles cases (Immunocompromised patients, pregnant women and very young patients)

The Public Health Wales Health Protection Team will do a risk assessment on the need for HNIG and advise accordingly, and make the necessary arrangements.

Reporting cases

Measles is a notifiable disease and all cases must be reported to the Public Health Wales Health Protection Team.

Communications

Public Health Wales have already produced information for the press and public in the Swansea area, this can be drawn upon to provide consistent messages locally.

GP's and HV's need to contact patients to actively encourage the uptake of vaccine by those children not protected.

Public Health Wales have also made contact with Local Authorities to advise them of the extent of the local issues the need for an increased uptake of the MMR vaccine and the school intervention process should an outbreak occur.

The Health Board should also optimise all the current modes of communication (including the facebook and tweets) to share information and promote vaccine uptake.

Dr Nehaul will also contact partner members of the LRF Infectious Diseases group to make them aware of the local planning processes.

Examples of Work to promote and increase the uptake of MMR and other childhood vaccinations in two areas of Gwent prior to the reorganisation of Health Boards in 2009

- The uptake of childhood vaccination and the associated risk of disease due to low uptake of MMR have been identified across Gwent in Health Social Care and wellbeing Health Needs Assessments (2003-2012) in Gwent and assessment of needs in relation to children and young people since 2004.
- In Monmouthshire in response to the Welsh Health Circular, Monmouthshire Health Board had a Local Enhance Service in place for the vaccination of those under vaccinated, up to the age of 25 years
- Childhood vaccination uptake rates were fed back 6 monthly at the Practice Managers forum in Monmouthshire which provided a forum to promote good practice and raise related problems
- From 2008, Monmouthshire Local Public Health Team chaired a multidisciplinary immunisation group, which reported to Monmouthshire LHB Management Team, as well as associated Children and Young People's Partnerships
- Monmouthshire Local Public Health Team regularly provided materials promoting MMR to Primary care
- Promotional materials for childhood vaccinations were regularly provided for Local Authority Publications such as the Council Tax publication in Monmouthshire and Community Spirit both free to all Monmouthshire household
- Promotional materials for childhood vaccinations were produced for parenting network newsletters in Monmouthshire
- As a result of collaboration with the Healthy School's Officer, there is a section promoting childhood immunisation for the 'School Starters' book, that goes to all parents of new starters across Monmouthshire each year
- In 2008, the Public Health Team presented health information including that relating to low MMR rate and the risk of measles at the Head Teacher's conference in Monmouthshire
- Presentation on the importance of Teenage Vaccinations to Head Teachers conference in Monmouthshire 2008
- Increasing childhood immunisation uptake rates is a specific action in the Monmouthshire and Caerphilly's Children and young people's strategy 2008-11
- In 2006, Caerphilly LHB implemented a MMR catch up campaign targeting young people aged 11-25 years of age. The Campaign was undertaken in secondary schools, with those not in education or unable to attend the school sessions offered immunisation in primary care.

- Promotional materials for the above campaign were widely distributed in local colleges, business, libraries, job centres etc

Examples of Aneurin Bevan Health Board wide actions to increase uptake of MMR

2009 onwards

- 'Get Protected' campaign was a targeted bilingual campaign aimed at young people, which used posters and leaflets, radio adverts, competitions and educational sessions with young people to promote teenage vaccination including MMR. Materials were designed and piloted involving young people. Leaflets were distributed via school health nurses to all those in years 10, 11, 12 and 13 across Gwent, including those 'not in education, employment or training'. Materials were also produced to put on schools websites. The campaign addressed teenagers themselves and their own responsibility for ensuring their immunisation status as they grow into adulthood, as well as parents. This was because in the past promotional efforts were focused more at parents. This required work with all secondary and private schools in Gwent and liaison with primary care, since young people were directed to their GP to catch up on missed vaccinations (Feb- Jun 2010).
- In 2011, Director of Public Health Annual Report presentation to Caerphilly Local Authority: Health Social Care and Wellbeing Partnership, Scrutiny Committee and to Council included importance of promoting and improving childhood immunisation uptake to meet targets.
- Presence and materials promoting vaccination at the Fresher's Fairs at Coleg Gwent campuses in 2011 and 2012.
- As part of European Immunisation Week, information was sent out to all GPs across Gwent in relation to how to raise and structure a conversation with parents reluctant to get their children vaccinated
- In 2012, materials regarding measles outbreaks across Europe and the recommendation for MMR to young people under vaccinated prior to holiday travel were drafted and sent to all primary and secondary schools in across Gwent. The Head teachers were asked to post materials on their website. Many schools forwarded this information to individual parents via text or email messages.
- The immunisation component of the Healthy Pre-Schools scheme has been promoted and used in all 5 Local Authority areas, which encourages pre-school

establishments to ask vaccination status of both children and their staff and recommend staff access 2 doses of MMR (2012).

- Materials prepared in relation to the routine childhood vaccination schedule and how to access vaccination services, for South East Wales Regional Equity Council for translation into different languages, for their website.
- Wide distribution of the '10 by 5' Vaccine Preventable Disease Programme (Public Health Wales) campaign 2013 across Gwent.