

21 June 2013

THE MEASLES OUTBREAK

Inquiry by the National Assembly for Wales' Health and Social Care Committee

Response from BMA Cymru Wales

INTRODUCTION

BMA Cymru Wales is pleased to provide a response to the inquiry by the National Assembly for Wales' Health and Social Care Committee into the current measles outbreak in Wales.

The British Medical Association represents doctors from all branches of medicine all over the UK; and has a total membership of over 150,000 including more than 3,000 members overseas and over 19,000 medical student members.

The BMA is the largest voluntary professional association of doctors in the UK, which speaks for doctors at home and abroad. It is also an independent trade union.

BMA Cymru Wales represents some 7,000 members in Wales from every branch of the medical profession.

RESPONSE

1. The factors that have led to the current measles outbreak

BMA Cymru Wales recognises that the factors are, as always, multiple and complex. For an outbreak to occur there needs to be a pool of susceptible people who are in contact with each other, and an initial source of infection to introduce the disease into the group.

Wales has insecure boundaries as far as pathogens are concerned. Infection may enter from other places in the British Isles or further afield. Our coastline and skies are also inhabited by animals that can bring infections in from other areas. We are also vulnerable to windborne pathogens, most obviously in animal husbandry swine flu and foot-and-mouth disease. As the International Health Regulations (IHR) recognise, transmission and outbreaks will always occur. Nations should therefore have preparations in place for outbreaks.

The single most important resource that nations need is people trained to identify and respond to outbreaks. Wales is fortunate in that, unlike England, it has an integrated service with a tradition of sharing information openly and honestly between its parts on a co-operative basis.

The second important aspect is to have a legislative and social environment to enable required actions to take place. The picture here is more mixed.

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In the aftermath of now discredited research purporting a link between the MMR vaccine and both autism and bowel disease, the media played an important role in encouraging the public, and parents in particular, to believe that immunisation against measles was more dangerous than the disease itself.

As a result of this, the uptake of MMR vaccination was very low amongst current 10-16 year olds. This, in turn, meant that herd immunity levels were low and there was therefore an increased pool of susceptible people in Wales, and especially within the Abertawe Bro Morgannwg University (ABMU) Health Board area. It was particularly unfortunate that a specific focus of this misleading information was in a major city.

GPs have highlighted that the factors which contributed to this lack of uptake of the MMR vaccine, in particular within the ABMU area, include:

- Sustained media coverage from the Swansea local paper propagating the now-discredited research – with little or no coverage of the counter argument. This media coverage also focussed on a small group of very vocal local parents who sincerely believed that the MMR vaccination had caused their child to be ill.
- Parents didn't know much about inflammatory bowel disease or autism, so reading about this gave rise to anxiety. What parent would want to potentially harm their child with what they perceived to be an "unsafe" vaccination? Sadly, bad news is not only great media fodder but is remembered by people.
- Parents either chose not to speak to their GP/healthcare professionals, or did not believe them. This was mainly again due to media coverage (in this case not just local) around healthcare professionals "hiding the truth".
- It was also disappointing that the myths around the MMR vaccine were shared by some healthcare professionals, and communicated both directly and indirectly to patients.
- By the time the furore had died down and the research in question was discredited, many parents had forgotten that their child was not fully vaccinated.
- Many parents chose, and still choose, to rely on herd immunity rather than have their child vaccinated. GPs still see ongoing "refusniks" in their surgeries despite taking time, or trying multiple methods, to persuade them to have their children vaccinated. The recent outbreak has, however, largely addressed this.

BMA Cymru Wales believes that the media need to be aware of the dangers to the public of misguided campaigns. They need to reflect carefully, and balance the undoubted benefit of challenging accepted dogma against replacing it with another unsafe one.

It seems unfair that the many excellent journalists are tarnished as a result by the behaviour of some, who it seems do not uphold the honourable role of seeking to lay the facts before the public for consideration.

The importation of measles into Wales from other parts of the British Isles, or directly via holiday makers or business travellers, was inevitable. A lack of experience in identifying the disease, both in the population and amongst medical and nursing staff, also meant that these initial cases might not have been diagnosed swiftly. Hence the surveillance arrangements that exist in Wales would not receive an alert. As such, keeping all medical and nursing staff aware of infectious diseases as part of their Continuous Professional Development (CPD) is an essential element of protecting against such outbreaks.

BMA Cymru Wales is concerned that pressure for the reduction within the health service of study leave, and Supporting Professional Activities (SPA) time for hospital doctors, in an often misguided pursuit of financial efficiency contributes to a culture that regrettably makes uncontrolled outbreaks more likely.

The protection of communities from infectious disease is principally a social activity. It requires everyone to be aware of their responsibility to others in their community, and to act on that. Unfortunately, the mantra for many years has often been about personal rights and individual freedoms. Whilst it is clear that no one has advocated the freedom to infect a community, the use of isolation and quarantine has become very rare. Indeed many large employers, including the NHS itself, have sickness policies that encourage people to stay in or return to work at a time when they might be incubating diseases. Changes to the benefits system may also make it harder for patients who might be incubating disease to stay home in case they become ill.

BMA Cymru Wales is therefore concerned that the failure to highlight the duty we all have to absent ourselves from social activities including work when we might be infectious contributed to the outbreak. We also believe that a major contribution may have been made by employers, including the NHS and other public bodies, failing to encourage staff through their sickness absence policies to act responsibly when they might be infectious, or in some cases even punishing them for doing so.

It became accepted dogma that market methods should be applied to health following the introduction of the internal market in 1990. The separation of health services from health planning was, in our view, a mistake that was corrected in Wales with the recent abolition of the market. However the effect of this has been to steadily reduce the resources available for public health, particularly for senior personnel. Whilst the remainder of health services have seen an expansion in staff numbers since 1990, public health has seen a decline (at consultant level of over 30%) at a time when other parts of the NHS expanded their consultant work force by 66%. At the same time GP numbers have been essentially static.

BMA Cymru Wales believes that a failure to sufficiently invest in, and maintain, a specialist public health workforce also contributed to the outbreak gaining traction in the susceptible community.

2. The actions taken by public health professionals, in partnership with other agencies, in response to the outbreak

It is the view of members of BMA Cymru Wales that the response, both in the initial phase when the infection was imported from outside of Wales and later on in the subsequent explosive stage, was in the most part exemplary. This does not mean we acknowledge that, with hindsight, some decisions might have been different. However, we feel the decisions made were reasonable and appropriate considering the social environment that now exists.

In the initial phase, full contact tracing was undertaken. Though recognition of the disease was patchy, we recognise that the notification by frontline staff in the NHS was timely as demonstrated by the observation that the outbreak in Milford Haven and surrounding areas was both limited and self-extinguishing. The contemporaneous outbreaks in Swansea and Pontarddulais areas were also fully monitored by the local team. Again, it is noted that the Pontarddulais outbreak self-extinguished and did not spread. Unfortunately because of the greater mixing that occurs in an urban population, it was always going to be harder to control the outbreak in Swansea. Efforts were made to increase the immunisation of susceptible children, but it must be recorded that the public did not effectively respond, even when sessions were arranged in schools.

Consideration was given to imposing quarantine on susceptible contacts, as this has been shown to be 95% effective. But it was judged that neither political support for the confinement of individuals in their homes for 18 days, nor public adherence to such an order, would have been forthcoming. It is also very unclear if media support for such measures, an essential element of any public health action, would have been available. This powerful and effective tool was therefore not available to health professionals in Wales.

Once the infection passed from smaller groups of primary schools into large secondary schools, it became inevitable that the outbreak would grow exponentially. This is indeed exactly what happened.

At the explosive growth stage, NHS Wales leapt to respond. BMA Cymru Wales takes pride that the NHS Wales family worked to protect the public in such a cohesive and effective way. It is clear that by the actions of GPs and their primary care teams; school governors; heads and their teams (including school nurses – an often-overlooked, vital element of the public health team); health boards and their employed staff; and members of Public Health Wales, all worked to bring this outbreak under control as quickly as possible.

The important role of the media in supporting and encouraging this effort must also be acknowledged.

BMA Cymru Wales believes that particular praise is due to the Director of Public Health in Swansea, Sara Hayes, for the crucial role that she played. The value of having a medically-trained expert in this vital role during the outbreak cannot be understated. Her close links with primary care, her understanding of political

processes as well as her position in the health board played a crucial role in ensuring the urgent measures being undertaken ran smoothly

Sara led most of the work in ABMU in co-ordinating services in the form of the “bronze group”. This was a multidisciplinary group including health board executives together with representatives of secondary and primary care. It also included the communication leads from the health board. This collaborative team-working enabled the situation to be managed as it arose.

Whilst there has been some criticism from local healthcare professionals that more might have been done in November during the early stages of the outbreak, it is easy to say this in hindsight. Should there be any lessons to be learnt, these can be identified as part of a review of the outbreak’s management.

GPs have outlined a number of key areas that they believe contributed positively to the management of the outbreak:

- ABMU developing drop-in clinics in addition to the work going on in GP surgeries to give additional vaccinations. Large numbers of staff including health visitors, practice nurses, public health doctors and GPs made themselves available to deliver vaccines.
- The actions/response of the GP community and their practice teams in delivering additional vaccines, checking records, answering the huge swathes of queries coming through from anxious patients, seeing patients with possible measles infection (and quickly adopting sensible working practices in trying to isolate the infected individuals). This was achieved against a background of increased work as a result of changes to the GP contract, and there is still a significant piece of work to ensure the second dose of the MMR vaccine is given to those at risk.
- Localities/ABMU Health Board quickly designating appropriate Local Enhanced Services (LES) to practices to enable them to do the extra contractual vaccinations, and amending this when “gaps” were subsequently identified.
- Regular weekly updates being provided in a useful, easy-to-read format that clarified many questions on the regime – especially around the amended regime recommending earlier immunisation than usual to protect those patients at increased risk, under clinical supervision.
- Responsiveness of the Out of Hours service in enabling pregnant women to receive immunoglobulin whilst a more sustainable service developed.
- The impact of the communications teams from both ABMU Health Board and Public Health Wales in their co-ordinated approach. This has to be commended as not only did they secure significant amounts of sustained positive media coverage locally and nationally, but they also set up a Facebook page which enabled patients to ask questions and have queries answered quickly. This work greatly assisted in making in-roads into those in the population who are traditionally difficult to reach.
- A school programme was implemented. We are not sure of the impact of this, but having it available was useful in terms of offering vaccines. Sadly, many of the target audience were off revising as it coincided with preparing for, and sitting, mock exams,
- GPs and public health doctors agreeing to engage in media coverage. Many members of the BMA’s General Practitioners Committee for Wales in the area contributed to TV, radio and newspaper coverage – this extended from Sky, BBC and ITV Wales to as far as Al Jazeera, Chinese BBC, Central Chinese Television, Australian BBC and the Wall Street Journal.
- Management of vaccine delivery and maintenance of the “cold chain” – to ensure vaccines were where they were needed when they were needed.

Another factor that enabled the public health team to monitor the outbreak via the “silver group” was the General Practitioners Committee for Wales enabling a “break glass” to the “Audit+” data extraction tool which enabled Public Health Wales to have access to the measles vaccination data. This was facilitated by an agreement with the General Practitioners Committee for Wales. Praise is also due to the responsiveness of the “Audit+” team at the NHS Wales Informatics Service for amending the module at very short notice, and providing the figures on a regular basis to Public Health Wales.

3. The lessons that could be learned in order to prevent future outbreaks.

BMA Cymru Wales believes that there needs to be a recognition at all levels that control of infectious disease is governed by uncertainty.

The previous outbreak in 2008–09 did not “take off” even though the control measures used then were identical. It was fortunate that the changes that have occurred since then have made mounting the response to an outbreak easier. If the outbreak had not occurred this time, there could potentially have been comments about “shroud waving” as there were after the swine flu outbreak.

BMA Cymru Wales believes that there is a need to invest further in public health specialists. Fortunately, in this case, the outbreak occurred near to major conurbations, so the majority of the public health workforce was available to assist in co-ordinating the efforts of frontline NHS staff.

It is also important to ensure that there is an adequate number of trained immunisers available within a health board area to cope with an outbreak.

We recognise the importance of collaborative team-working in responding to an outbreak, and the need to make sure that a variety of options is made available for people to be vaccinated.

Staff in the GP Out of Hours service must be included in local meetings as they often support delivery of the management of an outbreak. We must also ensure sessional doctors are included in the dissemination of information.

We would contend that a flexible, well-trained health staff is the best investment any nation can make to protect itself against future outbreaks of disease.

Having a single portal to access information is in our view vital for healthcare professionals, especially as an outbreak develops. We believe it may be worth revisiting “GP One” as that might make an ideal portal together with appropriate funding.

Some concerns regarding access to up-to-date data need to be addressed. For instance, some members have reported that child health records which were made available to GP practices were found to be out of date, such as in relation to addresses and registered surgeries. This was particularly found to be the case in relation to those in their teenage years. A mechanism should therefore be developed to ensure that child health databases are kept as accurate as possible, to aid the identification of those who may be in need of vaccination when an epidemic hits. There may be many contributory factors to this, including practices not providing data in a timely manner, data not being entered in a timely manner and duplicate records existing within the database.

To assist in avoiding unnecessary duplication of effort, it would also be helpful to improve the timeliness of GP practices being informed once patients receive vaccinations in other centres.

We believe it is important to ensure that messages are consistent and that GP practices are not overloaded with so much information that this impedes important messages getting through. This is something that applies to other categories of information going to GP practices, and not confined simply to information that related to the measles outbreak.

BMA Cymru Wales believes that consideration should be given to recognising that the power of quarantine (social distancing) may need to be enhanced – so that all people with infectious disease expect to isolate themselves and susceptible members of their family for a suitable period.

We believe that employers, and the benefits system, need to recognise the risks to society of punishing people who absent themselves to protect others.

Enabling and enhancing health surveillance systems, to assist in detecting the next outbreak early, must be a priority. This should include efforts to better utilise the data that is already collected using the great computational power that is now available.

The significant role of primary care in the detection and first response to infections should be fully recognised. Efforts made to increase GP numbers to enhance their effectiveness should be supported by the investment of sufficient additional resources.

The move to reduce CPD and study leave across the NHS must be resisted and reversed as a matter of urgency.

BMA Cymru Wales believes that the risks of moving the public health service back into local authority control are highlighted by this outbreak. The value of having public health as a core group within the NHS assisted in ensuring a prompt, co-ordinated and collaborative response led by the Director of Public Health on the health board.

We believe that undertaking a debrief is vital and that we should consider developing a blueprint for future outbreaks, as certain lessons that can be learned will be generic in nature.

It is important not to forget the wider impact of the measles outbreak. Economically the area has taken a hit, with anxiety remaining in many parts of UK and abroad about travelling to Wales and Swansea. This is something that has been reported back to GPs by patients.

Finally, we would point out that the outbreak highlights an on-going need to undertake “myth-busting” with regard to health matters.

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