



Londonwide LMCs

The professional voice of London general practice

M word - Issue 12 - Measles - MMR catch up scheme UPDATE

Dear Colleague

Measles - MMR catch up scheme UPDATE

Here is an update based on current information and your responses to my message yesterday, for which we are very grateful. This update covers 4 areas:

A.

INFORMATION FROM NHS ENGLAND (NHSE) LONDON REGIONAL OFFICE AND PUBLIC HEALTH ENGLAND (PHE)

B.

CLINICAL ISSUES

C.

WHO NEEDS TO BE IMMUNISED

D.

PRACTICAL ISSUES

Please scroll down for the details and remember the requests made in M word 11 yesterday.

Our GP and practice support team hope this is helpful to you. Please keep your concerns coming to MMR@lmc.org.uk.

Have a good weekend

Dr Michelle Drage FRCGP Chief Executive

1. INFORMATION FROM NHS ENGLAND (NHSE) LONDON REGIONAL OFFICE AND PUBLIC HEALTH ENGLAND (PHE)

1.1 Vaccine supplies

Londonwide LMCs made early enquiries in the light of a possible outbreak of measles in the London area and we have now been assured by Public Health Senior Commissioners at the London Regional Office of NHSE that sufficient vaccine stocks are in place to cope with increased demand.

1.2 Plans for an MMR catch up scheme

We understand that there are plans for an MMR catch up scheme, but at the moment it is not clear how this will be delivered, i.e. locally or centrally. We are waiting for an announcement on this soon.

1.3 PHE advice

Advice from PHE is that based on previous measles outbreaks in London, they are not anticipating a major outbreak across London as previous outbreaks have been geographically limited.

1.4 NHS Choices website

Very helpful information on the MMR vaccination is available on the NHS Choices website, please see:

<https://www.nhs.uk/Conditions/vaccinations/Pages/measles-outbreak-advice.aspx>

2. CLINICAL ISSUES

2.1 It has been confirmed that there is no harm in giving an additional vaccination to someone who may have already had two MMR vaccines previously when this cannot be confirmed by the patient or the practice (i.e. when the patient cannot remember whether they have been vaccinated or the practice records do not show that vaccination has been given).

2.2 Incubation period (time between exposure and first symptoms) is 8-10 days.

2.3 Advice from the Health Protection Agency is that for patients with a confirmed diagnosis of measles there is no recommendation to have a measles vaccination. Some patients may need to be given the MMR vaccine to protect them from mumps and rubella. If the MMR is to be given, it MUST NOT be given in the acute phase of measles. The advice is to wait between two and four weeks (or longer if necessary), until the acute phase of the illness is over and the patient is feeling well.

2.4 It takes between 10 and 14 days for the vaccine to take effect. After the first dose, between 90% and 95% of children are protected against measles, mumps and rubella. After two doses of MMR, more than 99% of children are protected against each of the diseases. Because at any time between 1% and 10% of children in the community are not protected, it is extremely important that every reasonable attempt is made to offer both doses of the MMR vaccine as necessary.

3. WHO NEEDS TO BE IMMUNISED

Please note that the advice in this table is the best guidance we can offer practices at this point, based on the CMO letter of 25th April and the public health significance of this scheme. The CMO letter is available on our website.

The requirements regarding the different patient cohorts may change when details of an MMR catch up scheme become available.

4. PRACTICAL ISSUES

4.1 In advance of any national agreement and as per the guidance above, practices are advised to respond to appropriate need or requests from patients. Focus on the at risk group as identified in yesterday's letter by the CMO, i.e. 10-16 year olds who have previously not been immunised or have received an incomplete course of the MMR vaccine. Patients under the age of 10 or over the age of 16 who request the vaccine should be offered it, but there is no need for practices to actively identify and call those patients in for vaccination.

4.2 Plan for increased demand of the MMR vaccine - do a search on your clinical system to identify all the under 16's who have not been vaccinated or have had an incomplete course of MMR. Even though the at risk group is currently 10 to 16 year olds, it would be sensible to search for all your under 16's as it is likely that there will be additional demand across these age groups. Start planning for meeting that potential demand by checking your vaccine stocks, staff levels and appointment availability.

4.3 Ensure your reception staff know where to look in the clinical records to quickly identify what immunisations patients have had. This will help with telephone queries from patients or parents calling to check whether their children have had the necessary immunisations.

4.4 Keep a separate detailed record of all MMR immunisations carried out. At this moment in time it is not clear whether practices will be able to claim retrospectively for vaccinations given prior to the implementation of an MMR catch up scheme. If it is possible to claim retrospectively, you will be able to do that easily if detailed vaccination records are readily available.

Next week we will be issuing further guidance for practices including information for reception staff and also information material for your patients.