

GP MMR tool kit



Vaccination and Screening
Public Health Commissioning Team-
NHS England (Midlands- West Midlands)

January 2024



Toolkit Aim:

To support GP Practices in WM to improve MMR uptake and implement the national 2023/24 MMR catch-up campaign

[NHS England » Confirmation of national vaccination and immunisation catch-up campaign for 2023/24](#)

Contents – please use banner links at top of each page for navigation

1. Background – Measles, MMR vaccine, MMR Uptake
2. Top Tips
3. Whole Practice Approach
4. Convenient appointments
5. Opportunistic appointments
6. Patient concerns
7. Health Inequalities
8. Data
9. 2024 National MMR catch-up programme
10. Clinical Queries
11. Contacts
12. Resources

Measles

- Measles is highly infectious and can lead to serious clinical sequelae
- If 1 case is in contact with 100 susceptible contacts (eg: individuals who never had MMR)
 - 90 will catch measles
 - 20-40 will be admitted to hospital
 - 7 will develop complications
- This toolkit was written in January 2024 when the West Midlands (WM) was experiencing the largest measles outbreak in the region since at least 1996 (when current recording system started)
 - As of 12/1/24 there were 307 probable and confirmed measles cases in WM
 - Mainly in Birmingham and Coventry but all WM Local Authority areas affected
 - Mostly in those aged under 12
 - A significant number of adult cases have been in Healthcare Workers and Social Care Workers

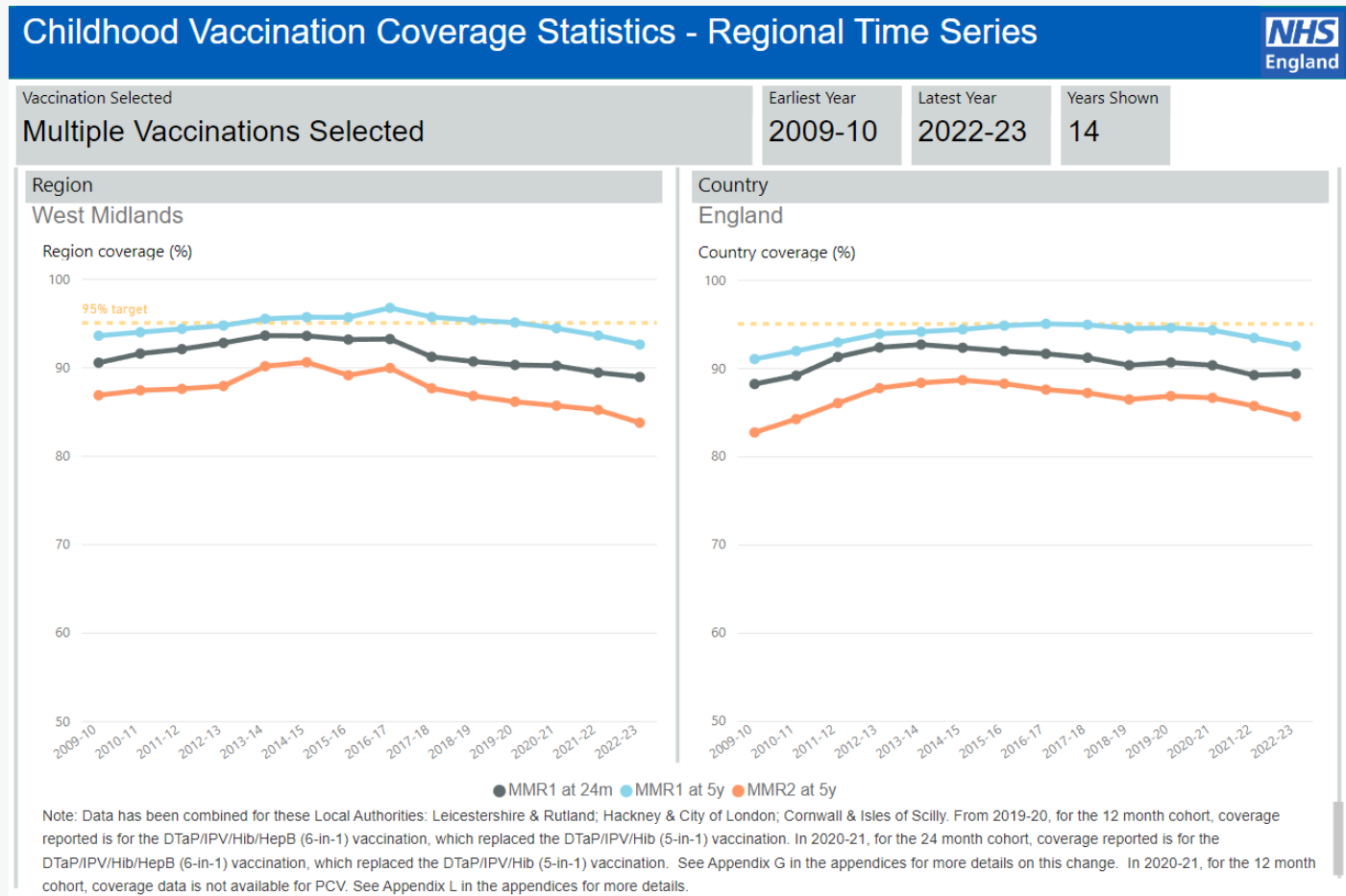


MMR vaccine

- MMR is highly effective. 1 dose of MMR gives 95% protection against measles. 2 doses given 99% protection that is life-long.
- 95% two dose population uptake is required in all groups to achieve herd immunity and prevent outbreaks
- It can take 2 weeks to get full protection after administration
- It is a live vaccine and cannot be given to pregnant women (precautionary approach), those who are immunosuppressed and those with a history of anaphylaxis to any component of the vaccine
- There are two MMR vaccines licensed in the UK – Priorix and M-M-RVaxPro
- Priorix does not contain porcine gelatine
- Neither of the MMR vaccines used in the UK contains mercury (thiomersal)



WM MMR Uptake



% MMR Uptake (COVER: July to Sept 2023)			
Area	%MMR1 at 2 years of age	%MMR1 at 5 years of age	%MMR2 at 5 years of age2
England	89.4	92.3	83.8
WM Total	89.5	92.7	83.4
Herefordshire	94.5	96.3	89.2
Telford & Wrekin	92.4	94.8	86.9
Stoke-on-Trent	93.1	94.2	86.2
Shropshire	94.2	96.6	90.1
Birmingham	81.3	87.4	74.5
Coventry	88.2	91.9	80.4
Dudley	91.5	94.8	89.7
Sandwell	86.9	91.2	79.2
Solihull	92.8	94.9	85.2
Walsall	92.6	92.5	83.2
Wolverhampton	86.1	90.3	79.2
Staffordshire	93.7	95.4	88.6
Warwickshire	93.7	95.9	89.0
Worcestershire	93.8	95.7	89.6

Top Tips

1. Whole practice approach

- Named practice Immunisation Lead
- Review MMR uptake
- Staff training
- Occupational MMR

2. Offer convenient appointments

- Consider evenings/weekend provision
- Work with CHIS on scheduling options
- Increase appointments if waiting list exists

3. Offer MMR opportunistically

- Make Every Contact Count
- Use flags/notes
- No upper age limit for MMR

4. Address patient concerns and promote MMR

- One-to-one clinician conversations
- Ensure staff are trained to answer queries
- Complex parental queries to WMICAS
- Promote MMR in practice

5. Tackle Health Inequalities

- Identify underserved groups
- Tailor information
- Offer non-porcine MMR if appropriate

6. Ensure data accuracy

- Use correct SNOMED codes
- CHIS auto-extraction

Whole practice approach

- Ensure you have a named practice 'Immunisation Lead' to coordinate practice efforts and work with providers – this is a contractual requirement [Immunisation Lead guidance](#)
- Review practice MMR uptake: [Latest Annual](#) [Latest Quarterly](#) (or run your own GPIT analysis)
- Identify underserved practice communities and consider approaches [link to HI section](#)
- Immunisation staff should be trained to confidently answer parental questions. This includes foundation training, clinical supervision and regular update training. [Training Guidance](#)
- All practice staff (including non-clinical) require evidence of having received two doses of MMR or having had positive antibody tests for measles & rubella. [Green Book](#)
- Encourage susceptible staff to get the MMR from their own GP - there is no upper age limit
- **Staff susceptible to measles can pose reputational and business resilience risks. They can infect vulnerable patients. HCWs exposed to measles case without satisfactory evidence of protection are excluded from work for 21 days.**

Offer convenient appointments

- Consider evenings and weekend appointments. Some patients will need reasonable adjustments such as longer appointments.
- CHIS (Child Health Information System) can support practices to appoint. Options include fixed time appointments, open sessions and parents to call. Consider the best approach for your patients.
- Regularly review the practice immunisation appointment capacity. If there are insufficient appointments, then you could develop an immunisation waiting list where children are waiting beyond their scheduled date for their routine immunisations.
- If CHIS undertakes MMR scheduling for the practice, they will inform you if you have a waiting list (also called a QLIST) and the size of it.
- If you have a waiting list, then work with CHIS to eliminate this. This will be due to insufficient immunisation appointments and/or data issues. Increase the weekly number of immunisation appointments if needed and inform CHIS.
- If immunised patients are wrongly coded or CHIS not informed of doses given, then these children will continue to be called for MMR despite being fully immunised.

Offer MMR opportunistically

Make Every Contact Count (MECC)

- Every patient contact (e.g. booking, attending the practice, text and written communications) should prompt a review of MMR vaccination status and vaccination offer if eligible.
- Requires good quality MMR coding and appropriate flags on GP systems
- Check status of new registrants and offer vaccination appointments
- At the 6–8-week postnatal appointment – check maternal MMR status and the status of other children in the family. Use this opportunity to discuss vaccinations in general
- Reception staff can check records when appointing/speaking to patients on the phone and opportunistically offer appointments for any missing vaccines including MMR
- When vaccinating children –check parents' records for MMR status and appoint/vaccinate as needed

Address patient concerns

- Follow-up patients who persistently fail to attend MMR appointments:
 - HCPs to contact the family to understand reason for non-attendance and discuss concerns
 - Link in with Health Visitor/0-19 teams around families who do not engage with services
- We can support you with difficult clinical questions from parents. Email the WM Immunisations Clinical Advice Service england.wmid-imms@nhs.net [professional only – do not share the email address with patients]
- Promote MMR in the practice through posters and banners. Ensure information on MMR is available in appropriate languages.
- Ensure the practice is promoting the non-porcine MMR vaccine offer if appropriate
- Contacting parents – use different forms of communications texts, phone call, e-mail

Tackling health inequalities (1)

Some population groups that are known to have low vaccine uptake or be at risk of low uptake

- People from some minority ethnic family backgrounds
- People from Gypsy, Roma and Traveller communities
- People with physical or learning disabilities
- People from some religious communities (for example, Orthodox Jewish)
- New migrants and asylum seekers
- Looked-after children and young people
- Children of young or lone parents
- Children from large families
- People who live in an area of high deprivation
- Babies or children who are hospitalised or have a chronic illness, and their siblings
- People not registered with a GP
- People from non-English-speaking families
- People who are homeless

Communities with low uptake other than those listed above may also be identified specifically in your local area

[Vaccine uptake in the general population \(nice.org.uk\)](https://www.nice.org.uk)

Tackling health inequalities (2)

Some key barriers to routine vaccine uptake

- Inflexible and inconvenient clinic times and locations
- Perceived lack of balanced information (including misinformation)
- Language and literacy accessibility
- Insufficient time in consultations to discuss concerns about vaccinations
- Lack of staff training in how to discuss vaccinations effectively
- Uncertainty about vaccine safety and effectiveness
- Uncertainty about whether vaccines are needed (including how severe the diseases are or how likely it is that someone will be exposed to the disease)
- Previous negative experiences of vaccination
- Lack of trust in the government, drug companies and the healthcare system
- Religious or cultural views relating to vaccination
- Individual barriers such as needle phobia or sensory needs

[Vaccine uptake in the general population \(nice.org.uk\)](https://www.nice.org.uk)

Tackling Health inequalities (3)

Actions to consider

- Offer flexible appointments – consider evening and weekend appointments
- Offer appointments with a health care professional who is knowledgeable in vaccinations to discuss any concerns/offer longer vaccination appointments if needed
- Provide information in appropriate language/use of interpreters
- Consider using sites outside healthcare settings as settings for vaccination clinics, such as mobile vaccination units, children and family centres, or community or faith centres that provide a more family friendly environment, if this would address specific local barriers/hesitancy to vaccine uptake
- Provide a range of accessible options for booking appointments (such as telephone booking and online systems). Consider that some people may need additional support to use these systems
- Staff to be aware of where to direct people for further information - [Home | Vaccine Knowledge Project \(ox.ac.uk\)](https://www.ox.ac.uk/home-vaccine-knowledge-project), [MMR \(measles, mumps and rubella\) vaccine - NHS \(www.nhs.uk\)](https://www.nhs.uk/immunisation/vaccines-and-jabbing/childhood-vaccines/childhood-vaccine-schedule/childhood-vaccine-schedule-2019)
- Staff training to be confident when discussing MMR/Motivational interviewing/Cultural competency

[Vaccine uptake in the general population \(nice.org.uk\)](https://www.nice.org.uk)

Data accuracy

- Use the correct clinical codes when recording vaccines administered
 - Incorrect coding can lead to:
 - Practice level MMR uptake being reported as lower than the true uptake
 - Children being appointed for MMR appointments despite being fully immunised leading to wasted appointments and possibly immunisation waiting lists
 - Send details of MMR doses administered to CHIS in a timely manner – this is best done through signing up to auto-extraction where available (contact CHIS for further information)
 - Consider the use of flags/notes on your electronic record system to highlight when patients are unvaccinated/under vaccinated, including parents' records for unvaccinated children
 - Continue to follow-up, recall and update computerised records for patients who do not respond or / was not brought (WNB) to scheduled clinics or appointments.
 - **Ensure CHIS** are notified of any vaccinations administered*
- * Please only notify CHIS for patients up to the age of 20, 25 for patients with a learning disability

SNOMED Codes

What is SNOMED

SNOMED CT is a clinical vocabulary readable by computers, giving clinical IT systems a single shared language, which makes exchanging information between systems easier, safer and more accurate. All NHS healthcare providers in England must now use SNOMED CT for capturing clinical terms within electronic patient record systems.

More information on SNOMED CT can be found at SNOMED CT - [SNOMED CT - NHS Digital](#)

How should it be used for the recording of MMR vaccines

The correct use of coding supports the practice with accurate recording of immunisations given, transfer of information to CHIS, when data extraction process is used, and both Practice immunisation payments and QoF

The dataset may include dates and values associated with the presence of clinical codes in a patient's record. All clinical code clusters referred to in the clinical data extraction criteria are detailed below. The expanded cluster lists for each cluster can be found on the NHS Digital website (see section 2.2).

[Quality and Outcomes Framework \(QOF\) business rules v48.0 2023-2024 - NHS Digital](#)

Cluster name	Description	SNOMED CT
MMRDEC_COD	Codes indicating the patient (via parent or guardian) has chosen not to receive an MMR vaccination	^999025731000230105
MMRVAC1_COD	MMR first dose vaccination codes	^999018811000230107
MMRVAC2_COD	MMR second dose vaccination codes	^999018851000230106
MMRVACDRUG_COD	MMR vaccination contraindication codes	^999026691000230105
MMRCON_COD	MMR vaccination given by other healthcare provider codes	^999018811000230107
MMROHPVAC_COD		

National MMR Catch-Up Campaign

Campaign timings

The campaign will run from November 2023 to March 2024 in two stages:

- **From November 2023 to March 2024** – practices will be required to undertake local call and recall for eligible individuals aged 12 months up to and including 5 years.
- **Throughout February and March 2024** - The national MMR vaccination reminders will be sent to the parents/guardians of children aged 6-11 years who require one or two doses of the vaccine.

In London and some parts of the Midlands (Birmingham, Solihull, Coventry and Warwickshire) where the risk of measles outbreaks is currently high, NHS England plans to extend the target age cohorts so that children and young adults aged 6-25 years will receive MMR vaccination reminders.

Practices should prepare to receive enquiries from their registered patients during February and March 2024 who have received a national MMR vaccination reminder, and should check immunisation records, book, and administer vaccination, if clinically appropriate. [Further information on the practice role in support of national MMR call and recall is available in Annex A here](#)

National MMR Catch-Up Campaign

The MMR call and recall delivery schedule is as follows:

w/c 5 February – call 6-11 years – national

w/c 5 February – call 11-16 years – London + Birmingham/Solihull/Coventry/Warwickshire

w/c 19 February – call 16-25 years – London + Birmingham/Solihull/Coventry/Warwickshire

w/c 11 March – recall 6-11 years – national

w/c 11 March – recall 11-16 years – London and + Birmingham/Solihull/Coventry/Warwickshire

w/c 18 March – recall 16-25 years – London + Birmingham/Solihull/Coventry/Warwickshire

As far as possible, MMR reminders will be received by patients on a Tuesday, Wednesday and Thursday.

Funding and Vaccine Ordering

- Funding for participation in the National MMR catch-up campaign is included in global sum payments. Practices are also eligible for an item of service payment of £10.06, in line with requirements set out in the GP contract, for each MMR vaccination administered because of this catch-up activity.

Practices can refer to: Vaccination & Immunisation core contractual standards to the planning and delivery of the MMR catch up campaign (see part 9A of the [GMS Regulations](#) and [guidance](#))

- The MMR vaccine continues to be available for practices to order through IMMFORM.

<https://www.england.nhs.uk/long-read/confirmation-of-national-vaccination-and-immunisation-catch-up-campaign-for-2023-24/>

Clinical Queries

West Midlands- Immunisation Clinical Advice Service

For further information and support with clinical immunisation queries and/or incidents please contact the Vaccination and Screening Public Health Commissioning Team - NHS England (Midlands - West Midlands)

England.wmid-imms@nhs.net

The MMR PGD can be found on our local webpage:

<https://www.england.nhs.uk/mids-east/info-professionals/west-midlands-screening-and-immunisation-team-sit/>

FAQ's

1. Safety
2. Egg allergy
3. Autism
4. Immune overload
5. Is it better to catch the disease naturally than be immunised?
6. Do I really need MMR as measles is so rare?
7. Single vaccines
8. Previous single vaccines
9. Recent measles
10. Use of IMMFORM stock

FAQ's

1. Is the MMR vaccine safe?

All vaccines are thoroughly tested to make sure they will not harm you or your child.

It often takes many years for a vaccine to make it through the trials and tests it needs to pass for approval.

Once a vaccine is being used in the UK it's also monitored for any rare side effects by the [Medicines and Healthcare products Regulatory Agency \(MHRA\)](#). It is also carefully monitored to make sure it still works.

Common side effects include;

- redness at the injection site
- fever of 38°C or higher.
- pain and swelling at the injection site
- fever higher than 39.5°C
- rash
- upper respiratory tract infection

As with any vaccine, medicine or food, there is a very small chance of a severe allergic reaction (anaphylaxis). Anaphylaxis is different from less severe allergic reactions because it causes life-threatening breathing and/or circulation problems. It is always extremely serious but can be treated with adrenaline. Healthcare workers who give vaccines know how to do this.

In the UK between 1997 and 2003 there were a total of 130 reports of anaphylaxis following ALL immunisations. Around 117 million doses of vaccines were given in the UK during this period. This means that the overall rate of anaphylaxis is around 1 in 900,000.

FAQ's

2. My child has an allergy to egg, is it safe for them to have MMR?

All children with egg allergy should receive the MMR vaccination as a routine procedure in primary care (Clark et al., 2010). Recent data suggest that anaphylactic reactions to MMR vaccine are not associated with hypersensitivity to egg antigens but to other components of the vaccine (such as gelatine) (Fox and Lack, 2003). In three large studies with a combined total of over 1000 patients with egg allergy, no severe cardiorespiratory reactions were reported after MMR vaccination (Fasano et al., 1992; Freigang et al., 1994; Aickin et al., 1994; Khakoo and Lack, 2000). Children who have had documented anaphylaxis to the vaccine itself should be assessed by an allergist (Clark et al., 2010)

[Green Book of Immunisation - Chapter 21 Measles \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/44491/green-book-chapter-21-measles.pdf) page 12.

FAQ's

3. Should I be worried about autism?

There is no link between the MMR vaccine and autism. Autism is a developmental disorder which is usually diagnosed in preschool children. The original research which suggested a link has now been discredited.

The [National Autistic Society in the UK](#) has issued a statement saying that 'there is no link between autism and the MMR vaccine'.

If parents want to read scientific papers and their findings, please direct to

[MMR Vaccine \(Measles, Mumps and Rubella Vaccine\) | Vaccine Knowledge Project \(ox.ac.uk\)](#)

FAQ's

4. Will the MMR 'overload' the immune system?

Studies have demonstrated that there are no harmful effects from administering multiple injections or vaccines in one session. Parents can also be reassured that offering multiple vaccines in this way is a routine occurrence around the world with no harmful effects being identified. Equally, there is no evidence to support arguments of “overloading” the immune system. From the moment a child is born, they are exposed to a huge number of bacteria and viruses on a daily basis which the immune system is able to cope with and, as a result, become stronger. Immunisation helps to improve our protection against harmful diseases at the very earliest opportunity, delaying immunisation inevitably delays protection.

[Combination vaccines and multiple vaccinations | Vaccine Knowledge Project \(ox.ac.uk\)](#)

FAQ's

5. Is catching the diseases better/safer than having the vaccine?

MMR immunisation is the safest way that parents can protect their children against these serious diseases. Measles, Mumps and Rubella are highly infectious and can lead to serious problems including meningitis, hearing loss and problems during pregnancy. Vaccines teach your immune system how to create antibodies that protect you from diseases. It's much safer for your immune system to learn this through vaccination than by catching the diseases and treating them. Once your immune system knows how to fight a disease, it can often give you lifelong protection. Catching measles would not protect you from mumps or rubella.

[Do you know how vaccines work? NHSE animation | British Society for Immunology](#)

6. These disease are no longer around in the UK, does my child really need the vaccination?

There is a large measles outbreak in the WM (as of Jan 24). Measles is one of the most highly communicable infectious diseases. Spending more than 15 minutes in direct contact with someone infected with measles is sufficient to transmit virus. It is spread through coughing and sneezing, close personal contact or direct contact with infected nasal or throat secretions.

Measles can be serious, particularly for people whose immune system is not working normally. The best way to prevent measles is through vaccination.

[Why vaccination is important and the safest way to protect yourself - NHS \(www.nhs.uk\)](#)

FAQ's

7. Can I have single vaccines instead?

Single vaccines for measles, mumps and rubella are not available on the NHS and are not recommended.

Combined vaccines like the MMR vaccine are safe and help to reduce the number of injections your child needs.

The benefits include:

- avoiding any delay between injections that could risk illness
- reducing discomfort for your child
- reducing the number of appointments needed

Some private clinics in the UK offer single vaccines against measles, mumps and rubella, but these vaccines are unlicensed. This means there are no checks on their safety and effectiveness. The NHS does not keep a list of private clinics.

[Measles, mumps, rubella \(MMR\): use of combined vaccine instead of single vaccines - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/measles-mumps-rubella-mmr-use-of-combined-vaccine-instead-of-single-vaccines)

FAQ's

8. My child has previously received single vaccines of Measles, Mumps and Rubella, do they still need MMR?

Single vaccines of Measles, Mumps and Rubella imported into this country have not been independently tested for potency. There is evidence that some of the single vaccines are less effective in protecting against measles. Single dose vaccines are not part of the recommended 2 doses of MMR in the UK, children who have been vaccinated with single vaccines should be offered 2 doses of MMR at the recommended intervals and ages according to the UK schedule.

[MMR \(measles, mumps and rubella\) vaccine - NHS \(www.nhs.uk\)](https://www.nhs.uk)

FAQ's

9. Is there a recommended Interval between an individual having measles and the administration of the MMR vaccine?

If the individual is well, there is no need to leave any specific interval between measles infection and administration of MMR.

If the individual is systematically unwell, MMR vaccination should be delayed in case the effects of measles disease are confused with adverse effects of the vaccine

10. Can IMMFORM Stock be used to vaccinate adults with MMR?

There is no upper age limit for administering MMR vaccine, adults who are not protected should be caught up. Central MMR vaccine stock (ordered from ImmForm) can be used to catch-up anyone of any age. This includes opportunistic catch-up prompted by travel or occupational need

Contacts

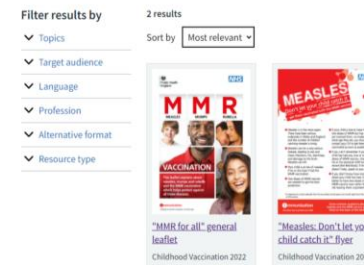
Service	Contact Details
West Midlands Immunisation Clinical Advice Service * For Health Professionals only	England.wmid-imms@nhs.net
CHIS Central Hub - Birmingham, Dudley, Sandwell, Solihull and Walsall	0121 466 3300 bham.childhealthteam@nhs.net
CHIS North Hub - Wolverhampton, Shropshire and Staffordshire	01785 221 151 childhealth@sshis.nhs.uk
CHIS South Hub - Herefordshire, Warwickshire and Worcestershire	01926 495321 swft.childhealth@nhs.net

Resources 1

MMR Programme Publications 'Round-up'

Scan the QR code for all the resources available from UKHSA. Information on how to order and download included.

Publications available in multiple languages.



Resources 2

Resource Description	Link
MMR PGD	https://www.england.nhs.uk/mids-east/info-professionals/west-midlands-screening-and-immunisation-team-sit/
Green Book of immunisations, Chapter 21 Measles	Green Book of Immunisation - Chapter 21 Measles (publishing.service.gov.uk)
NHS Website - MMR	MMR (measles, mumps and rubella) vaccine - NHS (www.nhs.uk)
Oxford Vaccine Knowledge project	MMR Vaccine (Measles, Mumps and Rubella Vaccine) Vaccine Knowledge Project (ox.ac.uk)
UKHSA National Measles guidance Oct 2023	National measles guidelines October 2023 (publishing.service.gov.uk)
UKHSA Measles guidance information	Measles: guidance, data and analysis - GOV.UK (www.gov.uk)

Resources 3

Resource Description	Link
COVER uptake	Vaccine uptake guidance and the latest coverage data - GOV.UK (www.gov.uk)
NHS Digital 2022/23 COVER uptake tool	Microsoft Power BI
NHSE National Vaccination and Immunisation changes 2021/22	https://www.england.nhs.uk/wp-content/uploads/2021/03/B0434_Update-on-vaccination-and-immunisation-changes-for-202122-v4.pdf
RCN National minimum immunisation training standards	National minimum standards and core curriculum for immunisation training for registered healthcare practitioners (publishing.service.gov.uk)
RCN Immunisation competence assessment tool	Immunisation Knowledge and Skills Competence Assessment Tool Publications Royal College of Nursing (rcn.org.uk)
NICE guidance 2022, Vaccine uptake in the General population	Vaccine uptake in the general population (nice.org.uk)