

Urgent measles update – action required for primary care

Summary –

There is currently a measles outbreak in the South West of England. Two unimmunised GPs have been exposed to infectious cases. Both GPs have been excluded from clinical practice for at least two weeks.

GPs and primary care staff need to read below and take action.

Update on measles

We are increasingly seeing cases of measles across the South West. An outbreak of measles originally focussed on the King Edward VI Community College (KEVICC) in Totnes, South Devon, and is now a community outbreak. Some of the emerging cases are linked to the South Devon outbreak and there is now measles circulating at the South Devon Steiner School. We are also seeing a small but increasing number of cases linked with recent music festivals in the South West and further afield, and others where no links have been established with local or national cases. Nationally cases are being reported in parts of London and in relatively small numbers across the country.

Since the middle of May 65 laboratory confirmed and 21 clinical and epidemiologically linked probable cases have been reported to the South West (South) Health Protection office in Exeter; and 17 confirmed or probable cases have been reported to the Bristol office (North). Cases range from 0 to 47 years; mean 16 years in the South and 21 years in the North. The majority of cases are unimmunised.

In response, we are recommending the following measures to protect you, your patients and your staff:

1. Reduce the number of susceptible people:

Opportunistic immunisation of any eligible person to ensure they have had with two doses of MMR vaccine according to the national immunisation schedule is important and should be carried out. There is no upper age limit, receiving additional doses of MMR does NOT increase likelihood of reactions occurring in immunocompetent individuals, and the risks of harm arising from acquiring measles infection are far greater. Promotional materials for MMR can be downloaded or ordered through the Department of Health website¹.

¹ NHS. *Measles. Don't let your child catch it.* leaflet Available from:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213839/dh_124026.pdf

2. Minimise spread to other patients:

Advise any patient with a rash, especially if preceded by a fever, to telephone the surgery before arriving unannounced. Please make sure your receptionists know that ALL patients with a fever and rash should attend at the end of surgery to minimise the risk of transmission to others.

Whenever possible we suggest placing signage in your surgery waiting areas advising patients with a rash illness to report to reception. PHE posters are available to download online. Should patients with a fever and rash attend during surgery when other patients are in the waiting room, they should be directed to a side room.

<https://www.gov.uk/government/publications/think-measles-poster-about-measles-in-young-people>

3. Urgent notification (tel 0300 303 8162)

Please could the clinician contact the PHE Health Protection Team (HPT) as soon as they suspect or become aware of a suspected case of measles. An assessment will be made of how likely measles is based on the clinical presentation and any epidemiological links to confirmed or probable cases. The HPT will advise on public health measures, arrange testing and advise on the management of susceptible health care workers, according to national [Measles guidance](#).

The incubation period of measles is typically about 10 days (range 7 to 18 days). There is usually a prodrome with fever and coryzal symptoms including a cough, runny nose and conjunctivitis. Koplick spots appear during the early stage of the illness. The maculopapular rash starts on day 3 or 4 initially in the hairline and then spreads to the face, trunk and limbs. The fever persists once the rash appears, unlike many other viral infections.

We run an out of hours service if you see a patient outside normal working hours. The protection of vulnerable contacts (people who are immunosuppressed, pregnant or children under one) is a priority and the window of opportunity for effective prevention of further cases in contacts is limited; cases will already have been infectious for four days before the onset of their rash.

Salivary testing kits will be sent out for confirmation of the diagnosis in notified cases and the need for urgent testing can be discussed.

4. Staff safety

4. 1 Staff vaccination with MMR

Protection of healthcare workers (HCWs) is especially important in the context of their ability to transmit measles, mumps or rubella infections to vulnerable groups. While they may need MMR vaccination for their own benefit, on the grounds outlined above, they also should be immune to measles, mumps and rubella for the protection of their patients.

Public Health England. *Measles posters*. Available at: <https://www.gov.uk/government/publications/think-measles-poster-for-young-people> and <https://www.gov.uk/government/publications/think-measles-poster-about-measles-in-young-people>

URGENT UPDATE FOR PRIMARY CARE ON MEASLES – PLEASE ENSURE CASCADED TO ALL STAFF

Satisfactory evidence of protection includes documentation of having received two doses of MMR, or positive antibody tests for measles and rubella ([Green Book](#))

Unless a HCW has evidence of immunity (previous immunisation with two doses of MMR or documented positive IgG antibodies on serological testing to measles and rubella) they should be offered two doses of MMR for their own protection. Routine immunity testing is not currently available for primary care staff; MMR will provide more rapid protection and is safe to give to someone who may already be immune. The risks of harm arising from acquiring measles infection are far higher than from a vaccination. Refusal of immunisation should be documented.

NHSE has agreed that in response to the current situation all practice staff can be immunised in their practice of employment. The employer may claim reimbursement as on page 37 of the vaccination and immunisation guidance:

<http://www.nhsemployers.org/~media/Employers/Documents/Primary%20care%20contracts/V%20and%20I/V%20and%20I%20Home%20Page/VandI%20Guidance%20201617.pdf>

4.2 Action to take if a clinician is exposed to a suspected measles case or develops symptoms

All suspected measles cases should be notified to Public Health England urgently. Advice about exposure of potentially susceptible health care worker should also be obtained from the Public Health England Health Protection Team.

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