To: South West Medical Directors of NHS Acute Trusts  
South West Medical Directors of NHS Out-of-Hours Primary Care Services  
South West Practice Managers

Ref: HPZ 211718

13 August 2019

Dear Colleague,

**Measles**

I am writing to advise you that Public Health England (PHE) is currently working with partners to investigate and manage an outbreak of measles associated with attendance at a Jehovah’s Witness Convention in Exeter 12-14/07/19.

This event had a catchment including Devon, Dorset and Somerset congregations. We are currently aware of four confirmed cases and an earlier epidemiologically-linked case. Approximately 3,500 people attended this event, which was one of a number in the South West in recent weeks.

PHE has established and chaired an Outbreak Control Team (OCT) to assess and control the risks of transmission in both healthcare settings and the wider community. We have been working in partnership with Jehovah’s Witness organisation to cascade information to attendees, including advice to check their immunisation status and make an appointment with their GP if they have not been fully vaccinated.

As more than 21 days (maximum incubation period) have now passed since the likely exposure event in Exeter, it is likely that any primary cases will have already recovered and will no longer be infectious. Our main concern therefore is with regard to identifying and managing secondary cases to prevent tertiary spread.

**Measles signs and symptoms**

The initial symptoms of measles develop around 10 days after a person is infected.

These can include:

- cold-like symptoms, such as a runny nose, sneezing, and a cough
- sore, red eyes that may be sensitive to light
- a high temperature (fever), which may reach around 40°C (104°F)
A few days later, a red-brown blotchy rash will appear. This usually starts on the head or upper neck, before spreading outwards to the rest of the body. Symptoms usually resolve in about 7 to 10 days.

**Action required by NHS providers**

The OCT is strongly advising NHS providers of urgent, emergency, primary, and out-of-hours care to take the following action:

- Ensure frontline clinical teams are aware of the potential for additional cases presenting in association with the event or as members of the Jehovah’s Witness community more generally;
- Ensure clinical teams include measles in their differential diagnosis of cases presenting with viral rash, particularly if reporting and epidemiological link to this outbreak;
- Ensure appropriate arrangements are in place to effectively isolate potential cases of measles that present to healthcare services and so reduce risk of nosocomial transmission to susceptible and potentially vulnerable patients and staff;
- Ensure patient-facing staff have received immunisations appropriate for their role, including MMR to protect against measles;
- Remind frontline clinicians of the importance of **urgent** notification of all cases of suspected measles to the Health Protection Team (HPT) by phone within 24 hours, but ideally as soon as possible after the initial assessment.


Guidance on how and when to notify PHE of cases of infectious disease is available online: [https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report](https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report)

Should you have any questions regarding the content of this letter, please don’t hesitate to contact the HPT by calling 0300 30 38 162 option 1, then option 1 and quoting the reference number at the top of this letter.

Yours faithfully,

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Copied to: South West Directors of Public Health  
South West Screening and Immunisation Team