To: 
NHS England - Regional Directors  
NHS England - Directors of Commissioning  
NHS England - Directors of Public Health and Primary Care  
NHS England - Heads of Primary Care  
NHS England - Public Health Commissioning Teams  
NHS England – Regional Public Health Commissioning Teams  
Integrated Care Board Clinical Leaders  
Integrated Care Board Accountable Officers  
General Practitioners  
Local Medical Committees  
Regional Infection Prevention Control Leads  

CC: 
Directors of Public Health  
Regional Directors of Public Health  

31 October 2023  

Dear colleague,  

Re: Preparing for measles resurgence in England  

The UK Health Security Agency (UKHSA) recently published a measles risk assessment which concluded that although the risk of a UK-wide measles epidemic is considered low, a measles outbreak of between 40,000 and 160,000 cases could occur in London, due to sub-optimal uptake of the Measles Mumps and Rubella (MMR) vaccine in the capital. Evidence also shows that outside of London there is a high risk of cases linked to overseas travel leading to outbreaks in specific population groups.  

There has been a steady rise in measles cases this year.
Increasing uptake in the MMR immunisation programme to meet the WHO target of 95% coverage with two doses of MMR vaccine by age 5 years is essential to maintain measles elimination status for the UK and prevent measles outbreaks from occurring. This is a NHS Long-Term Plan (LTP) commitment and high priority within NHS England.

Measles is highly infectious and can lead to serious health complications, particularly in immunosuppressed individuals and young infants. It is also more severe in pregnancy, and increases the risk of miscarriage, stillbirth or preterm delivery. Measles exposures in health care settings pose a significant risk of transmission of infection.

Unvaccinated health care workers (HCWs) also pose a serious infection risk to vulnerable patients in whom measles infection can have life-threatening consequences. In addition to the risk to individuals, outbreak management in health care settings is resource intensive, including implications for service delivery as non-immune HCWs who are exposed to measles infection must be excluded from the workplace to protect patients and colleagues.

**Implications for** Primary Care services:

- suspected measles cases (a rash and a fever) should be isolated immediately on arrival to protect other patients.
- all suspected measles cases should be promptly notified by phone to the:  
  - UKHSA Health Protection Team (HPT) to facilitate timely public health action
- all healthcare workers (and receptionists / staff who have direct contact with patients) should have satisfactory evidence of protection against measles to protect both themselves and their patients. Satisfactory evidence of protection includes documentation of having received two or more doses of a measles containing vaccine and/or a positive measles IgG antibody test. Occupational Health service should have ready access to up-to-date records to support outbreak response.
General Practitioners, practices nurses, health visitors and relevant health professionals should note the following with regard to the MMR vaccine:

- **children** should receive their two doses of MMR vaccine **on time** at 12 months and 3 years and 4 months
- the MMR vaccine can be given **from six months of age** before travel to a high risk country
- patients over the age of three years and four months who do not have two recorded doses of MMR vaccine should be caught up opportunistically. There is no upper age limit to offering MMR vaccine.
- new entrants from abroad and newly registered patients should have their immunisation history checked and **missing doses caught up**
- unvaccinated post-natal women should be offered any outstanding doses
- recommendations in the **NICE guidelines** on Vaccine Uptake in the General Population [NG218] and the **NICE Quality Standard** [QS145] which covers how to increase vaccine uptake **in groups and settings that have low immunisation coverage** and describes high-quality care in priority areas for improvement.

Resources including national guidelines for health professionals and free to order posters and leaflets for patients are listed in **Appendix 1** below.

Can you share the above information with all team members and seek assurance of preparedness for managing measles cases and preventing outbreaks in your setting.

Yours sincerely,

Dr Steve Powis  
National Medical Director  
NHS England

Dr Susan Hopkins  
Chief Medical Advisor  
UK Health Security Agency
Appendix. Measles guidance and resources for health professionals and the public

**Guidance and information for health professionals:**

13. NICE guidelines on Vaccine Uptake in the General Population: [https://www.nice.org.uk/guidance/ng218](https://www.nice.org.uk/guidance/ng218)
Information for the public


2. MMR for all leaflet – routine programme – available in a small range of languages: https://www.gov.uk/government/publications/mmr-for-all-general-leaflet

3. Measles: Protect yourself, protect others’ leaflet and flyer which is available as a paper leaflet in 22 languages: https://www.gov.uk/government/publications/measles-dont-let-your-child-catch-it-flyer-for-gps

4. UKHSA Blog: What do I need to know about the MMR vaccine: https://ukhsa.blog.gov.uk/2022/02/01/what-do-i-need-to-know-about-the-mmr-vaccine/


Guidance and resources for educational settings:


2. A vaccines communications toolkit for universities and other higher education settings is available to download. This toolkit contains information and resources on vaccines including MenACWY and MMR and the diseases they protect against.


4. Back to or starting nursery, primary or secondary school reminder postcards and posters for parents: https://www.gov.uk/government/publications/immunisations-resources-for-schools