

MMR Vaccination FAQs

NHS England
South West Vaccination & Screening Team

This guidance is correct as at 1st March 2024

Please contact the South West Vaccination & Screening Team at england@swvast@nhs.net if you have any queries about this document.

Please contact the South West Immunisation Clinical Advice and Response Service (ICARS) at england.swicars@nhs.net if you have any clinical queries about the MMR vaccine.

Version 1, 15 February 2024
Version 2, 20 February 2024
Version 3, 1 March 2024

Change History

Version	Change Details	
3	<p><u>Guidance on MMR coding and re-coding</u></p> <ul style="list-style-type: none"> • New FAQ added. <p><u>People with incomplete or unknown MMR histories</u></p> <ul style="list-style-type: none"> • Link to 'International versus UK vaccination schedules' removed as it may not be up to date <p><u>Can healthcare staff be vaccinated within the practice?</u></p> <ul style="list-style-type: none"> • Clarification that measles IgG antibody test is not required before offering MMR to staff with incomplete immunisation histories. • CNSGP have confirmed cover for GP practices to vaccinate their own staff with MMR until 31st March. • Recommended process for vaccinating staff added. <p><u>Should pregnant people be screened for measles?</u></p> <ul style="list-style-type: none"> • New FAQ added. <p><u>How susceptible are fully vaccinated pregnant or immunosuppressed healthcare professionals to measles?</u></p> <ul style="list-style-type: none"> • New FAQ added. 	01/03/24
2	<p><u>Are there any MMR vaccine supply issues?</u></p> <ul style="list-style-type: none"> • Updated to clarify that ImmForm MMR vaccines can be used for all eligible age groups. <p><u>Can healthcare staff be vaccinated within the practice?</u></p> <ul style="list-style-type: none"> • New NHS England guidance added that healthcare staff can be vaccinated with MMR by their employing practice, subject to conditions (applicable 19 February to 31 March 2024). <p><u>Can MMR vaccines be mutually aided?</u></p> <ul style="list-style-type: none"> • Clarification added that MMR vaccines can only be moved between practices that are part of the same legal entity (e.g. branch practices) or if the practice has a wholesale dealer's licence. <p><u>Can ICB vaccination teams use a practice's MMR stock to vaccinate registered patients?</u></p> <ul style="list-style-type: none"> • New FAQ added. <p><u>MMR training for non-registered vaccinators</u></p> <ul style="list-style-type: none"> • New FAQ added. 	20/02/24

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Background

In January 2024, the UKHSA declared a [national incident for measles](#) following an increase in confirmed cases in London and the West Midlands. They highlighted the need to increase MMR uptake in areas with low coverage to reduce the risk of further measles outbreaks across the country.

In February and March 2024, NHS England is contacting children and young adults aged 6-11 years in England who are unvaccinated or partially vaccinated with MMR according to NHS records. Practices are required to support registered patients who have received a national MMR vaccination reminder, and should check immunisation records, and book and administer vaccination if clinically appropriate. Further information on the practice role in the national MMR call and recall is available here: [Annex A NHS England » Confirmation of national vaccination and immunisation catch-up campaign for 2023/24](#).

We are aware that practices have been receiving more calls than usual about MMR vaccination. This FAQ resource is intended to support with these queries and will be reviewed regularly. Any new versions circulated in the weekly South West Vaccination & Screening Bulletin and added to our FutureNHS site: [Childhood - South West Vaccination & Screening Team - FutureNHS Collaboration Platform](#).

Acronyms

BNF	British National Formulary
FAQ	Frequently asked questions
GDPR	General data protection regulations
GP	General practice
LAIV	Live attenuated influenza vaccine
MMR	Measles, mumps and rubella vaccine
NHS	National Health Service
PCN	Primary care network
PGD	Patient group directive
SAR	Subject access request
UKHSA	United Kingdom Health Security Agency

Eligibility for patients

Can we vaccinate children aged under 1 year?

Please see the [Green Book of Immunisation - Chapter 21 Measles](#) page 9 which states:

The first dose of MMR should be given between 12 and 13 months of age (i.e. within a month of the first birthday). Immunisation before one year of age provides earlier protection in localities where the risk of measles is higher, but residual maternal antibodies may reduce the response rate to the vaccine. The optimal age chosen for scheduling children is therefore a compromise between risk of disease and level of protection. If a dose of MMR is given before the first birthday, either because of travel to an endemic country, or because of a local outbreak, then this dose should be ignored, and two further doses given at the recommended times between 12 and 13 months of age (i.e. within a month of the first birthday) and at three years, four months to five years of age (see [Chapter 11 - The UK Immunisation Schedule](#)).

In line with the above guidance, the first dose of MMR should only be given prior to the scheduled age if the patient is due to travel to an endemic country, or where there is a local outbreak (see below). There may be other circumstances where a clinician deems vaccination outside the routine schedule to be appropriate and this will need to be assessed by a clinician on a case-by-case basis.

We understand that the current measles outbreak in the West Midlands has been concerning for parents. However, **the South-West region is not currently considered an outbreak area and the focus should therefore be on ensuring all individuals are fully vaccinated against MMR in line with the routine schedule**. It should be noted that even in the West Midlands region only children who have been a close contact for someone confirmed with measles are currently being vaccinated outside of the routine schedule. If an outbreak is identified in your local area and individuals are deemed eligible for an early MMR vaccine, they will be contacted by the Health Protection Team directly.

We would recommend ensuring that close family members are up to date with their MMR vaccine and to provide them with information about [signs and symptoms of measles](#). We obviously recommend avoiding contact with anyone with suspected symptoms.

Please note: if the patient meets any of the exclusion criteria within the [page 6 of the MMR PGD](#), then vaccination should not take place.

SPECIAL NOTE for babies aged under 1 year whose mother was born since MMR was introduced but has never had the vaccine nor had measles and is therefore unlikely to have maternal measles antibodies:

The UKHSA national immunisations team have provided the following advice:

Parents worried about the recent increase in local measles cases and wanting the first dose earlier than the recommended time should be informed that response to MMR in those under one year of age is poor, and therefore two further doses will still be needed. Therefore, it is only offered in situations of very high risk e.g. as post exposure prophylaxis following known significant exposure or to manage a specific outbreak in a nursery setting.

One intervention that could be beneficial is for the mother and any unvaccinated siblings/close contacts of this child to be offered MMR now as that would prevent them from becoming infected and passing infection on to this baby who, as you point out, is unlikely to have any maternal antibody.

Can we bring forward the second dose of MMR?

Please see the [Green Book of Immunisation - Chapter 21 Measles](#) page 9 which states:

A second dose is normally given before school entry but can be given routinely from eighteen months. Maternal antibodies may reduce the response to the first dose of vaccination up to the age of 18 months. To provide additional protection to those who fail to respond to the first dose, therefore, the second dose should not routinely be given below 18 months.

Where protection against measles is urgently required, a second dose can be given from one month after the first. If the child is given the second dose at less than 15 months of age, then another routine dose (a third dose) should be given after 18 months in order to ensure full protection, if the child is given the second dose from 15 months of age, no further routine doses are required.

In line with the above guidance, the second dose of MMR should only be given prior to the scheduled age if protection against measles is urgently required (see below). In these circumstances an assessment will be needed by a clinician on a case-by-case basis to determine whether a vaccination outside the routine schedule is appropriate.

We understand that the current outbreak in the West Midlands has been concerning for parents. However, **the South-West region is not currently considered an outbreak area and the focus should therefore be on ensuring all individuals are fully vaccinated against MMR in line with the routine schedule.** It should be noted that even in the West Midlands region only children who have been a close contact for someone confirmed with measles are currently being vaccinated outside of the routine schedule. If an outbreak is identified in your local area and individuals are deemed eligible for an early MMR vaccine, they will be contacted by the Health Protection Team directly.

We would recommend ensuring that close family members are up to date with their MMR vaccine and to provide them with information about [signs and symptoms of](#)

[measles](#). We obviously recommend avoiding contact with anyone with suspected symptoms.

Please note: if the patient meets any of the exclusion criteria within the [page 6 of the MMR PGD](#), then vaccination should not take place.

People with incomplete or unknown MMR histories

Please see the [Green Book of Immunisation - Chapter 21 Measles](#) pages 10-11 which states:

Individuals with unknown or incomplete vaccination histories

Unless there is a reliable history of appropriate immunisation, individuals should be assumed to be unimmunised. See [Chapter 11 - The UK Immunisation Schedule](#) for more information.

Those aged over 3 years and 4 months who have not received any MMR vaccines require two doses. As per the [incomplete immunisation algorithm](#) these should be given at least 4 weeks apart. An individual who has already received one dose of MMR should receive a second dose to ensure that they are protected.

Please note: if the patient meets any of the exclusion criteria within the [page 6 of the MMR PGD](#), then vaccination should not take place.

The general principles of the [incomplete immunisation algorithm](#) states that a reliable vaccination history can be documented or given verbally. When recording previous MMR vaccinations in the patient's medical record:

- Where you have a reliable verbal or written immunisation history, please use the dates within this for recording which immunisations were given when
- Where you have a reliable verbal or written immunisation history containing ONLY details of which immunisation was given, please use a best guess date, i.e. if the schedule for that country states it is given at 3 months, just use 3 months exactly on from the date of birth. You can inform this by using the following resource: [WHO Immunization Data portal](#)

- Where you do not have a reliable verbal or written immunisation history, assume the person to be unvaccinated in line with the guidance included in the [incomplete immunisation algorithm](#).

Is there an upper age limit for MMR?

To confirm from the [Green Book of Immunisation - Chapter 21 Measles](#) page 10, there is no upper age limit for MMR vaccines but there may be some individual circumstances to consider for patients based on their age or previous vaccination history.

Children aged ten years or over and adults

MMR vaccine can be given to individuals of any age, and should be offered opportunistically and promoted to unvaccinated or partially vaccinated younger adults – particularly those born before 1990. New GP registration, and entry into college, university or other higher education institutions, prison or military service also provides an opportunity to check an individual's immunisation history. Those who have not received MMR should be offered appropriate MMR immunisation. The decision on when to vaccinate older adults needs to take into consideration the past vaccination history, likely exposure to measles, the likelihood of an individual remaining susceptible, their future risk of exposure and their prioritisation relative to other individuals:

- Individuals who were born in the UK between 1980 and 1990 may not be protected against mumps but are likely to be vaccinated against measles and rubella. They may never have received a mumps-containing vaccine or had only one dose of MMR and had limited opportunity for exposure to natural mumps. They should be recalled and given MMR vaccine. If this is their first dose, a further dose of MMR should be given from one month later

- Individuals born between 1970 and 1979 may have been vaccinated against measles and many will have been exposed to mumps and rubella during childhood. However, this age group should be offered MMR wherever feasible, particularly if they are considered to be at high risk of exposure. Where such adults are being vaccinated because they have been demonstrated to be susceptible to at least one of the vaccine components, then either two doses should be given, or there should be evidence of seroconversion to the relevant antigen.
- Individuals born before 1970 are likely to have had all three natural infections and are less likely to be susceptible. MMR vaccine should be offered to such individuals on request or if they are considered to be at high risk of exposure. Where such adults are being vaccinated because they have been demonstrated to be susceptible to measles or rubella, then either two doses should be given or there should be evidence of seroconversion to the relevant antigen

Please note: if the patient meets any of the exclusion criteria within the [page 6 of the MMR PGD](#), then vaccination should not take place.

How should we manage demand for MMR vaccination?

The South-West region is not currently considered an outbreak area and the **focus should therefore be on ensuring all individuals are fully vaccinated against MMR in line with the routine schedule.**

Practices are required to provide 2 MMR vaccines for those **aged 1-5 years** in line with [the complete routine immunisation schedule](#), as outlined within the GP contract. We would expect primary care to continue to be able to provide MMR vaccination, ensuring that eligible children receive their MMR vaccine at the required age and in a timely manner.

As part of the GP contract, practices are also required to participate in the [2023/24 national vaccinations and immunisations catch-up campaign](#) which focuses on those **aged 6-11 years** old, to ensure they are fully vaccinated. Most of the measles cases within the West Midlands and London outbreaks have been in those

aged under 10 years old, highlighting the need to increase MMR uptake in this age group.

For adults, the UKHSA national immunisations team have advised referring to [Green Book of Immunisation - Chapter 21 Measles](#) page 10 to support assessing the prioritisation by age and relative risk of those needing vaccinations and that **the emphasis should be on vaccinating those born after the advent of the MMR vaccination programme** (i.e. after October 1988). There will also be the need to have individual conversations with patients about their vaccination history for those who have come from abroad and/or working in a health care setting – further information can be found in the [Green Book of Immunisation - Chapter 21 Measles](#). The following timeline showing how the UK programme has evolved may assist with these assessments:

- 1968 Measle single component vaccine
- 1988 MMR single dose programme
- 1994 Measles-rubella (MR) vaccine also in use for a limited period due to a predicted Measles epidemic and demand outstripping MMR stock
- 1996 MMR becomes a 2-dose schedule

Considering these points, it may not be unreasonable for adults to wait a little longer for an MMR vaccination appointment.

Please note: if the patient meets any of the exclusion criteria within the [page 6 of the MMR PGD](#), then vaccination should not take place.

Do single measles, mumps and rubella vaccines need to be repeated?

The general advice we provide is that if the individual (or parents/carer) has had single measles, mumps and rubella vaccines and is open to having another MMR combined vaccine then we would recommend they receive this to consider them fully immunised in the UK.

Information on single doses of Measles Mumps and Rubella can be found here: [Measles, mumps, rubella \(MMR\): use of combined vaccine instead of single vaccines:](#)

Single vaccines imported into this country haven't been independently tested for potency and toxicity. We have evidence that some of the single vaccines are less effective or less safe than MMR.

No evidence for single vaccines

Using single vaccines for the diseases would be experimental. It's unclear how long a gap to leave between each vaccines, as there's no evidence on giving the vaccines separately. No country recommends vaccination with the 3 separate vaccines.

Further benefits include:

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

The UKHSA national immunisations team have advised:

If an individual is missing any component of the vaccine (e.g., has only received an MR vaccine and is missing the mumps component), then we would recommend offering an MMR vaccine. It is important to cover all three diseases (measles, mumps & rubella) and MMR is the best way to ensure this. Measles, mumps or rubella monovalent vaccines are not licensed in the UK and evidence shows better uptake with strong evidence for the safety and effectiveness of MMR vaccine.

For individuals who have received vaccines outside of the UK immunisation schedule (e.g., privately obtained unlicensed vaccines) a risk assessment and a discussion with the individual in question about their vaccine history is advisable. If the source or efficacy is questionable, then revaccination with MMR may be recommended. If, however individuals have been vaccinated in line with the UK schedule and with vaccines from trusted sources (e.g., adults born in UK who had single measles or rubella vaccines as part of the routine schedule before MMR was introduced in 1988, or individuals born or brought up abroad where different combinations were used but all three components have been covered), then this is sufficient and no MMR offer would be required.

The NHS website [MMR \(measles, mumps and rubella\) vaccine](#) states the following:

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](#) also has more about why the NHS uses a combined vaccine.

Please note: if the patient meets any of the exclusion criteria within the [page 6 of the MMR PGD](#), then vaccination should not take place.

What interval should be left between Anti-D transfusion and MMR?

MMR vaccine may be given in the postpartum period with anti-D (Rh0) immunoglobulin injection provided that separate syringes are used and the products are administered into different limbs. If blood is transfused, the antibody response to the vaccine may be inhibited – measure rubella antibodies after 6–8 weeks and revaccinate if necessary

Although Anti-D is a blood product, it is very specific and differs from the impact of whole blood products. [The BNF](#) advises that:

[Measles, mumps and rubella vaccine](#) may be given in the postpartum period with [anti-D \(Rh0\) immunoglobulin](#) injection provided that separate syringes are used and the products are administered into different limbs [although] If blood is transfused, the antibody response to the vaccine may be inhibited—measure rubella antibodies after 6–8 weeks and revaccinate if necessary.

Although the BNF discusses Anti-D in a different sentence to blood products more broadly, the [Rubella chapter](#) of the Green Book may also provide some reassurance that a deferral is not required post Anti-D as it advises that:

Where rubella protection is required for post-partum women who have received anti-D immunoglobulin, no deferral is necessary as the response to the rubella component is normally adequate (Edgar and Hambling, 1977; Black et al., 1983). Blood transfusion around the time of delivery may inhibit the rubella response and, therefore, a test for rubella antibody should be undertaken six to eight weeks after vaccination. The vaccination should be repeated if necessary.

The [Brunton et al \(2023\)](#) study may provide some additional reassurance about coadministration. The Australian and New Zealand guidance offers further reassurance. The [Australian Immunisation Handbook](#) states:

People may receive MMR vaccine at the same time as anti-D [immunoglobulin](#), but at different injection sites. They can also receive MMR vaccine at any time before or after anti-D [immunoglobulin](#). Anti-D [immunoglobulin](#) does not interfere with the antibody response to the vaccine.

And in the [New Zealand Immunisation Handbook](#):

12.5.4 Pregnancy and breastfeeding:

MMR is contraindicated during pregnancy. Pregnancy should be avoided for four weeks after MMR vaccination.

After delivery:

If MMR and Rhesus anti-D IG are required after delivery, both the vaccine and anti-D IG may be given at the same time, in separate sites with separate syringes. The vaccine may be given at any time after the delivery. Anti-D IG does not interfere with the antibody response to the vaccine, but whole blood transfusion does inhibit the response in up to 50 percent of vaccine recipients.

Should pregnant people be screened for measles?

There has been no specific national guidance from UKHSA on testing for measles immunity during pregnancy. Doing so would need to be a clinical decision on a case by case basis. For assurance, we can confirm that so far, **no** area within the South West has been identified as an outbreak area.

Pregnancy is a contraindication for the MMR vaccine, however you may find the following guidance from the [Green Book of Immunisation - Chapter 21 Measles](#) helpful:

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Unvaccinated or partially vaccinated women who become pregnant should be offered missing doses post-partum, for example at the post-natal check or if they accompany their infant to their routine immunisations. If two doses of MMR are required, then the second dose should be given one month after the first.

Page 17-18

Pregnant women with rash illnesses, or contact with rash illnesses should be managed as per [Viral rash in pregnancy](#).... Measles infection in pregnancy can lead to intra-uterine death and pre-term delivery, but is not associated with congenital infection or damage (Manikkavasagan et al., 2009b). **Pregnant women who are exposed to measles may also be considered for intramuscular normal immunoglobulin.** A very high proportion of pregnant women will be immune and therefore normal immunoglobulin is only offered to women who are likely to be susceptible based upon a combination of age, history and/or measles IgG antibody screening (see [Measles: post-exposure prophylaxis](#)). Where the diagnosis in the index case is uncertain, this assessment should be done as part of the investigation of exposure to rash in pregnancy ([Viral rash in pregnancy](#)).

Eligibility for Healthcare Staff

What do we do if a staff member refuses vaccination?

Whilst there is not a national mandated requirement for vaccination of front-line healthcare staff, the [Green Book of Immunisation: Chapter 12](#) makes it clear that **all staff should be up to date with their routine immunisations, especially MMR** – this includes both clinical and non-clinical healthcare colleagues. This is also stated in the recent UKHSA letter to medical professionals on [preparing for measles resurgence in England](#), which states:

All healthcare workers (including receptionists, ambulance workers etc.) should have satisfactory evidence of protection against measles to protect both themselves and their patients.

There may also be a local policy in place that you will need to consider.

Our suggestion would be to ensure, if not already done, that they have the opportunity to access the relevant information and discuss vaccination should they wish to. The [vaccine confidence resources](#) on our FutureNHS site offer useful advice on how to have conversation with people to build trust in vaccines. The below guidance can be provided or signposted to for information about the vaccine:

- [Green Book of Immunisation: Chapter 12 Immunisation of healthcare and laboratory staff](#)
- [Green Book of Immunisation: Chapter 21 Measles](#)
- [Green Book of Immunisation: Chapter 23 Mumps](#)
- [Green Book of Immunisation: Chapter 28 Rubella](#)
- [MMR for all: general guide](#)

This will ensure they have the right information about the vaccine and can make an informed choice about whether they would like the vaccine or not, both considering patients and for themselves. If they choose not to have the vaccine, and there is agreement to have this noted on a record, this would prove helpful to readily identify

staff members at most risk of contracting the disease if there should ever be a measles case identified as presenting at the surgery.

We would also signpost you to the CQC website [GP mythbuster 37: Immunising healthcare staff](#):

If staff do not have the required immunisations, you must record a clear rationale for the decision. This should include an appropriate risk assessment.

Health care workers who are exposed to a confirmed or suspected case of measles and do not have satisfactory evidence of protection (2 documented doses of measles containing vaccination or measles IgG positive) should be excluded from work from the 5th day after the first exposure to 21 days after the final exposure.

See: [NHS England » Guidance for risk assessment and infection prevention and control measures for measles in healthcare settings](#)

Cases should be excluded from nursery, educational setting or work until full 4 days after onset of rash. See: [Information on measles for health professionals](#)

What evidence of staff previous MMR vaccinations is acceptable?

According to the recent UKHSA letter to medical professionals on [preparing for measles resurgence in England](#):

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.

Can healthcare staff be vaccinated within the practice?

Healthcare staff should be directed to contact the GP practice where they are registered for any outstanding vaccinations. However, we are aware that some staff may not be able to get into contact with their GP practice to review their vaccination history, or to book a timely vaccination appointment.

We have been asked whether GP staff can receive MMR vaccination within the practice where they work, under the practice's PGD. On 19 February 2024 Jane Freeguard, Deputy Director of Vaccination – Medicines & Pharmacy from the NHS England national team, confirmed that:

In light of the national measles outbreak and urgency to support rapid uptake of the MMR vaccine, we are permitting practices to administer MMR vaccines to their eligible staff who are registered with another practice under INT (immediately necessary treatment). Please note this is a time limited arrangement until 31 March 2024 in light of the on-going national incident and only applies to MMR vaccinations.

An item of service fee cannot be claimed for the administration of MMR vaccines to staff registered with another practice. However, indemnity cover will be provided through CNSGP [clinical negligence scheme for general practice] and nationally supplied MMR stock can be used to vaccinate eligible staff. Staff must be strongly encouraged to inform their registered practice that they have received an MMR vaccine, requesting it be included in their medical record.

Furthermore, [NHS Resolution](#) have confirmed that:

Following a request from NHS England, NHS Resolution is pleased to confirm that cover under Clinical Negligence Scheme for General Practice (CNSGP) will be available, for the period until 31 March 2024 only, to general practices and their staff in England for administering the MMR vaccination to their own eligible staff who are registered with another practice. This is to support rapid uptake of the vaccine during the present measles outbreak.

There is no requirement for a measles IgG antibody test before offering MMR to staff without a complete immunisation history.

You may also find the following FAQs helpful:

- [What evidence of staff previous MMR vaccinations is acceptable?](#)
- [Does MMR need to be given to staff who only had rubella vaccine?](#)

We suggest the following process for vaccinating practice staff members:

- Confirm eligibility (i.e. the staff member has incomplete or unknown records of having 2 doses of the MMR vaccine)
- Register them as an Immediately Necessary Patient at your practice (their place of work)
- Arrange for the staff member to be vaccinated under your PGD
- Complete the Occupational Health (OH) form and return to the OH provider you are registered with.
- Give the staff member a print out of the new vaccination history to give to their GP so that their records can be updated.

Please note: if the patient meets any of the exclusion criteria within the [page 6 of the MMR PGD](#), then vaccination should not take place.

SPECIAL NOTE for second doses:

Because first and second doses need to be at least 4 weeks apart, but Immediate Necessary Treatment registration only lasts for 14 days, the above process will need to be repeated for second doses.

If the date of the second dose falls after 31st March, it will need to be administered at the staff member's registered practice, not their place of work (see national guidance above). We are seeking further guidance from the NHS England national immunisations team on this point.

Does MMR need to be given to staff who only had rubella vaccine?

We would recommend that staff who have only previously received a Rubella vaccine are offered two doses of the MMR vaccine, given 4 weeks apart, to ensure they have immunity against mumps and especially measles.

Our colleagues in the national immunisation team have advised:

If an individual is missing any component of the vaccine (for example has only received an MR vaccine and is missing the mumps component), then we would recommend offering an MMR vaccine. It is important to cover all three diseases (measles, mumps & rubella) and MMR is the best way to ensure this. Measles, mumps or rubella monovalent vaccines are not licensed in the UK and evidence shows better uptake with strong evidence for the safety and effectiveness of MMR vaccine.

Please note: if the patient meets any of the exclusion criteria within the [page 6 of the MMR PGD](#), then vaccination should not take place.

Can pregnant staff give MMR vaccines?

The UKHSA national immunisations team have confirmed that there is no identified reason why a pregnant vaccinator could not administer a live vaccine, such as MMR. They have provided the advised the following information:

Live vaccines are contraindicated during pregnancy as a precaution because of the theoretical risk of foetal infection. There has been no evidence to date of direct foetal injury after the administration of live viral vaccines to pregnant women but because this theoretical risk exists, the advice is that live vaccines should be delayed until after pregnancy ([The Green Book, Chapter 6, pg 8](#)).

For IM injections, there is no exposure risk for pregnant staff members so there is no identified reason why they cannot vaccinate.

In addition, where similar queries have been received for LAIV (live attenuated influenza vaccine), the following advice has been shared by the UKHSA national immunisations team:

Even for LAIV in a pregnant recipient, although we recommend inactivated vaccines for pregnant women, the live virus has been attenuated (weakened) and adapted to cold so that they can only replicate at the lower temperatures found in the nasal passage. These live viruses cannot replicate efficiently elsewhere in the body and therefore there is no theoretical basis for concern about infection of the unborn foetus or the mother's lungs.

The risk is even lower for pregnant staff administering the vaccine. As per the LAIV PGD ([pg 17](#)), there is no identified reason why healthcare staff who are pregnant but otherwise immunocompetent cannot vaccinate although they 'should follow normal clinical practice to avoid inhaling the vaccine and ensure that they themselves are appropriately vaccinated'.

How susceptible are fully vaccinated pregnant or immunosuppressed healthcare professionals to measles?

The [Green Book of Immunisation: Chapter 21 Measles](#) states that:

Over 90% of individuals will seroconvert to measles, mumps and rubella antibodies after the first dose of the MMR vaccines currently used in the UK (Tischer and Gerike, 2000). A single dose of measles-containing vaccine is at least 95% effective in preventing clinical measles (Demicheli V, et al, 2012). **After a second dose of measles-containing vaccine protection increases to well above 95%** (Wichmann O et al 2006). A single dose of a rubella-containing vaccine confers close to 100% protection against laboratory confirmed rubella (Plotkin et al, 2018, Chapter 53).

In terms of protection for a pregnant staff member's unborn child, the child should have protection from maternal antibodies if the mother has already been fully vaccinated before the pregnancy (as per the [Green Book of Immunisation: Chapter 21 Measles](#)):

Children under ten years of age (p.9)

The first dose of MMR should be given between 12 and 13 months of age (i.e. within a month of the first birthday). **Immunisation before one year of age provides earlier protection in localities where the risk of measles is higher, but residual maternal antibodies may reduce the response rate to the vaccine.** The optimal age chosen for scheduling children is therefore a compromise between risk of disease and level of protection.

For immunosuppressed members of staff, depending on their condition, treatment they have had, and level of immunosuppression, they would likely still have protection from their previous vaccinations. However, if they were considered to be severely immunosuppressed and have been advised to be fully revaccinated (as a clinical decision by their GP or specialist clinicians) they may be contraindicated to have MMR revaccination as it is a live vaccine. The [Green Book of Immunisation: Chapter 21 Measles](#) states that:

Contraindications (p.11)

There are very few individuals who cannot receive MMR vaccine...The vaccine should not be given to:

- those who are immunosuppressed (see [The Green Book of Immunisation: Chapter 6 Contraindications and special Considerations](#) for more detail)

The [Green Book of Immunisation: Chapter 21 Measles](#) offers the following advice for protection post-exposure to MMR for all individuals but also with information for those who are immunosuppressed and pregnant. In particular, we highlight that many adults and older children with immunosuppression will have immunity due to past infection or vaccination:

Protection of contacts with MMR (p.17-18)

As vaccine-induced measles antibody develops more rapidly than that following natural infection, MMR should be offered to any exposed healthy individual who is unvaccinated or incompletely vaccinated, and has not had measles in the past. To be effective against this exposure, vaccine must be administered very promptly, ideally within three days.

Even where it is too late to provide effective post-exposure prophylaxis with MMR, the vaccine can provide protection against future exposure to all three infections.

Therefore, contact with suspected measles, mumps or rubella provides a good opportunity to offer MMR vaccine to previously unvaccinated individuals. **If the individual is already incubating measles, mumps or rubella, MMR vaccination will not exacerbate the symptoms.** In these circumstances, individuals should be advised that a measles-like illness occurring shortly after vaccination is most likely to be due to natural infection. If there is doubt about an individual's vaccination status, MMR should still be given as there are no ill effects from vaccinating those who are already immune.

Protection of contacts with immunoglobulin:

Children and adults with compromised immune systems who come into contact with measles should be considered for normal immunoglobulin as soon as possible after exposure. A local risk assessment of the index case (based on knowledge of the current epidemiology) and the exposure should be undertaken. If the index case is confirmed, epidemiologically linked or considered likely to be measles by the local health protection team, then the need for post exposure prophylaxis should be urgently addressed...

Many adults and older children with immunosuppression will have immunity due to past infection or vaccination. Normal immunoglobulin is therefore unlikely to confer additional benefit in individuals with detectable measles antibody as their antibody levels are likely to be higher than that achieved with a prophylactic dose. **Most immunosuppressed individuals should be able to develop and maintain adequate antibody levels from previous infection or vaccination...** The use of immunoglobulin is therefore limited to those known or likely to be antibody negative to measles. Urgent assessment is required, and admission to hospital for administration of intravenous immunoglobulin may follow...

Pregnant women who are exposed to measles may also be considered for intramuscular normal immunoglobulin. **A very high proportion of pregnant women will be immune and therefore normal immunoglobulin is only offered to women who are likely to be susceptible based upon a combination of age, history and/or measles IgG antibody screening...** Where the diagnosis in the index case is uncertain, this assessment should be done as part of the investigation of exposure to rash in pregnancy. See [Viral rash in pregnancy](#).

We would like to provide assurance that as of 28/02/2024 the South West has not been identified as an outbreak area like the West Midlands and London. The UKHSA South West Health Protection Team would provide support and advice where there has been a local outbreak.

In these instances, to support protecting healthcare workers, we would advise for staff to follow their local PPE procedures and to ensure that if patients think they may have measles that they should ring the GP service before coming into the service as noted in this public facing information: [Measles - NHS \(www.nhs.uk\)](https://www.nhs.uk).

About the Safety of MMR

What are the ingredients?

There are 2 different brands of MMR vaccine available in the UK. These are called Priorix and MMRVaxPro.

- The main ingredient of the MMR vaccine is small amounts of weakened measles, mumps and rubella viruses
- The MMR vaccine does not contain mercury (thiomersal)

You can find a full list of ingredients in these patient information leaflets:

- [Priorix patient information leaflet](#)
- [MMRVaxPro patient information leaflet](#)

MMRVaxPro contains porcine gelatine to ensure the vaccine remains safe and effective during storage. GOV.UK has more information about [vaccines and porcine gelatine](#), including leaflets translated into Arabic, Bengali and Urdu. This includes the following guidance:

Parents not wishing their children to have the porcine gelatine-containing MMR vaccine should request the Priorix® vaccine from their GP. A full course of 2 doses will provide protection against measles, mumps and rubella. Please note that the practice may need to order this product in specially so it will be helpful to tell them your views before the appointment.

More information: about [why vaccinations are safe and important](#), including how they work and what they contain.

Does MMR cause autism?

Information can be found at [Measles, mumps, rubella \(MMR\): use of combined vaccine instead of single vaccines:](#)

The link to autism and Crohn's disease was pure speculation...The possible links to autism and Crohn's disease were investigated by Public Health England (now UK Health Security Agency), and have been proved wrong.

The MMR vaccine remains the most effective and safest way of protecting children against these dangerous diseases. We urge parents to make sure their children have the MMR vaccine.

There are many studies that have investigated this as detailed here: [The Oxford University Vaccine Knowledge Project](#) website has a list of MMR studies and their findings

If parents are considering single vaccines instead, information can be found at [Measles, mumps, rubella \(MMR\): use of combined vaccine instead of single vaccines:](#)

Unlike MMR, where the evidence shows no link, no study has been conducted to look at single vaccines and either autism or bowel disease. In fact, there's no reason to think that single vaccines would be less likely to cause autism or bowel disease than MMR.

We can also recommend the following resources:

- [How do we know that the MMR vaccine doesn't cause autism?](#)
- [MMR for all: general guide](#)
- [The University of Oxford Vaccine Knowledge Project](#) provides clear and detailed information about the MMR vaccine and is accessible to all.
- [Autism in the Somali community – myth-busting short films offer advice and top tips for parents](#)

Operational Queries

MMR training for registered vaccinators

All registered vaccinators should be fully trained and competent to administer vaccinations in line with the [immunisation training standards for healthcare professionals](#).

As part of completing immunisation training, vaccinators administering MMR must also complete the [e-Learning for Healthcare \(eLFH\)](#) MMR session (in the preventable disease section). They should also be familiar with:

- [Green Book of Immunisation: Chapter 21 Measles](#)
- [Green Book of Immunisation: Chapter 23 Mumps](#)
- [Green Book of Immunisation: Chapter 28 Rubella](#)
- [MMR PGD](#)
- [Measles, mumps and rubella \(MMR\) vaccination programme for immunisers](#) slide set available in the **Slide sets** section of [this page](#)
- Keep up to date on the latest measles epidemiology here: [Measles epidemiology 2023 and 2024](#)

The UKHSA national immunisation team have also advised the following:

It is possible that the MMR session in the vaccine preventable disease section of the [Immunisation - elearning for healthcare](#) course will be updated in the near future (notably the epidemiology and current issues sections) but as this is not a rapid or straightforward process and we cannot tell you when this will happen. We would say it is still worth vaccinators undertaking this elearning session as part of undertaking the elearning programme as a whole but we would very strongly recommend that they also look at the [Measles, mumps and rubella \(MMR\) vaccination programme for immunisers](#) and [Measles epidemiology 2023 and 2024](#)

If they have looked at these resources and continue to refer to them as required, there should be no reason why they would have to repeat the MMR session when it is updated.

MMR training for non-registered vaccinators

We have received a number of queries about e.g. COVID-19 outreach teams delivering MMR vaccinations. We are awaiting further advice from the UKHSA and NHS England national immunisation teams about the required immunisation training and legal frameworks that would be needed for non-registered vaccinators to administer MMR.

What guidance resources are available?

Some of the resources below are also available from the South West Vaccination & Screening Team's [FutureNHS site](#). If you have not visited this site before, simply click 'request access' and await a verification email to be added to this workspace. If you require support in registering for a FutureNHS account please visit <https://future.nhs.uk>.

- [MMR call/recall checklist for practices](#)
- [MMR eligibility and schedule guide for South West healthcare professionals](#)
- [Green Book of Immunisation: Chapter 21 Measles](#)

- [Green Book of Immunisation: Chapter 23 Mumps](#)
- [Green Book of Immunisation: Chapter 28 Rubella](#)
- [MMR PGD](#)
- [Measles epidemiology](#)
- [Immunisation - MMR](#)
- [Vaccine confidence: conversations to build trust in vaccines](#)

What communications resources are available?

Some of the resources below are also available from the South West Vaccination & Screening Team's [FutureNHS site](#). If you have not visited this site before, simply click 'request access' and await a verification email to be added to this workspace. If you require support in registering for a FutureNHS account please visit <https://future.nhs.uk>.

- [MMR call/recall communications toolkit for regional communications](#)
- [UKHSA measles comms toolkit v.2](#)
- [MMR programme publications](#)
- [Order MMR leaflets, posters and publications](#)
- [Translations of standard MMR messages](#)
- [How do we know that the MMR vaccine doesn't cause autism? – YouTube](#)
- [Autism in the Somali community: myth-busting advice and top tips for parents](#)
- [The University of Oxford Vaccine Knowledge Project: MMR](#)

Are there any MMR vaccine supply issues?

Vaccines centrally procured for the NHS as part of [the complete routine immunisation schedule](#) or the [national incomplete imms schedule](#) can only be ordered via [ImmForm](#) and are provided free of charge. Further information about ImmForm is available [online](#), from the ImmForm helpdesk at helpdesk@immform.org.uk or by telephoning 0844 376 0040.

As MMR is an evergreen offer, MMR vaccines ordered from ImmForm can be used for patients of any age who are vaccinated as part of [the complete routine immunisation schedule](#) or the [national incomplete imms schedule](#).

The UKHSA national immunisation team have confirmed that:

There are no current issues with either of the MMR vaccines (MMRVaxPro and Priorix). There is a cap in place for the ordering of the Priorix vaccine, but this should not impact ordering – additional doses can be provided if required and should be requested via ImmForm.

The cap is in place to help ImmForm manage the supply flow, as Priorix currently represents around 20-30% of the total MMR stock. We would therefore ask that MMRVaxPro be used as the first option where possible, to preserve Priorix stocks for the areas and communities where gelatine-free vaccine is needed across the country.

Can private companies order MMR from ImmForm?

Normally, private companies would not have access to order MMR via ImmForm for occupational health purposes, and staff of such companies should be vaccinated at their registered practice.

However, the UKHSA national immunisation team have advised:

Where there a large number of staff that have uncertain immunisation history for MMR and are unable to access local GPs, we suggest that the private company has a temporary ImmForm account to order MMR vaccine for a limited time. During this time the company would have access to order MMR vaccine only free of charge.

The company will need to complete a new ImmForm account form. To create a new account for a new delivery location please arrange for company to complete a new account form available at this link: [ImmForm](#) . Select option 3: **Create a new delivery point for product ordering.**

A help guide on how to complete the form is available here: [ImmForm help guide](#)

It can take up to five working days to process a new account form so please ensure you enter all the mandatory sections to avoid delays:

- **Section 1; 2; 3; 5; 6; 7 and 8** is mandatory for all customers.
- **Section 4** is mandatory for Private or NHS customers which are billed.
- NOTE: UKHSA does not accept shared mailboxes for traceability purposes.

You can find organisation information at this link: [NHS Digital ODS Portal](#)

Please ensure you return the form in a PDF editable format as we do not accept photocopied forms.

The completed form needs to be emailed to Helpdesk@immform.org.uk.

Dealing with queries from parents about the national MMR call/recall

National MMR call and recall general practice role:

Throughout February and March 2024, NHS England is contacting children and young adults aged 6-11 years in England and 6-25 years in the West Midlands, London and Greater Manchester who are unvaccinated or partially vaccinated according to NHS records. 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 NHS England » Confirmation of national vaccination and immunisation catch-up campaign for 2023/24](#)

Advance notice of the campaign:

General practice colleagues received advance notice of the national MMR call and recall campaign in November 2023 as part of information and requirements for the MMR focussed annual public health campaign, via the primary care bulletin in January 2024 and via regional communication cascades throughout January 2024. Practice Nurses received communication via national practice nurse networks in January 2024. [NHS England » Confirmation of national vaccination and immunisation catch-up campaign for 2023/24](#) and see *Primary Care Bulletin issue 273*.

Recording and coding queries:

General practice MMR vaccination records are used to identify patients for national MMR call and recall, for records to be extracted successfully by GPIT suppliers they must be coded and recorded correctly using valid SMOMED codes. General practice colleagues should ensure that vaccination records are recorded and coded correctly, a valid MMR vaccination SNOMED procedure code will allow an up-to-date immunisation status for registered patients to be available to the NHS.

If you have been contacted by your registered patients who have received a national MMR reminder saying that they/their child may not be up to date with their MMR vaccinations but you think they are, please be assured that NHS England are

aware data held nationally may differ from what is held locally and continues to work with NHS services delivering vaccinations to ensure that patient records are as up to date as possible. If the registered patient is satisfied that their child is up to date for MMR vaccination and other childhood vaccinations, and the general practice are satisfied that the practice record is complete and correctly coded, then no further action is necessary. However, if during this process it is found that any MMR vaccinations are either not coded (for example saved in the record as an attached PDF) or incorrectly coded, then please take this opportunity to make all necessary corrections to the record. This will improve the accuracy of cohorts included in future national recall campaigns and will also help to improve the completeness and accuracy of local Child Health Information Service (CHIS) records.

NHS Vaccination and Immunisation Business Rules set out the SNOMED codes for MMR – [Enhanced services \(ES\), Vaccination and Immunisation \(V&I\) and core contract components \(CC\) business rules 2023-2024 - NHS Digital](#)

Please note that MMR given under the age of 1 year and doses of single measles, mumps or rubella vaccines will be discounted and may need to be repeated. Please refer to the [Green Book of Immunisation - Chapter 21 Measles](#) for further guidance.

Guidance on MMR coding and re-coding

The following guidance has been shared by the national NHS England immunisations team:

Coding of vaccine events

The source data for national call and recall is the general practice record. MMR vaccine event data is extracted from general practice records by GPIT suppliers in accordance with a national MMR data extract specification.

For records to be extracted successfully, they must be coded properly so that they can be mapped to the codes within the national extract specification.

General practices identifying an **uncoded** vaccine event must resolve this as soon as reasonably practical. To do so, the vaccine event must be coded using a current, valid SNOMED code. The steps to achieve this are set out below and guidance on how to find the relevant SNOMED codes is appended at the end of this document.

Practices should be aware that applying codes to previously uncoded records may create duplicate or erroneous payment claims if not done correctly. This scenario might arise where the practice has already claimed payment for the vaccination but did not code it at the time, or where a patient has moved in from overseas, or historical notes have been scanned into the record but not previously coded.

Practices are not being asked to **re-code** retrospectively any vaccine events that are already coded.

Instructions for actioning retrospective coding of an MMR vaccine event without triggering an item of service fee

Vaccinations administered by the general practice where an item of service payment has already been claimed

- Backdate the event date of the vaccination SNOMED code to reflect the correct date when the vaccination was given
- Set the GMS flag to 'No' (for EMIS and Cegedim practices) or the 'Event done' flag to 'No' (for TPP practices)*
- Add free text associated with the vaccination SNOMED code to note the date the vaccine was given and where.

* The purpose of the GMS flag is to denote when an activity was delivered in fulfilment of the practice's GMS (applies also to PMS and APMS) contract (GMS=True), or delivered by the practice outside of the GMS contract, or delivered by another healthcare provider (GMS=False). TPP does not have a GMS flag, but offers similar functionality in the form of an 'Event done' flag which, if set to 'False/No', denotes that the practice did not deliver the activity. Applying this flag will prevent a second item of service claim going through when a claim has already been made.

Vaccinations not administered by the practice which should not attract an item of service payment:

- Backdate the event date of the vaccination SNOMED code to reflect when the vaccination was delivered.
- Set the GMS flag to 'No' (for EMIS and Cegedim practices) or the 'Event done' flag to 'No' (for TPP practices)*
- If the vaccination is for MMR or Shingles, use the "MMR vaccination given by other healthcare provider" or "Shingles vaccination given by other healthcare provider" SNOMED code.**
- Add free text associated with the vaccination SNOMED code to note the date the vaccine was given and where.

* As above, the purpose of the GMS flag is to denote when an activity was delivered in fulfilment of the practice's GMS (inclusive of PMS and APMS) contract (GMS=True), or either delivered by the practice outside the GMS contract or delivered by another healthcare provider (GMS=False). TPP does not have a GMS flag, but offers analogous functionality in the form of an 'Event done' flag which, if set to False/No, denotes that the practice did not deliver the activity.

** 'Vaccination given by other healthcare provider' SNOMED codes exist for a limited number of vaccines. MMR and Shingles are the only vaccinations in QOF with a 'vaccination given by other healthcare provider' code available.

Notes on overseas vaccination history, vaccinations delivered in other settings

When a patient or their representative reports that a vaccination has been delivered overseas or in another setting, individual clinicians should exercise their judgement to determine that a vaccination has been given and to record it in the patient record.

[The Green Book chapter 11](#) states:

If children and adults coming to the UK do not have a documented or reliable verbal history of immunisation, they should be assumed to be unimmunised and a full course of required immunisations should be planned.

Patients arriving from overseas with a "documented or reliable verbal history of immunisation" **can** be assumed to be immunised and recorded as such in the GP

patient record – though in the case of reliable verbal histories, it may not be possible to record the batch number or exact vaccination date.

Current and valid SNOMED codes

Current MMR SNOMED codes in use to support payment are available at [Primary Care Refset Portal](#).

To find the cluster content, select ‘Open the Primary Care Domain Reference Set Portal’, select ‘PCD refsets’ in the Navigate box, then select ‘Measles, mumps and rubella (MMR)’ from the ‘Ruleset’ dropdown menu.

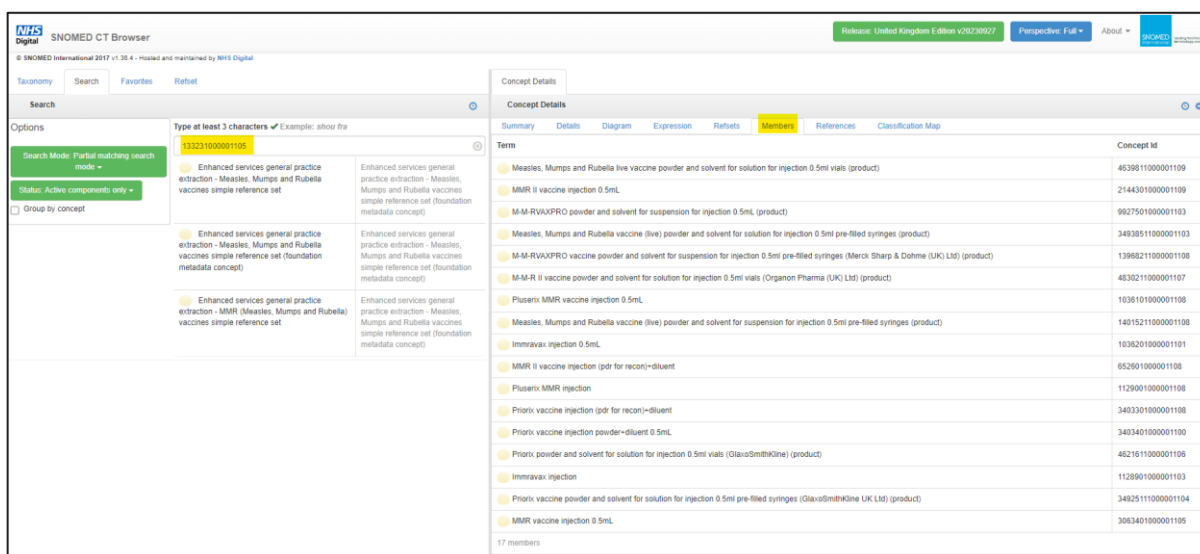
Primary Care Domain - indicators/counts/registers (outputs) Reset This content is based on PCD TRUD release: 20231012 SNOMED Browser

Service: All
 SNOMED code: All
 Ruleset: Measles, mumps and rubella ...
 Output ID: All
 Output description: All
 Refset ID: All
 Cluster ID: All
 Cluster description: All
 Count of SNOMED codes in selection: 13

Output ID	Cluster ID	Cluster description	SNOMED code	SNOMED code description	Refset ID
MMRV007	MMRVAC2_COD	MMR second dose vaccination codes	170433008	containing only measles morbillivirus and mumps orthorubulavirus and Rubella virus antigens (procedure)	9990188510002
MMRV007	MMRVAC2_COD	MMR second dose vaccination codes	38598009	Administration of second dose of vaccine product containing only Measles morbillivirus and Mumps orthorubulavirus and Rubella virus antigens (procedure)	9990188510002
MMRV007	MMRVAC2_COD	MMR second dose vaccination codes	505001000000109	Administration of vaccine product containing only Measles morbillivirus and Mumps orthorubulavirus and Rubella virus antigens (procedure)	9990188510002
MMRV007	MMRVAC2_COD	MMR second dose vaccination codes	571591000119106	Measles mumps rubella catch-up vaccination (procedure)	9990188510002
MMRV007	MMRVACDRUG_COD	MMR vaccine codes	Check the SNOMED browser for refset content	Refset not managed or maintained by the PCD team	1332310000011

This gives you the content of the PCD clusters/refsets – but not the MMR drug codes.

The current content of MMRVACDRUG_COD can be found by searching the [SNOMED CT Browser](#) for its refset number: 133231000001105, then click the green search mode button, then select one of the ‘Enhanced Services general practice extraction’ options and select the ‘Members’ tab on the right-hand side.



Please note, there is a direct link from the PCD Refset Portal to the SNOMED browser at the top right hand of the page, so the MMRVACDRUG_COD refset ID above can be copied and searched.

Can MMR vaccines be mutually aided?

There are not currently any exceptions for mutual aid for MMR vaccines, so they cannot currently be mutually aided. To confirm, **MMR vaccines (and other vaccines ordered from ImmForm) can only be moved between GP surgeries if they are in the same legal entity (e.g. branch surgeries) or they have a wholesale dealers licence.**

There are not any supply issues with MMR vaccines that we are aware of and they can be ordered through ImmForm and delivered within a week. Currently, the South West is not considered an outbreak area.

Can we offer MMR vaccinations in another PCN practice?

PCNs cannot, under the Network Contract DES, collaborate during core hours to provide routine vaccinations to their collective registered population.

However, under the [Network Contract DES](#), practices can collaborate to provide routine vaccinations during the Network Standard Hours (evenings from 6.30pm to 8pm and Saturdays from 9am to 5pm) - section 9, specifically para 8.1.7). These routine vaccination appointments can be booked in advance or on the same day. As such, a PCN can provide routine vaccinations to their **collective registered patients** and this would include those eligible for an MMR vaccination. The patient's registered practice would be eligible for the item of service payment and the PCN practices will need to agree how this is managed between them. Pending how the vaccination event is recorded in the patient's medical record, please note that it will be made to the patient's registered practice if picked up via GPES and if not picked up via the GPES extract than the patient's registered practice will need to raise this with the commissioner. PCNs may wish to incorporate within their Network Agreement details of the service, including information on vaccine handling.

PCNs can offer pre-booked and on the day appointments as part of enhanced access, so if a PCN would like to use a proportion of their Saturday appointments to offer and provide MMR vaccinations then they can do so under the DES. In providing a proportion of these appointments for MMR vaccinations, practices and commissioners will want to agree how much of the network standard hours can be used, bearing in mind a proportion must still be available for other activity to all patients in the PCN.

Can ICB vaccination teams use a practice's MMR stock to vaccinate registered patients?

In the event that ICB vaccination teams assist with additional MMR clinics within a GP practice, they may **only** administer MMR vaccines that have been procured by the practice from ImmForm (see [supply](#) section above) **if**:

- The patient is registered at the practice and is eligible for MMR.
- **and**
- An agreement is in place between the ICB vaccination team and the practice for governance and to protect the staff vaccinating. This agreement should outline that:

- The practice has responsibility for the governance and storage/handling of the vaccine.
- The ICB vaccination team has responsibility for the training/competence of the staff administering the vaccine.

A template agreement which has been used previously for seasonal flu and pneumococcal vaccinations and can be amended for this purpose can be found in [Appendix 1](#) of these FAQs.

If the ICB vaccination team are providing and using their own MMR vaccine stock, there is no need for such an agreement to be in place.

Finance

Can payment be claimed for MMR given at any age?

MMR vaccination is an evergreen offer and any registered patient who is vaccinated with MMR by the practice in line [the complete routine immunisation schedule](#), or the [national incomplete imms schedule](#), will generate a payment. Practices can claim an item of service (IoS) payment of £10.06 for any MMR vaccination given within the reporting period to a patient who is:

- Registered with them
- Is aged over 5 years and has not previously been fully vaccinated against MMR, or has an unknown or incomplete vaccination history
- **or**
- Is aged 1-5 years and has not previously been fully vaccinated against MMR as per the [UK routine schedule](#)
- **or**
- Is aged less than 1 year (please note that this is outside the UK routine schedule and MMR should not be administered without a clear clinical rationale as per the [Green Book of Immunisation - Chapter 21 Measles](#). MMR doses given under the age of 1 will be discounted and will need to be repeated.)

All MMR activity will be auto-extracted from the practice's clinical system by the GPES. All item of service fees are payable in respect of each vaccine given, irrespective of first dose / second dose and are not conditional on completion of both vaccines.

- For information and links through to user guides for CQRS click [here](#).
- For south west CQRS guidance, including what to do if practices think their CQRS data is incorrect, click [here](#).
- Any queries about this process can be sent to england.swcqr@nhs.net.

Can a practice charge patients for MMR vaccination or documentation?

No eligible patient who is not vaccinated with MMR should be turned away, nor should they be charged.

Under [UK GDPR regulations](#), a person can request access to their personal data, including [health data](#):

An individual can make a SAR (subject access request) verbally or in writing, including by social media. They can make it to any part of your organisation and they do not have to direct it to a specific person or contact point.

A request does not have to include the phrases 'subject access request', 'right of access' or 'Article 15 of the UK GDPR'. It just needs to be clear that the individual is asking for their own personal data.

The guidance states that fees cannot be charged when an individual requests access to their own health data, as long as the request is not 'manifestly unfounded or excessive' and is not for 'further copies of their data following a request':

The DPA 2018 defines 'data concerning health' as personal data relating to the physical or mental health of an individual, including the provision of health care services, which reveals information about their health status. There are no special rules which allow you to charge fees if you are complying with a SAR for health data.

How are non-primary care providers paid for MMR vaccinations?

Acute hospitals and other healthcare providers can administer MMR vaccine as a prescribed medicine. If given as part of the NHS immunisation programme (i.e. to eligible patients) hospitals can secure vaccine from the national supply but as

stated above use of the national supply is not permitted for occupational health purposes.

At present there is no remuneration method for hospitals equivalent to the item of service fee when MMR is administered to their patients.

Appendix 1: Template agreement example

Example template agreement previously used for seasonal flu and pneumococcal vaccinations, which may be useful as a guide for practices to draft their own version:

AGREEMENT FOR MEDICINES ADMINISTRATION SERVICES TO BE PROVIDED BY DISTRICT OR COMMUNITY NURSES [TO BE TYPED ON HEADED NOTEPAPER OF THE NURSING PROVIDER AND THE TEXT IN THESE SQUARE BRACKETS DELETED]

PARTIES

- (1) [FULL TRUST / FOUNDATION TRUST NAME AND ADDRESS](“Employer”)
- (2) [FULL GP NAME AND ADDRESS](“Practice 1”)
- (3) [FULL GP NAME AND ADDRESS](“Practice 2”)
- (4) [FULL GP NAME AND ADDRESS](“Practice 3”)
- (5) [FULL GP NAME AND ADDRESS](“Practice 4”) (together the “Practices”) **[DN: Please delete or add more Practice names, addresses and numbers as required]**

Each a (“party”) and together the (“parties”) to this agreement.

1. BACKGROUND

The parties wish to make arrangements for District and/or Community Nurses (“**DN/CN**”) employed by the Employer to administer seasonal influenza vaccinations / PPV (Pneumococcal Polysaccharide Vaccine) on behalf of the Practices, in accordance with the terms set out below.

In providing services on behalf of the Practices the DN/CN will be considered to be acting as an agent of the Practices. Where appropriate Practice stock of medicinal products may be utilised by the DN/CN for the delivery of services under this agreement.

2. SERVICES TO BE PROVIDED UNDER THIS AGREEMENT

The DN/CN employed by the employer may provide the following services as an agent of the Practices in accordance with this agreement:

Service	Medicine	Period of Service Delivery	Comment
e.g. Seasonal Influenza Vaccination	e.g. recommended seasonal influenza vaccine for the patient for the current season based on national guidance	e.g. 1 September 2020 to 31 March 2021	e.g. DN/CNs should sign PGDs provided to them by their employer to deliver this service
e.g. Pneumococcal polysaccharide vaccination	e.g. Pneumococcal polysaccharide 23 valent vaccine (PPV)	e.g. 1 April 2020 to 31 March 2021,	e.g. DN/CNs should sign PGDs provided to them by their employer to deliver this service

3. AGREED TERMS

4. AGREEMENT TO ADMINISTER MEDICINES (INCLUDING VACCINATIONS)

- 4.1 The parties hereby agree that the Employer shall agree to their employed DN/CNs performing the Services detailed in paragraph 2 on behalf of the Practices in accordance with the terms of this Agreement.
- 4.2 The parties acknowledge and agree that this Agreement does not give rise to an employment relationship between the DN/CN and the Practices or to any other relationship between the parties other than on the terms set out in this letter. For the avoidance of doubt, neither the DN/CN nor the Employer will be entitled to any form of payment from the Practices either during the Agreement (including expenses, sick pay or holiday pay) or upon its cessation.
- 4.3 The Employer acknowledges and agrees that it will at all times remain the substantive employer of the DN/CN. This Agreement will not affect the terms and conditions of the contracts of employment the Employer already holds with the DN/CN. The

Employer will immediately notify the Practices in writing should any of its contracts of employment with the DN/CN come to an end during the period of this Agreement.

5. EMPLOYER'S OBLIGATIONS

5.1 General

The Employer shall ensure that at all times during the term of this Agreement the DN/CN shall:

- (a) act towards the Practices conscientiously and in good faith and not allow his or her personal interests to conflict with the duties he or she owes to the Practices under this Agreement and the general law.
- (b) except as authorised by the Practices in this Agreement or otherwise in writing, not act in a way which will incur any liabilities on behalf of the Practices.
- (c) comply with the policies of the Employer and applicable professional standards.
- (d) comply with all reasonable and lawful instructions of the Practices from time to time concerning the Services.
- (e) keep the Practices fully informed of its activities concerning the Services and shall provide the Practices with reports on request. The DN/CN shall notify the Practices as soon as is practicable after each administration has been completed and shall update the Patient record within 24 hours.
- (f) maintain appropriate, up-to-date and accurate records relating to the manner in which the Services were supplied.

5.2 Neither party shall demand of the other the provision of services outside the terms of this agreement.

5.3 The parties further agree that by delivering the Services set out in paragraph 2 of this agreement, CN/DNs will be administering the services under the legal mechanisms designated and authorised by the Employer.

5.4 Disputes

Either party shall not without prior reference to the other party take part in any dispute or commence or defend any court or other dispute proceedings on behalf of the Practices or settle or attempt to settle or make any admission concerning any such proceedings.

6. COMPLIANCE WITH LAWS

- 6.1 Each party shall at its own expense comply with all laws and regulations relating to its activities under this Agreement, as they may change from time to time, and with any conditions binding on it in any applicable licences, registrations, permits and approvals.

7. DATA PROTECTION

7.1 Definitions

Agreed Purposes: The facilitation and administration of medicines (including vaccines), as designated in paragraph 4 of this agreement, to patients and the updating of those patients records In relation to the service provided.

Data subject, personal data, processing: as set out in the Data Protection Legislation in force at the time.

Data Protection Legislation: all legislation and regulatory requirements in force from time to time relating to the use of personal data and the privacy of electronic communications, including, without limitation (i) any data protection legislation from time to time in force in the UK including the Data Protection Act 2018 or any successor legislation, as well as (ii) the General Data Protection Regulation ((EU) 2016/679) and any other directly applicable European Union regulation relating to data protection and privacy (for so long as and to the extent that the law of the European Union has legal effect in the UK).

7.2 Data sharing

(a) Each party shall:

- (i) process personal data only to the extent required for the Agreed Purposes;
- (ii) comply with the Data Protection Legislation when processing personal data; and
- (iii) assist the other in complying with the Data Protection Legislation, as reasonably requested.

8. PROFESSIONAL LIABILITY AND INSURANCE

- 8.1 Any action or inaction taken in the course of provision of the Services by the DN/CN on behalf of the Practices and in compliance with this Agreement shall be covered by the Clinical Negligence Scheme for General Practice (CNSGP). Cover under CNSGP extends to all GPs and others working for general practice who are carrying out activities in connection with the delivery of primary medical services. This agency

agreement provides the basis under which the DN/CN is carrying out a primary medical services activity under the GP Practice contract.

9. DURATION AND TERMINATION

9.1 This Agreement shall commence on the 1 September 2020 and shall continue in force until the 31 March 2021 or until it is terminated by either party giving 1 month's notice, in writing, to the other party.

9.2 Termination of this Agreement shall not affect any rights, remedies, obligations or liabilities of the parties that have accrued up to the date of termination, including the right to claim damages for any breach of the Agreement which existed at or before the date of termination.

10. ASSIGNMENT AND OTHER DEALINGS

(a) The Employer shall not assign, transfer, charge, subcontract, declare a trust over or deal in any other manner with any or all of its rights and obligations under this Agreement without the Practices' prior written consent.

(b) The Practices may at any time assign, transfer, charge, subcontract, declare a trust over or deal in any other manner with any or all of its rights under this Agreement.

1. **Signature**
Date.....

On behalf of **[INSERT NAME OF TRUST]**

2. **Signature**
Date.....

[NAME]
On behalf of **[INSERT NAME OF PRACTICE 1]**

3. **Signature**
Date.....

[NAME]
On behalf of **[INSERT NAME OF PRACTICE 2]**

4. Signature

Date.....

[NAME]

On behalf of [INSERT NAME OF PRACTICE 3]

5. Signature

Date.....

[NAME]

On behalf of [INSERT NAME OF PRACTICE 4] [DN: insert the requisite number of signature lines to allow one for each practice]