



Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

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Clerk to the Committee
Health and Social Care Committee
National Assembly for Wales
Cardiff Bay
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Dyddiad / Date: 28th June 2013

Dear Sir

Health and Social Care Committee Inquiry into Measles

I am writing further to the invitation received by Betsi Cadwaladr University Health Board to provide written and oral evidence to the above inquiry.

Further to the Terms of Reference of the inquiry I am please to enclose the following documents:-

1. A written evidence submission (which includes details of local immunisation plans together with an indication of the cost to the Health Board).
2. Strategy for improving MMR uptake in the Betsi Cadwaladr University Health Board 2013-2014.
3. Betsi Cadwaladr University Health Board Measles Vaccination Plan
4. Measles - North Wales Communications Plan

The written evidence submission contains reference to a number of other documents which are available if the Committee would like to receive copies of these, in addition to the above, I would be very happy to provide them.

I wish to confirm that the Executive Director of Public Health will attend the Committee on the 10th July to provide oral evidence on behalf of the Board.

Yours sincerely

GEOFF LANG
PRIF WEITHREDWR DROS DRO / ACTING CHIEF EXECUTIVE

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Submission to National Assembly for Wales Health and Social Care Committee Inquiry into Measles

Betsi Cadwaladr University Health Board's (BCUHB) Immunisation Programme

EXECUTIVE SUMMARY

Since 2009, BCUHB has taken a planned approach to increasing the uptake of childhood immunisations including Measles, Mumps and Rubella (MMR) vaccine, which has been resulting in improvement in uptake rates.

In 2012, BCUHB, with support of Public Health Wales, managed a local outbreak of measles which resulted in additional lessons being learnt and applied to the local immunisation programme.

During March – May 2013, as part of the overall response to the outbreak in Swansea, BCUHB implemented additional programmes for vaccination to enhance the existing approach.

Current uptake rates have further improved during this period with 95% uptake rates being achieved for 1 dose of MMR vaccine. A further decrease in the susceptible cohort of both the completely unimmunised and under immunised children aged 2-18 in North Wales has also been achieved.

Further review of the programme and lessons learnt are being undertaken to inform the continued commitment of BCUHB and partners to reaching and sustaining 95% uptake rates for 2 doses of MMR vaccine across all age groups.

1. BACKGROUND

1.1 Childhood Immunisation

1.1.1 Childhood immunisation is a strategic priority for BCUHB. Since reconfiguration in October 2009, BCUHB has developed and implemented a range of strategic and operational actions to increase the uptake of all childhood immunisations and specifically the Measles Mumps and Rubella (MMR) vaccine^{1,2}. Working in partnership with local primary care contractors and Public Health Wales, the aim is to strengthen resilience of the population to a Vaccine Preventable Disease outbreak by

achieving the uptake targets of 95%, whilst also ensuring each individual child in North Wales has every opportunity to be immunised. This would ensure herd immunity of the population, providing good protection against large community outbreaks of diseases such as measles.

- 1.1.2 The Children and Young People's Clinical Programme Group holds the responsibility for the delivery of the immunisation programme within the Health Board. There is a BCUHB Immunisation group in place which oversees planning and delivery of all vaccination programmes. MMR is a standing item on the agenda of this group, as is the scrutiny of vaccine uptake data. The Health Board has appointed a Nurse Immunisation Coordinator and a Lead Doctor (paediatrician) for immunisation to coordinate immunisation programmes and provide leadership. These colleagues work very closely with primary care and other partners notably Local Authorities on the co-ordination of immunisation programmes. In BCUHB the routine vaccination programme for school aged children is delivered by the school nursing service, who maintain regular contact with children and their families.

Upon establishment in 2009, BCUHB inherited a positive legacy of work related to immunisation. For example, a MMR Local Enhanced Service (LES) was first put in place in North Wales in 2004 and refreshed in 2006 in line with MMR Welsh Health Circular and national template. Commitment to the immunisation programmes has continued since the formation of BCUHB. The key elements of the immunisation work programme (with particular reference to MMR vaccine) that have been taken forward since 2009 include:

- (a) Routine support and advice to primary care.** This facilitates the delivery of all childhood and adult routine vaccination programmes.
- (b) Continued delivery of a LES for MMR vaccine (further refreshed in 2009) and also the Post Natal MMR policy.** These have been very important in supporting primary care to give unscheduled doses of MMR vaccine when necessary.
- (c) BCUHB Immunisation training programme.** Measles has been covered on all immunisation training since 2009; new information on MMR vaccine is presented to keep staff up to date so they can deal with queries from parents, patients and staff and sign post them to reputable sources of information. It is also an opportunity to get feedback from immunisers on issues they are experiencing with parents, children and to support them. The training is free for all immunisers in North Wales irrespective of where they work; approximately 800 immunisers attend annually.

- (d) **MMR Welsh Health Circular (2005)081³**. Actions have and continue to be taken to ensure the Health Board implements all of the recommendations of the circular. This has included an internal audit undertaken in 2011/12, which is shortly to be repeated.
- (e) **Implementation of the BCUHB MMR Strategy²**. This strategy aims to ensure clear leadership to increase uptake of MMR vaccine and use all opportunities to vaccinate.
- (f) **Immunisation Action plan¹**. This includes a range of actions to promote 'Lifelong Protection' which focus on children throughout their childhood. Examples of actions include proactive follow up of those children missing immunisations, conducted every quarter at 1, 2 and 5 years of age.
- (g) **Teenage booster**. A three year plan has been developed and delivered by the school nursing service, specifically focusing on increasing uptake of the Teenage Booster and MMR vaccinations by lowering the invitation age from Year 10 to Year 9.
- (h) **Home immunisation policy**. There is a BCUHB domiciliary immunisation policy which staff are encouraged to use for those patients who have repeatedly not attended for vaccination and for other hard to reach groups.
- (i) **BCUHB Postnatal MMR policy** has recently been revised.
- (j) **Ongoing work on data quality and accuracy**.

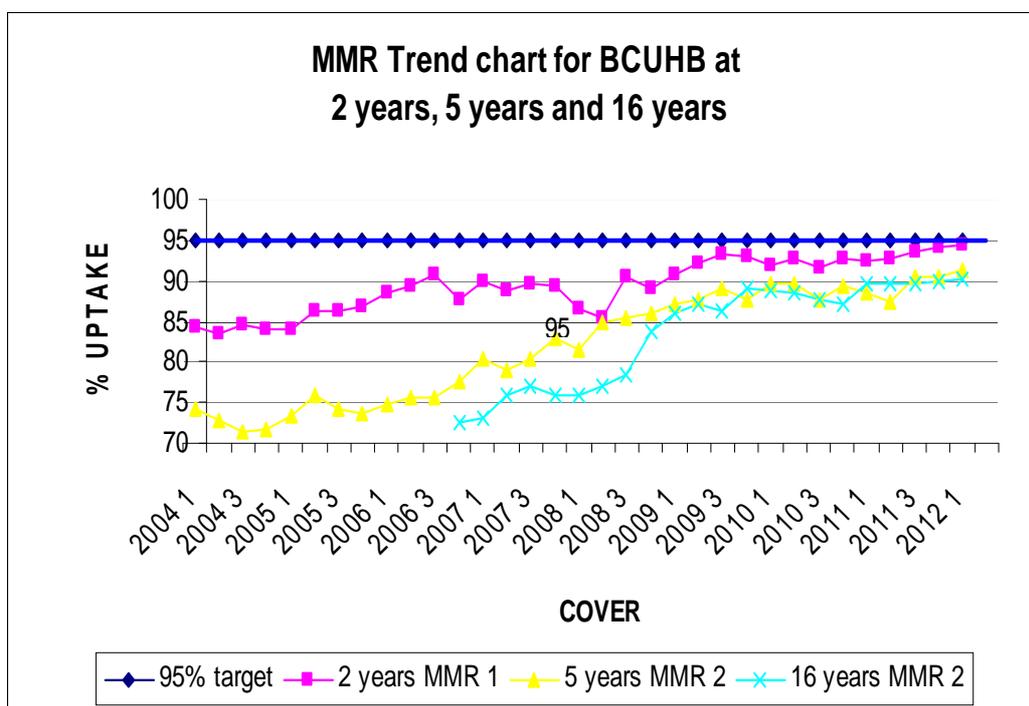
1.1.3 The impact of this ongoing work has been a continued increase in the proportion of children in BCUHB receiving the MMR vaccine. Table 1 below shows the latest MMR vaccine uptake data for BCUHB. Graph 1 illustrates this upward trend over time.

Table 1 BCU HB vaccine uptake data.

| Age | % Received 1 Dose MMR vaccine | % Received 2 Doses MMR vaccine |
|--------------------|--------------------------------------|---------------------------------------|
| By 2 years | 96.2% | N/A |
| By 5 Years | 96.4% | 91.9% |
| By 15 years | 96.4% | 92% |
| By 16 Years | 95.1% | 89% |

Source: COVER data Jan 2013 to March 2013¹¹

Graph 1 MMR uptake: One dose at 2 years, two doses at 5 years and 16 years correct as of Dec 2011 for Betsi Cadwaladr University Health Board.



Source: Public Health Wales

The recent programme between March and June 2013 has complimented the progress and resulted in a further decrease in the susceptible cohort of both the completely unimmunised and under immunised children aged 2-18 in North Wales.

Despite these improvements, the challenge for the Health Board remains to continue to achieve and sustain the 95% target for both 1 and 2 doses of MMR.

Further consideration is being given as to how to work in partnership to continue to promote vaccination to those that have not yet received MMR vaccine or continue not to wish to receive it.

This continued focus over time at local level, has similarly resulted in positive and sustaining outcomes in the other aspects of the childhood immunisation programmes. For example, the latest annual COVER report 2012/13 reports that all 6 LA areas within BCUHB have reached 95% uptake for vaccinations for 1 year old children for the second year running.

The Health Board is committed to continuing with the work programme to achieve this aim and all other childhood immunisation targets.

1.2 Staff Immunisation

1.2.1 The immunisation of NHS staff is an important aspect of ensuring patient safety. There are a number of core systems and procedures set up within the Health Board to address staff vaccination. This starts on employment with staff having an appointment to attend the Occupational Health & Wellbeing service to assess their vaccination status and provide appropriate vaccination. There is a standard assessment and immunisation provision for TB, Diphtheria/Tetanus/Polio, Hepatitis B, Varicella, and Measles, Mumps & Rubella. Any employees who are unable to conform with standard vaccinations due to pregnancy, underlying health conditions or being allergic to a component are seen for an individual consultation. Advice is given on workplace risk and on measures to mitigate risk for staff and their patients. Any employees that decline vaccination also follow the same process. If employees do not attend for immunisation appointments then on the second occasion of non attendance their manager will be informed to undertake an additional risk assessment to mitigate against infection risks. For MMR vaccine specific focus is also given to staff in contact with paediatric and immunosuppressed patients.

2. OUTBREAKS OF MEASLES AFFECTING NORTH WALES

2.1 Response to a measles outbreak in Gwynedd

2.1.1 In February 2012 an outbreak of measles occurred in the population around the Porthmadog and Lleyn Peninsula area of North Wales. The outbreak was first identified in a secondary school in the area, and later spread to members of the wider community.

BCUHB worked in partnership with Public Health Wales, with outbreak management leadership being provided by the Consultant in Communicable Disease Control (CCDC). A total of 56 confirmed and 8 probable cases of measles were linked to the outbreak, with the majority of these having an incomplete history of vaccination against the disease. No fatalities were reported as part of the outbreak.

The source of the outbreak was not established, despite attempts to discover epidemiological links. The D8 genotype identified in the outbreak was recorded in only one other case in the UK at the time the outbreak occurred.

Control measures to limit the spread of the measles virus consisted of: providing exclusion advice; MMR vaccination in primary care and ongoing communication to inform and educate the public and health professionals. Targeted vaccination sessions were also held in local schools early on in the outbreak

to limit the potential spread and to protect those most at risk of infection. Lessons learned were identified and taken forward by the Health Board.

Additionally, information was circulated to GPs across North Wales to encourage the promotion of MMR vaccine uptake, and an initiative was undertaken by the occupational health department to improve uptake amongst Health Board staff, particularly those working in high-risk areas. Subsequently it was agreed to produce a staff measles management procedure for the organisation, focusing on both vaccination and action to be taken in an outbreak situation. GPs were also encouraged to ensure that all members of the primary care team were vaccinated.

Updates on the outbreak were given to the Health Board, resulting in better knowledge and awareness of the importance of immunisation as a key priority.

A structured debrief was undertaken following the outbreak and a report on the outbreak has been published⁴.

2.2 BCUHB actions taken since Gwynedd outbreak in 2012

2.2.1 Following the Gwynedd outbreak a number of additional actions were taken to further strengthen the resilience of the Health Board population against outbreaks of measles, and to take forward some of the learning from the outbreak. Some of these key actions include :

- Information about the Gwynedd outbreak, the use of immunoglobulin and actions required to increase resilience to measles outbreaks has been provided on all Health Board immunisation training in late 2012 and during 2013.
- BCUHB MMR Strategy has been reviewed and ratified by the Infection Prevention and Control Committee to ensure it addresses any new recommendations set out in the Gwynedd Outbreak report.
- Proactive work was commenced in communities where 'clusters' of non consent amongst families with 1 year old/ 2 year old children was identified. This is aimed at providing information to address parental queries or concerns.
- A review and strengthening of the approaches taken for vulnerable and hard to reach groups.
- MMR vaccine uptake data per school is reviewed on an ongoing basis.

2.3 Response to other measles outbreaks in neighbouring areas

2.3.1 In addition to the Gwynedd outbreak in 2012, there have been a number of outbreaks in neighbouring boarder areas. From February 2012 to February 2013 there was an ongoing measles outbreak in Merseyside with over 600 confirmed cases. This coincided with the start of the outbreak originating in Porthmadog, although no link was identified. The Public Health Wales Health Protection team liaised and continues to liaise closely with the Cheshire & Merseyside Health Protection team to consider local circumstances and respond as appropriate. Regular communication is made with the Health Board to provide updates. The BCUHB Nurse Immunisation Coordinator attended the 2012 North West Immunisation Conference where lessons from the Merseyside outbreak were shared. Relevant learning was then applied in BCUHB; for example updated training for staff on the use of immunoglobulin.

In March 2013, there was an outbreak of measles affecting Powys and bordering on North Wales. Schools in areas close to the Powys outbreak were identified and vaccination sessions carried out at a local health clinic, with ongoing communication with GPs in the area.

Cases and clusters of measles cases in travelling communities in or near the border of North Wales have also occurred. These have been responded to by a designated health visitor attending the sites and offering MMR immunisation.

3. ADDITIONAL ACTIONS TAKEN BY BCUHB IN RESPONSE TO 2013 SWANSEA OUTBREAK

3.1 Initial Local Response

3.1.1 Awareness of the developing situation in Swansea resulted in a local response being established by the CCDC on behalf of the Health Board towards the end of March 2013 in order to build additional resilience to measles across North Wales. The group (comprising of the Immunisation Co-ordinator, representatives from primary care, occupational health, infection control, pharmacy, communications, health protection and public health) first met in March 2013. This initial group co-ordinated and actioned some early responses including the following:

- Communication of summaries of epidemiology of the Swansea outbreak, and also measles cases locally in North Wales to BCUHB.
- Provision of updates to primary care, including an information pack for GPs and receptionists.

- Provision of information and advice on measles / MMR immunisation to LEAs, schools, universities and colleges in North Wales.
- Co-ordination of the initial media response.

3.2 Response following request for additional National Programme

3.2.1 Following this initial response and receipt of a letter on 27th March 2013 from the Chief Executive of Public Health Wales⁶, advising that the measles outbreak had been declared a public health emergency, a formal governance structure was put in place to oversee the Health Board's response and coordinate actions. The need for this formal approach was further strengthened following the receipt of a letter from the Chief Medical Officer on 17th April 2013⁷ requesting that Health Boards implement a school-based immunisation programme to target school aged children (with particular emphasis on 10 - 18 year olds) missing one or two doses of MMR vaccine. Under the leadership of the Executive Director of Public Health, a system for responding to the measles situation and planning for resilience was established. Three groups met weekly in order to lead, plan and coordinate actions:

- National Public Health Wales Senior Response Team – National team including WG, Senior Public Health Wales staff, Directors of Public Health and CCDCs.
- Local BCUHB/Public Health Wales Senior Response Team – Chaired by BCUHB DPH and included senior representatives from Public Health Wales local public health team, Health Protection, occupational health, pharmacy, primary care, Children & Young People's CPG, immunisation coordinator, Public Health Wales and BCUHB communications team. This group was responsible for overseeing and coordinating all elements of the local response including immunisation (schools, staff and primary care) and communications.
- Local BCUHB Core Team – Chaired by DPH and included senior representatives from Children & Young People's CPG, immunisation coordinator, Public Health Wales local public health team, occupational health, communications and service improvement. The role of this team was to lead, plan and coordinate the schools and staff immunisation programmes.

3.2.2. A BCUHB MMR response plan was developed⁹ to take forward this work. Key aspects of this proactive approach to the Swansea outbreak included:

- Implementation of a school-based immunisation programme, delivered by the school nursing service (in partnership with Local Authorities and individual schools). Sessions were arranged in every secondary school in North Wales and primary schools identified as high risk (with uptake <90% or more than 20 pupils unimmunised). Pupils in the remaining primary schools were invited to centralised immunisation sessions, home-immunised or attended the clinic. Data reconciliation was also undertaken.
- Targeted approach to hard to reach and vulnerable groups including children attending pupil referral units, children looked after, special schools and children educated at home, with home immunisations being arranged if necessary.
- Integrated working with primary care staff to increase number of unscheduled doses of MMR vaccine given in the identified at risk groups e.g. children, young people and healthcare staff.
- Support and advice to tertiary colleges and universities, resulting in direct contact with each student with encouragement to attend their local GP for vaccination.
- Support and advocacy through maternity services.
- Data reconciliation between child health departments and primary care to improve accuracy of MMR vaccine uptake data.
- Implementation of a staff immunisation programme which included a strategy for prioritising staff in high risk clinical areas⁸, offering drop in sessions for all staff and providing regular communications to staff. Specific actions and communications were also sent to primary care staff to increase staff uptake of MMR vaccine. Continued focus is continuing to be given to general staff vaccination uptake.
- Implementation of a comprehensive communications strategy¹³, ensuring regular updates provided to Health Board staff, media, Local Authority Chief Executives, Directors of Education, schools and children and young people. Innovative approaches using social media to reach target groups were also used.
- Further communication by partners e.g. LAs through their own communication channels.

- Timely identification of cases and suspected cases ensuring a coordinated response. Cases in BCUHB have remained low (6 confirmed cases since Jan 2013). At the end of April two cases of measles occurred in children attending a nursery in North Wales. Information was sent to parents, local GPs were encouraged to vaccinate and a special MMR vaccination session was held at the nursery.
- Timely updates and reports to both the Board (including a Patient Safety item in April), the appropriate governance committees and Clinical Programme Group (CPG) Boards^{5,14}.

3.2.3. The outcomes of this approach have been:

- As of week beginning 10/6/13, 4327 unscheduled doses of MMR vaccine have been given since March 2013. 2592 of these have been given in primary care, 1344 in school sessions and 391 in staff sessions.
- A further decrease in the susceptible cohort of completely unimmunised children aged 2-18 in North Wales from 4.5% on 23rd April to 3.5% on 10th June. There are now currently 4479 children aged 2-18 years in North Wales who have not received their first dose of MMR vaccine.
- There has also been a decrease in the number of children aged 4-18 who are partially immunised (received one dose of MMR vaccine) from 4.6% on 23rd April to 3.8% on 10th June. There are currently 4911 children in North Wales that have only received one dose of MMR vaccine. (These children will have 95% protection against measles, 2 doses confers 99% protection). This means there is a total of 9480 children (7.4%) in North Wales who remain either unimmunised or under immunised. This is a decrease from 11704 on 23rd April at the start of the campaign.
- The social marketing campaign set up to ensure key messages are being received by the 10-18 year old target audience has been successful, with over 100 000 views on Face book.
- Good partnership and communications with Local Education Authorities and Directors of Education in relation to the issue of vaccination have been established.

4. NEXT STEPS

4.1 Further Progress

Further progress has been made to increase immunisation uptake and the success of this can be seen in the data trends. This has built on all the ongoing work prior to the Swansea outbreak which has ensured BCUHB has improving MMR vaccine uptake rates. The challenge remains to achieve and sustain 95% uptake for both 1 and 2 doses of MMR vaccine to ensure herd immunity for the North Wales population, which would maximise protection against community outbreaks and epidemics of measles. A meeting of the core group was held on 11th June 2013 for the purpose of reviewing actions to date, reviewing most recent data on uptake and agreeing actions to be taken to further improve uptake. The BCUHB MMR Strategy² will continue to be robustly implemented. This will ensure children in school years 7 and 9 and above will be targeted where immunisations are missing. In addition the following will be key priority areas of work:

- Undertake a structured debrief to learn further lessons including a review of skills and resources available to implement the immunisation programme.
- Undertake a further internal audit against Welsh Health circular MMR (2005) 081
- Continued communication with Directors of Education on levels of uptake in schools, developing new approaches to target schools where uptake remains low.
- Ensuring completion of work on data reconciliation.
- Increasing number of domiciliary immunisations.
- Communicating directly with young people in relation to their own immunisation status and offering opportunities for them to become up to date with immunisations if any doses are missing.
- Refine communications plan and continue with social media approaches to target messages to young people about immunisations.
- Continue to raise awareness of the importance of MMR and other childhood vaccinations e.g. through presentations to LA committees as part of partnership engagement.

Author: **Andrew Jones, Executive Director of Public Health**
Betsi Cadwaladr University Health Board

Acknowledgements:

The Board would like to acknowledge the work and contribution of the following BCUHB staff to this submission:-

Leigh Pusey, Nurse Immunisation Coordinator

Dr Sian Owen, Lead Doctor Immunisation and Consultant Community Paediatrician

Alison Cowell, Senior Nurse Manager

Yvonne Harding, Assistant Chief of Staff (Paediatric Nursing)

Dr Brendan Harrington, Chief of Staff (Children and Young Peoples Clinical Programme Group and Consultant Paediatrician)

Sarah Wynne-Jones, Head of Occupational Health

The Board also wishes to acknowledge the contribution of locally based Public Health Wales staff:-

Siobhan Jones, Consultant in Public Health

Dr Chris Whiteside, Consultant in Communicable Disease Control

28th June 2013

BIBLIOGRAPHY

1. BCUHB Action plan to increase Childhood Immunisation uptake 2013
2. BCUHB MMR Strategy
3. MMR WHC (2005) 081
4. Gwynedd outbreak report
5. Update on Measles situation for BCUHB Quality and Safety Sub committee
6. Letter from Chief Executive Public Health Wales: Interventions to halt the measles outbreak and further spread across Wales. Advice of Public Health Wales. 27th March 2013
7. CMO letter. Update on measles outbreak. 17th April 2013-06-18
8. BCUHB Staff Vaccination Plan
9. BCUHB Measles Vaccination Response Plan
10. BCUHB Measles Patient Safety Item
11. Vaccine Uptake in Children in Wales January to March 2013 COVER 106: Wales May 2013
<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=474&pid=21302>
12. BCUHB measles data summary, week commencing 10th June 2013
13. Measles response Communications Strategy
14. BCUHB Measles Patient Safety Item

Further information about measles, the immunisation schedule and the outbreak can be found at: <http://howis.wales.nhs.uk/sitesplus/888/page/55485>

APPENDIX 1 – Costs to BCUHB of actions taken in response to Swansea outbreak 2013

The table below sets out the additional costs that BCUHB have incurred to date or are expecting based on the activity undertaken to the end of May 2013.

| | £000 | |
|---------------------------|-------|---|
| Vaccines | 30 | Based on numbers administered |
| Additional Staff Costs | 5.50 | Based on actual costs + estimate of outstanding claims |
| Advertising/ Social Media | 0.86 | |
| GMS LES | 20 | Based on number of unscheduled vaccinations in primary care |
| Total | 56.36 | |

The costs associated with routine delivery of childhood immunisation programs are currently contained within the budgets for primary care, children's services, occupational health and public health. As such it has not been possible to provide a breakdown of total costs of the routine programme in this written submission.

Delivery of the additional unscheduled vaccinations was undertaken predominantly by the re-prioritisation of the work of existing staff e.g. school nurses, health visitors, child health department and occupational health. As such there is an opportunity cost to the organisation.

As such the costs above only include direct additional costs to the Health Board during the period March – May 2013, and do not include cost of staff members which were not additional costs to the organisation or the impact of work done for which staff have not been paid (i.e. time in lieu). This would increase the costs by an estimated £35 000.

The costs also do not include the increased vaccine costs associated with the general increase in uptake for scheduled vaccination programme.

Strategy for improving MMR uptake in the Betsi Cadwaladr University Health Board 2013-2016

1. Purpose/scope

The purpose of this strategy is to increase uptake of the MMR (Measles, Mumps and Rubella) vaccine across Betsi Cadwaladr University Health Board. Achieving a 95% uptake of both doses of MMR vaccine is important to ensure herd immunity in the population.

This document aims to provide guidance on the key activities necessary to increase the MMR uptake in the Betsi Cadwaladr University Health Board and the geographical area it serves. These activities will reduce the number of young people susceptible to measles, mumps and rubella.

2. Background information

The health board serves a population of 676,000 people of which 149,500 are children under the age of 18 years who should all be offered 2 doses of MMR prior to starting school.

3. Measles, Mumps and Rubella disease information and the MMR vaccine

3.1 Disease information

Measles, mumps and rubella are all notifiable diseases in the UK. Any doctor who suspects that a patient has measles, mumps or rubella is required by law to report it. In North Wales, this is done by contacting the Consultant in Communicable Disease Control at Public Health Wales (PHW).

3.1.1 Measles

Measles is a highly infectious viral illness caught through direct contact with an infected person or through the air via droplets from coughs or sneezes. Symptoms include fever, cold-like symptoms, fatigue, conjunctivitis and a distinctive red-brown rash. Measles mainly affects young children, but can be caught at any age. Having measles usually confers lifelong immunity.

Measles can cause severe, even life-threatening, complications, including meningitis, encephalitis and deafness. In the UK, complications are quite common even in healthy people and approximately 20% of reported measles cases experience one or more complications.

Complications are more common among children under 5 years of age, those with weakened immune systems, children with a poor diet and adults. If acquired during pregnancy measles can cause miscarriage, premature labour or a baby with low birth weight. Before the introduction of measles vaccination in 1968, around 100 children a year in England and Wales died from the disease.

3.1.2 Mumps

Mumps is a systemic infection caused by the mumps virus, usually accompanied by swelling of the parotid salivary glands, which can affect all ages. The organism is spread by respiratory droplets and has an incubation period of 14-25 days. Around a third of people infected with the virus develop no symptoms and in most others the symptoms are fairly mild, but when complications occur they can be serious. Mumps is the commonest cause of viral meningitis.

3.1.3 Rubella

Rubella is a viral infection that used to be common in children. It usually causes a mild illness but becomes a serious concern if acquired during pregnancy. The rubella virus can disrupt the development of the foetus and cause a wide range of birth defects including eye abnormalities, deafness, heart abnormalities and brain damage known as Congenital Rubella Syndrome (CRS). Since the introduction of the MMR vaccine CRS is now very rare in the UK.

3.2 Vaccine

The MMR vaccine protects against three diseases; measles, mumps and rubella. It was introduced into the UK routine childhood immunisation schedule in 1988 as one dose for children aged 15 months. It subsequently became apparent that two doses of vaccine were required for effective long-lasting protection against the three diseases and to this end a two dose schedule was introduced in October 1996.

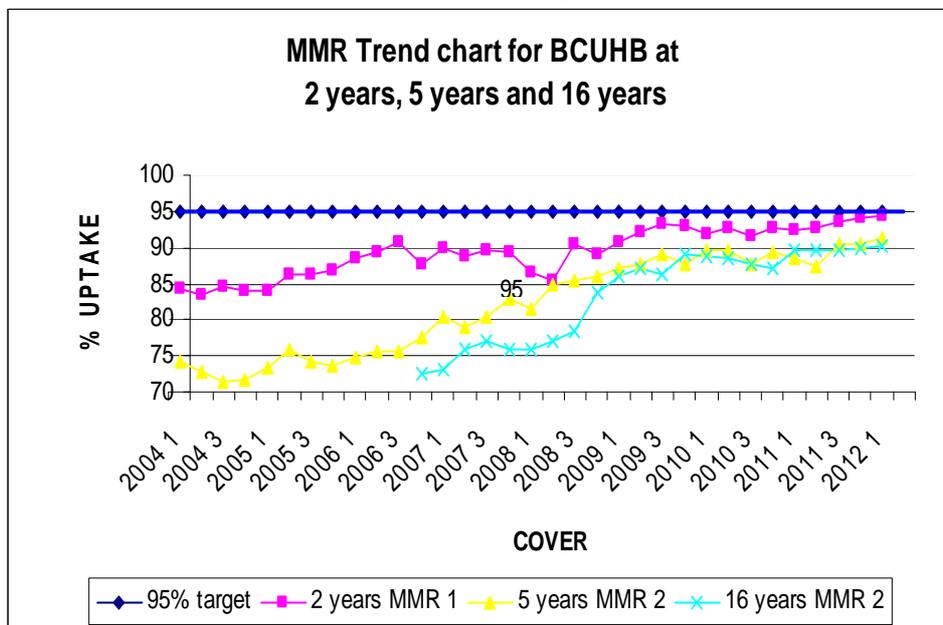
3.3 Uptake

COVER (Cover of Vaccination Evaluated Rapidly) is a national reporting system for immunisation uptake used in all four UK countries. In Wales reports are currently published on a quarterly and annual basis per former LHB area. Percentage uptakes are an indication of how many children resident in each LHB and reaching the ages of one, two, five and sixteen have been vaccinated in accordance with the routine childhood schedule. Statistics are calculated using data extracted from the National Community Child Health Database which is comprised of the records from all the regional child health departments in Wales. Figures for coverage and uptake rely on notifications of immunisations given being returned to local child health offices and entered into their databases.

The most effective method of controlling measles, mumps and rubella is by maintaining high levels of immunisation.

4. MMR coverage in the former six Local Health Board areas

MMR uptake: One dose at 2 years, two doses at 5 years and 16 years correct as of Dec 2011 for Betsi Cadwaladr University Health Board. Source PHW



As this trend chart shows there has been a significant improvement in the percentage uptake of the MMR vaccine at all ages within BCUHB although uptake is still falling short of the required 95% target.

Data relating to the uptake of the first dose of MMR is collected at 24 months of age although the vaccination is offered at 12 months. This allows for illness or deferred treatment, which may result in delayed vaccination.

Uptake of one dose of MMR at age 24 months in the six Health Board areas for the last year according to the annual COVER report 2011-12

| LHB area | Number of children | Number received MMR | % received MMR |
|--------------------|---------------------------|----------------------------|-----------------------|
| Anglesey | 745 | 698 | 93.7 |
| Conwy | 1143 | 1052 | 92.0 |
| Denbighshire | 1040 | 966 | 92.9 |
| Flintshire | 1731 | 1638 | 94.6 |
| Gwynedd | 1291 | 1212 | 93.9 |
| Wrexham | 1668 | 1568 | 94 |
| North Wales | 7618 | 7134 | 93.6 |
| Wales | 35053 | 32482 | 92.7 |

No former LHB area achieved the required 95% target in Wales in the annual COVER report for 2011-12; however improvements have been seen in quarterly reports which have been recognised as a notable achievement by the Head of the Vaccine Preventable Disease programme for Wales.

Uptake of one and two doses of MMR at age 5 years in the six Health Board areas for the last year according to the annual COVER report 2011-12

| LHB area | Number of children | Number received 1 dose MMR | % received 1 dose MMR | Number received 2 doses MMR | % Received 2 doses MMR |
|--------------------|---------------------------|-----------------------------------|------------------------------|------------------------------------|-------------------------------|
| Anglesey | 721 | 687 | 95.3 | 644 | 89.3 |
| Conwy | 1156 | 1089 | 94.2 | 1017 | 88.0 |
| Denbighshire | 976 | 935 | 95.8 | 871 | 89.2 |
| Flintshire | 1687 | 1622 | 96.1 | 1535 | 91.0 |
| Gwynedd | 1314 | 1245 | 94.7 | 1171 | 89.1 |
| Wrexham | 1521 | 1498 | 95.7 | 1424 | 92.8 |
| North Wales | 7419 | 7076 | 95.4 | 6662 | 89.8 |
| Wales | 33645 | 31835 | 94.6 | 29306 | 87.1 |

No LA area achieved the required 95% uptake in Wales for two doses at 5 years of age; two North Wales LAs exceeded 90%.

Uptake of one and two doses of MMR at age 16 years in the six Health Board areas for the last year according to the annual COVER report 2011-12

| LHB area | Number of girls | % Girls received 1 st dose MMR | % Girls received 2nd dose MMR | Number of boys | % Boys received 1st dose MMR | % Boys received 2nd dose MMR |
|--------------------|-----------------|--------------------------------|-------------------------------|----------------|------------------------------|------------------------------|
| Anglesey | 361 | 96.1 | 92.0 | 400 | 94.3 | 86.8 |
| Conwy | 586 | 95.7 | 90.8 | 577 | 95.8 | 88.7 |
| Denbighshire | 555 | 96.4 | 90.1 | 547 | 94.9 | 86.1 |
| Flintshire | 866 | 98.2 | 93.2 | 883 | 95.7 | 88.6 |
| Gwynedd | 641 | 95.9 | 91.3 | 661 | 94.9 | 89.9 |
| Wrexham | 689 | 97.2 | 93.6 | 768 | 96.1 | 90.2 |
| North Wales | 3698 | 96.8 | 92.0 | 3836 | 95.4 | 88.6 |
| Wales | 16999 | 92.8 | 83.9 | 18243 | 91.4 | 82.9 |

5. Experience of developing action plans

Each of the former Trusts in North Wales previously developed action plans to increase immunisation uptake in general. They also completed an audit of implementation of the Welsh Health Circular for MMR (2005) 081. Where non-compliance with the WHC was identified, work was undertaken to promote full compliance. Where local action plans to address low MMR vaccine uptake have been implemented, rates have increased so that they compare favourably with areas of high uptake elsewhere in the UK.

6. Reasons for a low MMR immunisation coverage

Multiple factors contribute to low vaccine coverage.

- The child's parent has not given consent for MMR vaccination
- Lack of confidence in the MMR vaccine and concern about possible serious side effects
- The child's parents have difficulty in attending for appointments
- The child has been given single measles, mumps or rubella vaccines via a private clinic
- Previous immunisation data is not transferred when a child moves in from another area or country
- The immunisation has not been notified to the local child health department
- Poor organisation for appointing and recall if appointment missed
- Poor professional knowledge of MMR contraindications, egg allergy, two-dose schedule
- The transient nature of the traveller population in North Wales makes it challenging to offer vaccination to this group. Travelling communities may also be vulnerable to imported cases of measles, mumps and rubella infection which can circulate to susceptible individuals

- Some administrative activities to support follow up of children with outstanding MMR vaccination set out in the CMO MMR letter are not being implemented

7. Strategy to increase MMR uptake

The strategy includes actions at a strategic and local level. These actions are outlined in Appendix 1 and are summarised below:

- Ensuring the accuracy of MMR data
- Ensuring the relevant Health Care Professional (HCP) involved in childhood immunisation is well-informed and up-to-date on MMR issues.
- Investigating 'no consents' across North Wales to identify areas with a high rate of 'no consents'
- Increase general positive awareness about the MMR vaccine in the wider community.

8. Raising awareness of MMR issues:

- Health Care Professionals working with children and families (to include midwives and allied health care professionals e.g. speech therapists, physiotherapists etc).
- Managers have a duty to ensure that staff with direct patient contact are suitable to work in an environment where they might be exposed to vaccine preventable diseases. Staff should be aware of their immune status and can liaise with the occupational health department to ascertain this.
- Other professionals working with children and young people, e.g. social services, schools, nurseries, playgroups and other non-government organisations could sign post to reputable sources of immunisation.
- General awareness raising with the public.
- Ensuring effective communication with staff involved in immunisation and between Primary Care and Child Health departments.
- Ensuring full compliance by BCUHB of the Welsh Health Circular (2005) 081
- Ensuring full compliance by BCUHB with the National Minimum Standards for Childhood Immunisation Data Collection and Administrative procedures

MMR Action plan 2013-16 Betsi Cadwaladr University Health Board.

This action plan has been produced to ensure that Betsi Cadwaladr University Health Board is fully compliant with the actions set out in the Welsh Health Circular (2005)081 and that a strategy to increase the MMR uptake is in place.

| Task | Main Action | Specific actions | Lead Person | Contact liaison | Timescale |
|------|---|---|--|--|---|
| 1 | Review current COVER statistics | <ul style="list-style-type: none"> Compare vaccination uptake achieved with Welsh Government targets and directives for 2, 5 and 16 year olds and report to BCUHB Immunisation group NIC to evaluate treatment queue lists for each LA area and clarify situation with GP practices with treatment queues over 20 children Identify GP practices with low uptake that may need support /advice | Nurse Immunisation Coordinator (NIC) | Child Health GP practices Locality Leads | Ongoing each quarter and evaluate annual COVER report |
| 2 | Communication | <ul style="list-style-type: none"> Ensure C&YP CPG Board is informed of MMR uptake and actions required Develop BCUHB intranet and internet sites with positive information about MMR for staff and the public Produce update letter for all immunisers in BCUHB regarding MMR uptake and number of women susceptible to rubella. | Nurse Immunisation Coordinator in conjunction with BCUHB Communications team | All BCUHB immunisers and Primary Care | April 2013 |
| 3 | MMR WHC 2005 (081) compliance | <ul style="list-style-type: none"> Ensure all staff via training and professional meetings are aware of the requirements of the WHC MMR 2005 (081) and the outcome of the MMR audit in particular these points <ol style="list-style-type: none"> Issue memo to HV at 18 months on all outstanding immunisations including MMR Contact with 'no consenters' in secondary school and offer information Offer MMR with teenage booster | Nurse Immunisation Coordinator | <ul style="list-style-type: none"> Child Health Manager Community Service Managers GP Practice Managers | To be completed by December 2013 |
| 4 | Treatment centre code at school entry should remain as the GP | <ul style="list-style-type: none"> Allow invitations to appoint child to GP until 6th birthday and inform GP practices that there will be an increase in the upper age limit at which children may be invited for outstanding pre-school immunisations Notify GP practices of change which may mean an increase in children being appointed | Nurse Immunisation Coordinator | <ul style="list-style-type: none"> Child Health Manager Immunisers and practice managers | April 2013 |

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

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|----|---|---|--------------------------------|--|------------|
| 5 | Maintain positive communication to media regarding MMR | <ul style="list-style-type: none"> Develop press release regarding MMR vaccination activity to incorporate PHW outbreak media releases. | Nurse Immunisation Coordinator | Communication team | Ad hoc |
| 6 | Communicate positive MMR information to playgroup supervisors, private nurseries, Children and Young People's Framework partnership, Children's outpatients | <ul style="list-style-type: none"> Contact CYPFP lead to disseminate information Attend annual general meetings of childcare providers, etc. Provide information session to childcare providers and Healthy Pre school information | Nurse Immunisation Coordinator | <ul style="list-style-type: none"> CYPFP National Childminding Association Pre school Playgroups Association Homestart HPSS | April 2014 |
| 7 | Leadership | <ul style="list-style-type: none"> Encourage local leadership in each GP practice to proactively implement the LES for MMR catch up and also LES for postnatal ladies to be offered until further notice. Encourage GPs to get involved with advising parents who are undecided on MMR | Nurse Immunisation Coordinator | PCSU GP practices | April 2014 |
| 8 | Improve accuracy of MMR immunisation recorded on Child Health System | <ul style="list-style-type: none"> All GP practices to notify child health of all movements into practice up to age 19 years All GP practices to notify child health of immunisations recorded for the child up to 19 years Obtain Living In Treated Out data | Nurse Immunisation Coordinator | <ul style="list-style-type: none"> GP practices Former LHB areas | April 2014 |
| 9 | Offer MMR at Primary Schools with a high number of incompletely immunised children | Target schools with a higher number of incompletely immunised children with MMR 'the spotty scheme' in particular Flying Start areas | Nurse Immunisation Coordinator | Local LHB Immunisation leads | Ongoing |
| 10 | Improve uptake and the access for disadvantaged and vulnerable groups | <ul style="list-style-type: none"> Flying Start, Sure Start, Vulnerable Groups and LAC teams to liaise with GP surgery of children missing immunisations and offer home immunisation if required LAC nurse to complete Immunisation Summary Sheet when child is new to caseload Home Start and Family Friends to be encouraged to support families to attend vaccination session | Nurse Immunisation Coordinator | Team Managers | ongoing |

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|-----------|---|---|--------------------------------|--|----------------|
| 11 | Ensure all maternity units provide MMR vaccination to ladies susceptible to rubella post partum | Ensure this is offered again at GP post natal check if not already given Ensure Health Visitor is aware of non-vaccinated post natal ladies Ensure midwives receive training to vaccinate with MMR following publication of the postnatal MMR clinical protocol | Nurse Immunisation Coordinator | Head of Midwifery | April 2013 |
| 12 | Ensure lessons learned from Gwynedd measles outbreak in 2012 are implemented | Ensure documentation is ready in the event of a measles outbreak Ensure communication regarding requirement for additional school catch up sessions is robust | Nurse Immunisation Coordinator | Community Services Manager | April 2013 |
| 13 | Ensure invites for immunisation continue | Zeroise all immunisations including MMR following Failures to attend without reason x 2. | Child Health Manager | Community Services Manager | April 2013 |
| 14 | Ensure staff are protected against measles | Managers should ensure the suitability of their staff to carry out duties that might expose them to vaccine preventable disease. Staff should be aware of their immunisation status and liaise with the occupational health department where necessary. Managers and staff have a responsibility to ensure that patients are not exposed to vaccine preventable diseases via staff contact. | Managers | All staff members with direct clinical contact | September 2013 |



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Measles vaccination plan

Context

A Public Health Emergency has been declared in Wales as a consequence of a large measles outbreak in south Wales.

A letter issued by the Chief Executive of Public Health Wales to all Chief Executives, Medical Directors and Public Health Directors in Health Boards requires immediate and assertive action to prevent further spread of the disease across Wales by all Health Boards.

It is required that all Health Boards:

1. Develop plans to offer parents the opportunity to have their unprotected children immunised
2. Have a plan in place to enable rapid implementation of a school based immunisation in response to cases and outbreaks.

(There are other specific actions which are only for the Health Board in the outbreak area.) In addition, the Chief Medical Officer has instructed Health Boards to ensure there is a plan in place to vaccinate school aged children aged 10-18 years, which must be completed by May 24th with weekly reporting on vaccination campaign activity to the Executive Director of Public Health Wales

The information described below describes BCUHB's work related to measles

Background:

As a result of sustained low MMR uptake in the childhood population since 1998, measles infections have now become endemic in the UK since 2009 which is why small sporadic outbreaks are continuing to occur. The low MMR vaccine uptake is a direct result of the adverse media coverage of a flawed research article in 1998. MMR vaccination is offered as part of the national routine childhood immunisation programme at 12 months and then 3 years 4 months. Two doses are required for reliable protection, which in adults and older children can be given one month apart.

There were 216 measles cases during 2012 in England and Wales. Most cases were in children and young adults up to the age of 19, but there were 216 cases in infants less than twelve months of age, who were not yet due to be offered MMR vaccination. The outbreak in South Wales began around September 2012 and cases increased at an alarming rate during March 2013.

In the BCU area there are 55 secondary schools and 300+ primary schools, in addition to pupil referral units and special schools, and 126,007 children aged between 2 and 18 years. Despite increasing uptake rates, there are currently 5,873 (4.5%) children in school from reception class to year 11 who are unvaccinated and a further 5831 (4.5%) who have had only one dose (Source: National Community Child Health Database). It should be noted however that data reconciliation will identify some vaccinated children among these numbers.

There are several criteria which must be in place to ensure an effective immunisation service. To this end the Health board follows the measures in the Health Protection Agency document "Quality criteria for an effective immunisation programme¹" and is revisiting these principles to respond to ensure maximum resilience in light of the current measles outbreak.

Prior to the outbreak - BCU implementation of nationally led activities

- The Health Board has robustly implemented the MMR Welsh Health Circular (081) 2005 which requires a standardisation of procedures if a child has missed a dose of MMR. This policy in effect acts as a safety net prior to the child leaving school.
- Pre-schools who are part of the Healthy and Sustainable Pre-school Scheme have received information on immunisation status when joining as part of a national plan from the Vaccine Preventable Disease Programme and supported by Health Boards.
- The 10 BY 5 campaign was launched in January 2013
- Child Health Process Immunisation Standards have been implemented in 2010 and audited in 2011. A second BCUHB internal audit completed in January 2012 has been completed and BCUHB is now fully compliant with these standards

Prior to the outbreak - BCU specific activities

Since the formation of BCUHB, significant efforts have been made in a coordinated manner to increase the MMR vaccination uptake across the north Wales region to increase resilience to an outbreak. The aim of these measures is to remove barriers to vaccination e.g. lack of clinical knowledge about contraindications or the impact measles infection has on the individual, legal permission to vaccinate in an outbreak, funding mechanism, promoting the MMR vaccine, making it easy to obtain the vaccine, flexible appointments.

- Measles issues are covered on all immunisation training for health care professionals who immunise or advise on immunisation: topics include discussion about the risk measles poses, the activities, strategies and messages that help parents consent to vaccination at the first offer of MMR and also messages that help parents change their minds if they have reservations or concerns about MMR vaccination. Contraindications and new research on egg allergy and anaphylaxis are also addressed together with signposting to reputable sources of information.
- A flexible Local Enhanced Service has been in place in Primary Care for several years to ensure a funding mechanism is in place for those children aged 6 years and above who have missed their MMR when initially appointed at 12 months and 3 year 4 months. During the immunisation training it is stressed that it is always worthwhile from a health gain point of view to continuously chase up missing MMR vaccinations as parents might change their minds, their personal circumstances can change and media reporting outbreaks and research may be the catalyst for a change of opinion. Staff are encouraged to never give up on a child missing immunisations. Maintaining the immunisation uptake for all children is a key priority for the Health Board.
- Active Patient Management is implemented to identify children at 1, 2 and 5 years that are missing immunisations. Their medical records are checked and if unvaccinated efforts are made to vaccinate them as soon as possible.
- Treatment queues are targeted to ensure children are offered their immunisations on time and if necessary catch up sessions at the GP practice are offered to reduce the queue.
- In BCUHB a domiciliary immunisation policy is in place to ensure home immunisations can happen on both a planned or opportunistic basis.
- In BCUHB only, the invitation age for the Teenage booster vaccination for Diphtheria, Tetanus and Polio was lowered from Year 10 to Year 9. During this immunisation session children are offered any outstanding doses of MMR: this had the fortuitous outcome of inviting children a year earlier for missing MMR doses than previous arrangements.
- During the last measles outbreak in 2012, the school nurse managers arranged immediate vaccination sessions in the affected secondary school in an effort to control the outbreak, other local schools both primary and secondary in the affected area also had catch up immunisation sessions. Some data validation also took place.
- The BCU MMR Strategy has been ratified at the Infection Prevention and Control committee and was launched during European Immunisation Awareness week April 22nd. This strategy seeks to use all opportunities to vaccinate and raise awareness of the importance of MMR vaccination.
- An audit of the BCU Looked After Childrens database is continuing to identify those missing all vaccinations and alert their LAC nurse so early arrangements can be made to vaccinate.
- Support to Vulnerable Groups Health Visitor dealing with gypsy travellers to proactively vaccinate this particularly vulnerable group with a historical low uptake.
- An MMR PGD is in place and is flexible to allow immediate outbreak vaccination.
- Messages have been circulated to Primary Care to consider MMR vaccination for staff

As a result of these activities the north Wales region has steadily increased uptake in children up to the age of 16 years and this has been noted at a national level. However, there are still pockets of low uptake across the region, and many schools where uptake rates of 2 MMR's are under 90%, and these need to be targeted. Despite uptake rates of 95% of 16 year olds having received their 1st dose, two small outbreaks occurred in 2009 and 2012 in children mainly of secondary school age. The BCUHB response to the outbreak in 2012 located in Porthmadog was to vaccinate immediately in the affected school and other local

schools and to encourage GPs to also offer vaccination as the LES was already in place. These actions did increase MMR vaccination activity at the time.

April 2013: New actions in BCU - in response to the current Welsh measles outbreak to increase resilience locally and to proactively offer MMR to unvaccinated children.

These actions listed below follow the principle of multiple immunisers in multiple settings in a targeted approach to address parents concerns, non-consenters or previous decisions to access privately obtained single vaccines for measles, mumps or rubella. All parents are being asked to reconsider their decision.

Actions to target specific population groups:

| Target group | Action | Timescale |
|---|--|--|
| Children | | |
| All children | Send a reminder to community staff health visitors, GP practices and school nurses about proactively seeking all opportunities to identify and vaccinate children missing MMR vaccination. Routine screening activities deferred to focus on measles activity. Measles information pack sent to all GP's | Immediately |
| | General media and PR campaign | Ongoing |
| Children aged 10-18 | Social media campaign using facebook and twitter | Live by 10 th May and ongoing |
| All secondary schools and special schools | All secondary schools and special schools will be visited for additional MMR vaccination sessions (see attached schedule) Focus will be on years 7 and 8 as years 9, 10 and 11 have recently been invited in the spring term. All secondary aged children Y7 and Y8 will be invited for the first time in a school setting and also those in Y9, Y10, Y11, plus Y12 and Y13 in the attached sixth forms for a second/third time in a school | By 24 th May |

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| | <p>setting.</p> <p>School nursing staff will go back into schools where necessary to give second doses</p> | |
| Primary schools with rates <90% or with 20+ pupils unvaccinated | Provide MMR vaccination sessions | By 24 th May |
| Target school aged children in an identified low uptake area of high deprivation (Rhyl) | Drop in session covering 3 schools on local authority premises (Oak Tree Centre) | By 24 th May |
| Children in deprived areas | Community pharmacy counter staff working in areas of deprivation, who have been trained about immunisations in the Early Years Pharmacy Project, to be sent bilingual badges saying "Ask me about Measles!" | By 10 th May |
| | Communities First to be asked to engage in promoting MMR catch-up campaign | By 10 th May |
| Other primary schools | Parents contacted and advised to make appointment at GP where children are identified as under-vaccinated | By 24 th May |
| Pupil referral units and other small settings including youth justice | Work with staff to identify need. Community child health staff will provide site visit or domiciliary visit as appropriate to vaccinate | By 24 th May |
| Girls receiving routine HPV vaccine | Offer MMR vaccine alongside HPV | Ongoing |
| 5 border schools | 5 of the primary schools bordering England have the lowest apparent MMR uptake of 70-75% possibly as a result of data loss between England and Wales. The English GP practices and child health department have already been contacted to reconcile any missing information to update our Welsh child health records. This reconciliation will be completed as quickly as possible, and school vaccination sessions will take place if rates are still | By 24 th May |

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|---|--|-------------------------------------|
| | seen to be low. | |
| Private schools | <p>Rates are apparently lower. This could be partly due to higher numbers of pupils from abroad and cross-border issues. Data reconciliation is being carried out as above.</p> <p>Private secondary schools will receive scheduled vaccination sessions. Private primary schools and smaller units will receive visits if rates are still seen to be low.</p> | By 24 th May |
| Children on school trips to the south Wales outbreak area | School nurses will check if their schools have trips planned to visit south Wales and if so to identify unvaccinated children in the year group. These include athletic meetings, eisteddfodau, geography trips etc. | Immediately |
| 6 th Form and FE colleges | Colleges have sent letters or e-mails to students recommending that they go to their GP if not fully vaccinated. A mechanism to review uptake for this will be identified. | By 24 th May |
| University students studying in North Wales | GP practices involved with Glyndwr University and Bangor University have been contacted and will be promoting and offering MMR to students via drop in clinics. | By 24 th May |
| Gypsy travellers | The Vulnerable Groups Health Visitor dealing with gypsy travellers has visited the sites to proactively vaccinate this particularly vulnerable group. These visits will be repeated as success is slow but progressing. | By 24 th May and ongoing |
| Looked after children | Looked After Children, Home Tutored and Home Educated records are being reconciled and the young person advised accordingly. This reconciliation will be completed and any gaps addressed. | By 24 th May |
| Home tutored children | | By 24 th May |
| Home educated children | | By 24 th May |

| | | |
|---|---|--|
| Parents in contact with alcohol/substance misuse teams | Staff working as part of alcohol and SM Teams have agreed to discuss MMR with parents using their services and offer vaccination to children not up to date with MMR | By 24 th May |
| BCU staff | | |
| GP/Primary Care Staff/ BCU staff: general | An All User email has been sent to BCU staff raising awareness about the measles cases and where they can find information about the disease and benefits of vaccination and measles control measures. This will be followed by a letter recommending MMR vaccine. Information pack sent to GP's to advise on immunisation of practice staff | Started |
| BCU staff: general communication methods | Poster campaign in hospitals | By 3 rd May |
| | Pop-up banners in hospitals | By 10 th May |
| | Badge campaign: "Ask me about measles", to be worn by key staff and managers | By 10 th May |
| BCU staff in high risk areas: These are Paediatrics, SCBU, ITU, A&E, AMU, GP out of hours, all medical wards (including haematology/rheumatology patients), renal units, oncology, obstetrics and gynaecology, midwifery, health visiting, school nurses and sexual health services. | Identify staff in high risk areas and manually assess the immune status of the staff, cross checking information from our three current databases onto a temporary database <ul style="list-style-type: none"> • Age (born before 1970) • Blood test • MMR recorded | Started 23.4.13 |
| | Arrange to meet with the operational managers for the high risk areas across the geographical patch to confirm their staff details and identify any other key staff who may be on the wards e.g. physio, domestics etc., highlight susceptible staff and agree vaccinations sessions in the clinical area | 91 meetings expected. Started 23.4.13 |
| | Provide a report for the operational managers to indicate who is susceptible | By 31 May |

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| | and who is immune | |
| | Agree additional MMR vaccination session dates and times for the clinical areas with the operational managers and announce session dates and times | 30.4.13 |
| Other BCU front line staff | Provide drop in vaccination sessions for staff, also including Welsh Ambulance service and General Practitioners from primary care | From 30.4.13 for 5 weeks |
| Unvaccinated BCU staff in front line areas | Managers to be asked to recommend the vaccine and ask staff to sign a form if they decline | |
| Strategic work | | |
| | Strategic response team and core group will review progress against plan at least weekly | Weekly |
| | Strategic response team to fundamentally review plan in week commencing May 13th | w/c May 13th |



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University Health Board

Measles - North Wales Communications Plan

Author: Sioned Humphreys Communications Officer, Public Health Wales & Andy Scotson, Head of Communications, BCUHB

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Publication/ Distribution:

Purpose and Summary of Document:

The purpose of this document is detail the communications plan for promoting the MMR vaccination in North Wales due to the South Wales measles outbreak

1. Introduction & Background

The aim of this communications strategy is to ensure BCU staff, Local Authority key partners and parents/children and the wider community are aware and understand the key messages surrounding measles. At present there are 149,000 children under the age of 18 living in the BCUHB region. Of those, 6000 are unvaccinated and 6000 are partially vaccinated (having received one of the 2 MMR injections)

Nearly 10% of the under 18 population is therefore at risk in North Wales.

2. Aim

Building resilience to measles in North Wales. All unvaccinated and partially vaccinated children in the BCU area are given the MMR vaccine.

3. Objectives

The following objectives have been developed for the communications part of the campaign:-

- That the issue is communicated clearly and positively in a way that stakeholders, fellow professionals, teachers, children, parents, press and wider community all understand the dangers of Measles and the way of preventing it.
- Activity & key messages are fully integrated with other initiatives happening in Wales.

4. Audiences

There are a number of audience groups identified

- Internal audience – secondary care - Health staff within BCUHB
- Internal audience - Primary care - GP practices, community midwives, school nurses and health visitors.
- External/Involved stakeholders - teachers and Local Authority staff, nursery care providers, councillors, 3rd sector organisations
- Key influencers including parents of school children and school governors
- Children of school age

5. Key messages

Measles is an acute highly infectious viral illness caught through direct contact with an infected person or through the air *via* droplets from coughs or sneezes.

Symptoms include fever, cold-like symptoms, fatigue, conjunctivitis and a distinctive red-brown rash.

Measles is one of a number of notifiable diseases in the UK. Any doctor who suspects that a patient has measles is required by law to report it.

Getting the MMR vaccination is the only way to stop catching measles and Public Health Wales and the health boards are working hard to promote the vaccination.

There are approximately 12,000 children who are unvaccinated in the BCUHB area and therefore susceptible to contracting measles. The disease can spread quickly, this was seen in the 2012 measles outbreak in the Porthmadog area when 42 children contracted the disease.

We are keen to promote the MMR message across the health board area to increase the number of vaccinations and stop the outbreak spreading any further.

Those not vaccinated are highly likely to catch the disease and it is just a matter of time before a child is left with serious and permanent complications such as eye disorders, deafness or brain damage, or dies.

To prevent the spread of the illness, Public Health Wales has issued the following advice to the public:

- If your child is unvaccinated make immediate arrangements with your **GP** for them to receive the MMR jab. This is even more important if your child has had contact with someone with measles.
- If your child is unwell and you suspect it is measles you should contact your GP. Your child should not attend school or nursery for four days after the rash starts.
- Telephone your GP surgery to inform them you or your child has a rash illness before attending, so that arrangements can be made in advance for minimising contact with other vulnerable patients.

- Avoid going to A&E unless you are seriously ill, and if you do attend, telephone ahead to let them know you or your child may have measles.
- Avoid contact with pregnant women, people with weak immune systems and babies who are too young to be vaccinated, as they are more vulnerable to infection and there are very few treatments available to help them if they do catch measles.
- If any family members are pregnant, receiving chemotherapy, or aged under one, it is vital to ensure that all other family members are up to date with their MMR vaccination.
- Maternity wards, midwives and health visitors are being asked to share information with parents to encourage them to check the vaccination status of all children in the family to avoid further household spread amongst vulnerable groups.

6. Strategy

Nationally

Public Health Wales Communications team is the lead responder in this outbreak. Their team will issue National PR and update on the National situation.

Public Health Wales Communications team will provide the DPH with a report each week to send out to all stakeholders.

Public Health Wales communications team will send out a weekly briefing to all L.A press officers to send to their council officials and staff

BCUHB will be able to update local press about numbers of unvaccinated children in area, incidence and immunisation uptake rates.

For all audiences in section 4.

BCU's website and intranet page will carry up to date and accurate information about Measles including Q and A, advice, images and contact information. A unique URL has been created to promote proactively using other channels and communications.

<http://www.wales.nhs.uk/sitesplus/861/page/66476>

BCU's social media including Twitter and both BCU and Choose Well Facebook site will promote the uptake of MMR

Internal Audience – secondary care - Health staff within BCUHB

A guide to identifying Measles and signposting to resources will be produced for staff on the intranet

Information to include policy and procedures from outbreak control team - dealing with a suspected case, staff contact procedure etc

The following communications methods will be deployed to promote resources

- Intranet stories and forum posts.
- E-mail to all users raising awareness of the issue promoting web resources & key messages outlined above.
- '*Health Matters*' staff health and wellbeing monthly Newsletter.
- Posters and pop up banners in staffrooms and staff dining areas.
- Briefings to staff meetings (coordinated through the Associated Chiefs of Staff and Clinical Programme Group leads)
- Patient safety item brief

Primary care including GP practices, school nurses and health visitors.

- Regular e-mail to all users from Locality lead GP raising awareness of the issue promoting web resources & key messages outlined.

This communication should include a guide to identifying Measles, a guide to having the conversation with parents about the MMR, a guide for counter staff & where to find posters/leaflet resources.

Involved stakeholders - teachers and Local Authority staff, nursery care providers, councillors, 3rd sector organisations

- LA communications teams are receiving regular briefings via Public Health Wales' communications team. To ensure that we take advantage of our local contacts the briefing should be re-sent via Health protection database
- DPH's briefing should also be circulated to all contacts.
- LA teams should also be encouraged to re-tweet and like BCUHB's social media content & to link their internal and external pages to ours.

Key stakeholders including parents of school children and school governors

LA's are currently sending key information to schools to send out to parents.

Regular updates on the situation will be sent to the local press reinforcing the key messages outlined above. All press messages will be checked by the Public health Wales communications team

We will proactively offer interviews/articles by North Wales Public Health consultants subject to agreement by the Public Health Wales communications team

Work will be done using Twitter/Facebook to promote key messages throughout North Wales using existing networks. Paid for advertising on social marketing networks to reach parents to be trailed

Children of school age

Preschool/ and primary school children need to be reached through their parents, schools and playgroups and GP surgery contact.

Secondary school children will also be targeted using the above but also proactive working directly with LA youth services, leisure. Promotion of getting the MMR jab using social media advertising via facebook. We'll undertake a focus group with this key audience group to test messages for advertising.