



Public Health
England

Closing MR Immunity Gaps Experiences from the Regions England

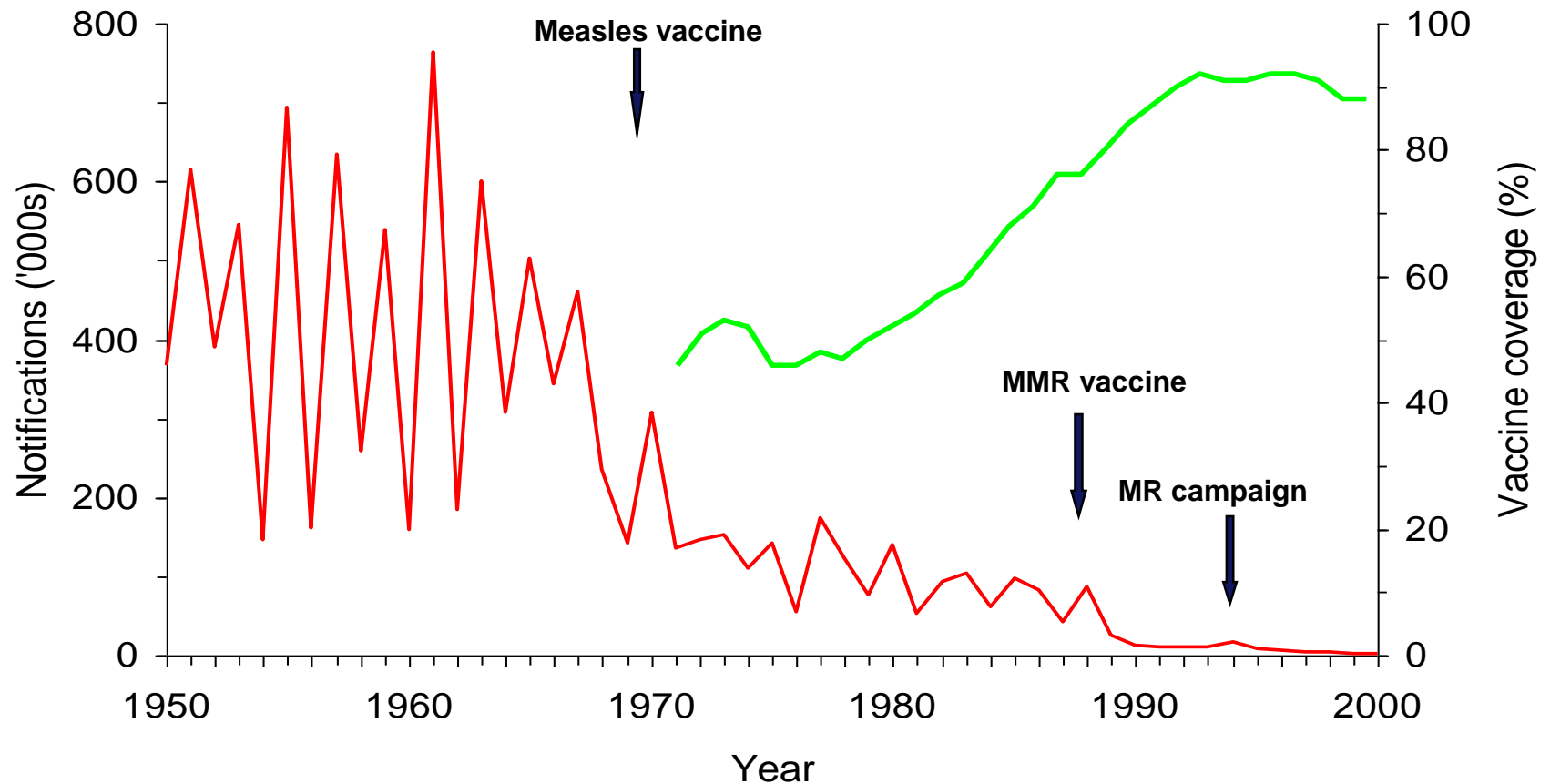
Lessons from the outbreaks in 2012-2013

Jo Yarwood
National programme manager Immunisation
Public Health England



Annual measles notifications & vaccine coverage

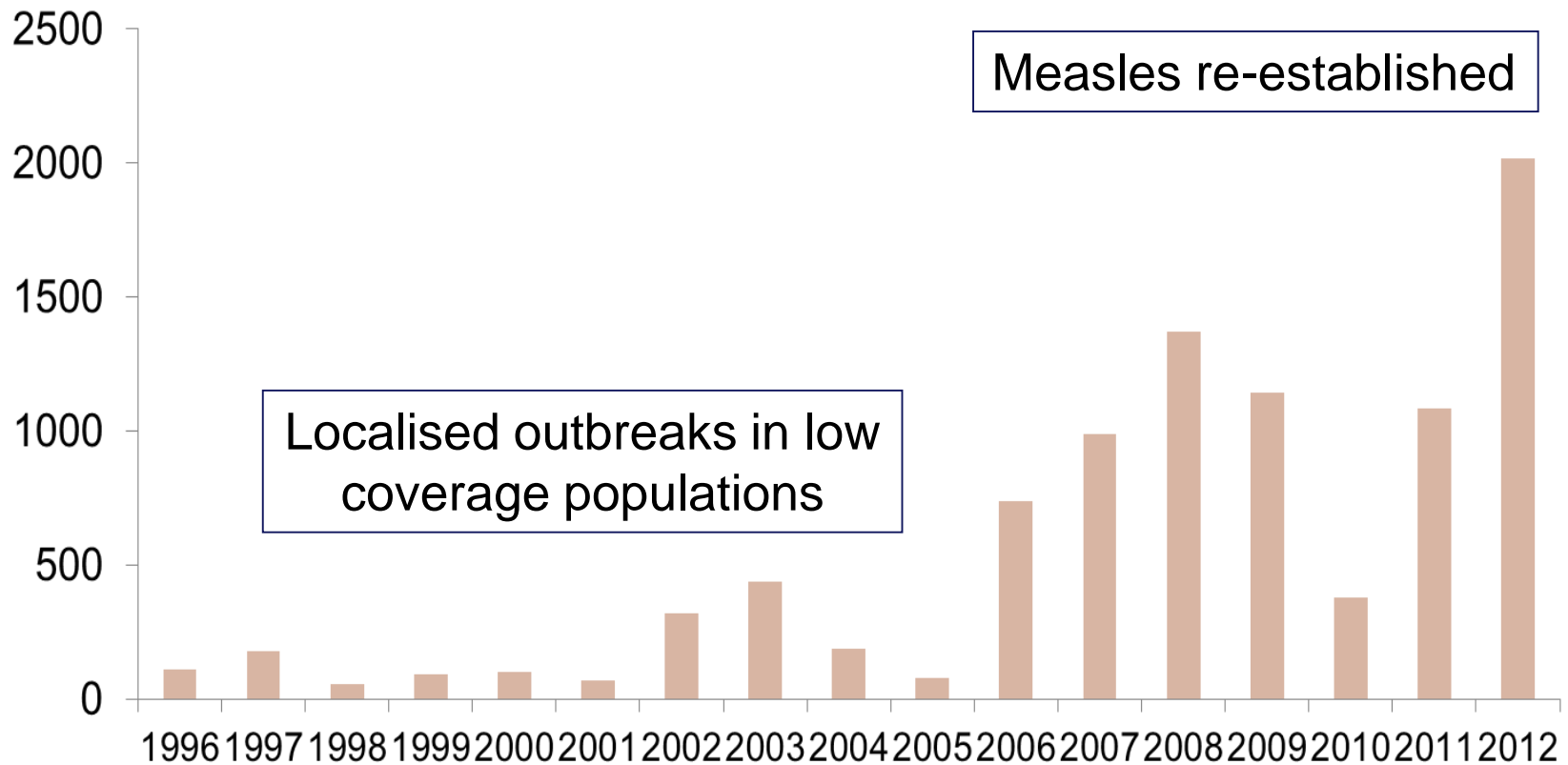
England and Wales 1950-2000





Annual confirmed cases of measles

England and Wales 1996 to 2012





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Response to measles outbreaks – the spotty bus



Responding to measles outbreak – access for
under-served groups



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MEASLES
Don't let your child catch it
- get them vaccinated with the MMR vaccine

The number of children catching is rising. To be fully protected they need to be immunised with the MMR

It's never too late to be vaccinated

For more information contact your GP surgery or visit:

www.nhs.uk/mmr

immunisation
the safest way to protect your child



MMR Action Plan 15 May 2013

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Guidance
MMR catchup programme: diagnosis, case management, and advice

From: Public Health England and Department of Health
First published: 2 May 2013
Part of: MMR catch-up programme 2013 and Children's health

How to confirm a measles diagnosis, manage cases and contacts, control infection, and vaccinate young or partially-covered patients.

Contents

- Check patients' vaccination history
- Confirm the diagnosis
- Managing cases and contacts
- Managing close contacts
- MMR vaccination
- Infection control in surgeries and clinics
- Vaccinating healthcare workers against measles

This guide is for health care workers (HCW), covering:

- caring for patients who may have measles
- bringing patients' and workers' measles, mumps and rubella (MMR) vaccinations up to date

Check patients' vaccination history

- Have patients had measles?
- Were patients fully immunised?

Measles is very unlikely in people who are fully immunised, or who have had measles in the past.

People less than 30 years of age who did not receive 2 doses of MMR vaccine as children are most at risk of catching measles now.

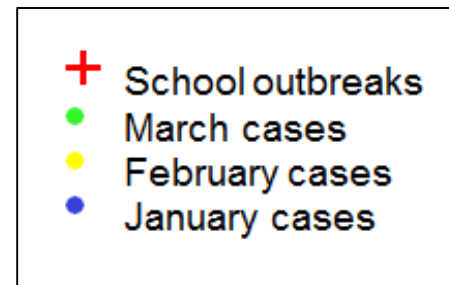
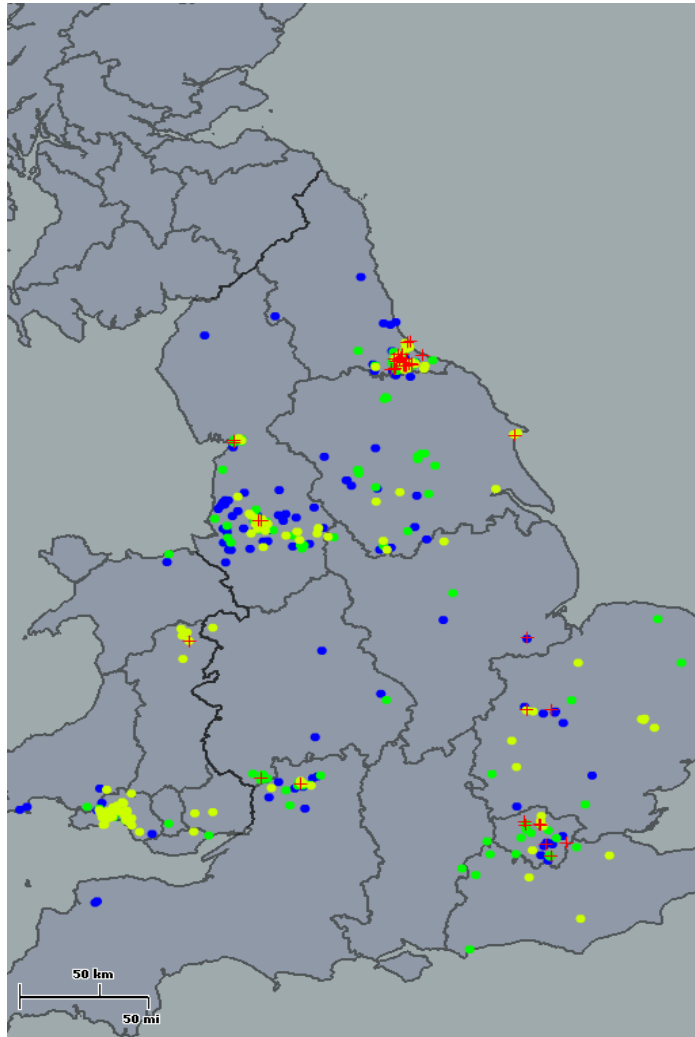
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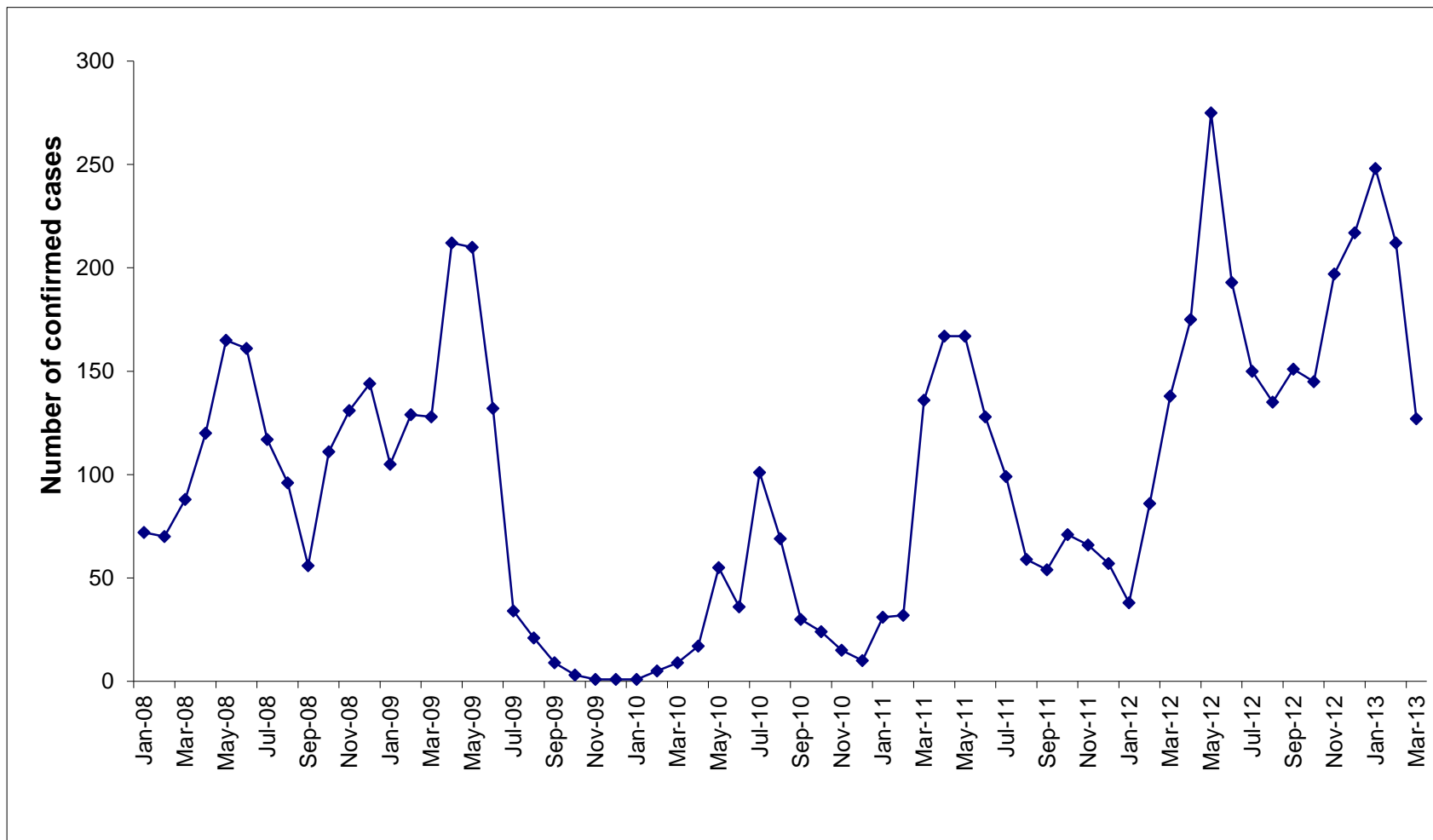


Map for confirmed measles cases distribution by region *England Jan-March 2013*





Monthly cases of confirmed measles, *2008-March 2013, England*





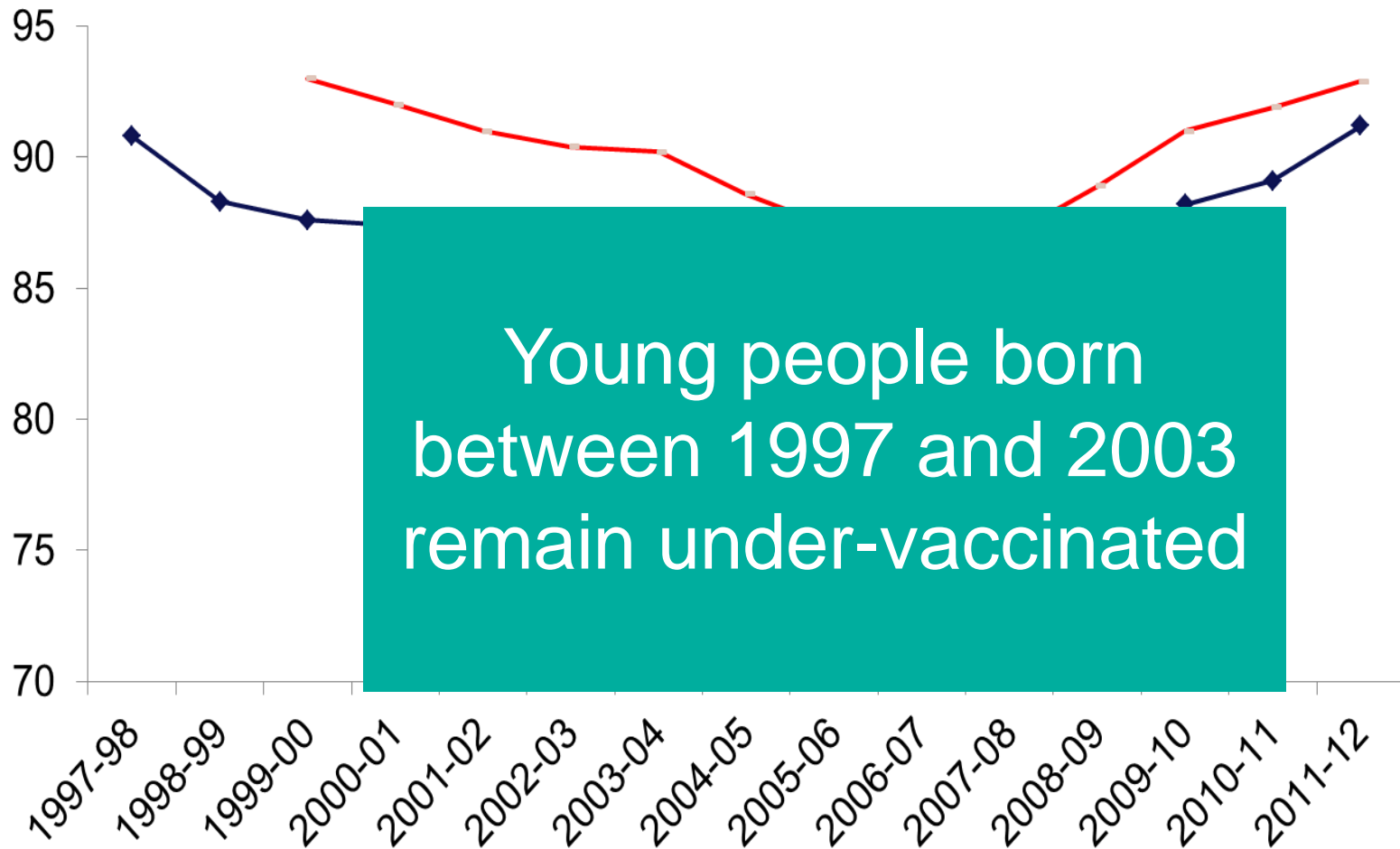
Reasons for the increase in 2012/3

- High levels of immunity are required to eliminate measles
 - Lower levels are sufficient in younger children (85%-90%)
 - Higher levels (>95%) are required in older children (secondary schools) and adults
- MMR vaccine coverage declined from late 1990s
 - Associated with unfounded concerns about vaccine safety
- Vaccine coverage has been increasing again since 2003 – now at historic high levels
 - Legacy of older children who remain unvaccinated
 - Age group most affected started secondary school in 2012



MMR coverage at two and five years of age

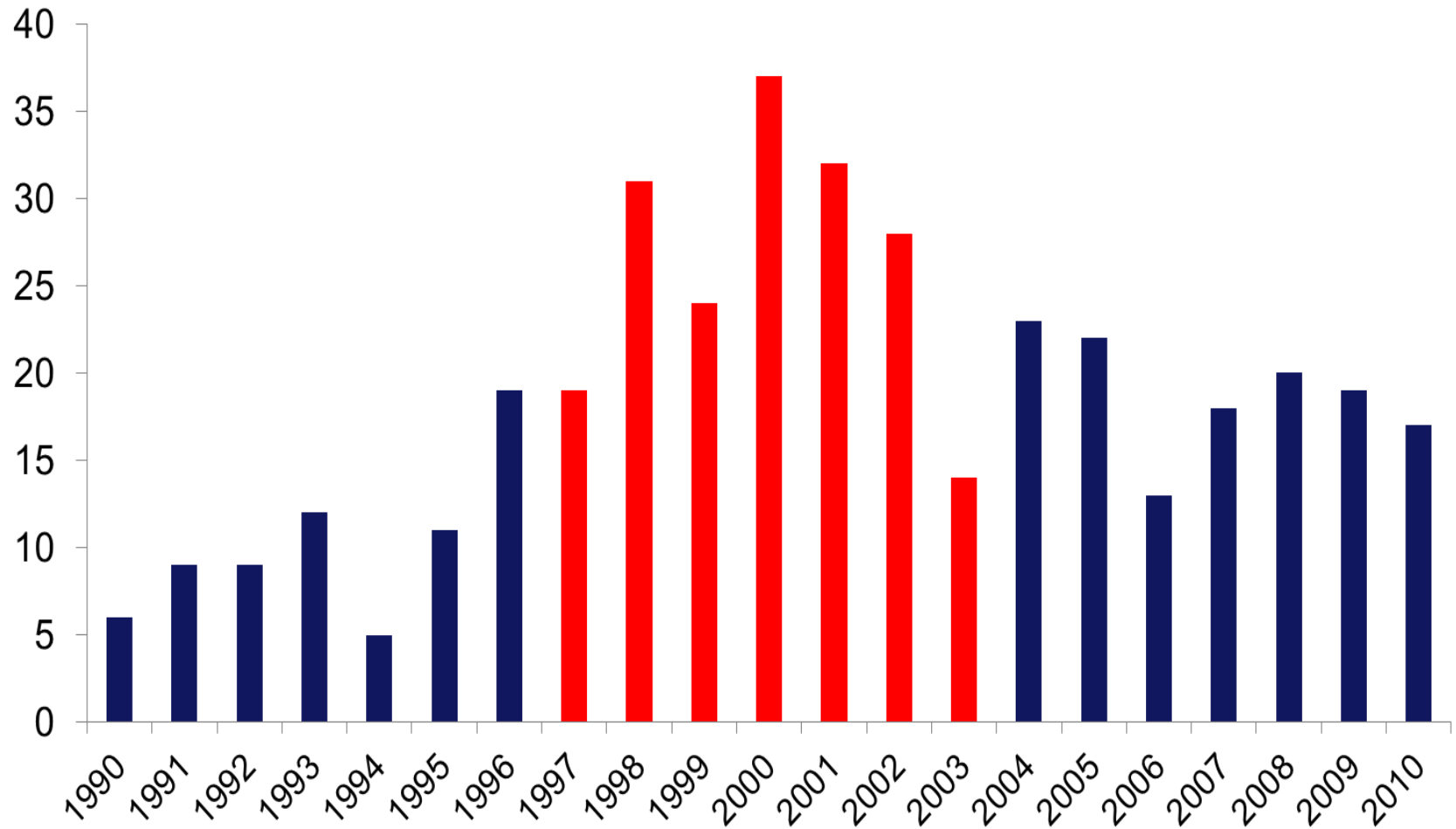
England 1997/8-2011/12





Distribution of confirmed measles cases

England by year of birth, Q1 2013



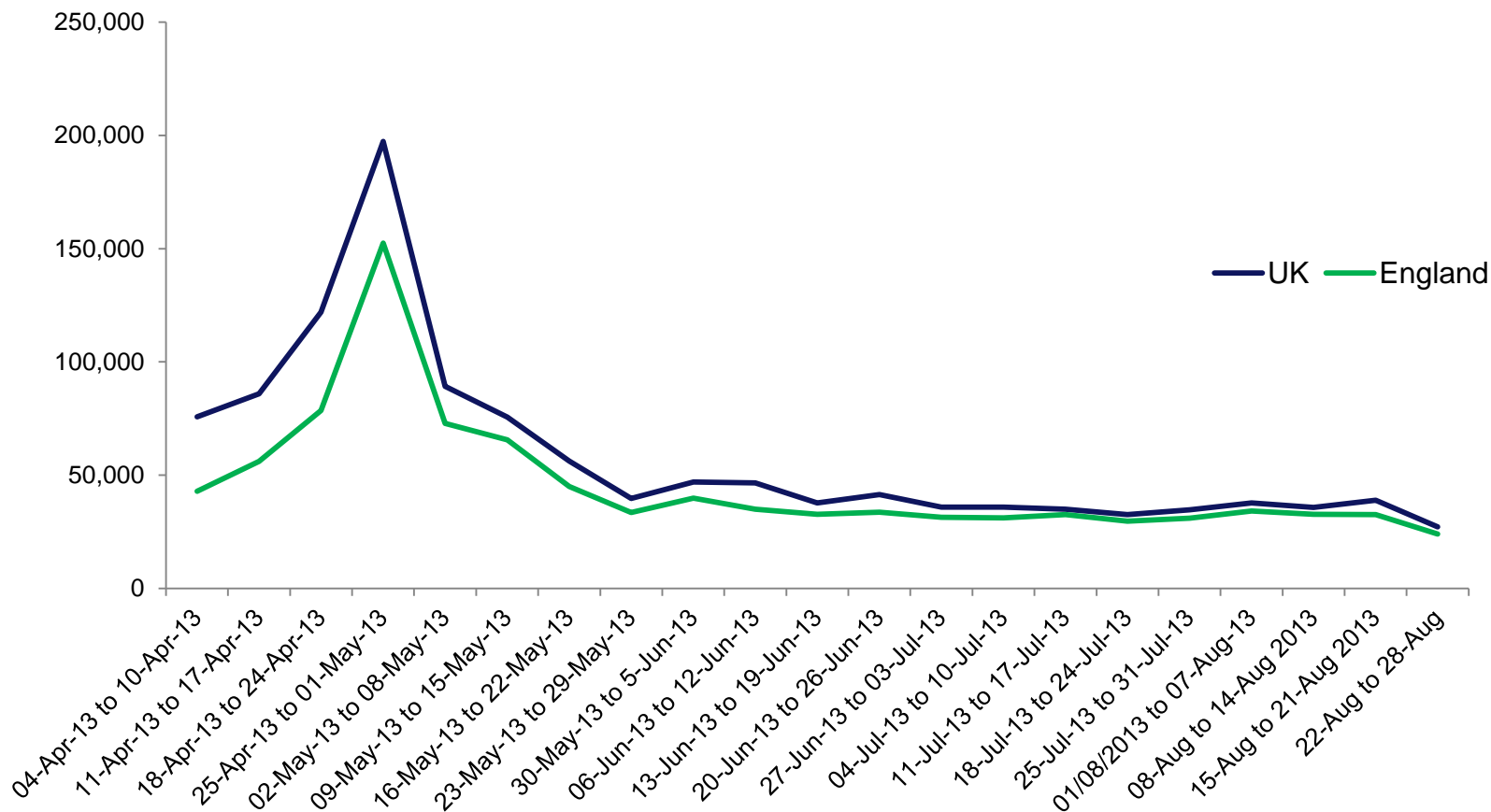


MMR Catch-up programme planning timeline

- Measles data presented to first tripartite meeting on 15th March 2013
 - Informal discussions between DH/PHE in early April
- Tripartite agreement to proceed with catch-up programme taken at meeting on 12th April
 - agreed at oversight meeting on 18th April
- Campaign launched on 25th April
 - Action plan for SITs, template letters, FAQs etc
 - Enhanced service agreed with GPs
 - GP to invite by letter any 10-16y old with history of 0/1 MMR
 - Communications plan
 - Monitoring in place



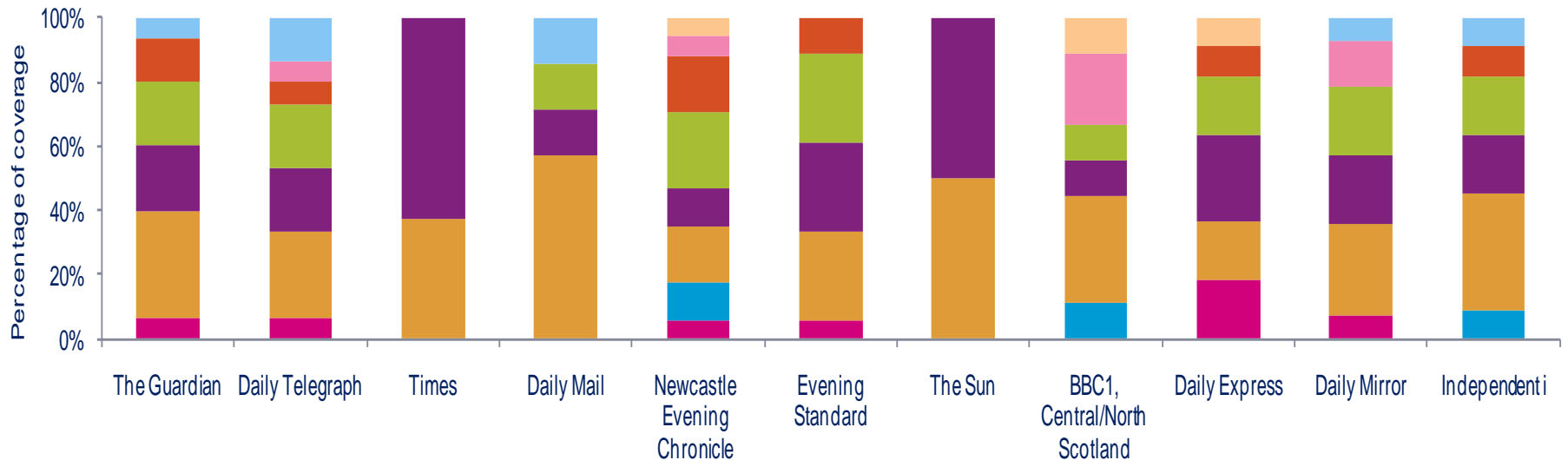
Doses of MMR vaccine ordered weekly since 25 April 2013



Analysis of media coverage around launch of MMR

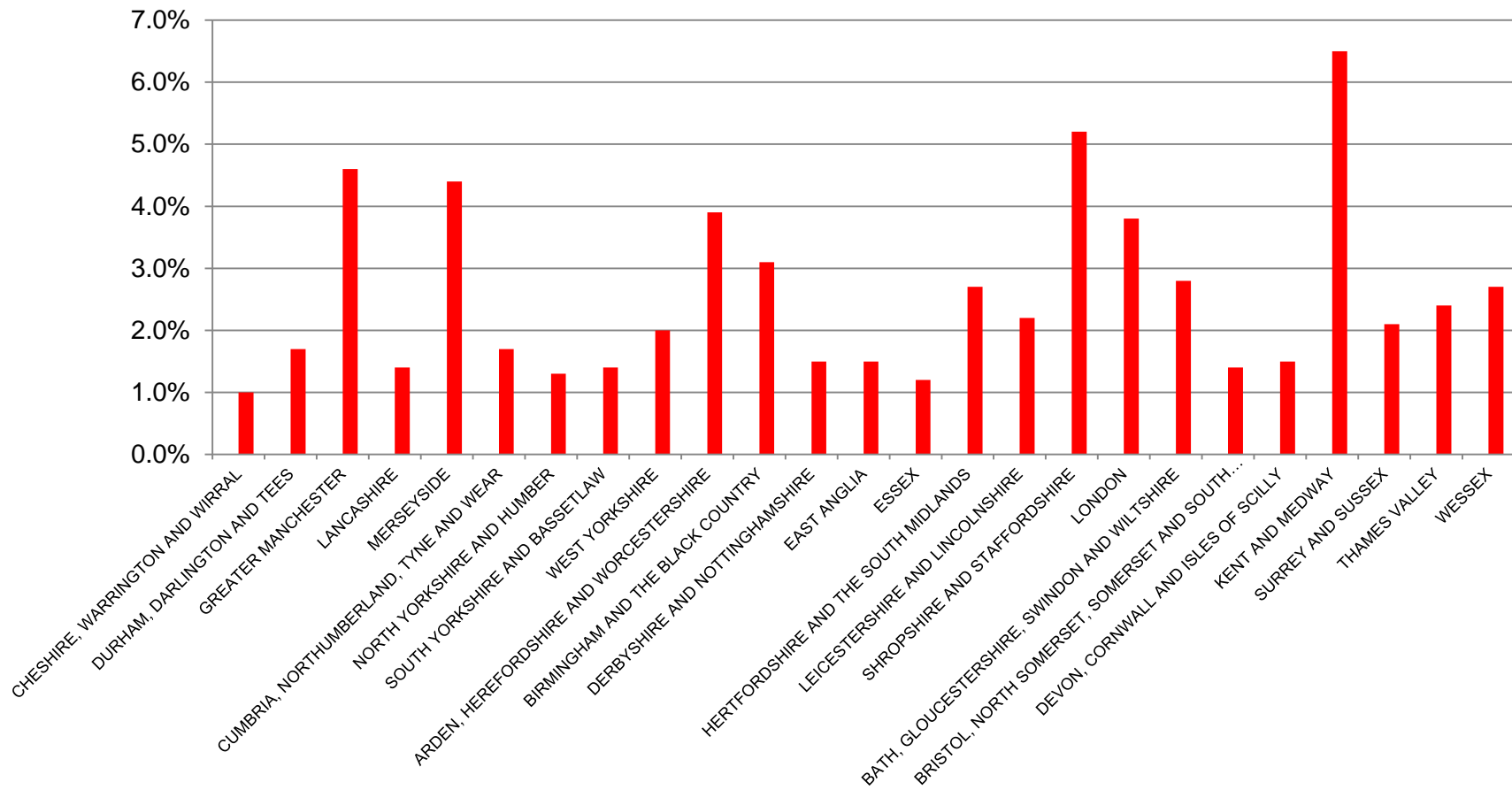
Most prolific publications broken down by messages

- Measles is at its highest level for 18 years.
- Parents should ensure their children are fully protected against...
- Parents of unvaccinated children, as well as older teenagers...
- The illness: measles is an unpleasant illness...
- Around one in every 10 children who get measles is admitted to hospital
- Measles is often associated with being a disease of the past
- Experts believe the current rise in measles cases can be attributed to...
- If you are unsure whether you or your child has had two doses of the vaccine...
- The illness: Measles can be particularly severe in babies, teenagers and older people...





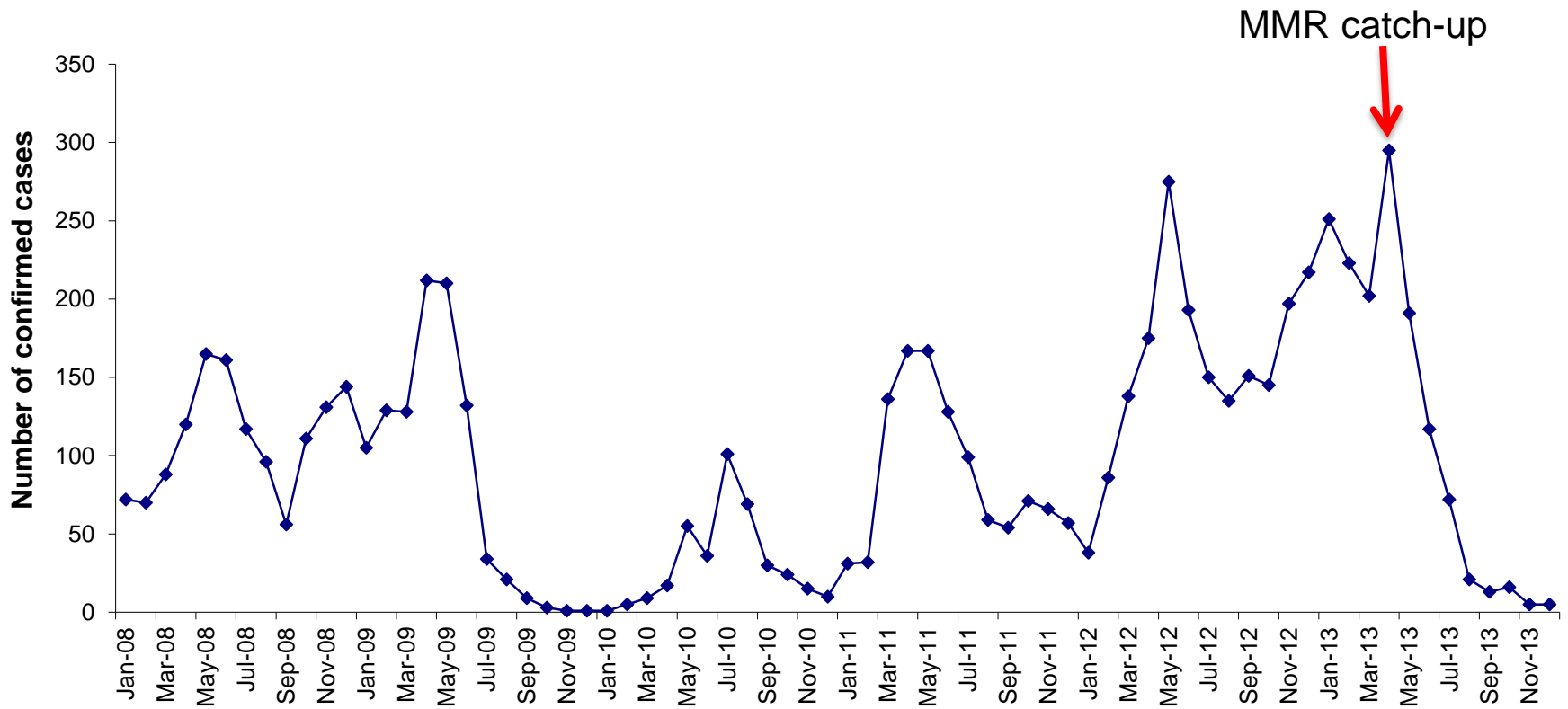
Decline in the percentage of children recorded as unvaccinated by Area Team, Immform sentinel data





Confirmed measles by month

January 2008 – December 2013, England





Evaluation by PHE Field Epidemiology Service

- Coverage in 10-16 year olds before campaign was higher than assumed (94-95%)
- Coverage of at least one MMR after the campaign just exceeds 95%
 - Lower (and probably less accurate) in London
- Around 9-11% of primary target group (unvaccinated 10-16s) were vaccinated by August 2013

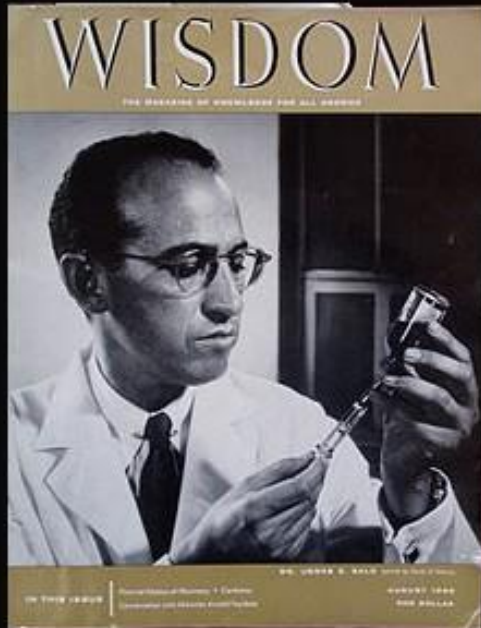


Summary – MMR catch-up

- Response to measles increase was rapid and proportionate
- Communications coverage was positive
- Already evidence of impact on disease
- Preliminary coverage consistent with some vaccination and data cleaning
- Routine coverage is at historically high levels



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I feel that the greatest reward for doing is the
opportunity to do more.

(Jonas Salk)

izquotes.com



Lessons re-learnt around the 2013 campaign

- Large measles outbreaks can occur even when coverage is extremely high
 - Accurate coverage data important for understanding risk
- Elimination of measles requires sustained high coverage over many years
 - Catch-up opportunities in older children are vital and need to be formally commissioned (e.g. with HPV, MenC, Td-IPV)
- High quality coverage data needed in older children
 - Opportunities to update vaccination status on GP and CHIS records need (e.g. with HPV, MenC, Td-IPV)
- Measles will not go away until global eradication!



Use every opportunity – ‘every contact counts’




Pregnant?

There are many ways to help protect you and your baby



Immunise against

- Flu (Influenza)
- Whooping cough (Pertussis)
- German measles (Rubella)

Immunisation

Immunisations for young people

Your questions answered about the HPV, Td/IPV and MenACWY vaccinations given between 11 and 19 years of age (school years 7 to 13)



The routine immunisation schedule from Spring 2016

Age due	Diseases protected against	Vaccine given and trade name		Usual site ¹
Eight weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio and <i>Haemophilus influenzae</i> type b (Hib)	DTaP/IPV/Hib	Pediacel or Infanrix IPV Hib	Thigh
	Pneumococcal (13 serotypes)	Pneumococcal conjugate vaccine (PCV)	Prevenar 13	Thigh
	Meningococcal group B (MenB) ²	MenB ²	Bexsero	Left thigh
	Rotavirus gastroenteritis	Rotavirus	Rotarix	By mouth
Twelve weeks	Diphtheria, tetanus, pertussis, polio and Hib	DTaP/IPV/Hib	Pediacel or Infanrix IPV Hib	Thigh
	Meningococcal group C (MenC)	MenC	NeisVac-C	Thigh
	Rotavirus	Rotavirus	Rotarix	By mouth
Sixteen weeks old	Diphtheria, tetanus, pertussis, polio and Hib	DTaP/IPV/Hib	Pediacel or Infanrix IPV Hib	Thigh
	MenB ²	MenB ²	Bexsero	Left thigh
	Pneumococcal (13 serotypes)	PCV	Prevenar 13	Thigh
One year old	Hib and MenC	Hib/MenC booster	Menitorix	Upper arm/thigh
	Pneumococcal (13 serotypes)	PCV booster	Prevenar 13	Upper arm/thigh
	Measles, mumps and rubella (German measles)	MMR	MMR VaxPRO ³ or Priorix	Upper arm/thigh
	MenB ²	MenB booster ²	Bexsero	Left thigh
Two to six years old (including children in school years 1 and 2)	Influenza (each year from September)	Live attenuated influenza vaccine LAIV ⁴	Fluenz Tetra ³	Both nostrils
Three years four months old	Diphtheria, tetanus, pertussis and polio	DTaP/IPV	Infanrix IPV or Repevax	Upper arm
	Measles, mumps and rubella	MMR (check first dose given)	MMR VaxPRO ³ or Priorix	Upper arm
Girls aged 12 to 13 years	Cervical cancer caused by human papillomavirus (HPV) types 16 and 18 (and genital warts caused by types 6 and 11)	HPV (two doses 6-12 months apart)	Gardasil	Upper arm
Fourteen years old (school year 9)	Tetanus, diphtheria and polio	Td/IPV (check MMR status)	Revaxis	Upper arm
	Meningococcal groups A, C, W and Y disease	MenACWY	Nimenrix or Menveo	Upper arm
65 years old	Pneumococcal (23 serotypes)	Pneumococcal polysaccharide vaccine (PPV)	Pneumovax II	Upper arm
65 years of age and older	Influenza (each year from September)	Inactivated influenza vaccine	Multiple	Upper arm
70 years old	Shingles	Shingles	Zostavax ³	Upper arm (subcutaneous)

¹ Where two or more injections are required at once, these should ideally be given in different limbs. Where this is not possible, injections in the same limb should be given 2.5 cm apart. For more details see Chapters 4 and 11 in the Green Book. All injected vaccines are given intramuscularly unless stated otherwise.