

E: ImmunisationPolicy@gov.scot

AVERTING THE RESURGENCE OF MEASLES IN SCOTLAND 2023

1. This letter is to bring to your attention a range of actions being implemented to avert the resurgence of measles in Scotland. You are asked to note and implement the actions set out below where applicable to you and your teams.

Background

2. Measles is one of the most transmissible infectious diseases. It can lead to serious and potentially life-threatening complications in some people. However the MMR vaccine, which also provides protection against mumps and rubella, is highly effective - after two doses around 99% of people will be protected against measles. More information can be found in the Green Book Chapter on measlesⁱ.

WHO Europe Call for Action

3. In some parts of the UK and Europe, there has been an increase in the number of cases of measles. WHO Europe has called for urgent action in all countries to offer vaccination to children and adults who have missed MMR vaccine doses, to prevent a resurgence of measles. WHO has also urged countries to strengthen measles surveillance, to ensure they are ready to respond swiftly and effectively in the event of measles outbreaksⁱⁱ and to sustain at least 95% routine coverage with two doses of a measles-containing vaccine to interrupt transmission of the virus and prevent the return of large outbreaks.

UKHSA Risk Assessment

4. A UK Health Security Agency (UKHSA) risk assessment (see paragraph 6 below) has warned that, while there is a low risk of an epidemic in the rest of the UK, modelling has shown that London could see tens of thousands of measles cases due to low levels of vaccination there.

**From the Chief Medical Officer
Chief Nursing Officer
Chief Pharmaceutical Officer**
Professor Sir Gregor Smith
Professor Alex McMahon
Professor Alison Strath

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For action

Immunisation Coordinators, NHS Board
Scottish Immunisation Programme
Group, NHS Board
Health Visitors
Family Nurse Partnership
School Nursing Teams
General Practitioners
Practice Nurses
Primary Care Leads
Acute and Community Physicians
Acute and Community Paediatricians
Physician
Accident and Emergency Departments
Occupational Health Leads
Infection Prevention Teams
Nurse Directors
Infectious Disease Consultants
Consultants in Public Health Medicine
Directors of Public Health
Travel Health Teams

For information

Chief Executives, NHS Board
Medical Directors, NHS Board
Directors of Pharmacy, NHS Board
Consultant Physicians, NHS Board
Public Health Scotland
NHS Scotland
NHS 24
Scottish Health Protection Network
Child Health Commissioners

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Childhood Immunisation Uptake Trends

5. Over the past 10 years, there has been a gradual decline across the rest of the UK and globally in the uptake of childhood immunisations. While Scotland's uptake has continued to perform well by comparison with the other UK nations, this trend is observed here too, evidenced most recently in statistics published by Public Health Scotland (PHS) on 27 June 2023ⁱⁱⁱ. These indicate that 93.4% of children had the first dose of MMR vaccine by 24 months of age, rising to 95.4% by age 5, and uptake of the second dose of MMR vaccine by 5 years was 89.8%, rising to 91.4% by age 6 years. These figures reflect a slow decline in uptake.

Susceptibility

6. Almost 1 in every 10 children aged 4 to 11 in Scotland are missing one or both doses of MMR vaccine. PHS recent analyses (based on vaccination uptake and vaccine efficacy per dose) suggest more than 60,000 children of school age in Scotland are susceptible to measles (8.0% (n=33134) of primary school and 8.7% (n=29841) of secondary school aged children). This is higher than the current 5% WHO target critical for achieving elimination. See: [Risk assessment for measles resurgence in the UK \(publishing.service.gov.uk\)](#). It is appreciated that these are dynamic cohorts, with new entrants requiring vaccination status checks, records updated and/or vaccination.

Risks

7. Given the risks associated with measles and the current risk of importation and onward transmission from areas where cases are increasing, the Scottish Government is working closely with PHS and NHS Boards to put in place a range of measures to highlight the importance of receiving the required two doses of MMR vaccine. This is routinely scheduled with the first dose being recommended at 12-13 months and the second dose recommended to be given at 3 years 4 months (catch up doses may be given one month apart). Please refer to the Green Book Measles Chapter for further information. Factors such as susceptibility, demographic changes, and declining vaccination uptake rates mean that we need to act now to prevent the resurgence of measles in Scotland and we are asking for your support in these endeavours.

Data

8. Health Boards are expected to use the uptake and susceptibility data available to them, analysis of which at local level will support local improvements and the best targeting of resources, to address any areas of low uptake and any inequalities in uptake that may exist. This should include targeted work for areas of highest deprivation and certain ethnicities and at-risk groups (e.g. students, migrants, asylum seekers etc.) who may have lower uptake.

Communications

9. Communications assets including leaflets and social media toolkits are being shared with the public, relevant professional audiences, and key stakeholders, targeted appropriately to ensure that they reach groups who may face additional barriers to uptake of vaccines. Health Boards should share these communications as appropriate with their local communities.

10. Information is available for the public about how to check their vaccination status and that of their children, and how to receive any routine vaccines, such as MMR, which they may have missed. This is on NHS Inform - <http://www.nhsinform.scot/mmragainstmeasles>, and includes contact details for all local Health Board vaccination services. Health Boards should inform PHS of any changes to these pathways in order that the information on NHS Inform is up to date and accurate.

Advice for travellers

11. Advice for travellers is also available on the Fitfortravel website^{iv}, with clear messaging about how to get an MMR vaccine. MMR vaccinations will be arranged through Health Board immunisation teams and **not** through travel health teams.

Advice for parents/carers

12. Parents/carers of the primary 1 and secondary 1 intake of school pupils will receive a letter about the importance of MMR vaccination at the start of the new school term in August. Letters will also be sent to parents or carers of children starting in early learning and childcare nurseries (unless they are too young to have their first and/or second doses.)

Vaccination status check in schools

13. The CMO letter of 30 January 2014^v asked Health Boards to ensure that each child's MMR status was checked when they attended for their S3 vaccinations. It is now recommended that the check of any missed vaccinations is moved forward to **S1** to provide further opportunities for follow up offers then and in subsequent years to be made and vaccinations given within the school setting. Where pupils have entered S1 from outwith Scotland, Health Boards should work with school and education colleagues to ascertain information from parents/carers on vaccinations already received. Where MMR status is uncertain and the parent/carer cannot provide the information, school vaccination teams may follow [Vaccination of individuals with uncertain or incomplete immunisation - GOV.UK \(www.gov.uk\)](http://www.gov.uk).

New Entrants to Scotland

14. General Practice and Health Boards should ensure that a process is in place to determine the vaccination status of individuals and the need for any offer of vaccination for those people who are newly arrived in their area, whether from another part of Scotland, the UK or abroad. PHS is producing a leaflet to provide new entrants with information on how and when vaccines are offered in Scotland, how to check their vaccination status and receive any vaccinations to which they are entitled.

New College and University Students

15. Building on the established links with colleges and universities, PHS are sharing messaging for university entrants/their parents prior to their arrival at Universities for Freshers' Week. This will highlight the importance of ensuring that their vaccinations, including particularly MMR and MenACWY are up to date **prior to arrival**. It will also provide information about how to check their vaccination status and catch up if they have missed any vaccinations. Health Boards should work with universities to support this before and as students arrive in Scotland ahead of the start of term, during Freshers' Week and in the weeks immediately following, when the risk of transmission is greatest.

General Practice

16. Where patients cannot access their vaccination records directly, General Practice continues to retain responsibility for providing vaccination records where held by the practice following the roll out of the Vaccination Transformation Programme (VTP)^{vi}.

17. As a result of the now concluded VTP, General Practices are no longer delivering vaccinations in most areas. However, General Practice staff are reminded of their duty to support

this work by continuing to promote and advise on vaccinations; responding to vaccination status enquiries; and signposting and referring to Immunisation Teams in Health Boards for vaccine delivery (unless there are arrangements in place whereby vaccine delivery remains the responsibility of a GP practice). Up to date contact details for each Health Board's vaccination services can be found here- [Getting your vaccinations | NHS inform](#) or by calling the NHS inform helpline 0800 22 44 88 ([Contact us | NHS inform](#)).

Notifiable Disease

18. Measles is a notifiable disease as set out in the [Public Health etc. \(Scotland\) Act 2008 \(legislation.gov.uk\)](#). All cases of suspected measles encountered in primary or secondary care must be notified to the local Health Protection Team (HPT) as soon as possible on the same day, even if out of hours. The definition of measles: In circumstances where no outbreaks are ongoing, measles should be considered if the patient has:

- fever (temperature 38°C or higher); AND
- a generalised maculopapular rash; AND
- either cough, coryza OR conjunctivitis. Further guidance can be found here: <https://publichealthscotland.scot/media/19235/2019-shpn-measles-guidance.pdf>

19. Diagnostic samples should be taken at the earliest opportunity – contact local virology for advice if necessary. Oral fluid testing kits are for surveillance purposes only, not for diagnosis. Infection, prevention, and control measures should be in place with isolation of those suspected of measles (or other highly infectious rash illnesses).

Testing of suspected cases and flight tracing

20. All suspected cases (possible, probable, and confirmed) of measles notified to HPTs should be sent an Oral Fluid (OF) Kit regardless of any local diagnostic testing undertaken. WHO requires that at least 80% of suspected measles cases are tested using an OF kit; currently the UK is falling short of this surveillance target. HPTs are requested to review/audit their OF return rates and implement actions to improve performance such as ensuring information is passed on to all suspected cases or their families by phone and that a reminder is sent to encourage kit return. Guidance on testing procedures is available here: [Guidance for the Control of Measles Incidents and Outbreaks in Scotland \(publichealthscotland.scot\)](#)

21. Please be reminded of the need to undertake a risk assessment for flight contact tracing in the event of a suspected or confirmed case of measles on a flight, alerting PHS at the earliest opportunity. PHS will support these activities.

Review of plans

22. Health Boards are asked to review and, where necessary, update their measles elimination plans. Templates for this have been issued to Board Immunisation Coordinator for completion.

Yours sincerely,

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Alex McMahon

Alison Strath

Professor Sir Gregor Smith
Chief Medical Officer

Professor Alex McMahon
Chief Nursing Officer

Professor Alison Strat
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ⁱ <https://www.gov.uk/government/publications/measles-the-green-book-chapter-21>

ⁱⁱ [Immediate and targeted catch-up vaccination needed to avert measles resurgence \(who.int\)](#)

ⁱⁱⁱ <https://www.publichealthscotland.scot/publications/childhood-immunisation-statistics-scotland/childhood-immunisation-statistics-scotland-quarter-and-year-ending-31-march-2023>

^{iv} <https://www.fitfortravel.nhs.uk/advice/disease-prevention-advice/measles-mumps-and-rubella-mmr>

^v [https://www.sehd.scot.nhs.uk/cmo/CMO\(2014\)03.pdf](https://www.sehd.scot.nhs.uk/cmo/CMO(2014)03.pdf)

^{vi} [The Vaccination Transformation Programme \(scot.nhs.uk\)](#)