Derby City Council

HEALTH AND WELLBEING BOARD
16 May 2013

ITEM 10

Report of the Director of Public Health

Measles Briefing for Derbyshire and Nottinghamshire

SUMMARY

1.1 On 25th April Public Health England Centre launched a national campaign to raise MMR vaccination coverage in response to rising numbers of measles cases and the outbreaks in Swansea and the North East and North West of England.

1.2 The overall aim of the national campaign is to reduce the transmission and spread of measles. Evidence from the past four years highlights that the greatest number of new cases are occurring in children aged between 10 and 16 years. To achieve the above aim the campaign will include:

1. Active identification of children at risk
2. Offering MMR vaccine to children at risk
3. Improving and sustaining the current MMR programme.

1.3 A key success criteria for the campaign locally will be the achievement of the following target: -

95% of children aged between 10 and 16 having received at least one dose of MMR by Sept 2013.

1.4 Measles activity in Nottinghamshire and Derbyshire remains low and vaccination coverage comparatively good.

1.5 A 'Rapid Measles Task and Finish Group' has been established, led by the NHS England Area Team and met on 29th April to agree and coordinate the local response to this national campaign. Due to the low measles activity and good MMR uptake, the local response is to be managed within standard vaccination pathways, with enhanced targeting of unvaccinated children in the target age range. Additionally, preparations are being made for the escalation of this response should the national outbreak spread to our area.

RECOMMENDATION

2.1 The Board is asked to note the local response to this national campaign, and to support the work of the 'Measles Rapid Task and Finish Group'.

REASON FOR RECOMMENDATION

3.1 To assure the Board that appropriate plans are in place locally to protect the health of the population in relation to measles.

SUPPORTING INFORMATION

4.1 Measles activity in Nottinghamshire and Derbyshire remains low, and although we do not yet meet the above target MMR vaccination coverage amongst those aged 10 – 16 is good compared to other areas, with all areas seeing above 90% of the target group covered by at least 1 dose of MMR.

Table 1: MMR Vaccine coverage amongst 10 – 16 year olds by LA (Data from Immform Aug 2012)

Local Authority	Unvaccinated	At least 1 dose of MMR	Fully vaccinated	Distance to target
Derby City	7.8% (1832)	92.2% (21522)	82.9% (19362)	2.8% (664)
Derbyshire County (*based on 69 out of 94 practices)	5.2% (1963)	94.8% (36779)	85% (32978)	0.2% (26)
Nottingham City (*based on 58 out of 64 practices)	10.5% (2243)	91.2% (19483)	79.1% (16888)	5.5% (791)
Nottinghamshire County (*based on 85 out of 95 practices)	5.2% (2180)	94.8% (40626)	88% (37678)	0.2% (40)

Table 2 shows local performance data for Quarter 3 2012/13 (Oct – Dec 2012) for the routine MMR vaccination programme. The routine programme aims for all children to have received 2 doses of MMR by age 5, with dose 1 being offered at 12 months of age and dose 2 at 3 years 4 months.

Table 2: MMR vaccine coverage at age 2 and age 5 by LA. (COVER data Q3 2012/13)

Local Authority	1st dose by age 2	1st dose by age 5	2nd dose by age 5
Derby City	95.0%	97.1%	91.3%
Derbyshire County	93.8%	97.4%	92.0%
Nottingham City	90.0%	91.8%	82.5%
Nottinghamshire County	93.3%	96.0%	90.6%

4.2 A ‘Rapid Measles Task and Finish Group’ has been established led by the NHS England Area Team and met on 29th April to agree and coordinate the local response to this national campaign (meeting notes including attendance list available at Appendix 1). It has been agreed that this group will meet monthly through to August 2013, with a further appraisal of the local situation being made at that point.

4.3 It is clear from the current local picture of low measles activity and good MMR uptake that the response for Nottinghamshire and Derbyshire should be managed within standard vaccination pathways, with enhanced targeting of unvaccinated children in the target age range. It is also clear from the national picture that preparations should be made for the escalation of this response should the national outbreak spread to our area.

Targeting unvaccinated children aged 10 – 16 years

4.4 Work has already been done within Nottinghamshire and Derbyshire to identify unvaccinated children in this age cohort. Universal awareness raising amongst parents has been initiated through local print and news media, and letters to parents being issued through schools, whilst GPs across the area have begun a more targeted approach by contacting the parents of children whose medical records indicate no or partial vaccination.

Further efforts to target this age group are also underway through routine school nurse contacts and the delivery of HPV and school leaving booster vaccination programmes.

4.5 Due to concerns that the overall good uptake of MMR vaccine across Nottinghamshire and Derbyshire may be masking particular areas of concern a piece of work to map MMR uptake by school populations has been begun by the local Child Health Records Departments. This should identify any schools with below average uptake which can then be targeted for further work.

Despite this work being designed to target those aged between 10 and 16, opportunities are being taken to reinforce the message to parents of children of all ages that 2 doses of MMR are required to ensure children are fully protected against measles. The communications strategy will ensure that uptake of MMR is also promoted amongst unvaccinated and partially vaccinated children outside the 10 – 16 year old target cohort, and will help to sustain the improvements seen in the routine MMR programme.

Local Authority Public Health teams are also looking at how messages can be delivered to local communities who are less likely to access messages being delivered through core media and service routes, and are working to ensure that appropriate pathways are in place to follow up children who are not accessing routine vaccinations through their GP practice.

Preparing the local outbreak response

4.6 The implementation of the above approach to ensure a high level of protection against measles in our local population is the best preparation that can be made to limit the impact of a local measles outbreak. Exceeding the 95% target for coverage by at least 1 dose of MMR will significantly reduce the impact of an outbreak through the effects of herd immunity and will provide some protection to those vulnerable children in the population who remain unvaccinated. However we also need to be prepared to deliver an effective outbreak response should the need arise.

4.7 To ensure that we are fully prepared to escalate the local response as and when needed the NHS England Screening and Immunisation Team are undertaking a review of the outbreak response plan and are working with local providers as appropriate. School Nursing teams across the area have been alerted to the current outbreak risk and will provide the capacity to escalate the local response and provide vaccination clinics in schools should the need arise.

4.8 We have been assured that there is plenty of MMR vaccine available nationally and that delivery of any additional doses required to meet local needs in an outbreak can be made in a timely fashion through the NHS supply chain. This is also the case for supplies of Immunoglobulin, which can be used prophylactically for any individual contacts of a measles case who for whom vaccination may be contraindicated.

OTHER OPTIONS CONSIDERED

5.1 None relevant.

This report has been approved by the following officers:

Legal officer	N/A
Financial officer	N/A
Human Resources officer	N/A
Service Director(s)	Derek Ward, Director of Public Health
Other(s)	N/A

For more information contact:	Ben Anderson 01332 643096 Ben.Anderson@nhs.net
Background papers:	None
List of appendices:	Appendix 1 – Implications Appendix 2 - Notes of the Rapid Measles MMR Campaign Task and Finish Group, 29/04/2013

Appendix 1

IMPLICATIONS

Financial and Value for Money

1.1 Ensuring high coverage levels of immunisation reduces occurrences of disease outbreaks and associated costs across the system.

Legal

2.1 None directly arising.

Personnel

3.1 None directly arising.

Equalities Impact

4.1 Vaccination uptake by population group varies, hence targeted approach to reduce inequalities.

Health and Safety

5.1 None directly arising.

Environmental Sustainability

6.1 None directly arising.

Asset Management

7.1 None directly arising.

Risk Management

8.1 The establishment of the Rapid Measles Task and Finish Group mitigates any potential risk.

Corporate objectives and priorities for change

9.1 Good vaccination coverage and appropriate planning and management of disease outbreaks such as measles supports the delivery of the objectives set out in the Council Plan; Derby Plan; Health and Wellbeing Strategy.

Appendix 2

Notes of the Rapid Measles MMR Campaign Task and Finish Group, 29/04/2013

NHS England Area Team Derbyshire & Nottinghamshire Area Team
Rapid Measles MMR campaign Task and Finish group
Monday 29th April 2013

1. Apologies: Andy Layzell (COO, Southern Derbyshire), Dr Elaine Michel (DPH, Derbyshire County), John Grenville (Derbyshire LMC), Dr Greg Place (Nottinghamshire LMC), Neil Jones (Derbyshire Health United), Chris Wildsmith (Derbyshire Healthcare Foundation Trust)

2. Attendees:

Chair –
Linda Syson-Nibbs – NHS England NHS England Derbys/Notts Area Team Screening & Imms Lead
Caroline Jordan - NHS England NHS England Derbys/Notts Area Team Screening & Imms Manager
Hayley Darn – Derbyshire Healthcare NHS Foundation Trust
Dr Bruce Laurence – Derbyshire County Council
Claire Scothern – Derbyshire Community Healthcare Services
Sandy Young – Nottingham CityCare CHRD
Vanessa MacGregor – CCDC Public Health England Centre
Chris Locke – CEO Nottinghamshire LMC
Yvonne Rodney – HV Imms Lead Nottingham CityCare
Alison Wilson – Locality Manager Nottingham CityCare
Sheila Munks – Locality Manager Nottingham CityCare
Jacquie Williams – Head of Public Health NHS England Derbyshire / Nottinghamshire Area Team
Deborah Hooton – Childrens and Families Commissioning lead NHS Nottingham City CCG
Kay Wyatt – Head of EPRR NHS England Derbys/Notts Area Team
Dr Kaysia Heafield – Derbyshire LMC
Jane Careless – Screening & Imms Coordinator NHS England Derbys/Notts Area Team
Iolanda Shaker – Screening & Imms Coordinator NHS England Derbys/Notts Area Team
Dean Wallace – Derby City Council SpR PH
Ben Anderson – Derby City Council CPH
Suzanne Meredith – Derby City Council SpR PH
Jonathon Gribbin – CPH Nottinghamshire County Council
Julie Painter – Derbyshire Child Health Records Department
Kerrie Woods – Primary Care Commissioning NHS England Derbys/Notts Area Team
Sophia Makki – CCDC Public Health England Centre
Natalie Saville – Communications Public Health England Centre
Caroline Badder – NHS Nottingham City CCG
Ros Woods Screening & Imms Coordinator NHS England Derbys/Notts Area Team

3. Purpose of the group

Linda Syson-Nibbs welcomed the group and set out the purpose of the meeting.

The objectives of the meeting were to agree and prepare a local MMR catch-up plan concordant with national tripartite guidance
25.4.13 CMO letter 'Rising levels of measles'
29.4.13 Ann Sutton Director of Commissioning NHS England MMR catch up letter
29.4.13 Measles, Mumps and Rubella catch-up Service – specification for Measles, Mumps and Rubella (MMR) temporary programme

24.4.13 PHE Health Protection Briefing Note (2013/022)

The aim of the national plan is to identify children and young people who have never been vaccinated (priority group) or who have only one recorded dose, and for them to have had two doses by September 2013to ensure herd immunity by the start of the school year
The aim for Area teams is for 95% of children in the priority group to be vaccinated by August 31st 2013.

4. Scene setting

Vanessa McGregor reported that measles levels are currently remain low in Nottinghamshire and Derbyshire. Nationally there have been large outbreaks in the North West & North East, comparable to the Swansea outbreak which continues. Vaccination uptake locally is generally good, however lower levels of uptake are seen within the 10-16yr age group, following historically from the low uptakes experienced during the MMR scare. There are also specific groups within the local community who historically have lower immunisation uptake including orthodox Jews and traveller communities.
National MMR catch up programme released 26th April 2013 outlining the national programme to ensure 95% immunisation of one dose for all those 10-16 years.

5. Area Team perspective

Derbyshire County (93 Practices) uptake 10-16 years

- 85% immunised with 2 MMR
- 10% immunised with 1 MMR (3800)
- 5% no MMR vaccination recorded (1960).

Derby City (32 practices) uptake 10-16 years

- 83% immunised with 2 MMR
- 9% immunised with 1 MMR (2100)
- 8% no MMR vaccination recorded (1830)

Jane Careless reported that the majority of practices have begun calling individuals for vaccination from 5-16 years. Local work has been undertaken with practices where uptake is below 90% for childhood MMR vaccination to ensure a look back of all children under 5 years is undertaken. Practices report variable response to catch up clinics, with significant level of calls from those outside of the current national programme.

Nottinghamshire County (96 practices) uptake age 10-16 years cohort 49394

- 86.8% 2 MMR (42889)
- 8.05% 1 MMR (3976)

- 5.1% no MMR (2529);

Lists have been established by practice, providing names and NHS numbers from Child Health Records Departments.

Nottingham City (62 practices) 62 practices age *7-16 years* cohort 28,333 children;

- 78.5% (22248) 2 MMR
- No precise figure available for 1 MMR
- 9.82% (2783) no MMR

Lists are being established by practice, providing names and NHS numbers from Child Health Records Department. It was noted that the age cohort required is now age 10 -16 years and therefore a new search would be run. NB. there were 177 children where the CCG was unknown – children not registered with a GP, many of whom without an NHS number; some will have moved out of area or emigrated but CHRD team have not been notified and some are travellers;

Iolanda Shaker reported that the proactive practices with the highest uptake have begun calling unimmunised for vaccination. Sense that the best performing practices are those which are being the most proactive and have begun vaccination already.

Chris Locke highlighted there was still some confusion among practices, and many were awaiting clearer guidance.

National Ready Reckoner appears to show lower numbers of at risk than the local knowledge, suggesting the need to remain conscious of vaccine supply and work volume although present figures local would suggest that the task is manageable through primary care. From the local uptake data to date there appear to be no major variations between practices.

ACTION; Iolanda Shaker and Jane Careless to produce table of immunisation uptake for the target group and 5-10yr age group, including numbers unimmunised and numbers required to reach 95% target for one dose.

Current data suggests that whilst the numbers of fully immunised are large, the number required to reach 95% for one dose is significantly lower.

Local authorities are keen to help in promotional work across the local areas. Bruce Laurence identified role of LA may be to work with community leaders to promote vaccination.

Vanessa reported the various outbreaks have tended to stem from the traveller communities.

6. Community children's services perspective Inc. HV & SN

Nottingham City

Deborah Hooton (Nottingham City CCG) expressed that there is good infrastructure within the city and were able to work to both promote and support GP practices. Linda Syson-Nibbs and Caroline Jordan outlined a planned meeting with CPH in Nottingham City Council who is the school nursing lead Lynn McNiven in the coming week. Nottingham CityCare discussed immunisation capacity within the team that is able to provide outreach vaccination to those under 5 years if practices require support in line with the agreed HV/primary care protocol that was launched last year. A HV Traveller Team also exists within the provider with the confidence of the traveller community and able to offer outreach. Sheila Munks (Nottingham CityCare) for school nursing teams expressed an ability to provide support to GP practices where required, including outreach in schools should this be required.

Derby City

Derbyshire Health Care Foundation Trust have a small resource of immunisers within the city who are able to provide outreach vaccination if required. Some training may be required within the wider school nursing team. However they would be able to offer vaccination within schools if required.

The view of the group was that since this measles action plan was a *preventative rather than an actual outbreak response plan,* school nursing services would not be required to undertake any large scale immunisation work. However they were asked to continue to provide outreach immunisations for especially hard to reach children and young people and take a very proactive approach to promote MMR vaccination. This would be reviewed if circumstances changed.

Action: Nottingham City and County CHRD to continue work to obtain uptake data by school. Julie Painter (Derbys County CHRD) to collect uptake data for Derby City by school and to examine data for Erewash area.

Derbyshire County

Claire Scothern (Derbyshire Community Health Services) reported wide immunisation competence and skill within the team in the north of the county and a small immunisation team in the South. The organisation currently has a well established outbreak plan.

Ben Anderson brought the Health Direct 2 You pilot project to the groups attention, which is currently working with GP practices through DHcFT to promote vaccination as outreach.

7. GP payments

Kerrie Woods from the Area Team Primary Care Commissioning team outlined the May 2011 Vaccine Update Special Issue flow chart produced by Department of Health that outlines the algorithm for entitlement to MMR vaccine and GP contract payments. Under 6 years MMR target payment included as part of the DES, 6-16 years covered by the Global Sum. Guidance is expected in the coming days around additional funding payments which is likely to focus on 16 years and over, following discussions between GPC and DH.

Funding mechanisms exist for vaccination campaign under current national systems. Locally within Nottingham City, LES already exists for vaccination in outbreaks which has transferred to the Area Team. Within Derbyshire County vaccination of MMR over 16 years sits within the 'basket of services' and for Derby City within the QUES. Jacquie Williams outlined the need to map payments to ensure that double payment under national and local guidance does not occur.

8. Group Actions

The decision was taken to adopt a GP model of catch-up for age 10 -16 years with specific support from other agencies as outlined in the action plan below:

<u>Area Team</u>

- **Provide uptake by locality, including number required to reach 95%, and numbers who remain unprotected by 3rd May 2013 (Iolanda Shaker and Jane Careless).**

- **Send out further communication jointly with LMCs which makes reference to payment arrangements, data submission and include key actions from plan locally. Await national primary care payment information (Caroline Jordan and LMC)**

National the requirement for weekly uptake reporting has been outlined. Concern amongst the group was expressed that this may put additional pressure on practices, removing focus from the call and recall tasks.

- **Linda Syson-Nibbs to feedback to national operation support team recommend the opening up of IMMFORM annual data extraction to enable weekly or monthly automated reporting.**

Caroline Jordan outlined that current there are no informatics support within the Area Team.

- **In the absence of IMMFORM data systems, Area Team to request monthly data from practices and to reiterate the need to ensure all data is shared with CHRDs.**

- **To ensure a log of all communications sent out currently and as part of the plan.**

- **To establish monthly meetings of the Task and Finish group chaired by the Area Team.**

- **Linda Syson-Nibbs to write to the lead SILS in neighbouring Area Teams to ensure communication with DPHs covering the Glossop and Bassetlaw communities, cc Kay Wyatt.**

- **To combine some of the national resources from PHE and other organisations to ensure consistent messages to clinicians in one resource.**

- **To develop a briefing paper for LA Health and Wellbeing Boards.**

- **To include information resources and wider contractual information on the LMC websites.**

- **To distribute template letter to school nursing teams from national resource. Area Team to ensure this is amended locally (2.5.13)**

Vanessa McGregor highlighted a template letter from the national resources for distribution to GP Out of Hours services and ensure this is clearly written to ensure clarification of contact and case reporting. Vanessa suggested the letter be amended locally and also sent to GP practices.

Child Health Record Departments

- **Uptake by school across the two city areas**

- **CityCare CHRD to re-run search as national target** age cohort is now age 10 -16 year

Clinical Commissioning Groups

- **To publish any area team communication letter within CCG newsletters.**

- **To send Health and Wellbeing Board briefing to CCG board.**

- **CCGs to brief communications teams within organisation.**

Public Health Local Authorities

- Ben Anderson to establish local MMR operational group focusing Derby City to establish a local stakeholders group to agree local plans to target vulnerable and hard to reach communities such as travellers .

- Jonathan Gribbin would coordinate a similar group for Nottingham City

- Both groups would also over see communications via school to parents **where uptake is identified as low and highlight the processes for vaccination. Communication with schools would be carefully worded to ensure the messages around risk and actions are clear.**

- **Bruce Laurence Ben Anderson, Jonathan Gribbin would ensure these plans and any follow up actions were communicated to Health and Wellbeing Boards to provide assurance . Ben to draft a briefing to share with other LAs.**

- **LA teams to convene meeting between school nursing leads and possibly MAT teams.**

School nursing

- **To facilitate distribution of school nursing letter. Nottingham City (CityCare) and Derby City (DHcFT) to meet locally with Local Authority Public Health to look at actions and local planning, focusing on the 10-16yr age group.**

Jacqui Williams highlighted page 6 Section 3 of the action plan highlights 14 year olds when receiving DTP should promote MMR at this opportunity (Nottinghamshire County).

- **Ensure usual communication at transition includes information about MMR. School nursing to offer outreach to those who are specifically vulnerable, identified through communication with practices**.

Private schools – Bruce Laurence highlighted need to ensure communication between private schools and school nursing teams.

- **School nursing providers to ensure home education, looked after children, special schools, and private school students are included within any plans, at local planning meeting and to feedback to LSN.**

- **School nursing teams to look at vaccine supply sources in the event of outreach vaccination.**

All provider organisations

Highlighted organisations should ensure that staff are aware of normal organisational occupational health systems to risk asses the need for vaccination.

9. Communications

Melissa Shaw and Jo Baggott are from the Communications Team in the Area Team. Natalie Saville is the Communication lead for Public Health England. It was agreed that all local communications for local authorities should go through DPHs.

The group highlighted the need to communicate messages around risk with the local population to ensure the highest risk groups 10-16 years are clearly identified in communications.

10. Logistics including vaccine supplies, PGDs etc.

Linda Syson-Nibbs reiterated vaccination supply mechanisms. PGDs exist within the provider organisations should these be required for outbreak outreach vaccination.

Group asked to ensure actions completed by the end of the week.

11. Date and time of next meeting

It was agreed that this group would meet monthly up to September 2013 and then review frequency after that dependent on the progress of the campaign. Future dates to be circulated