Local Government Association

10th Anniversary cfps Centre for Public Scrutiny
accountability, transparency, involvement

Public Health England

Health, adult social care and ageing

# Measles

## Frequently asked questions

Briefing for councillors

## Introduction

These Frequently Asked Questions (FAQs) have been produced by the Local Government Association (LGA) and Public Health England. They address a number of questions raised by councillors and officers.

## What is measles?

Measles is an unpleasant illness which starts with a few days of cold-like symptoms and is then followed by a rash accompanied by high fever, red eyes and a cough. It can be particularly severe in babies under the age of one year, teenagers and older people, especially those who have a weakened immune system. In these groups, measles can cause complications including pneumonia, ear infections, diarrhoea and encephalitis (swelling of the brain).

Around one in every 10 children who get measles is admitted to hospital. In rare cases, people can die from measles. Measles in pregnant women can also be very serious and threaten the pregnancy. Measles is a highly infectious disease spread by aerosols from the respiratory tract. Someone with measles is infectious from a few days before to a few days after the rash comes out and can spread infection to susceptible people with very casual contact – such as passing briefly in the corridor.

## How common is measles in England?

Prior to the use of measles vaccine, measles was a common childhood infection causing hundreds of thousands of cases, and up to 100 deaths, each year in the UK. The numbers of cases has dramatically declined since the introduction of vaccination in 1968. Between 1994 and 2004, an average of 200 cases were reported each year, mostly due to people acquiring measles abroad and with limited spread to the local community.

In the last two years, however, cases and outbreaks of measles have been increasing, The annual total of laboratory confirmed cases in England in 2012 was 1,913, the highest annual figure since 1994. Although the focus of recent media activity has been on South Wales, smaller measles outbreaks are also occurring in England. Current outbreaks are ongoing in the North East (centred on Teeside), the North West (mainly in Greater Manchester and Preston) and the South West (centred on Gloucestershire with some spread into Herefordshire).

## How do we currently prevent measles?

Protection against measles has been offered to all children since 1968, initially with measles vaccine, and then extended to MMR (measles, mumps and rubella) vaccine in 1988. A second dose of MMR vaccine was introduced in 1996. In the UK, the first MMR vaccination is normally given when a child is 12-13 months old, and a ‘booster’ dose is given before the child starts school, usually around 3½ years of age.

As measles is so infectious, the WHO recommends that more than 95 per cent of children should be vaccinated. Coverage of MMR vaccine by the age of two in England is 92 per cent, with 94 per cent having received the first dose and 88 per cent having had the second dose by the age of five. Coverage varies across the country and is lowest in London.

## Why have we seen this recent increase?

Between 1998 and 2003, vaccine uptake of MMR fell to a low of 80 per cent following unfounded concerns about vaccine safety. Although coverage of MMR vaccine has been increasing since 2003, and is now at the highest level ever recorded, we have a legacy in older children and young people who were not immunised as toddlers. These children are now in secondary school, where measles can spread very rapidly. Many of the cases in Wales and in England are in older children aged between 11 and 16 years. Secondary school outbreaks can be very disruptive, both to families and to schools. Children recovering from serious illnesses, such as leukaemia, and pregnant teachers and staff are also put at risk.

## Which groups of the population are most affected?

Children and young adults who are catching measles are mainly those who haven't received MMR vaccinations; a small number may have received a single dose of vaccine. Older adults are largely protected by having had measles before. In 2013, 10-16 year olds and children born in 2012 (who were too young to have started vaccination) have been most commonly affected.

Groups with historically low uptake of vaccinations, such as Irish travelling communities across England and the Orthodox Jewish population in London, have had large outbreaks of measles since 2006. Cases are still being reported from these groups, as well as from unvaccinated people in the wider community.

## What is being done about this increase?

In response to cases and local outbreaks, the health protection teams in Public Health England Centres are working closely with colleagues in the NHS to reduce the spread of measles outbreaks. In the affected areas, it is important to raise awareness with local health care professionals to ensure prompt reporting and response. In some areas, local school-based campaigns, in which health protection teams have worked closely with local authorities and school nurses, have been successful in reaching the age groups most at risk.

The increase in media interest and any local outbreaks do provide good opportunities to raise awareness in those not vaccinated in the local area. Older children and young adults who have not had two MMR vaccinations should be encouraged to seek catch-up vaccinations via their GPs.

## What else can local authorities do?

Local authority Directors of Public Health are responsible for maximising health and wellbeing in their populations. This is measured in the Public Health Outcomes Framework and this framework includes MMR uptake (the proportions of the population taking up the first and second MMR doses). Health and Wellbeing Boards have a role in oversight and challenge of the NHS commissioners to ensure that they achieve and sustain high uptake in young children. Local authorities also have a key role in reducing health inequalities. This should include facilitating appropriate access

to information and vaccination services for 'hard-to-reach' populations, such as those on traveler sites.

Although only some areas of the country have been affected by measles so far, almost all areas have enough older children at risk to sustain outbreaks in schools. Longer term pro-active work, including campaigns in schools yet to be affected, is being actively considered in several areas. Directors of Public Health in local authorities have a major role in supporting the NHS in these important campaigns.

## Is there a role for scrutiny?

Council scrutiny is another important way to check whether action to increase MMR vaccination uptake is effective. Through scrutiny, councillors in upper tier and unitary councils have powers to hold health and wellbeing boards, clinical commissioning groups, Directors of Public Health and healthcare and social care providers to account for their decisions and actions – they will be interested to know whether local practice in healthcare and social care settings reflects the best available evidence. For information about scrutiny of healthcare and social care issues visit the website of the Centre for Public Scrutiny at www.cfps.org.uk

## Where should people go for more information?

Public health teams within local authorities can disseminate advice, provided by Public Health England, to a wide range of agencies and seek further information via their colleagues in local Public Health England Centres.

A more detailed news story about the current measles outbreak is available via: https://www.gov.uk/government/organisations/public-health-england

## Additional resources

'Ten questions to ask if you are scrutinising local immunisation services' http://www.cfps.org.uk/publications?item=7052&offset=0

'Spanning the system – Broader horizons for council scrutiny' http://tinyurl.com/dxnzkfm


**Local Government Association**
Local Government House
Smith Square
London SW1P 3HZ

Telephone 020 7664 3000
Fax 020 7664 3030
Email info@local.gov.uk
www.local.gov.uk



For a copy in Braille, larger print or audio,
please contact us on 020 7664 3000.
We consider requests on an individual basis.

L13-324