



UK Health
Security
Agency



To:

Integrated Care Board Chairs
Integrated Care Board Chief Executives
Integrated Care Board Medical Directors

CC:

General Practitioners
NHS England – Regional Directors
NHS England – Regional Directors of Public Health
Regional Directors of Public Health
Regional Deputy Directors of Health Protection
Local Authority - Directors of Public Health

29 February 2024

Dear ICB Chairs and Chief Executives

Re: Recognition of increased workload and continued drive to improve MMR vaccine uptake to prevent measles outbreaks

You will be aware that the UKHSA has declared a national incident following measles outbreaks in London and the West Midlands. We are contacting you to recognize your efforts in the face of increased workload and ask you to continue to work **urgently with system partners to prioritise activity to improve MMR vaccine uptake** with a particular focus on the areas and communities with the lowest uptake within in your health system. There is a real risk that cases spread to other areas around the country, and those with lower coverage at risk of sustaining large outbreaks.

- National MMR coverage [1 dose] at 2 years old is 89.5% and [2 doses] at 5 years is 85.7%
- The target for each ICB is 95% uptake of 1 dose at 2 years and 2 doses at 5 years
- Your ICB MMR coverage [1 dose] at 2 years is 92.6% and [2 doses] at 5 years is 89.6%
- The number of GP practices in your ICB with 85% or below MMR1 [1 dose] coverage at 2 years is 6 out of 92 practices

Our letter on [31 October 2023](#) highlighted the resurgence of measles in England and the priority action to take forward to prevent and prepare for outbreaks. The UKHSA published a [measles risk assessment](#) in July 2023 emphasising the geographies and populations at high risk of future large outbreaks. The advice in both these publications is now more important than ever. Improving vaccine uptake proactively will reduce the impact of measles outbreaks on your population and health services.

Key Facts:

- Measles is highly infectious – the most infectious of all diseases transmitted through the respiratory route. In a population with no immunity to measles, a single case of measles will infect between 10 and 20 others [$R_0=15$]. If over 95% of individuals are immune, spread will be limited as R is less than 1. This is the reason for the UK accepting the WHO 95% target for MMR vaccination. If a lower proportion of the population are immune, the R is above one and sustained transmission can occur.
- One dose of MMR vaccine is effective in providing long term immunity and prevention of transmission to others in around 95% of the population and two doses of MMR vaccine ensures this for 99% of the population.
- Nationally, uptake of MMR has been declining for 10 years, despite continued [parental confidence](#) in the vaccine, meaning that there is now an accumulated cohort of younger children who remain unprotected.
- Current uptake for the first dose of the MMR vaccine in 2-year-olds in England is 89.5% (down 3.5% from the peak of 92.9% in 2013/14), and uptake of two MMR doses at age 5 years is 85.6% (down 4.8% from the peak in 2014/15).
- There are inequalities in vaccine uptake by ethnicity, deprivation and geography meaning measles disproportionately affects these under vaccinated communities and outbreaks frequently start in networked populations with lower coverage.

Key actions:

- Continue working with system partners to prioritise action of the NICE guidelines on [Vaccine Uptake in the General Population \[NG218\]](#) and the NICE Quality Standard [\[QS145\]](#)
- Continue to prioritise coverage in the routine childhood immunization
 - Ensure all children 2-11 years old receive at least one dose of MMR vaccine
 - Aim to achieve 95% uptake with 2 doses of the MMR vaccine by the time children turn 5 years.
- Accelerate local plans to:
 - Catch-up children under the age of 5 years
 - Implement the national catch-up campaign targeting 6 to 11 year olds
- In London, the West Midlands and Greater Manchester - extend catch-up to older children, teenagers and young people
- Work collaboratively to formalise opportunities for immunisation status check and offer for school aged children, particularly working with local authorities to determine the schools with the lowest uptake in the first instance
- Mainstream opportunistic vaccination of young people and adults in general practice and other suitable settings will improve resilience.
- Work with GP Practices with the lowest uptake to develop action plans to address this.
- Where required, introduce the Enhanced School Aged Vaccination service specification to include contractual requirement for the delivery of MMR catch up as part of the Making Every Contact Count to increase local capacity.
- Engage with local leaders, networks and community champions to support confidence building and signposting

NHS England [wrote to all ICBs and GP practices](#) on 1 November 2023 to set out the requirements to support catch up across the country. This includes local call and recall for eligible individuals aged 12 months up to and including 5 years from November 2023 to March 2024 and to support vaccination of individuals aged 6-11 from January 2024. For London, the West Midlands and Greater Manchester, national call and recall will extend to those aged 11-25 years old.

All systems and NHS employers should continue to ensure all staff (clinical and non-clinical) are up to date with their vaccinations. All new employees are required to undergo a pre-employment health assessment, which should include a review of their

immunisation status. Health and care workers, and others who come into direct contact with patients, should provide satisfactory documentation of having received 2 or more doses of a vaccine protecting them against measles. Links to resources, including national guidelines for health professionals and free-to-order posters and leaflets for patients, are provided in the appendices.

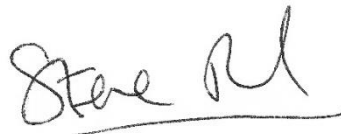
Please take action in line with the above information together with all relevant service leads and ensure activity to improve MMR uptake among children under the age of 11 years is prioritised. The 95% target is an [NHS Long-Term Plan \(LTP\)](#) commitment and high priority within NHS England. The General Practices with the lowest MMR coverage in your ICB are included in Annex 1 and the national ICB data MMR Coverage is included in Annex 2. This data is available locally and is published quarterly on [gov.uk](#)

Thank you for your continued commitment to improving vaccine uptake to prevent any further measles outbreaks in your local communities.

Yours sincerely,



Susan Hopkins
Chief Medical Advisor
UK Health Security Agency



Steve Russell
Chief Delivery Officer and National Director
for Vaccinations and Screening
NHS England

Annex 1 - GP practices within your ICB with ≤ 85.0% MMR Dose 1 Coverage at 24 months as per July-September 2023 [Data for all ICBs available [here](#)]. See appendix 4 for caveats.

ICB name	GP code	MMR Dose 1 coverage at 24 months (%)	24m Denominator	MMR Dose 1 coverage at 5 years (%)	MMR Dose 2 coverage at 5 years (%)
NHS Suffolk And North East Essex ICB	V81999	25.0	16	36.8	15.8
NHS Suffolk And North East Essex ICB	D83003	66.7	6	93.8	93.8
NHS Suffolk And North East Essex ICB	F81746	69.2	13	100.0	80.0
NHS Suffolk And North East Essex ICB	F81026	83.3	12	92.9	92.9
NHS Suffolk And North East Essex ICB	F81213	84.2	19	100.0	95.2
NHS Suffolk And North East Essex ICB	D83073	85.0	20	100.0	90.0

Some cells contain [note1] which indicates that denominators with less than 5 patients were suppressed to protect patient identifiable information.

Annex 2 - MMR coverage by ICB and proportion of GPs per ICB with MMR1 uptake <95.0% and <90.0% as per July-September 2023 [[Cover of vaccination evaluated rapidly \(COVER\) programme 2023 to 2024: quarterly data - GOV.UK \(www.gov.uk\)](#)]. See appendix 4 for caveats.

ICB	MMR Dose 1 coverage at 24 months (%)	MMR Dose 1 coverage at 5 years (%)	MMR Dose 2 coverage at 5 years (%)	Proportion of GP's with <95% MMR1 coverage at 24 months	Proportion of GP's with <90% MMR1 coverage at 24 months
NHS North East & North Cumbria	95.1	95.9	90.3	35	14.9
NHS Bath & North East Somerset, Swindon & Wiltshire	94.9	96.8	92.9	44.2	23.3
NHS Devon	94.7	95.7	91	44.5	15.1
NHS Derby & Derbyshire	94.6	95.2	89.8	38.5	14.7
NHS Gloucestershire	94.3	96.3	92.2	55.2	19.4
NHS Buckinghamshire, Oxfordshire & Berkshire West	94.1	96.1	90.7	39.7	17.3
NHS Herefordshire & Worcestershire	94.1	95.8	89.6	44.3	20.3
NHS Staffordshire & Stoke-On-Trent	93.7	95.2	88.2	46.5	19.7
NHS Norfolk & Waveney	93.7	95.7	89.9	48.1	20.8
NHS Shropshire, Telford & Wrekin	93.7	95.9	89.1	45.1	13.7
NHS Hampshire & Isle Of Wight	93.7	95.3	88.2	53.3	21.5
NHS Leicester, Leicestershire & Rutland	93.4	94.6	87	50.4	25.2

ICB	MMR Dose 1 coverage at 24 months (%)	MMR Dose 1 coverage at 5 years (%)	MMR Dose 2 coverage at 5 years (%)	Proportion of GP's with <95% MMR1 coverage at 24 months	Proportion of GP's with <90% MMR1 coverage at 24 months
NHS Somerset	93.1	95	90.3	51.6	24.2
NHS South Yorkshire	92.9	94.7	87	45	24
NHS Suffolk & North East Essex	92.6	95	89.6	57.6	21.7
NHS Dorset	92.5	94.8	90	61.1	27.8
NHS Cornwall & The Isles Of Scilly	92.3	95.2	89.6	61.8	38.2
NHS Bristol, North Somerset & South Gloucestershire	92.3	93.2	87	55.3	30.3
NHS Humber & North Yorkshire	91.8	93.5	87	48.8	26.8
NHS Coventry & Warwickshire	91.4	94.3	85.4	59.7	31.1
NHS Mid & South Essex	91.3	94.9	87.5	63.3	36.7
NHS Lancashire And South Cumbria	91.2	95.3	88.3	57.6	34.3
NHS Hertfordshire & West Essex	90.9	93	87	74.1	45.5
NHS Frimley	90.6	94.9	88.7	63.2	30.9
NHS Nottingham & Nottinghamshire	90.5	93.1	82.2	66.7	40.3
NHS Northamptonshire	90.2	92.3	84.1	66.2	40
NHS Sussex ICB	90.1	93.2	85.3	57.2	31.4
NHS Lincolnshire	90	92.4	82.5	64.6	36.6

ICB	MMR Dose 1 coverage at 24 months (%)	MMR Dose 1 coverage at 5 years (%)	MMR Dose 2 coverage at 5 years (%)	Proportion of GP's with <95% MMR1 coverage at 24 months	Proportion of GP's with <90% MMR1 coverage at 24 months
NHS Kent & Medway	89.9	91.7	83.7	69.6	40.2
NHS West Yorkshire	89.8	93.2	84.2	59.2	37.8
NHS Cheshire & Merseyside	89.8	93.5	85.4	63.6	41.1
NHS Bedfordshire, Luton & Milton Keynes	89.6	90.6	84.7	75	46.9
NHS Cambridgeshire & Peterborough	89.1	92.3	84.7	65.9	40.9
NHS Black Country	88.6	91.5	81.5	67.2	42.9
NHS Greater Manchester	88.3	93.3	83.6	65.1	43.5
NHS South East London	86.9	88.8	80.8	75.8	60.5
NHS Surrey Heartlands	84.5	93	81.8	85.7	54.3
NHS North West London	83.2	85.8	73.4	81.4	67.2
NHS South West London	81.8	87.1	73.7	79	60.2
NHS Birmingham & Solihull	81.7	87.2	74.2	86.1	62.7
NHS North East London	80.9	84.3	70.4	85.4	68.2
NHS North Central London	79.9	82.5	67	84.7	71.8

Appendices

Appendix 1: Measles guidance and resources for health professionals and the public Guidance and information for health professionals:

- UKHSA National measles guidance (includes post-exposure prophylaxis guidance): <https://www.gov.uk/government/publications/national-measles-guidelines>
- Measles Green Book Chapter: <https://www.gov.uk/government/publications/measles-the-green-book-chapter-21>
- Immunisation of healthcare and laboratory staff: the green book, chapter 12: <https://www.gov.uk/government/publications/immunisation-of-healthcare-and-laboratory-staff-the-green-book-chapter-12>
- [Measles Poster](#) for health professionals: <https://www.gov.uk/government/collections/measles-guidance-data-and-analysis> (found under clinical management subheading)
- MMR training slide set for immunisers: <https://www.gov.uk/government/collections/measles-guidance-data-and-analysis#vaccination> (found under slide set subheading)
- Measles training slide sets for: i) maternity services, ii) primary care and iii) paediatrics and accident and emergency services <https://www.gov.uk/government/collections/measles-guidance-data-and-analysis#vaccination> (found under slide set subheading)
- Viral Rash in pregnancy guidance: <https://www.gov.uk/government/publications/viral-rash-in-pregnancy>
- NICE Clinical Knowledge Summary – Management of measles: <https://cks.nice.org.uk/topics/measles/management/management/#admission-referral>
- NHS Infection Prevention and Control Manual: <https://www.england.nhs.uk/publication/national-infection-prevention-and-control/>
- Health and Social Care Act 2008: code of practice on the prevention and control of infections: <https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance>
- UK Measles and Rubella Elimination Strategy, UKHSA (formerly PHE), published January 2019: <https://www.gov.uk/government/publications/measles-and-rubella-elimination-uk-strategy>
- UKHSA Measles guidance on international travel and travel by air: <https://www.gov.uk/government/publications/measles-public-health-response-to-infectious-cases-travelling-by-air>
- NICE guidelines on Vaccine Uptake in the General Population: <https://www.nice.org.uk/guidance/ng218>

Appendix 2: Resources Information for the Public:

- Complete routine schedule for UK available translated into 23 community Languages <https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule>
- MMR for all leaflet – routine programme – available in a small range of languages <https://www.gov.uk/government/publications/mmr-for-all-general-leaflet>
- Measles: Protect yourself, protect others’ leaflet and flyer which is available as a paper leaflet in 22 languages: <https://www.gov.uk/government/publications/measles-dont-let-your-child-catch-it-flyer-for-gps>
- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/689712/Measles_adults_DL_Leaflet_03_.pdf
- UKHSA Blog: What do I need to know about the MMR vaccine: <https://ukhsa.blog.gov.uk/2022/02/01/what-do-i-need-to-know-about-the-mmr-vaccine/>
- Measles outbreaks poster and leaflets: <https://www.gov.uk/government/publications/measles-outbreak>
- [Vaccines and porcine gelatine \(publishing.service.gov.uk\)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/689712/Vaccines_and_porcine_gelatine.pdf)

Appendix 3:

National and quarterly vaccine coverage statistics are available here:

NHS Digital Annual National Statistics:	https://www.gov.uk/government/publications/cover-of-vaccination-evaluated-rapidly-cover-programme-annual-data
UKHSA Quarterly COVER statistics:	https://www.gov.uk/government/statistics/cover-of-vaccination-evaluated-rapidly-cover-programme-2023-to-2024-quarterly-data
Interactive Dashboard:	https://app.powerbi.com/view?r=eyJrIjoieZTI3NWZhNzltMTlyZS00OWM2LTg0MzMtOGY5YTJjMGY0MjI1IiwidCI6IjUwZjYwNzFmLWJiZmUtNDIxYS04ODAzLTY3Mzc0OGU2MjllMiIsImMiOiJh9

Appendix 4: Caveats to COVER quarter 2 2023 to 2024 (July-September 2023)

<p>The GP level coverage data is collected by NHS Digital SDCS and published by the UK Health Security Agency (UKHSA) COVER team. This collection is experimental data and should be treated with caution. It is not an official statistic.</p>
<p>Data presented in the COVER workbook is provided by Child Health Information Service (CHIS) providers and completeness of practices and data quality may vary.</p>
<p>Validations may need to be made if using this data for analyses. Practices should contact their local CHIS if they have queries regarding their data.</p>
<p>Patients registered at GP practice level are small, therefore variability in coverage may be largely due to these small numbers.</p>
<p>Denominators with less than 5 patients were suppressed to protect patient identifiable information.</p>
<p>Where a denominator is 0, this means that this number has been submitted and represents zero infants. Blank cells in the denominator indicate that no information was submitted.</p>
<p>V8199 is used as the code where the GP practice is unknown. Unregistered children are allocated to a ICB based on residence.</p>
<p>Full GP postcodes are used to aggregated data to ICB and local authority geographies published by NHS Digital. These may not be consistent with the local authority geographies used by the CHIS providers in the local authority level report.</p>