

From the Chief Medical Officer
Dr Michael McBride



Department of
**Health, Social Services
and Public Safety**

www.dhsspsni.gov.uk

AN ROINN

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agus Sábháilteachta Poiblí**

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HSS(MD)43/2008

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Medical Director, RQIA
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Dr J Mairs, Regional Procurement Pharmacist
Dr P Rooney, NIPHL
Regional Medicines Information Service

Your Ref:

Our Ref: HSS(MD)43/2008

Date: 16 December 2008

Dear Colleague

MEASLES AND MMR IMMUNISATION

The purpose of this letter is to update you in relation to measles infection and uptake of MMR Immunisation in Northern Ireland.

You will have seen the media reporting of the upsurge in measles cases in England and in other European countries. In England, in particular in London, this increase in measles cases is associated with the downturn in MMR immunisation uptake in children.

Measles is a serious disease, it can lead to pneumonia and encephalitis and it can cause death. Approximately 10% of cases require hospital admission and in the UK case fatality is in the region of 1 per 5,000 cases.

Situation in Northern Ireland

Since the beginning of 2008 there have been 4 confirmed cases of measles in Northern Ireland, 3 of these acquired their infection through exposure to measles in England and the fourth case involved local transmission from one of these cases. Prior to this the last confirmed case of measles in Northern Ireland was in 2004.

All children require 2 doses of Measles, Mumps and Rubella vaccine (MMR) to protect them against measles, mumps and rubella infection. Falling immunisation uptake rates increase the pool of unprotected children who could then develop measles infection if they are exposed to measles virus, either here or in other parts of the UK and Europe.

MMR immunisation uptake rates in Northern Ireland have always been among the highest in the UK. However in recent months we have begun to see a slight decrease in the uptake of MMR immunisation for children here.

Table 1

Northern Ireland MMR Immunisation Uptake Rates at 24 Months (MMR 1)		
Year	Quarter	MMR 1 Uptake Rate (%)
2007	July- Sept	91.20
2007	Oct - Dec	91.50
2008	Jan - Mar	89.80
2008	Apr - June	88.80

Measles Infection – advice to medical practitioners

As measles infection is so rare in Northern Ireland now it is likely that many medical practitioners here have never seen a case. Therefore we would ask that all practitioners familiarise themselves with the clinical features, diagnosis and management of cases of measles. Full information is included in the most recent edition of the Green Book which is available at http://www.dh.gov.uk/en/Publichealth/Healthprotection/Immunisation/Greenbook/dh_4097254.

Measles is one of the most highly communicable infectious diseases, the incubation period is about 10 days (ranging between 7 and 18 days) with a further 2-4 days before the rash appears. The period of infectiousness is from first symptoms until 4 days after first appearance of rash. Laboratory confirmation of suspected cases is required. However, at this current time when measles is not circulating widely in Northern Ireland epidemiological risk assessment is often a better predictor of true measles than the clinical features. For this reason public health at the local HSS Board must always be notified and involved in the risk assessment at the earliest possible time. This can facilitate the provision of advice and contact tracing and of post-exposure prophylaxis for cases in hospital and the community.

Medical Practitioners should note that there is effective post-exposure prophylaxis available for immunocompetent people – MMR immunisation within 3 days of exposure. Children and adults with compromised immunity who are exposed to measles should be considered for human immunoglobulin as soon as possible after exposure and at least within 6 days. Pregnant women may also be considered for human immunoglobulin. Such protection should not await confirmation in the index case but will require detailed epidemiological and clinical risk assessment of the likelihood of true measles. Supplies of human immunoglobulin can be accessed from the Northern Ireland Public Health Laboratory at the Belfast City Hospital.

Specific Issues for Acute Trusts

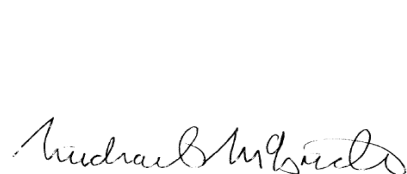
As detailed above measles is a highly infectious and potentially very serious illness and serious complications have been reported. Staff providing clinical care should be aware of the signs and symptoms of measles. Clinically suspicious cases should be rapidly identified or triaged and managed in designated and isolated area. Those patients who require admission to hospital with measles infection should be nursed with appropriate respiratory isolation (ideally in a negative pressure room and not on an open ward). The Green Book makes specific recommendations on MMR immunisation for healthcare workers (see above for link). Staff caring for cases of measles must have documented evidence of immunity to measles or of having had 2 doses of MMR vaccine. As an immediate priority Trust Occupational Health Departments should ensure staff working on paediatric wards meet the requirements of the Green Book with respect to MMR.

Specific Issues for Public Health in Health and Social Services Boards

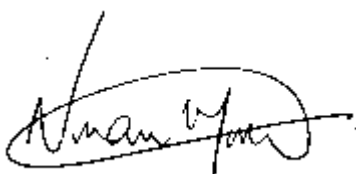
The Immunisation Co-Ordinator, usually the Consultant in Communicable Disease Control, should urgently look at the MMR immunisation uptake rates for their area and closely monitor trends. Specific interventions may be required in some areas of low uptake to facilitate higher immunisation coverage in those populations.

MMR is the safest and most effective way to protect children against measles, mumps and rubella. Further information on measles and MMR vaccine is available on the National Immunisation Website
<http://www.immunisation.nhs.uk/Search?terms=measles+and+mmr> .

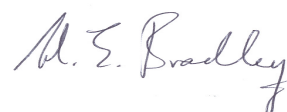
Yours sincerely



Dr M McBride
Chief Medical Officer



Dr N Morrow
Chief Pharmaceutical Officer



Mr M Bradley
Chief Nursing Officer

