

**Manchester City Council  
Report for Information**

**Report to:** Health Scrutiny Committee – 22 May 2024

**Subject:** Measles Update

**Report of:** Director of Public Health

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**Summary**

This report provides information on the recent national measles incident. It describes the governance arrangements and actions that have been put in place to prevent the spread of measles in Manchester and to contain any cases as they arise to minimise the risk of an outbreak. The report also describes plans for ongoing work to increase the uptake of the measles, mumps and rubella (MMR) vaccination and prepare for future increases in cases.

**Recommendations**

The Committee is recommended to consider and comment on the information in the report.

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**Wards Affected:** All

<b>Environmental Impact Assessment</b> -the impact of the issues addressed in this report on achieving the zero-carbon target for the city	None
<b>Equality, Diversity and Inclusion</b> - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments	Action to prevent the spread of measles and increase coverage of vaccination takes account of the different impact on protected and disadvantaged groups, for example through targeted communications and engagement.

<b>Manchester Strategy outcomes</b>	<b>Summary of how this report aligns to the Our Manchester Strategy/Contribution to the Strategy</b>
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Prevention of measles supports good health enabling people to be able to work and be in education.
A highly skilled city: world class and home grown talent sustaining the city's economic success	None
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Equity is at the heart of efforts to increase vaccination coverage and prevent the spread of measles.
A liveable and low carbon city: a destination of choice to live, visit, work	None
A connected city: world class infrastructure and connectivity to drive growth	None

Full details are in the body of the report, along with any implications for:

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

### **Financial Consequences – Revenue**

None

### **Financial Consequences – Capital**

None

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**Background documents (available for public inspection):**

None

## **1.0 Introduction**

- 1.1 This report provides information on the latest position regarding measles and outlines what actions have been put in place and are planned to prevent the spread of measles in Manchester and to contain any cases as they arise to minimise the risk of an outbreak.
- 1.2 There has been a significant increase in measles cases in England since October 2023 and a national incident was declared by UK Health Security Agency (UKHSA) on 8<sup>th</sup> January 2024. In response to this, governance arrangements were put in place at a Greater Manchester and locality level to support a coordinated response to this situation.
- 1.3 Whilst we have seen a steadying of cases in the region it is important to remain alert to the fact that we may expect to see increases linked to travel over Easter and Summer holiday periods.

## **2.0 Background**

- 2.1 Measles is a highly infectious viral illness which spreads very easily and can have serious complications. It is one of the most contagious diseases globally. Measles can be serious and can lead to complications, particularly for people whose immune system is not working normally or for those with other medical conditions.
- 2.2 The measles, mumps and rubella (MMR) vaccine is the best way to protect against these diseases. Children routinely receive their first dose at one year of age and their second dose from three years four months old. Two doses are needed for full protection. Ensuring as many people as possible are protected against measles will help stop it spreading. Anybody who is not fully vaccinated is at risk of catching measles. People with weakened immune systems or who are pregnant are at most risk of serious illness.
- 2.3 We know that there are long-standing issues of vaccine hesitancy, lack of understanding of the risks of the disease, issues associated with high levels of deprivation, and lack of trust from some communities, which have been exacerbated by the Covid pandemic. The highest concern is children who have not had any dose of the MMR vaccine, including those in school settings, and university students as part of the under vaccinated "Wakefield Cohort"; that is 19 – 25 year olds affected by the discredited report in the early 2000s linked to Dr Andrew Wakefield.

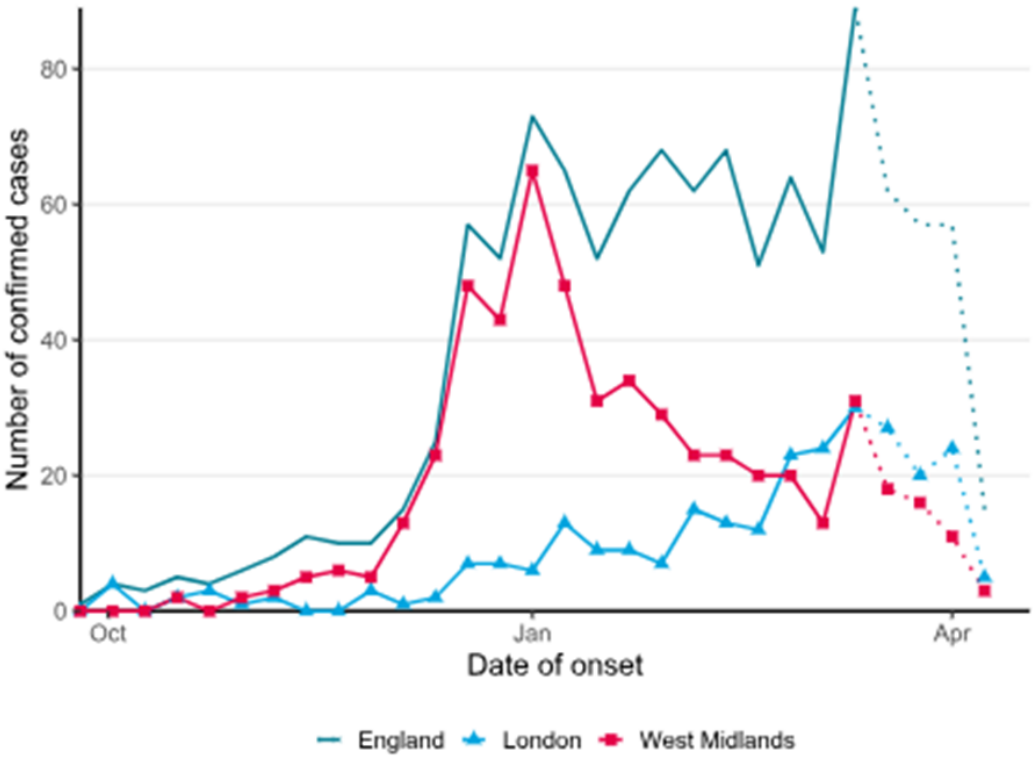
## **Current Situation**

### **3.1 Measles cases**

- 3.2 The UK Health Security Agency (UKHSA) publish regular epidemiological data on confirmed measles cases by region. No data is published at local authority level so we are unable to include data on cases in Manchester, only at North West level.

- 3.3 In 2023 a resurgence of measles was seen in England. In the 12-month period between 1 January and 31 December 2023, there were 368 laboratory confirmed measles cases in England, of which 44% of cases were in the West Midlands and 33% in London. However, all regions had reported cases in this period.
- 3.4 The initial rise in cases seen in April and May was mainly driven by activity in London which went back to very low levels over the summer period. However, the rapid increase in cases seen in late 2023 was driven initially by a large outbreak in Birmingham, although activity there has now stabilised. In more recent weeks, there has been a rise in cases in London and smaller clusters ongoing in other regions.
- 3.5 In 2024 to date, 898 cases have been reported nationally, with 88 new cases confirmed since 11 April 2024. As in 2023, the majority of confirmed cases have been in the West Midlands and London. Just under two-thirds of cases have been in children aged 10 years and under.
- 3.6 In the period between 1 October 2023 and 15 April 2024, there have been 64 confirmed measles cases in the North West Region - 5.8% of all confirmed cases in England over this period.

Figure 1. Laboratory confirmed cases of measles by week of onset of rash or symptoms reported, London, West Midlands and England (1 October 2023 to 15 April 2024)



- 3.7 In the 4 weeks since 18 March, there have been 191 newly confirmed measles cases. The highest number of cases were reported from London (39.8%),

West Midlands (25.1%) and the East Midlands (12.0%) but all regions have had confirmed cases during this period.

- 3.8 Please note that there is a data reporting lag which means that data for the past 4 weeks are provisional and subject to change as more suspected cases undergo confirmatory testing. Some locally tested cases may be discarded after confirmatory testing at the Reference laboratory

### 3.9 Vaccination data

- 3.10 The MMR vaccine is highly effective against measles; after two doses around 99% of people will be protected, and protection is lifelong. Nationally immunisation coverage has been declining and currently stands at 84.3% (both doses by 5 years). The World Health Organisation threshold target is 95%.
- 3.11 Manchester's coverage of the MMR vaccine is well below national average and the target set by the World Health Organisation. This means that our residents are at higher risk of becoming infected with measles and that there is a greater risk of outbreaks that will affect more people. These outbreaks will add pressure onto local primary care and hospital systems and will need significant capacity from our local health protection and vaccination teams. Attendance at nurseries, schools, colleges, and universities is also likely to be affected.

*Table 1. Manchester MMR Coverage Data 2023/4 (Quarter 3)*

Dose	%
MMR 1 (first dose at 24 months)	84.2%
MMR 1 (first dose at 5 years)	88.7%
MMR 2 (second dose at 5 years)	76.2%

- 3.12 There is no single, consistent source of data on the uptake of the MMR vaccine and the number of (fully and partially) vaccinated and unvaccinated children under 19 in Manchester. To get as complete and timely a picture of the current levels of vaccine uptake in the city, it is necessary to use a mixture of nationally published data, local data from child health records and operational data from vaccination providers. This creates several barriers to delivering an effective and targeted vaccination drive of the kind that we were able to deliver for Covid-19. However, we are committed to working with the available data to focus our resources where they are most needed.
- 3.13 Data on MMR vaccination uptake in children aged under 5 and 5-19 years at citywide and Primary Care Network (PCN) level is based on information contained within the Child Health Information System (CHIS). This data is not publicly available, but the Department of Public Health can access it via a dashboard that is updated on a weekly basis by the NHS South, Central and West Commissioning Support Unit (SCW CSU).

3.14 MMR vaccine coverage is highest in the PCN areas of Didsbury, Burnage and Chorlton, and Northenden and Brooklands. The lowest MMR coverage is in the groups of GPs aligned with City Centre and Ancoats, Better Health (Hulme, Moss Side and Rusholme) and Hulme/ City Centre South PCNs. There are links between socioeconomic deprivation and lower immunisation coverage, combined with the long-standing lack of trust in services among communities that engagement work has taught us. In addition, the areas of the city with lowest coverage tend to have highly mobile, transient populations. When families move around they are less likely to receive follow up vaccine notifications and therefore immunisations when they are due. This has an effect on the ability to keep track of uptake rates, and reduces data accuracy. The action being taken to address these issues is set out in Sections 4 and 5.

#### **4.0 Manchester's response to date**

4.1 Citywide co-ordination of our response has been undertaken by a Manchester Measles Outbreak Response Group chaired by the Director of Public Health, Dr Cordelle Ofori. The Measles Outbreak Response Group is a strategic multi-agency and multi-disciplinary task and finish group providing leadership and coordination to prevent the spread of measles and manage outbreaks during a period of increased incidents. This group met regularly during the period of increased cases and has been paused as the situation has steadied. The group will be stood up again should the current situation change. The group developed a Plan on a Page to ensure oversight of all activities.

#### **4.2 Outbreak preparedness and response**

4.2.1 **Local Outbreak Plan** - Manchester has a Local Outbreak Management Plan in place that includes how we will respond to measles outbreaks. UKHSA and our local team follow national guidance and our local outbreak plan. Manchester has been commended by UKHSA on its robust response to incidents and outbreaks.

4.2.2 **Scenario Planning Exercises:** Two scenario exercises have been carried out to test our local plans and response to measles threats. One of these scenarios focused on an outbreak on a university campus and the other on a complex series of situations including early years, school and care home, involving measles and additional external events putting pressure on the response. These exercises allow partners to rehearse plans, clarify roles and responsibilities and identify any gaps.

#### **4.3 Vaccination**

4.3.1 **Primary Schools:** NHS GM commissioned an MMR catch-up service offered to all primary school-aged children with missing doses from January to March 2024: schools with the highest number of incomplete vaccinations were prioritised. Porcine-free vaccines are the default offer for these catch ups in both primary and secondary schools. In addition, an offer to provide a catch-

up programme for MMR in pre-schools, linked to the primary aged provision remains underway.

- 4.3.2 **Secondary Schools:** Manchester Local Care Organisation (MLCO) School Aged Immunisation Service continue to deliver catch up MMR vaccination in secondary schools and have been asked to identify how they can provide vaccination provision to sixth form and Further Education colleges.
- 4.3.3 **Universities:** Communications has been shared encouraging students to access their GP to get up to date with their MMR vaccinations and there are further plans for communications and outreach work with universities in the coming year.
- 4.3.4 **Primary Care:** General Practice has been briefed and Primary Care Communication tools and assets have been distributed to all practices to support case identification, triage, and testing. Requests were made for Primary Care Networks to hold additional catch-up clinics, utilising extended hours where possible. The financial value of the MMR element within the Locality Quality Scheme (PQRRS) which provides General Practices with support to increase vaccination coverage has been doubled for 2024/5.
- 4.3.5 **Local Pharmacy Offer:** Four Community Pharmacies are taking part in a Greater Manchester Integrated Care Board (GM ICB) pilot to offer the MMR vaccination to people over the age of five. The pilot tests an expanded community vaccination offer with new providers and aims to make it quicker and easier for those who have yet to be vaccinated. No appointment is needed and there is a QR code that will provide details of the nearest location. This is part of a wider offer and other pharmacies across Greater Manchester are participating.

#### **4.4 Communications and Engagement**

- 4.4.1 **Briefings:** Regular briefings have been provided to Executive members, relevant local elected members, the council's senior management team and the locality management team to provide situation updates and share key messages.
- 4.4.2 **Communications:** Bespoke materials for Manchester have been produced and shared to give communities and stakeholders relevant information about preventing the spread of measles and the importance of MMR vaccination. These include an easy read leaflet shared with schools and early years settings and available in community languages, posters targeting students, a briefing note with 'drive for five' key messages for neighbourhood teams and other stakeholders, an animation, and a video with sign language. Communications materials can be downloaded here <https://www.manchesterlco.org/measles>.
- 4.4.3 **Neighbourhood teams:** The expanded vaccination offer has been complemented and supported through communications and engagement alongside our integrated neighbourhood teams and wider community partners.



This has included targeted support in neighbourhoods with lowest uptake, additional communications and the development of bespoke Neighbourhood plans to provide focused activity to increase MMR uptake.

## **5.0 Future Plans**

### **5.1 Surge Capacity Plan**

5.2 The Department of Public Health has developed a local surge capacity plan to manage, support and reprioritise community health protection response in the event of future periods of increased incidents of any infectious disease, including measles. Access to a public help line number can be actioned if required. The plan considers the rising and falling levels of response that might be needed and is identifying a surge team to be able to step in to provide support when needed.

### **5.3 Increasing vaccination coverage plan**

5.3.1 Manchester's Vaccination and Immunisation Steering Group is overseeing an action plan supported by NHS GM funding, which includes development work in the following areas:

- Working with Primary Care Networks and GPs to support increased access and inclusion, including a new enhanced support package for the practices with the lowest coverage
- University students MMR communications campaign and pop-up vaccination offer
- Insight and communications work to inform new concepts of vaccine delivery with East African Communities
- Working with Jewish communities to drive up coverage, a collaboration between Manchester, Salford and Bury
- Sustained work within neighbourhoods to build trust and confidence in child and adolescent immunisations

## **6.0 Conclusion**

6.1 Manchester's robust system wide preparedness and response to the recent national measles incident, as detailed in the report, has gone well and we are currently in a stable position. Coordinated activity has included complex scenario and outbreak response planning, enhanced vaccination provision and targeted communications and engagement.

6.2 It is important however not to be complacent and there will continue to be monitoring and oversight through the Health Protection Steering Group and Vaccination and Immunisation steering group, reporting to the Health Protection Board.

6.3 Future plans will include focused and targeted efforts to increase MMR vaccination coverage in the city to reduce the risk of measles spreading in our communities as well as the strengthening of surge capacity and the regular

testing of local outbreak plans to support the management of any incidents effectively.

## **7.0 Recommendations**

- 7.1 The Committee is recommended to consider and comment on the information in the report.