



HEALTH AND WELLBEING BOARD PAPER FORMAL PUBLIC MEETING

Report of: Greg Fell Director of Public Health

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Subject: Health Protection Update – focus on measles

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Summary:

The Health and Wellbeing Board agreed in June 2022 to have a twice yearly update on the health protection system. This paper highlights the key issues facing the Health Protection system in Sheffield and makes recommendations to address these challenges for the Board to consider.

This report focuses on a recent outbreak of measles in Sheffield, the system wide response the underlying causes of the outbreak and the learning from the debrief of this work.

Recommendations for the Health and Wellbeing Board

1. Note learning from measles outbreak for individual organisations and the system as a whole including the value of engagement with communities through trusted community partners.
2. Thank partners and individuals within the Sheffield system who responded with promptness and great expertise to respond to the outbreak. This includes all who contributed to the vaccination provision in the school and those who continue to be involved in delivering vaccination in primary and secondary care and in community settings.

Background Papers:

none

Which of the ambitions in the Health & Wellbeing Strategy does this help to deliver?

This connects to the overall aim of the Health & Wellbeing Strategy of reducing health inequalities in Sheffield.

Who has contributed to this paper?

This paper is based on the draft debrief conducted by UK Health Security Agency (UKHSA) on the measles outbreak. The Health Protection team within the Public Health Specialist Service have written this paper (Ruth Granger and Oliver Roe).

SHEFFIELD HEALTH PROTECTION SYSTEM UPDATE

1.0 SUMMARY

- 1.1 This paper is focused on issues relating to measles as part of the twice-yearly update setting out the key issues facing the Health Protection system in Sheffield. It makes recommendations to address these challenges for the Board to consider.
- 1.2 The Director of Public Health for Sheffield has a statutory role to be assured that there are safe and efficient systems in place to manage, as far as possible, threats to health.

2.0 HOW DOES THIS IMPACT ON HEALTH INEQUALITIES IN SHEFFIELD?

- 2.1 Issues with prevention and management of threats to the health of the population are most felt by those who are vulnerable, with least money and those with protected characteristics. A well-functioning health protection system which, as far as possible, protects people from infectious diseases and environmental risks to health is therefore crucial for addressing health inequalities.
- 2.2 Uptake of measles (MMR) vaccination is lower in areas of socio-economic deprivation. If a child catches measles it can have serious health implications but also affects their school attendance and that of their siblings, leading to long term impacts for their health and wellbeing.

3.0 Measles

3.1 Measles infection

Measles is a highly infectious disease which is preventable through vaccination. For most it is an unpleasant illness but for a small number it can lead to serious complications. Measles is highly infectious. If children are unprotected by vaccination and have contact with a person with measles 9 out of 10 will catch it. Measles is preventable through vaccination and children are usually offered an MMR vaccine (Measles Mumps Rubella) by their GP surgery when they are 1 year old and 3 years 4 months old. A child's 'red book' shows whether they are up to date with their measles vaccination.

3.2 Outbreak of measles in Sheffield

In November 2023 UKHSA informed partners that there were 2 linked cases of measles in the city. The first case had caught measles on a trip to London.

The outbreak was managed by UKHSA with a large number of colleagues from local and regional teams working intensively to reduce spread. This included Sheffield Childrens NHS Foundation Trust and GP practices. Unfortunately some children with measles attended healthcare settings before it was clear that they had measles. Health partners took appropriate action to trace and inform families who may have been in contact with a

case. This placed substantial additional demands on health services in the city particularly GP practices and the Sheffield Childrens Hospital Foundation Trust.

Further cases were identified in the school nursery class which the first children with measles attended.

3.3 Activation of Mass Vaccination and Treatment Plan

Greg Fell as Director of Public Health activated the Sheffield Mass Vaccination and Treatment Plan to provide governance and coordination of vaccination to the school community. Vaccination was targeted at children with no or only one dose of MMR vaccination, siblings were also able to be vaccinated if they were over 1 year old.

The Sheffield Children's Hospital School Age Immunisation team delivered vaccination within the school setting within a week of the outbreak being declared. The engagement work undertaken by the school setting, with the support of a local GP, was a key element of the success of this work. This was based on long standing relationships with families and communities that the school had nurtured over many years. This led to a really successful vaccination session in the school with over 40 children given a dose of MMR vaccine.

In total 12 people were confirmed cases of measles in this outbreak and the judgement of UKHSA is that the vaccination provided in the school prevented further waves of cases and spread.

3.4 Learning the lessons from this outbreak

UKHSA have carried out an outbreak debrief with a range of partners to allow further understanding of what went well and where there are areas for improvement in the system. The report from this will be available in early April.

It is very fortunate, as well as a great achievement by partners, that this outbreak was brought to a swift end. Major outbreaks of measles are underway in the West Midlands (with hundreds of cases) and since this outbreak there have been further cases of measles in other cities in Yorkshire and the Humber. These substantial outbreaks cause harm for individuals and families, disruption and extra demand for health services and wider implications for children's learning and development.

A range of lessons have been identified through this outbreak. This includes areas where new processes are needed and where improvements can be made. The final debrief report will be shared with the Sheffield Health Protection Committee. This group will then seek assurance that processes and improvements have been made and the lessons from this outbreak have been learnt.

It is highly likely that we will have further cases of measles in Sheffield in the future and the system will have to respond again to an outbreak.

3.5 Underlying cause of outbreak – vaccination coverage

Measles is preventable through a safe and effective vaccine. One dose of the vaccine gives good protection and a second dose provides life long protection. As we have reported previously at the Health and Wellbeing Board, vaccination uptake is not high enough in some parts of the city to prevent measles spreading once a person with measles is within the community.

3.6 Provision of additional vaccination offers

Vaccination continues to be offered routinely in GP practices and additional offers are provided to enhance this including drop in clinics targeted in areas with lowest uptake. Systems are also being developed to ensure children attending hospital can have their vaccination status checked and can be offered MMR when they attend hospital. An additional 'call and recall' campaign is underway through GP practices. Communications promoting MMR vaccination have been sent out via a whole range of networks including via schools and early years settings to highlight the availability of these sessions that NHS colleagues are delivering.

5.0 WHAT NEEDS TO HAPPEN TO MAKE A DIFFERENCE IN THIS AREA?

5.1 Continue to work as a system We need to continue to work as a system to address low uptake of vaccination. We are also likely to have further cases and outbreaks of measles in the future. All partners have a role to play to support access to vaccination and engagement with communities.

5.2 Mass vaccination and treatment plan – this system wide plan was being updated before this outbreak took place. The lessons from this outbreak are being incorporated into the plan which is now in a final draft. Partners will then need to take the plan through their own internal governance systems for approval.

5.3 Recognise the importance of engaging with communities and working with trusted sources of information to promote vaccination – trusted networks and relationship are crucial to build trust, discuss concerns and promote the value of vaccination. Resources including leaflets are only useful in the context of conversations with trusted people. The role of frontline staff in a range of settings, community leaders and voluntary, community and faith organisations are crucial in this work.

6.0 RECOMMENDATIONS

The Board are recommended to:

3. Note learning from measles outbreak for individual organisations and the system as a whole including the value of engagement with communities through trusted community partners.
4. Thank partners and individuals within the Sheffield system who responded with promptness and great expertise to respond to the outbreak. This includes all who contributed to the vaccination provision in the school and those who continue to be

involved in delivering vaccination in primary and secondary care and in community settings.

Ruth Granger March 2024