

**From the Chief Medical Officer
Professor Sir Michael McBride**



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

www.health-ni.gov.uk

HSS(MD)5/2024

For Action:

Chief Executives of SPPG, PHA and BSO

(for distribution to all relevant staff)

Chief Executives HSC Trusts

(for distribution to all relevant staff)

All General Practitioners and GP Locums *(for onward
distribution to relevant practice staff)*

OOHs Medical Managers *(for onward distribution to staff)*

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Your Ref:

Our Ref: HSS(MD)5/2024

Date: 5 February 2024

MEASLES, MUMPS AND RUBELLA CATCH-UP CAMPAIGN FEBRUARY TO MARCH 2024

ACTION REQUIRED

Chief Executives must ensure this information is drawn to the attention of staff involved in the MMR catch-up campaign.

The Strategic Planning and Performance Group (SPPG) must ensure this information is cascaded to all General Practitioners, practice managers for onward distribution to all staff involved in the childhood vaccination campaigns. This information should also be shared with community pharmacies and Out-of-hours General Practitioners to raise awareness of the campaign.

1. I am writing to inform you about a regional Measles, Mumps and Rubella (MMR) catch-up campaign that will take place between February 2024 and March 2024, where the MMR vaccine will be offered to unvaccinated or partially vaccinated individuals up to, and including, the age of 25 years.
2. The catch-up campaign will aim to deliver vaccinations over an 8-week period to two cohorts, using a mixed delivery model – GP practices for those aged 5 years and under and Health and Social Care Trust-led vaccination community hubs for those aged 6 to 25 years of age.

Adults aged 26 years and over, who are unvaccinated or partially vaccinated, will also be able to receive the MMR from their GP on request.

3. You will be aware that measles, mumps and rubella (German measles), are highly contagious, serious viral infections, with complications including meningitis

and hearing loss. Measles is spread by is airborne or droplet transmission. Most measles-related deaths are caused by complications associated with the disease. The most serious complications include blindness, encephalitis (an infection that causes brain swelling) and sub-acute sclerosing pan-encephalitis (SSPE). Other, complications include severe diarrhoea and related dehydration, ear infections, or severe respiratory infections such as pneumonia.

4. Unvaccinated or partially vaccinated young children are at highest risk of measles and its complications, including death. Any non-immune person (who has not been vaccinated or was vaccinated but did not develop immunity) can become infected.
5. To maintain the control of measles, and in line with the World Health Organization (WHO) recommendation, a two-dose MMR vaccination schedule is recommended. To be effective at preventing widespread transmission of the three diseases, the WHO set an uptake target of 95% for individuals to be fully vaccinated with 2 doses of MMR. While uptake rates in Northern Ireland use to meet or exceed this target, following a steady decline in uptake locally it has now dropped to **88.8%** for the first dose of MMR (reported at 24 months of age).
6. We have been very fortunate to date with no confirmed cases of measles in NI since 2017, despite measles cases occurring across the rest of the UK and Europe but increasing vaccination uptake across NI will minimise the risk of morbidity, mortality, and hospitalisations from measles.
7. The catch-up campaign will see vaccinations being offered to children aged 12 months up to and including 5 years within GP practices, while for those aged 6 years up to and including 25 years of age vaccination will be offered via HSC Trust-led vaccination community hubs. These vaccination hubs will be supported by HSC Trust vaccination teams, already delivering Covid-19 and influenza vaccination programmes, and public health nursing. The offer of MMR vaccination will also include families with no recourse to public funds, i.e., those who have not been granted immigration status so therefore they do not have the documentation required to register with a GP.
8. Adults aged 26 years and over who wish to receive an MMR vaccine can approach their GP practice to request this.
9. The Child Health System (CHS) has identified that an estimated **89,697** people in NI, ranging in age from 12 months to 25 years, require either one or two doses of MMR vaccine.
10. The Public Health Agency will provide more information on the catch-up campaign for GP practices and HSC Trusts, however in summary, the delivery plans will be as follows for the two eligible cohorts;
11. Those aged 12 months up to and including 5 years –
 - The Child Health System will issue a list to each GP practice of their patients requiring one or two doses.

- GPs will invite their patients and facilitate vaccination clinics.
- GPs should also facilitate vaccination to those aged 26 and over upon request.

12. Those aged 6 years up to and including 25 years –

- The PHA will issue a letter to all eligible individuals advising they require one or two doses of MMR vaccine. They will be invited to view NIDirect to see their local Trust's arrangements for MMR catch up clinics.
- Community and Trust sites will be used for Trust-led vaccination clinics. These will be advertised through Trust websites and social media.

13. For those attending a Trust clinic, an online booking platform will be available to book a vaccination slot at a community clinic, similar to the platform used for Covid-19 vaccination campaign. Walk in appointments will also be available.

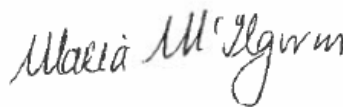
14. All staff involved in patient care should be up to date with their routine immunisations, including MMR. The MMR vaccine is especially important in the context of the ability of staff to transmit measles to vulnerable groups. While healthcare workers may need MMR vaccination for their own benefit, they should also be immune to measles in order to assist in protecting patients. Staff who are not fully vaccinated¹ with two doses of MMR can attend a Trust clinic for vaccination. For more information, please consult the [Chapter 12 of the Green Book](#).

15. I would encourage all health care professionals to support this catch-up campaign and recommend eligible individuals take up the offer of vaccination.

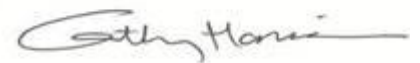
Yours sincerely



Professor Sir Michael McBride
Chief Medical Officer



Ms Maria McIlgorm
Chief Nursing Officer



Professor Cathy Harrison
Chief Pharmaceutical Officer

¹ individuals born before 1970 are likely to have had measles and are less likely to be susceptible. MMR vaccine should be offered on request or if they are considered to be at high risk of exposure. Where such adults are being vaccinated because they have demonstrated to be susceptible to measles, then either two doses should be given or there should be evidence of seroconversion. See [Chapter 21 of the Green Book](#) for more information.

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