



Llywodraeth Cymru
Welsh Government

CYHOEDDIAD, DOGFENNU

Brechu plant i'w hamddiffyn rhag y frech goch (WHC/ 2024/008)

Llythyr i staff gofal iechyd yn nodi'r angen i gymryd camau ar frys i frechu plant yn erbyn y frech goch.

Cyhoeddwyd gyntaf: 2 Chwefror 2024

Diweddarwyd ddiwethaf: 2 Chwefror 2024

Cafodd y ddogfen hon ei lawrlwytho o LLYW.CYMRU, efallai nad dyma'r fersiwn mwyaf diweddar.

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Cynnwys

Manylion

Vaccination against measles, urgent action

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Manylion

Dyddiad cyhoeddi:

2 Chwefror 2024.

Statws:

Gweithredu/cydymffurfio.

Categori:

Iechyd y cyhoedd.

Teitl:

Brechu rhag y frech goch, gweithredu ar frys.

Dyddiad dod i ben:

Amherthnasol.

I'w weithredu gan:

- Brif weithredwyr byrddau / ymddiriedolaethau iechyd.
- Cyfarwyddwyr meddygol byrddau / ymddiriedolaethau iechyd.
- Cyfarwyddwyr gofal sylfaenol byrddau / ymddiriedolaethau iechyd.

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- Cyfarwyddwyr gweithredol nyrsio byrddau / ymddiriedolaethau iechyd.
- Prif fferyllwyr byrddau / ymddiriedolaethau iechyd.
- Cyfarwyddwyr iechyd y cyhoedd byrddau / ymddiriedolaethau iechyd.
- Cyfarwyddwyr y gweithlu a datblygu sefydliadol byrddau / ymddiriedolaethau iechyd.
- Cyfarwyddwr gweithredol iechyd y cyhoedd Iechyd Cyhoeddus Cymru.
- Cyfarwyddwr nyrsio Iechyd Cyhoeddus Cymru.
- Pennaeth Rhaglen Frechu yn erbyn Clefydau Ataliadwy Iechyd Cyhoeddus Cymru.
- Cyfarwyddwr cynllunio Rhaglen Frechu Cymru Gweithrediaeth GIG Cymru.
- Ymarferwyr cyffredinol.
- Fferyllfeydd cymunedol.
- Cyfarwyddwyr therapïau a gwyddorau iechyd.

Angen gweithredu erbyn:

31 Gorffennaf 2024.

Anfonwr:

Yr Athro Chris Jones CBE, Cyfarwyddwr Clinigol Cenedlaethol GIG Cymru a Dirprwy Brif Swyddog Meddygol Cymru.

Enw(au) cyswllt yng Ngrŵp Iechyd a Gwasanaethau Cymdeithasol Llywodraeth Cymru:

Yr Is-adran Frechu,
Llywodraeth Cymru,
Parc Cathays,

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Caerdydd.
CF10 3NQ.
E-bost: llc.timyrhaglenfrechu@llyw.cymru

Dogfen(nau) amgaeedig:

Dim.

Vaccination against measles, urgent action

Dear Colleagues,

Following the measles outbreak in Cardiff, I wrote to you in December ([WHC/2023/043](#)) with a reminder of the need to ensure that all staff working in healthcare settings should either have natural immunity to measles or have had a full 2-dose course of MMR (Measles Mumps and Rubella) vaccine.

In that letter, I noted there was a growing risk of importations of the measles virus into Wales following increases across Europe. You will be aware of the serious outbreak in the West Midlands, and it is in that context I consider there is now a pressing need to take action to mitigate the possible impact on the Welsh population.

Measles is a highly infectious disease which can only be controlled by vaccination. In 2017 the World Health Organisation (WHO) declared that the UK had eliminated measles. However, that status has not been maintained and measles will continue to pose a threat in Wales until the WHO target of 95% uptake of 2 doses of MMR vaccine by the age of 5 is achieved.

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Most recent uptake data

The most recent quarterly COVER (Coverage of Vaccination Evaluation Rapidly) report shows the Wales wide position is as follows:

Wales wide position on childhood vaccination

Age/school year	MMR 1	MMR 2
2 years old	93.3%	Non-applicable
5 years old	Non-applicable	88.9%
School year 10	Non-applicable	91.9%
School year 11	Non-applicable	91.4%

Of particular concern is the significant geographical variation in uptake. Even in a highly vaccinated population there can be pockets where outbreaks take hold. School level MMR coverage surveillance reports show that some schools have high or very high rates of vaccination amongst their pupils, whilst other schools have lower uptake rates. Previous experience of measles outbreaks shows that schools with low uptake are particularly vulnerable to the threat of sustained transmission within the school setting, potentially becoming a source of breakout transmission into the wider community.

I would like to acknowledge the work health boards have been doing over the past year undertaking MMR catch-up in response to the threat posed by the disease. However, given the scale and immediacy of the threat posed by a serious measles outbreak here in Wales, we must now take further urgent and

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more co-ordinated action to mitigate the risk.

I am writing, therefore, to direct an urgent 6-month uptake improvement plan.

Targeted action

Specifically, I want health boards to ensure that:

- by 31 July 2024, every school in Wales with 50 pupils or more on roll has 90% of its pupils recorded as having received two doses of MMR for pupils of reception age and above
- where this has not been achieved, the health board will be required to document the reasons why it hasn't been possible and set out further steps which will be taken to achieve it

It is my expectation that health boards will focus first on the schools with the lowest uptake.

If staff are un/under-vaccinated or are unsure of their immunity status in a school where vaccination catch-up activity is being undertaken, the MMR vaccine can also be offered to adults.

General practice

While the focus of the targeted catch-up activity will be through schools, I am aware this call-to action is likely to lead to an increase in the number of parents contacting general practitioners to check their child's vaccination status and to request vaccination.

I would like to express my thanks to general practice staff for supporting families by providing them with the information they need, and if required the vaccination

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itself. This support will help ensure an increased number of children are fully vaccinated thereby helping to prevent a potentially devastating measles outbreak which could put significant pressure on our health services.

Data and epidemiology

There should be no delay to health boards commencing this targeted work. All health boards have access via Public Health Wales (PHW) SharePoint to uptake data broken down by school and school year. This will be supplemented by a bespoke surveillance report provided by PHW to respond to the specific target set out above.

Visibility of vaccination data will greatly improve NHS Wales's ability to target vaccination work safely and effectively. I am therefore asking for the following actions to be undertaken:

- If a member of school staff (aged over 251) is vaccinated during a school visit, an unscheduled vaccine form must be completed and sent by the health board to the individual's GP for entry onto the GP record in a timely manner.
- If a child is vaccinated in a GP practice, an unscheduled vaccine form should be completed and returned to the health board child health team for entry onto the Children and Young Persons Integrated System (CYPrIS) in a timely manner.
- When validating a child's vaccination status, where a record is not held in CYPrIS, health board staff will access past immunisation history within the Welsh GP Record via Welsh Immunisation System (WIS). Each time this an immunisation history is accessed in this way, it is essential the following statement is recorded in the consent model box: "Vaccination History Check in line with WHC(2024)008"
- Digital Health and Care Wales (DHCW) will ensure that the two CYPrIS reports (IMM09 and IMM10) are combined into a weekly .csv single data

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extract for each health board.

I have also asked DHCW to consider how, by the end of March 2024, health boards can be given a more regular and consistent method of accessing all childhood immunisation data via the data warehouse.

Communications and engagement

I will be writing to local authority directors of education to highlight the risk posed by a measles outbreak and to seek their support and the support of schools in Wales for this targeted intervention.

The chief medical officer will issue a notice to the media to raise awareness of the importance of ensuring all children receive 2 doses of MMR vaccine by the age of five and to appeal to parents to check their child's vaccination status and arrange vaccination where necessary. Health boards should ensure that their websites have up-to-date information on the correct process in their area.

Vaccination Programme Wales will develop a communications and engagement plan with the aim of maintaining a focus on the importance of the MMR vaccine and helping to maximise uptake in Wales.

Working with health boards, PHW will produce information assets and resources to support local delivery.

Workforce and training

PHW will by the end of March, deliver 'train-the-trainer' provision for senior nurses / immunisation co-ordinators to support teams in having impactful conversations around vaccination.

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DHCW will issue a user guide to support staff who access the Welsh Immunisation System (WIS) to view vaccination information from the GP record.

There is [a wealth of MMR resources available here](#). In addition, PHW will deliver a specific question and answer webinar on MMR and measles by the end of February. [The webinar slides and recording will be available here](#).

Action to prepare for an outbreak

Whilst it is vital that the catch-up activity set out above is undertaken immediately, it is also crucial for health boards to prepare for a potential measles outbreak. In particular, health boards must assure themselves that the following are in place:

- a vaccination outbreak response plan
- pathways in place for rapid testing of suspected measles cases
- robust protocols in place for isolation arrangements for the clinical assessment/management of suspected measles cases

Next steps

As well as providing an urgent response to the immediate threat posed by the measles outbreak in the West Midlands, the target set out above represents a first step to ensuring that measles is once again eliminated in Wales.

Ultimately, succeeding in that goal of elimination will require us to achieve the overarching target of 95% uptake of two MMR doses nationally and by each health board. We will write again in due course with further details of how we can work together to achieve this.

Finally, I would like to take this opportunity to thank everyone involved in

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delivering this crucial catch-up activity to help keep our communities safe.

Yours sincerely,
Professor Chris Jones CBE,
Deputy Chief Medical Officer.

Efallai na fydd y ddogfen hon yn hollol hygyrch.

Drllenwch ein [datganiad hygyrchedd](#) i gael rhagor o wybodaeth.

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