

WHC (2023) 043

CYLCHLYTHYR IECHYD CYMRU

Statws: Cydymffurfio / Gweithredu

Categori: lechyd y Cyhoedd

Teitl: Brechu Staff Gofal lechyd i'w Hamddiffyn rhag y Frech Goch

Dyddiad dod i ben / Dyddiad adolygu: Amherthnasol

I'w weithredu gan: Angen gweithredu erbyn: 31 Ionawr 2024

Prif Weithredwyr Byrddau/Ymddiriedolaethau Iechyd

Cyfarwyddwyr Meddygol Byrddau/Ymddiriedolaethau Iechyd

Cyfarwyddwyr Gofal Sylfaenol Byrddau/Ymddiriedolaethau lechyd

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

Anfonwr: Syr Frank Atherton, Prif Swyddog Meddygol Cymru

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Dogfennau amgaeedig: Dim

Mae'r ddogfen hon ar gael yn Saesneg hefyd / This document is also available in English Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg / We welcome correspondence and telephone calls in Welsh

Yr Athro Syr Frank Atherton

Prif Swyddog Meddygol/Cyfarwyddwr Meddygol, GIG Cymru

Chief Medical Officer/Medical Director NHS Wales

14 December 2023

Dear Colleagues,

Vaccination of Healthcare Staff to Protect Against Measles

You will be aware that there is currently an outbreak of measles in Cardiff.

As part of your continued commitment to providing safe healthcare settings I would like to remind you of the need to assure yourself that all staff in your employment either have natural immunity to measles or have had a full 2-dose course of MMR vaccine. Where this is not possible it is essential for mitigations to be put in place.

This is particularly important given that:

- measles is highly infectious;
- there is a growing risk of importations of the measles virus into Wales following increases across Europe;
- we have cases of measles in Wales, with healthcare staff at higher risk of coming into contact with a case;
- if a member of staff who is not fully protected against measles is exposed to a
 case, they may require exclusion from work for up to 21 days following
 exposure; and
- we need to ensure staff are not passing on infection to vulnerable patients within healthcare settings or putting themselves at risk.

We are entering what is expected to be a challenging winter period for our health service. We need to be particularly mindful of our resilience levels and take every possible action to maximise our ability to operate safe services over the coming months. Maximising the number of staff available to work during this period is crucial.

Within your workplace, to satisfy infection prevention and control, and health and safety at work (<u>COSHH 2002</u>) requirements, I would like you to assure yourself that all staff, particularly those who have contact with patients, either have recorded natural immunity to measles or have had a full course of MMR.

This can be done by collating the MMR status / recorded natural immunity status of staff and taking steps to ensure any staff who are not fully vaccinated or who are unsure of their immunity, make an appointment to be vaccinated.

When considering vaccination history, it should be borne in mind that an MMR vaccination received under the age of one is not recognised in the UK. Individuals are required to have received their first dose after their first birthday and their second dose after the age of 15 months to be considered to have completed a full course.

In addition, people born before 1970 are likely to have had natural infection and are less likely to be susceptible. However, MMR vaccine should be offered to these individuals on request or if they are considered to be at high risk of exposure, particularly if they have no documented history of immunity.

Further advice on immunisation against measles for healthcare workers is available in the Green Book on Immunisation, <u>Chapter 12</u> (Immunisation of Healthcare and Laboratory staff) and <u>Chapter 21</u> (Measles).

Considering staff members who are not fully protected could be excluded from the workplace for up to 21 days following exposure, I would ask the following:

- By 31 January 2024, health boards audit staff MMR vaccination / recorded natural immunity to measles, as part of a risk assessment of all high-risk areas, including A&E and Paediatric.
- Undertake any identified mitigating actions, including providing a locally agreed route to vaccination.
- Primary Care providers risk assess the impact of their staff MMR vaccination / recorded natural immunity to measles, and escalate to their health board any risk which cannot be mitigated to an acceptable level.

Where vaccination catch up is being provided by General Practice, including where practices are vaccinating their own staff, the National Supplementary Services (NSS)¹ for the <u>Unscheduled Vaccination of Children and Adults who have outstanding routine Immunisations</u> provides a funding route.

Many thanks for your continued work to protect and care for our communities. As we enter another challenging winter, I want to take this opportunity to express my thanks and gratitude to you for all that you are doing.

Yours sincerely,

Dr Frank Atherton

Chief Medical Officer / Medical Director NHS Wales

¹ Formerly National Enhanced Services (NES). This covers all healthcare workers including those born before 1970.