NHS
Coventry and Warwickshire
Integrated Care Board

Measles Update for Primary Care – February 2024

Background

In 2023 UKHSA (United Kingdom Health Security Agency) and NHSE circulated briefing notes to highlight the concerns of a measles resurgence in England.

Measles is highly infectious and remains a dangerous illness with high mortality and morbidity. It can lead to serious health complications, particularly in immunosuppressed individuals and young infants. It is also more severe in pregnancy, and increases the risk of miscarriage, stillbirth, or preterm delivery. Measles exposures in health care settings pose a significant risk of transmission of infection.

Confirmed cases have been reported across the UK, within the West Midlands and our locality of Coventry & Warwickshire. Measles is a notifiable disease to UKHSA.

Notifications of infectious diseases (NOIDs) - GOV.UK (www.gov.uk)

Please have a high index of suspicion for measles.

Key principles for the management of patients attending the practice with measles-like illness:

- https://www.england.nhs.uk/long-read/guidance-for-risk-assessment-and-infection-prevention-and-control-measures-for-measles-in-healthcare-settings/ - please refer to the national document for full details provided for the management of suspected/confirmed cases of measles.
- **Within the link above please refer to Appendix 1: Practical steps towards completing a local risk assessment for measles in healthcare settings** – completing this document will help practices identify the risks of the patient within their setting.

Points to consider:

- **For patients phoning to request a face-to-face appointment, triage staff must establish if the patient has a rash**.
- **If rash is evident if possible, conduct the appointment virtually or if the patient must be seen allocate a dedicated appointment time and arrange an area to isolate the individual on arrival**
- **Any patient presenting to the surgery reporting a rash of unknown origin to reception staff MUST be triaged immediately and isolated. They must not be seated in the waiting area. If there is no safe area in the practice to isolate at that point, ask the patient to wait outside e.g. within their car, ensuring they are away from others until a dedicated room can be made available**

- If possible/tolerated ask the patient to wear a surgical face mask. The request for patients to wear a facemask must never compromise their clinical care.
- Room where the patient is isolated should be equipped with a clinical hand wash basin, liquid dispensed soap and disposable paper towels. In the absence of mechanical ventilation these rooms should ideally have a window to aid ventilation – see risk assessment above around engineering controls.
- Only allow known-immune, non-pregnant staff to care for suspected/confirmed patients using appropriate PPE (outlined below)
- Take a comprehensive history, ask the patient if they have had 2 MMR vaccines.
- Establish if the patient is a recent contact of a suspected/confirmed case of measles, has had recent travel, or has attended large social gatherings e.g., parties, weddings, festivals etc.
- **For a suspected case immediately report the case to the Health Protection Unit, West Midlands: 0344 225 3560 (Option 0, Option 2)**
- For further clinical advice and support, contact virology team or out of hours Microbiology via UHCW switchboard.
- See guidance for care of suspected measles cases in the National Infection Prevention & Control Manual https://www.england.nhs.uk/wp-content/uploads/2022/04/PRN00908-National-infection-prevention-and-control-manual-for-England-version-2.8.pdf. This guidance includes the use of PPE.
- Once the patient has left the clinical room (including any other areas of the surgery used by the patient e.g., waiting room, toilet etc) ensure the area has a terminal/deep clean e.g., 2 step clean with detergent followed by 1,000ppm of available chlorine. Using disposable cloths and mop heads.

Personal Protective Equipment (PPE) requirements for HCWs

In line with national guidance (NHSE, 2024) staff should wear the following PPE when assessing or managing patients with confirmed or suspected measles:

- single-use, disposable gloves
- single-use, disposable apron (or gown if extensive splashing or spraying, or performing an aerosol generating procedure (AGP)
- respiratory protective equipment (RPE) – either FFP3 mask or powered respirator hood
- eye/face protection (goggles or visor) – not required if using a powered respirator hood.
- **PPE must be donned and doffed correctly in order to protect the HCW – decontaminating hands at the appropriate stages of prior to donning and at removal.**

For precautions and guidance when wearing RPE please refer to the NIPCM (link above). Tight fitting RPE must be:

- fit tested on all healthcare staff who may be required to wear a respirator to ensure an adequate seal/fit according to the manufacturers' guidance.
- fit checked (according to the manufacturers' guidance) every time a respirator is donned to ensure an adequate seal has been achieved.
- There must be a plan in place for those staff members that failed or cannot be fit tested (e.g., bearded gentlemen). This may include those staff members having access to a powered respirator hood.

Powered respirator hoods are an alternative to tight-fitting FFP3 respirators for example when fit testing cannot be achieved.

powered hoods can be single use (disposable) or reusable (with a decontamination schedule, see note) and must be fluid resistant; the filter must be enclosed with the exterior and the belt able to withstand disinfection with 10,000ppm av.cl. Taken from the National IPC Manual, 2024.

Advice for Staff (taken from NHSE correspondence and national guidance):

Unvaccinated/non-immune staff pose a serious infection risk to vulnerable patients.

Outbreak management in health care settings is resource intensive and has implications for service delivery.

Non-immune staff who are exposed to measles infection must be **excluded from work from the 5th day after the first exposure to 21 days after the final exposure.**

It is the responsibility of the practice to ensure that the Immunisation status/records is available for all staff (clinical and non-clinical).

Satisfactory evidence of protection would include documentation of having received 2 doses of MMR or having a positive antibody test for measles (NHSE, 2024).

- The preference is that for staff who do not have documented evidence of receiving 2 doses of MMR, should have their immunity checked by bloods
- Where this isn't possible then MMR could be administered at any age on the basis that it is not contraindicated (as per the green book)

- NB: The free MMR vaccine supplied to practices from UKHSA/IMMFORM can only be given to their own registered patients. **It is not good practice for practice staff to be registered to the practice they work for (but in this case can be a Temporary Resident for purposes of providing the MMR)**

In line with CQC regulation, practices should ensure that everyone who has direct contact with patients should be up to date with routine immunisations. This includes reception staff and those who handle samples or need to clean up bodily fluids.

The Legal Requirements to protect staff and patients through appropriate vaccination are set out in the following documents/standards:

- Health and Safety at Work Act (HSWA) 1974
- Immunisation - Blood borne viruses (BBV) (hse.gov.uk)
- Control of Substances Hazardous to Health (COSHH) Regulations 1992
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

For further information please access the link below:

- GP mythbuster 37: Immunising healthcare staff - Care Quality Commission (cqc.org.uk)

Prevention and encouragement of uptake of MMR for patients

This should be delivered in line with the national request for the MMR programme which is being delivered up until the end of March 2024.

The NHS MMR vaccine campaign is targeting:

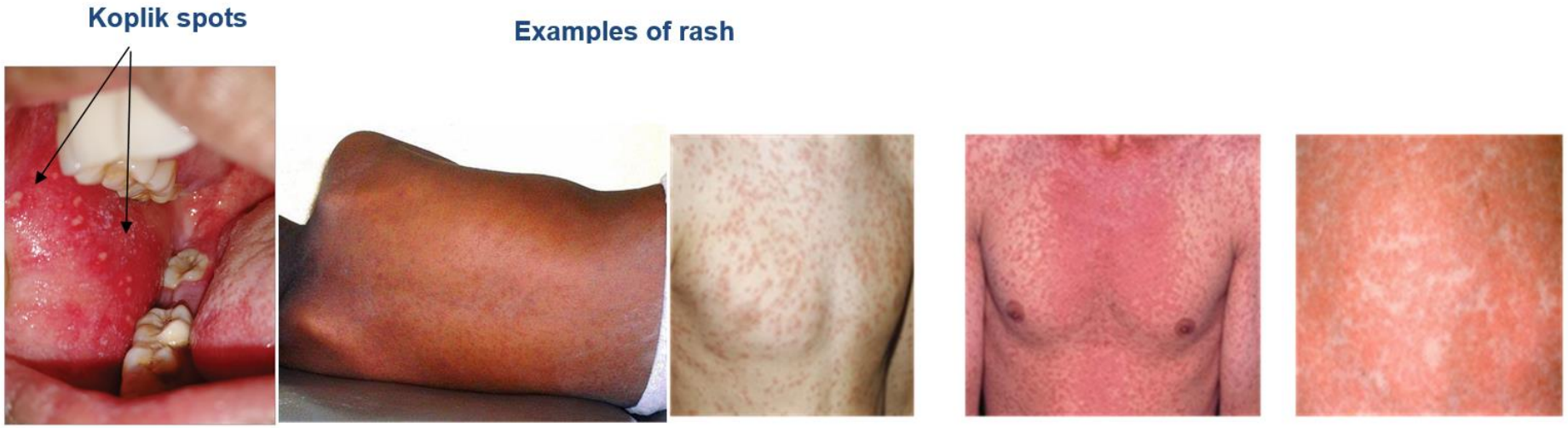
- Children aged from six to 11 years.
- Areas with low uptake of the vaccine, those aged 11 to 25 years-old in London and the West Midlands

In addition to the above, 'making every contact count', to offer MMR to other practice patients who are unvaccinated:

- Health & Social Care workers.
- Immunosuppressed or carers/close relatives of those who support patients in this category group.
- Under 5's
- Under 2's
- All other groups

Typical Measles presentation:

- Those most at risk are unvaccinated individuals, or those that have received only one dose of measles containing vaccine.
- Risk factors include travel, specific unvaccinated communities and those who have been exposed to a case of measles.
- Before the rash appears, there is typically prodromal phase of high fever, conjunctivitis, coryza and cough.
- Characteristic Koplik spots (clustered, white lesions on the buccal mucosa, opposite the lower 1st & 2nd molars)
- A red blotchy rash appears after 3-7 days, starting on the face, becoming generalized and lasting for 4-7 days.
- The infectious period is from just before the prodrome starts to 4 days after onset of rash.



Supportive information:

PRN00908-national-infection-prevention-and-control-manual-for-england-v2.7.pdf

NHS England » Guidance for risk assessment and infection prevention and control measures for measles in healthcare settings

https://www.gov.uk/government/publications/measles-dont-let-your-child-catch-it-flyer-for-schools

Measles: information for schools and healthcare centres - GOV.UK (www.gov.uk)

https://www.gov.uk/government/publications/mmr-for-all-general-leaflet

https://www.gov.uk/government/publications/measles-outbreak

https://www.gov.uk/government/publications/national-measles-guidelines

UKHSA Measles Update - Briefing Not

Communications toolkit - Measles and I