2013/14 Temporary MMR Catch up programme in London

Questions and answers

15 May 2013

“High quality health and care for all, for now and for future generations”
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Introduction


Please note, we may not be able to respond to individual contractual enquiries.

Please refer any enquiries to immunisation-submissions.london@nhs.net since these will help the next FAQs.
Questions and answers for healthcare professionals
1  Is there currently an outbreak in London?

London is not in a measles outbreak situation currently. The majority of cases reported recently in London are associated with particular cultural communities and there is no evidence of on-going spread to wider communities although sporadic family clusters have been reported.

However, in line with trends across the country, the number of cases of measles has continued to rise in London. During the first three months of 2013 there have been 68 confirmed cases. This is in comparison to a total of 137 cases in 2012. Whilst measles cases are occurring in all age groups, they are primarily affecting individuals who have not had any doses of MMR vaccine, especially those young people aged between 10 and 16 years.

2  With the increases in measles should we be giving an accelerated schedule of MMR as we have in previous measles outbreaks?

We are not currently in an outbreak situation and therefore we are not advising any changes to the vaccination schedule at this time. We are reviewing this on a weekly basis and will inform you if the situation changes.

3  With the increases in measles should we be giving MMR to infants younger than 12 months of age?

We are not currently in an outbreak situation and therefore are not advising any changes to the vaccination schedule at this time. The optimum time for efficacy of the MMR vaccination especially for rubella and mumps is 12 to 13 months. Furthermore there is evidence to show that babies less than 12 months may fail to respond to the measles component of the vaccine due to the presence in the circulation of residual maternal measles antibodies.

Any dose of MMR given under the age of 12 months should be discounted and the child should receive two doses as per the routine UK schedule.
4  Can I give MMR vaccination to adults and children over 5 years old?

Yes. There are is no upper age limit for MMR vaccination. Two doses of MMR vaccination should be given to any individual without a clear history of MMR vaccination.

In April 2013 the government announced a temporary MMR catch-up programme for 10 to 16 year olds.

The service specification for the catch up programme is detailed via the following:
http://www.nhsemployers.org/SiteCollectionDocuments/MMR_catch_up_service_specification_ja300413.pdf

5  What should I do in my GP practice for patients aged 10 to 16?

- Identify all at risk (un or under-immunised) patients aged 10 to 16 (born 1997-2003), from practice records;
- Get ready to contact parents/guardians and offer vaccination, the practice will receive £1.50 per qualifying young person. We are awaiting national guidance on a template for reporting;
- For children aged 10 to 15 the cost for providing the vaccine is included in the capitation payment (‘global sum’) of the GP contract, assuming the practice provides additional services. Therefore no additional claim for reimbursement applies. (General Medical Services Statement of Financial Entitlements Directions 2013 Annex B Part 2).

6  How do I identify 10 to 16 year old patients in need of MMR from my practice records?

You may find the following guide helpful but you may want to consult and work with your IT champion in the CCG to help you to identify the relevant cohort.
Background:
The cohort of 10-16 year olds requiring MMR catch up can be identified from two sources of data: GP IT data systems and child health information systems (CHIS). The MMR Catch up service specification places upon practices the requirement to invite unvaccinated or partially vaccinated children to make an appointment for immunisation, and it will be appropriate to use GP patient registers to do this. However, it is also recognised that a significant proportion of GP records may not have accurate data on a child’s vaccination record. Whereas it is thought that all children who are recorded as being vaccinated will have been, it is estimated that 30-50% of those children identified as unvaccinated will have received the MMR vaccination.

To avoid sending out unnecessary invitations data from primary care data sources should be cross checked against data from CHIS to confirm whether the child needs vaccination. Depending on local access arrangements and permissions it may also be possible to cross reference childhood immunisations against Exeter or Open Exeter data. The cross checking process should also be used to maintain and update GP-IT patient records.

Cohort definition:
The cohort for to be actively identified for MMR catch up are those born between January 1st 1997 and 31st December 2003. This equates to the 10-16 year olds identified by Public Health England as being those at greatest need of increasing vaccination levels to prevent a measles outbreak.

Identifying the cohort in GP – IT systems.
General practice should query their patient registers and identify the number of children born between January 1st 1997 and 31st December 2003 who have received 0, 1 or 2 doses of MMR. The following READ/Clinical Terms codes can be used to identify patients requiring vaccination. (Given the redundancy of codes we have tried to compile a comprehensive list, but you may wish to confirm with your own IT systems Read Code/Terms browser).
<table>
<thead>
<tr>
<th>Line</th>
<th>Category</th>
<th>Read Code V2</th>
<th>EMIS Rubric</th>
<th>Clinical Terms V3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>History of MMR vaccination</td>
<td>14b5</td>
<td>YatCO</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>MMR Vaccination</td>
<td>65M1. ZV064</td>
<td>Measles/mumps/rubella</td>
<td>y0187, y0185, y048d, y03tj, y0186, Y79Ve, YMJNe, YMJks, YMKdt, YMKdu, y03H2, y03uM</td>
</tr>
<tr>
<td>3</td>
<td>MMR 2nd Dose/Preschool Booster</td>
<td>65MA., 65MB., 65MC.</td>
<td>MMR booster</td>
<td>YMIxc, YaXz7, , Yah0j, Yah1R, Yah1T, YaaCq, YadOu, YMLcq, YaaCp, YadPR, y0Alc</td>
</tr>
<tr>
<td>4</td>
<td>Course not specified measles vaccinations (single, dual and triple formulations)</td>
<td>65A., 65A2., 65M2., ZV042</td>
<td>Measles vaccination, Measles vaccination vaccn.</td>
<td>Y79Ue, Y79Uf, YMIIVJ, YMJkc, YMKdm, Ya24f, y017Y, y03Gl, y07kB</td>
</tr>
<tr>
<td>5</td>
<td>Consent/MMR not given</td>
<td>68Na., 68Nb., 68NM., 68NT., 8t3x., 68NY.</td>
<td>No consent for MMR, No consent for MMR1, No consent for MMR2</td>
<td>Y7A3c, YadP2, YaoqK, Yaoqh, Y7A3V, YadOy, YaceN, YadOz, YaceO, YadP0, Y7A3J, YacT8</td>
</tr>
<tr>
<td>6</td>
<td>Contraindications</td>
<td>68Ni.</td>
<td>YadP3, Y7A3R</td>
<td></td>
</tr>
</tbody>
</table>

The purpose of this campaign is to improve the uptake of MMR. Line 4 contains single antigen vaccinations and some dual formulations such as Measles/Rubella, which do not constitute MMR. Children who have received single immunisations for measles or dual formulations should be considered as partially vaccinated. One exception to that is where the child has transferred between practices. In some GP to GP transfers of patient records, different software splits MMR into the three constituent parts and this might identify the child as having received single vaccinations where they actually received MMR. Because it will be difficult to distinguish these groups the query logic below treats all identified by codes in line 4 as partially vaccinated. Prior to sending invitations, you may wish to manually check those records of children identified as having single vaccinations.

**Query logic**
The following is provided by way of a guide. It has not been tested in a live system.
Step 1: Identify the register of 10-16 year olds in practice lists; i.e. where the patients’ date of birth falls between 1st January 1997 and 31st December 2003 inclusive – referred to as “the cohort” in subsequent steps.

Step 2: Identify in the cohort those patients who have 2 or more events as coded in lines 2 or 3 in table 1 that are separated by at least 1 month but NOT codes from line 4. This identifies the subset of the cohort that is fully vaccinated and will not need invitation. Remove these patients from the cohort.

Step 3: Identify in the cohort those patients who have exactly 1 event as coded in lines 2, 3 or 4 in table 1. These are the “partially vaccinated” subset of the cohort.

Step 4: Identify in the cohort those patients where there is no mention of codes in lines 1, 2, 3 or 4 OR there is mention of codes in line 5. This is the unvaccinated subset of the cohort.

Step 5: The subsets of the cohort identified in steps 3 and 4 are those to be invited. It would be prudent to cross check this against records held by the Child Health Record Department in the CHIS to confirm the patients’ vaccination status. How this is carried out will be subject to your local arrangements.

At the end of this process, it should be possible to populate the following table:

<table>
<thead>
<tr>
<th>Variable</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of 10-16 year olds at the practice</td>
<td>Step 1</td>
</tr>
<tr>
<td>Number with full MMR vaccination record</td>
<td>Step 2</td>
</tr>
<tr>
<td>Number partially vaccinated</td>
<td>Step 3</td>
</tr>
<tr>
<td>Number unvaccinated</td>
<td>Step 4</td>
</tr>
</tbody>
</table>

Public Health England has produced a ready reckoner to estimate the numbers requiring vaccination\(^1\). Based on this model it is expected that the average number of unvaccinated children per practice across London will be relatively small (~40-60 patients).

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7 What should I do in my GP practice for patients who are 16 and over?

Where patients are over 16 and have an incomplete vaccination history, they should be given one or two doses as necessary when they present to the GP surgery requesting vaccination. The practice will be able to claim £7.64 per dose given.

The London-wide LMC has also sent out information to practices and the details are available from:
http://www.lmc.org.uk/article.php?group_id=8196

8 What should I do in my GP practice for patients under 10 years of age?

Practices may get parents of younger children who are concerned. The GP contract covers payment as clarified in the BMA statement ‘Focus on vaccines and immunisations’ updated June 2012.

In Summary:

Children under 2 y: it is within the ‘Directed Enhanced Service’ (DES)

Children under 6 y and Persons age 6 to 15 y (<16y): it is within the ‘Additional Service’ paid as part of the Global Sum.
See above for catch up call and recall for those aged 10 to 15.

We would urge GPs to take any opportunity to vaccinate those who have previously missed vaccination and where possible call patients in to remind them where records indicate they have missed one or both vaccines.
Some children’s records are only on the Child Health System and not on the GP clinical systems, what can we do about this?

The service specification recommends using GP registers to check on immunisation history. Many parents will have a record in the child’s PHCR (Red Book) and practices can check with the local child health if there is concern.

Where there is any doubt, it is safer to give an additional dose rather than risk the child being unvaccinated. See HPA/PHE algorithm ‘vaccination of those with uncertain history’:
http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1194947406156

Can we give the 2nd dose of MMR sooner than the Green Book states?

The 2nd MMR vaccine can be given earlier, in some areas this is done routinely but this is an individual clinical decision and there are currently no plans to actively encourage or promote this or to change the current schedule.

Under the age of 18 months two doses of MMR can be given three months apart as long as the first dose was after 12 months of age. From the age of 18 months two doses of MMR can be given at any time as long as there is a gap of at least one month. Where there is any doubt it is safer to give a further MMR vaccine documenting the reason in the patient’s notes.

Can I get the MMR jab for my child before they are 12 months old?

In the current situation, outside South Wales, this is not routinely necessary. However, where children who are six to 12 months old and are travelling to the outbreak area they can be vaccinated early. They would still need to receive the recommended two doses, at 12 months and 3 years and 4 months.
Further advice is available from Public Health England’s local health protection teams:

NENCL (North East North Central London) - 020 7811 7100
NWL (North West London) - 020 8327 7181
SEL (South East London) - 020 3049 4338
SWL (South West London) - 020 8812 7850

12  Many parents will still want to know – is the MMR vaccine safe?

It is important to provide parents and young people with tailored information, advice and support to ensure they know about the recommended routine childhood vaccinations and the benefits and risks. This should include details on the infections they prevent. Information should be provided in different formats, for example, for those whose first language is not English.

Ensure parents and young people have an opportunity to discuss any concerns they might have about immunisation. This could either be in person or by telephone and could involve a GP, community paediatrician, health visitor, school nurse or practice nurse.

Ensure young people fully understand what is involved in immunisation so that those who are aged under 16, but considered sufficiently capable, can give their consent to vaccinations, as advised in the 'Green book'.

The MMR vaccine is recommended by the World Health Organisation, Department of Health and Public Health England.

Although there was publicity in 1998 which highlighted a report claiming a link between the MMR jab and autism, numerous studies undertaken since to investigate this claim has found there is no link. Parents can be directed to the NHS Choices website for more info. The Great Ormond Street Hospital Immunisation site also has some useful FAQs answered in more detail;

http://www.gosh.nhs.uk/parents-and-visitors/general-health-advice/immunisation/frequently-asked-questions/
Those with parental responsibility do not necessarily need to be present when a vaccination is given, provided they have received information about it and then arranged for another person (for example, a grandparent or childminder) to attend with the child. For further information see chapter two of the 'Green book'.

13 Will the vaccination sessions be arranged in schools?

This will in part depend on whether GP practices opt-out of this temporary catch up campaign. Alternative arrangements are being considered in London to target vulnerable and ‘at risk’ groups and commissioning plans are being developed. However, we would strongly urge practices not to wait and certainly vaccinate those missing one or both doses of the vaccine, opportunistically.

14 What about the single vaccine?

There has been some media coverage of this but there is no single measles vaccine currently licensed in the UK. Any single measles vaccine procured from outside the UK will not have the proven level of efficacy which the measles component of MMR vaccine offers. Practitioners who use a single measles vaccine will not be covered by the NHS indemnification scheme were there to be a problem resulting from such use.

The MMR vaccine has been thoroughly investigated and is a very safe vaccine to protect children against measles. Studies from around the world have shown MMR to be a highly effective vaccine, with an excellent safety record. There is no scientific evidence to support the safety or efficacy of giving MMR as three separate vaccines at intervals – that’s six separate vaccines, which puts children at unnecessary risk while they’re waiting for their next vaccines.

Most people who have had single vaccines will not have had 2 doses of each.

For some years in fact single mumps vaccine has not been available at all.
Blood testing to check for immunity is not recommended, the blood tests are designed to test for presence of disease rather than antibodies and often come back with equivocal results meaning the person has had a wasted blood test and would still need the vaccine.

Even where the person has immunity an extra dose of MMR will not overload or be detrimental in any way so it is safer to err on the side of caution and give additional doses.

15  **Do GP practices get paid for vaccinating adults and should we vaccinate adults?**

Yes, GP practices can provide one or two doses as required, to all unvaccinated patients aged 16 or over who present to the GP surgery requesting vaccination and can claim £7.64 per dose. See question 7, which covers the service agreement and payment process.

16  **Can adults catch measles?**

Those born before 1970 in the UK are likely to have natural protection from having been exposed to measles as a child, MMR vaccine is therefore not routinely recommended for those born before this. However, the decision on whether to offer the MMR to adults needs to take into consideration the past vaccination history and the risk of exposure. MMR vaccine can be given at any age.

Adults at particular risk include:

- University or college students, particularly those under 25, as detailed above.
- Front line health care workers who work in a hospital or other medical or primary care settings.
- Those who are planning to travel; travel consultations should be used to check vaccination history and an opportunity to make sure people are up to date.
- Women of childbearing age.

It is also important to remember that patients who have undergone transplant procedures may have impaired immunity and should be assessed regarding need for vaccinations. Advice from their specialist should be sought.