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Y Gweinidog lechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



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Dea Dwid

Thank you for forwarding the Committee's report "Inquiry into the measles outbreak 2013". I note the key issues the Committee has raised for further consideration by the Welsh Government and partner organisations and I will address these in more detail below. We await the findings of the comprehensive outbreak report being prepared by Public Health Wales (PHW) but in the meantime there are a number of measures in place to build on the progress already made.

I fully endorse the Committee's view that the only way of preventing further measles outbreaks is to sustain efforts to maintain uptake of the MMR vaccine at a level where population immunity is achieved. The Welsh Government will continue to work with Public Health Wales and health boards to meet the Programme for Government's commitment to eradicate the health problems caused by measles, mumps and rubella by increasing uptake of MMR vaccination.

Uptake figures for routine MMR vaccination continue to show a positive trend. At the inquiry session the uptake figures available at that time published by Public Health Wales for the first quarter of 2013 (COVER Jan - Mar 2013) showed the national average uptake of the first dose of MMR in two year olds had reached over 95% for the first time ever. Data for the second quarter (COVER April –June 2013) is now available and shows that average uptake across Wales for Wales has continued to improve across all age ranges:

MMR Uptake for Wales*	Quarter 1 January – March 2013	Quarter 2 April – June 2013
At two years of age:		
MMR 1	95.1%	95.9%
At five years of age:		
MMR1	96.1%	96.9%
MMR2	90.4%	92.2%
At 16 years of age:		
MMR1	90.7%	94.2%
MMR2	82.1%	87.0%

^{*}Public Health Wales COVER report http://www.wales.nhs.uk/sites3/page.cfm?orgid=457&pid=54144

Whilst there has been clear progress in increasing routine vaccination, there is a need to ensure that all children and young adults are fully protected by two doses MMR and that those who have missed out on vaccination are offered opportunities to catch up.

The Programme for Government commitment is underpinned by the new NHS Delivery Framework which includes, as a Tier 1 measure, the need to ensure that 95% of children are fully immunised by the age of four years. Meeting this objective will ensure that children will receive both doses of MMR at the scheduled time.

On 18 July the Chief Medical Officer wrote to Chief Executives of Health Boards requesting copies of their plans for meeting the Tier 1 immunisation objectives, along with plans to vaccinate older children who have missed out on one or both doses of MMR. All health boards have submitted plans and these have been evaluated by officials. The plans provide assurance that the identification and follow up of children who have missed out on MMR will be a priority for health boards and that measures are in place to give opportunities to have the vaccine to all relevant age groups including those who are be harder to reach.

To respond in more detail to the specific issues the Committee has raised:

Awareness of the need to receive the MMR vaccination

There is already a range of materials available to help promote awareness of the need to receive both doses of MMR:

 Each summer Public Health Wales e-mails and contacts Welsh further education, higher education institutes and colleges to alert them of importance of ensuring students are up to date with MMR prior to the start of term. PHW provides leaflets, template texts, letters and emails for use by the organisations.

- An individually designed poster, with the '10 by 5' logo¹ developed following focus group consultation with parents has been publicised and distributed to GP surgeries, leisure centres, libraries and preschool settings to increase awareness of the need for children to be up to date with routine immunisations before the age of five years. This has focussed on the pre-school booster which includes the 2nd MMR.
- A DVD and work pack teaching resource was developed by PHW for use alongside with the Welsh Government's Personal Social Education (PSE) framework in secondary schools -' Immunisation - Don't leave school without them'. This has been available since 2009 and has been distributed to all secondary schools and PSE leads in Wales.
- PHW has developed an immunisation resource pack that includes examples of documentation that can be used to promote immunisation in pre-school settings for children and staff. It advises on further information sources and useful contacts. The pack was distributed to all pre-school settings in Wales in 2012.
- Health boards are provided with template letters, consent forms, information and guidance to support the co-ordination and promotion of school based programmes.
- Teaching resources for children / students in schools are available to help young people understand that they can take part in decisions about immunisations for themselves where appropriate.
- NHS posters have been developed that remind the public that two
 doses of MMR vaccine are needed for protection. These are available
 in a number of languages. There is also a fact sheet which highlights
 key facts about measles.

Increasing opportunities to receive MMR vaccination

Welsh Government policy circular (2005)81 requires the follow up of children who have missed one or more doses of MMR at entry to primary and secondary school and when the teenage booster vaccine is offered. This provides at least three further routine opportunities for children who have missed a routine dose of MMR to be offered a catch up.

Many of the local health boards already offer MMR vaccine alongside the teenage booster in schools. Guidance and promotional materials are available to help deliver these vaccines to adolescents. The introduction of the new Meningitis C vaccine for adolescents from September 2013 will increase the number of vaccines that can be offered in these sessions to three at one contact.

¹ The "10 by 5" campaign being run by Public Health Wales highlights the need for children to be immunised against 10 serious illnesses before they reach the age of five.

The Chief Medical Officer and Public Health Wales recommend that health professionals use every type of encounter with adolescents or young adults as an opportunity to check immunisation status e.g. new registrants, sexual health services, asylum seeker assessments and travel assessments in primary care.

Uptake of MMR vaccination among front line health staff

At the evidence session I gave my view that it is the professional responsibility of people who work in the health service to protect themselves and the people who they work with against diseases that are preventable and, therefore, ensure that they themselves are immunised. I have indicated that I would not support compulsion but there is much that can be done to persuade and educate healthcare staff to ensure they are fully vaccinated.

Health boards have been made aware of the need to improve MMR uptake among staff. The Chief Medical Officer wrote on 19 April asking Chief Executives to check the MMR status of their staff and instigate wider checks on staff vaccination against all infectious diseases as provided for in the UK. Public Health Wales is supporting health boards by producing good-practice guidance for new and existing staff.

Improving vaccination uptake by NHS staff, including the option of introducing a "health passport" as the Committee has suggested, will be considered as part of the work we are currently undertaking to improve the range of occupational health services in NHS Wales.

Staff training

The recent outbreak has provided a reminder of the need to ensure staff are adequately trained to recognise and deal with the effects of measles.

- Existing training of immunisers includes updates on current issues and epidemiology. Public Health Wales regularly updates core training resources for health boards and provides update sessions for the trainers. PHW also hosts national training events and supports a web page on this subject.
- The "MMR Myth buster" pack was designed for use by primary care professionals, with parents, to support primary care staff in providing consistent evidence-based information with clear diagrams to dispel common misconceptions about the MMR vaccine that were circulating at that time. It was published and distributed to all practices in Wales by the Welsh Government in 2000, and was also used in Scotland and Northern Ireland for several years before other such resources became available.

- Immunisation e-learning modules are being developed and implemented. Consideration is being given to the inclusion of a module for staff on occupational immunisations, including MMR and flu.
- Patient stories are used in training sessions e.g. Rachel's story and Naomi's story (from the Dublin measles outbreak) to remind staff of seriousness and potential impact of measles.
- Public Health Wales has developed and delivered a specific MMR training package for use by all healthcare professionals. Several groups have already made use of this, including charities, sexual health care clinics, prisons and young offenders organisations.

Data sharing and ICT systems

The Welsh Government recognises the need to improve information handling and the connectivity of ICT systems within the health service and to move away from paper based systems.

The "Child Health Immunisation Process Standards - CHIPS" was produced by Public Health Wales in 2011 and provides national minimum standards for childhood immunisation and data. This supports improved information handling and accuracy in recording immunisations within existing systems.

NHS Wales Informatics Service (NWIS) is currently looking at replacing the existing Community Child Health 2000 (CCH2000) software system used by all health boards in Wales to schedule routine immunisations for children and identify those children who need to be offered MMR vaccination in catch-up sessions. It is anticipated that NWIS will be ready to pilot a new system next year.

NWIS also currently have a project looking at the feasibility of electronic transfer of data between GP systems and CCH2000 or its replacement.

A representative from NWIS has joined the Wales Immunisation Group to facilitate feedback from the service to assist with developing these new systems for the improvement of connectivity and effectiveness.

The Royal College of Paediatrics and Child Health has developed a prototype digital version of the Personal Child Health Record (PCHR) or "Redbook" which is the main record of a child's health and development and is used to record all childhood immunisations. This is being piloted in some areas of England to see what benefits may be gained from the digital format. We will be monitoring the outcome of the RCPCH's evaluation and will look at the implications for Wales.

Communications

I agree with the Committee's view that it is important to provide robust, reliable and timely information for the general public and the media. We will review and build on the positive relationships established during the recent outbreak.

Public Health Wales will be reporting in due course on the opportunities offered by the use of social media both during outbreaks and in the promotion of vaccination uptake. The resources required to support such activities can then be considered. The needs of harder to reach groups and the immunisation services which are provided in Wales for these groups are also being considered so that communications can be tailored to meet their needs as far as possible. It is recognised that different approaches will be needed for different groups.

On the point the Committee has raised about the effectiveness and availability of school text messaging services, I am writing to my colleague the Minister for Education and Skills to see whether there are plans to extend the service to all schools across Wales. I will update the Committee in due course.

I trust my responses above will provide further assurance to the Committee on the specific questions raised. The Welsh Government, Public Health Wales and the health boards will continue to take all necessary and appropriate measures to prevent similar outbreaks from happening in the future. I welcome the Committee's continued support in delivering this outcome.

Mark Drakeford AC / AM

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