THE SCOTTISH OFFICE

National Health Service in Scotland
Management Executive

NHS
MEL(1994)102

St. Andrew's House
Edinburgh EH1 3DG

Dear Colleague

MEASLES/RUBELLA IMMUNISATION CAMPAIGN:
FOLLOW-UP ARRANGEMENTS
GP PARTICIPATION

18 October 1994

Addressees

For action:
General Managers,
Health Boards

For information:
General Manager,
Health Education Board
for Scotland
Chief Executives
NHS Trusts

CAMOs

Immunisation
Co-ordinators

To be copied to Unit
General Managers

Enquiries to:

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Summary

1. This MEL asks General Managers to set in train arrangements to follow-up children (for whom consent has been given) who were not immunised during the schools campaign.

It also outlines arrangements for GP participation during the campaign or follow-up.

Other Information

2. Since the launch of the measles/rubella immunisation campaign on 29 September, a number of issues have been raised with the Department. These include concerns about re-immunisation of children who have previously had measles and/or MMR vaccine and children who have been diagnosed with measles or rubella. The Joint Committee on Vaccination and Immunisation are now advising that all children in the target age group should receive MR vaccine regardless of their previous relevant immunisation or clinical history.

3. Another important issue is the role of GPs in the campaign, and in particular, in follow-up arrangements. When arrangements are made which involve GPs, either in the main campaign or follow-up, they must be by locally negotiated arrangements. Payments will not be part of GMS remuneration nor will they count towards target income. Such payments should be made directly by the board to the GP.

4. I attach a copy of the CMO letter issued on 17 October which gives more detail on these issues.

Action

5. General Managers are asked to ensure that arrangements are put in place to follow-up children (for whom consent forms have been returned) who miss immunisation either through their contract with local providers of community health services or through locally negotiated arrangements with GPs. Arrangements with GPs will not be part of General

Medical Services remuneration or count towards target income.

Yours sincerely

Patricia Russell

PATRICIA RUSSELL
Acting Director of Health Gain

THE SCOTTISH OFFICE
Home and Health Department

From the Chief Medical Officer

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17 October 1994

SOHHD/CMO(94)10

For action

All General Practitioners

For information

Further enquiries

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TO: ALL GENERAL PRACTITIONERS

Dear Doctor

MEASLES/RUBELLA IMMUNISATION CAMPAIGN

Since the launch of the measles/rubella immunisation campaign, the Scottish Office has become aware that general practitioners have received a greater than anticipated number of calls from parents wishing to discuss whether their child should be immunised. This clearly reflects the trust parents have in their family doctor as an adviser on the health of their child. Whilst the information available through campaign publicity and the work of the school health service have been very important, many parents, especially those with young children, wish to talk to their GP. I very much appreciate the way that GPs have responded to this situation and a major purpose in writing is to thank you for your considerable help in reassuring and counselling parents.

It may also be helpful to clarify a few questions which may be arising in your practice.

Many parents are asking whether children who have already had measles or rubella, or received measles and/or MMR vaccine need to be immunised in this campaign. **We are advising that children in the target age group receive MR vaccine regardless of their previous immunisation or clinical history.** This advice was given by the Joint Committee on Vaccination and Immunisation for the following reasons:

> Not all children who contract measles have durable immunity; the same applies to rubella and in addition clinical diagnosis is notoriously unreliable.
>
> Ten per cent of immunised children do not have antibodies to measles. Even if we immunised all children who have not received measles vaccine before, there would still be enough vaccine failures to sustain an epidemic of measles.

Children who have low levels of antibodies can transmit measles to other susceptible children.

It may be difficult, particularly for older children, to obtain a reliable immunisation history.

Re-immunisation will act as a booster for children who already have antibodies and protect children who are still susceptible. This advice also applies to children who have received both measles vaccine and MMR. Some of these will have low levels of antibodies and may even be susceptible. Re-immunisation is already a routine activity in many countries where children are routinely given two doses of measles and rubella vaccine. There are extensive data on safety from these countries showing that re-immunisation is associated with very few adverse events. It is advised in the memorandum 'Immunisation Against Infectious Disease' that there should be a three week interval between administration of live vaccines. As polio immunisation for school age children usually involves the fifth dose, whose purpose is to boost local intestinal immunity, there is no need to enforce a three week interval between OPV and MR vaccine. It is unlikely that many children would have received MMR within three weeks of being offered MR in November but, should this arise, there is no reason to believe that re-immunisation would not be safe.

Questions have also arisen about how the target age group applies to younger children. Immunisation is being offered to all children in school regardless of age. The involvement of 4 year olds will therefore depend on local policies on the age at which children start school. The present highly successful childhood immunisation programme means that far fewer pre-school children are susceptible to measles. The Joint Committee on Vaccination and Immunisation will carefully review the outcome of this campaign and advise on future strategy for the elimination of measles, including the future arrangements for the present under 5's.

The success of this immunisation strategy depends on achieving the highest possible coverage to interrupt chains of transmission as well as to protect individual children. We would encourage GPs to advise parents that all children in the target age group should receive the vaccine, unless they have clear contraindications to MR vaccine.

In view of the high volume of queries being received by the NHS Helpline (Tel No 0800-224488) we have extended the hours of service to 9 am to 10 pm Monday to Friday, 11 am to 10 pm Saturdays and 6 pm to 10 pm Sundays until mid-November when the publicity campaign will scale down.

I am aware that there have been concerns raised, especially in the Catholic Press, about the origins of the cell-line in which rubella vaccine virus is grown. The MRC5 cell-line was set up over 25 years ago and was developed from fetal lung cells obtained from a therapeutic termination of pregnancy. No further fetal material has ever been used for rubella vaccine manufacture and there is no contamination of the vaccine with fetal material.

It is expected that most children will be immunised through the schools campaign (in some areas GPs may be involved on a sessional basis); and the subsequent follow up in schools. GPs may have an important role after the main campaign, working with the school health service administering MR vaccine to children who have not yet been immunised. I would, therefore, also like to take the opportunity provided by this letter to confirm and clarify the remuneration arrangements for the involvement of general practitioners in providing immunisations relating to this campaign.

The essential points are:

Where a Health Board seeks to involve general practitioners in immunising children with MR vaccine as part of this campaign (and the GPs wish to participate), then the Health Board must enter into locally negotiated arrangements with GPs to this end. The actual size of the payment for this service will be part of that local negotiation. This arrangement will apply whether any such measles/rubella immunisations are performed in the main campaign or in a subsequent 'mop-up' campaign, irrespective of the number of children involved.

Where GPs enter into such arrangements with the Health Board, the Board will make payments directly to the doctors concerned. These payments will not be part of GMS remuneration and will not count towards target income.

Health Boards are being informed separately about these arrangements.

Protecting schoolchildren from the consequences of a measles epidemic is an urgent priority and I am very grateful for your hard work in this respect.

If you require any further information please contact Dr O A Thores, Room 114, St Andrew's House, Edinburgh, EH1 3DE, tel No 031-244-2806.

Yours sincerely

Robert Kendell

R E KENDELL
Chief Medical Officer