



THE SCOTTISH OFFICE

National Health Service in Scotland
Management ExecutiveSt. Andrew's House
Edinburgh EH1 3DG

Dear Colleague

**MEASLES/RUBELLA IMMUNISATION CAMPAIGN:
NOVEMBER 1994****Summary**

1. As you know from the CMO letter of 28 July, the Health Departments have been advised by the Joint Committee on Vaccination and Immunisation (JCVI) that a measles/rubella immunisation campaign is needed to avoid a major measles epidemic. In Scotland, we have already experienced a significant increase in the number of measles cases but substantial numbers of children (particularly in the north and east of the country) remain at risk. We have been advised, and the Minister of State has agreed, that in order to protect those children and avert future epidemics, there should be a concentrated immunisation campaign commencing on 1 November.
2. Health Boards have a key part to play in ensuring the implementation of the immunisation campaign through their contracting arrangements with providers of community child health services. In line with the national UK campaign, the aim will be to immunise all children in the target group, ie all children attending primary and secondary schools, or other educational establishments, within the Health Board area, not school age residents of the Health Board. Funding has been identified centrally for the campaign and, for those elements not purchased on a national basis, will be distributed on a weighted capitation basis.
3. Concern has been expressed about how to deal with children who have previously received MMR vaccine either as a primary immunisation procedure or as part of a 'catch-up' programme. Medical advice is that where children have received a second dose of MMR they need not be included in this programme. If a child has had measles, confirmed by a doctor, within the last year, medical advice should be sought. Otherwise, the MR vaccine should be offered. The information leaflet which will be given to all parents explains this advice. We expect boards to be able to provide information on the numbers of children excluded from the November/December campaign on the grounds of recent vaccination or recent clinical measles as part of the national data requirements for the campaign.

30 August 1994

Addressees**For action:**
General Managers
Health Boards**For information:**
General Manager
Health Education Board
for Scotland
Chief Executives
NHS Trusts
CAMOs
CANOs
CAPOs
Immunisation
Coordinators
Directors of Nursing
Services NHS TrustsTrust Chief
Pharmacists
Drug Information
PharmacistsTo be copied to Unit
General Managers**Enquiries to:**Avril Emlick
Health Gain Division
NHS Management
Executive
Room 52
St Andrew's House
EDINBURGH
EH1 3DG
Tel: 031-244 2328
Fax: 031-244 2326

COMMON SERVICES AGENCY	
RECEIVED	
31 AUG 1994	
FILE No.	
REFERRED TO	ACTION TAKEN

4. Annex A gives details of national and local arrangements for the campaign and Annex B gives contact numbers within The Scottish Office. Annex C offers a model contract which may be a useful starting point for health boards in setting their own contracts with providers.

Action

5. General Managers are asked to review the key components of the immunisation campaign as identified in the model contract; and to put in place a contract with their own local providers of community child health services for the immunisation against measles and rubella of all children attending schools in their area commencing November 1994. The campaign should be finished and a report received from the provider by 31 January 1995. They are also asked to put in place arrangements for the monitoring of the campaign to ensure that:

- immunisation co-ordinators are adequately supported in the preparation, planning and implementation of the local campaign;
- the numbers in the target population of schools in their area are identified;
- there is a contract with pharmacy services for storage and delivery of vaccine doses and the necessary vaccination equipment as advised by immunisation co-ordinators;
- data can be provided according to national requirements.

6. This letter should be copied to Unit General Managers.

Yours sincerely

Patricia Russell

PATRICIA RUSSELL
Acting Director of Health Gain

National arrangements

1. To ensure efficient purchase and distribution of vaccine supplies the Chief Pharmacist has placed a bulk order with the UK supplier. Payment will be made by the Department but Health Boards should order directly from Farillon Ltd. The CPO has now written to Chief Administrative Pharmaceutical Officers to explain the arrangements and to facilitate the ordering he has provided an estimate of school pupil numbers in each Board area. Each Board will, however, need to verify the figure.

2. The other main element of the campaign being organised at national level in liaison with the Health Education Board for Scotland is publicity

- an information leaflet for parents/pupils incorporating a consent form
- information for health professionals and teachers
- a media campaign.

Boards may want to put in hand complementary activity in their own area.

3. Schools are the other key partners in the programme. The Scottish Office will be writing directly to Directors of Education to tell them of the arrangements and enlist their support. Health Boards will want to ensure that both they and Trusts work in close co-operation with their local Directors of Education to ensure that schools have full information about the campaign and that disruption to examinations and other school activities is minimised. We are considering the most efficient way of distributing the leaflet to schools.

4. Adverse drug reactions to the vaccine should be reported to the committee on safety of medicines (CSM) using a "yellow card" which should be obtained from the local Drug Information Centre. Completed "yellow cards" should be returned unsealed to the Drug Information Centre for onward transmission to the CSM. A copy of the details contained in the "yellow card" omitting the name of the patient should be taken by the Drug Information Centre and sent to Mr J A Clyde, Room 29B/3, St Andrew's House, Edinburgh, EH1 3DG (Fax No 031-244-2375).

Local arrangements

5. Health Boards should order and pay for injecting and other equipment and medicines required for the treatment of anaphylaxis directly through their usual channels. The CSA has been notified of the expected increase in demand for injection equipment and sharps boxes. The CPO letter of 26 August 1994 explains the arrangements in more detail.

Contacts in the Scottish Home and Health Department

On epidemiology and clinical matters	Dr R Skinner	031-244 2296
	or Dr A Thores	031-244 2806
On nursing aspects	Mrs Margaret Reed	031-244 2854
On vaccine storage and supply	Mr W Scott	031-244 2518
	or Mr J A Clyde	031-244 2527
On other issues	Mrs P Russell	031-244 2455
	or Mr L Findlay	031-244 2504

1994 MEASLES/RUBELLA IMMUNISATION CAMPAIGN
MODEL CONTRACT BETWEEN HEALTH BOARDS AND
PROVIDERS OF CHILD HEALTH SERVICES

Introduction

1. This contract is for a schools based immunisation programme using measles/rubella vaccine which forms part of a national campaign running from November. The campaign aims to prevent further outbreaks of measles in those children who remain susceptible and avert future measles epidemics.

Specification

2. The [name of provider] will undertake the following work in the schools listed in the attached schedule [health board to provide]:

2.1 Target population In discussion with the head teachers of the schools listed, to identify the number of children in primary and secondary schools and other educational establishments.

and to advise the health board of the results by [30 September 1994];

2.2 The [name of provider] should work with the schools to find ways of immunising at least 95% overall of the identified target population. The health board must be advised if, by [date], the [name of provider] appears unlikely to meet this target.

2.4 Vaccine supply The [name of provider] should work with [health board to enter details of pharmacist contact here] on storage and delivery of the combined measles/rubella vaccine doses. The work of the pharmacy departments is the subject of a separate contract.

2.5 Other equipment [Name of provider] will estimate requirements for syringes, needles and sharps boxes on the basis of the notified target population (para 2.1) above and order them through their

usual channels. [Name of provider] needs to ensure that staff administering vaccination are trained in all aspects:

[Health Boards may wish to include specific requirements eg:-

are trained and competent to a sufficient standard in the case of nursing staff;

have received specific training and are competent in the management of anaphylaxis as stated in the JCVI Guidance "Immunisation Against Infectious Diseases";

are familiar with advice on contraindications to vaccinations, and should receive training in this if needed.]

2.6 Coverage The [name of provider] should provide a report to the health board by **31 January 1995** on the number of children for whom consent was received, the number vaccinated and the number excluded because of medical contraindications. It should indicate whether any children, for whom consent was received, have not been vaccinated and what action is proposed to vaccinate the children concerned.

NB The attached model dataset is likely to form the basis of national monitoring. Recommendations for data collection are being considered by the Measles/Rubella Implementation Advisory Group.

2.7 Adverse reactions

[Health boards may wish to include the arrangements outlined in Annex A with specific names and addresses.]

Contract price

3. [health boards to set out locally agreed price structure].

MODEL DATASET

The provider should provide the following data to the Health Board for evaluation purposes:

- (a) Total number of children on school roll by class.
- (b) Total number of children consenting to vaccination.
- (c) Total number of children not consenting.
- (d) Total number of children with no form returned.
- (e) Total number of children eligible for vaccination.
- (f) Total number who were not eligible for vaccination due to contraindications stated on consent forms.
- (g) Total number of children given vaccine.
- (h) Total number refusing vaccine on the day, despite consent of parents.
- (i) Total number who failed to attend.
- (j) Total number who did not receive vaccine due to contraindications on the day.

This information should be compiled by class and school and the ages of the children should also be noted to allow further analysis by age cohort.

Names and addresses of all non-form returners, non consents, non attenders etc must be retained to enable later follow up.

Providers should retain all information relating to the programme and agree to carry out further analysis as requested by the Health Board.