



Department of Health

COMMON SERVICES AGENCY
GENERAL MANAGER
TRINITY PARK HOUSE

(BY
VAN)

Dear Colleague

**INTRODUCTION OF A SECOND DOSE OF MEASLES,
MUMPS AND RUBELLA VACCINE INTO THE PRE-
SCHOOL BOOSTER IMMUNISATION PROGRAMME**

Summary

1. This letter draws to your attention that, with effect from October 1996, a second dose of Measles/Mumps/Rubella vaccine (MMR) is to be added to the pre-school immunisation programme following advice from the Joint Committee on Vaccination and Immunisation (JCVI).

Action

2. The second dose of MMR is to be given at the same time as the pre-school Diphtheria/Tetanus and Polio vaccine boosters. In addition, a catch-up immunisation programme for MMR is to commence from October 1996 for those children who were too young to be vaccinated during the school-based MR campaign but who will be too old for the routine pre-school MMR second dose. Further information about these initiatives is given in the annex to this letter.

3. General Managers and Trust Chief Executives are asked to ensure that the contents of the annex are drawn to the attention of all appropriate managers and staff.

4. A CMO/CNO/CPO letter is also being sent to all doctors, Directors of Nursing Services, Chief Area Nursing Officers, Medical Directors of NHS Trusts, and Chief Administrative Pharmaceutical Officers.

Yours sincerely

DR ANDREW B YOUNG
Medical Director

FRP09007

NHS Management Executive
St. Andrew's House
Edinburgh EH1 3DG
12 July 1996

Addressees

For action:

General Managers, Health Boards

Chief Executives, NHS Trusts

General Manager, State Hospital
Board for Scotland

General Manager, Health Education
Board for Scotland

For information:

Director, SCIEH

General Manager, Common Services
Agency

Executive Director, SCPMDE

Enquiries to:

Dr B Davis
Public Health Policy Unit
Room 113
St Andrew's House
EDINBURGH EH1 3DG

Tel: 0131-244 2158
Fax: 0131-244 2683

Ms C Reid
Public Health Policy Unit
Room 14
St Andrew's House
EDINBURGH EH1 3DG
Tel: 0131-244 2164
Fax: 0131-244 2683

COMMON SERVICES AGENCY	
RECEIVED	
14 JUL 1996	
FILE No	
REFERRED TO	ACTION TAKEN
RS 15/7-	

ANNEX

1. The 1994 schools measles/rubella (MR) immunisation campaign was extremely successful with 90% of the targeted 790,000 children, aged 5 to 18, being vaccinated. Confirmed measles cases are now at an all-time low and the campaign has brought us a great step nearer to measles elimination.
2. The MR campaign was necessary because there was a large pool of children susceptible to measles who had either never been vaccinated or for whom the first vaccination had not provided immunity. To prevent the possibility of future epidemics, and to build on the success of the MR campaign, the Joint Committee on Vaccination and Immunisation (JCVI) identified the need for a second dose of measles vaccine. JCVI also recognised that giving this vaccine offers the opportunity, by using MMR vaccine, to target the children potentially susceptible to mumps and rubella: populations susceptible to mumps and rubella would otherwise grow for similar reasons as for measles.
3. JCVI therefore recommended that a second, booster, dose of MMR vaccine be given as part of the existing routine pre-school booster immunisation programme. JCVI also recommended a one-off catch-up campaign for those children who were too young to be vaccinated during the MR campaign but who will be too old for the routine pre-school MMR second dose by the time this can be introduced.
4. Ministers have accepted the recommendations of JCVI and have agreed that these should be implemented from October 1996.

IMPLEMENTATION: ROUTINE SECOND DOSE OF MMR

5. Currently, children receive pre-school booster doses of diphtheria and tetanus (DT) vaccine, by single injection, and polio vaccine, by mouth. This is offered in the main by GPs and forms part of the routine childhood immunisation programme. It is intended that from October 1996 the second dose of MMR vaccine will be offered at the same time as the pre-school DT and polio vaccine boosters to all children who do not have a documented history of 2 doses of any measles-containing vaccine. These vaccines can then all be administered at the same time, requiring no extra appointments.

THE MMR CATCH-UP PROGRAMME

6. The second dose MMR catch-up programme will also be conducted mainly by GPs. Children eligible for the catch-up programme are those born on or after 1 January 1990 who will have already had their pre-school boosters by the time the routine MMR second dose is introduced in October and who do not have a documented history of 2 doses of any measles-containing vaccine. GPs should be encouraged to ensure that all these children are called in for immunisation. The catch-up programme will also commence in October 1996 and should be spread over a period which is sufficient to allow GPs to manage the workload. GPs participating in the Standard Immunisation and Recall System and Grampian Immunisation Record System programmes will be sent lists of relevant children: other GPs should ensure all appropriate children are identified.

7. The immunisation status of all children should be recorded. Software developers for SIRS and GIRS have been advised of the introduction of the second dose of MMR vaccine. There will be immunisation coverage data requirements for the children involved in all aspects of the MMR second dose programme, details of which will be distributed in due course.

8. Subject to consultations with the Scottish General Medical Services Committee of the British Medical Association, provision will be made in the Statement of Fees and Allowances for an Item of Service fee for providing each second dose in the initial stages of the campaign and, at a date to be agreed, the scheme for target payments for providing pre-school boosters will be revised to incorporate a second dose of MMR.

VACCINE

9. MMR vaccine for both the routine second dose and for the catch-up exercise will be provided to General Practitioners by Health Boards in the same way as all other childhood vaccines are provided. MMR vaccine is supplied either as a pack of 10 single doses or as a single dose pack. Adequate stocks of the vaccine will be available.

PUBLICITY

10. The introduction of the second dose of MMR vaccine is an important improvement to the childhood immunisation programme. Information for the profession, for parents, and revised HEBS literature will be provided over the coming months.

CONCLUSION

11. In summary this change in policy is a natural follow-on from the MR campaign. It provides an improvement to the routine immunisation programme giving people better protection against measles, mumps and rubella and it puts the UK in line with the majority of other European countries as well as the USA.