



Mark Drakeford AC AM

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

16 August 2013

Dear Minister,

Health and Social Care Committee: inquiry into the measles outbreak 2013

Thank you for attending the Committee's evidence session on 10 July 2013 to consider the measles outbreak 2013. We would like to take this opportunity to record our thanks to all those involved in the handling of the outbreak and to commend the partnership response adopted by all relevant organisations during recent months.

In light of the evidence received, we have identified a series of key issues we believe require further consideration and/or future monitoring. These are attached as an annexe to this letter.

We hope the points we raise will help shape the Welsh Government's – and partner organisations' – future approach to handling or averting situations of this kind. We also hope our work will help inform the review of the outbreak that will be coordinated by Public Health Wales over coming weeks.

The full record of proceedings from the meeting on 10 July is available [here](#). All written evidence received can be seen [here](#).

Yours sincerely,

David Rees AM

Chair, Health and Social Care Committee

ANNEXE: Key issues arising from the inquiry into the measles outbreak 2013

Introduction

This annexe is not an exhaustive list of all the issues that were raised during the inquiry – these can be seen in their entirety by accessing the [written](#) and [oral](#) evidence submitted. Rather, the purpose of this annexe is to highlight a series of key issues the Committee believes require further consideration and/or future monitoring by the Welsh Government and partner organisations.

It is clear from the evidence submitted to the Committee that effective and decisive action was taken by all relevant partners once the 2013 measles outbreak had been confirmed. We particularly commend efforts to encourage partnership working across organisations and jurisdictions.

We believe, however, that there is a clear need to avoid complacency during periods *between* outbreaks; it is vital that the general population is aware of the need for vaccination against measles, mumps and rubella during intervening periods in order to maintain what is referred to as “herd immunity” across the population. Over the months and years ahead, it will be crucial that awareness of the MMR vaccination’s importance – which has grown as a consequence of the recent outbreak – does not diminish as the number of reported cases falls.

We welcome the Government’s stated priority to drive the uptake of MMR vaccination to reach the 95% target for both the first and second doses. We believe that this can only be achieved by raising awareness of the importance of vaccination and increasing opportunities for individuals to receive all necessary doses. In our view, the vaccination and immunisation plans of all local health boards should include a focus on MMR until take-up levels have reached a consistent figure – at least 95% – of the relevant population. The key issues identified by the Committee for further consideration/future monitoring are listed below.

1. Awareness of the need to receive the MMR vaccination

We note from the evidence we have received that a pool of approximately 30,000 children in Wales remain in need of the MMR vaccination¹. Public Health Wales states:

¹ National Assembly for Wales, Health and Social Care Committee, [RoP \[para 284\]](#), 10 July 2013 [accessed 26 July 2013]

“The only reason this outbreak could happen was because not enough young people in Wales were fully vaccinated with two doses of MMR and there is absolutely no guarantee that this could not happen again.”²

Witnesses emphasised the need to use all possible opportunities, in a range of settings and at a broad range of ages, to inform and remind people of the need for MMR vaccination. The need to remember the importance of vaccinating against mumps and rubella, as well as measles, was also emphasised.³ Dr Helen Bedford from UCL’s Institute of Child Health told the Committee:

“It is a challenge keeping people’s perceptions of the severity of these diseases high. They are almost seen as Victorian diseases now, because of the success of the immunisation campaign [...] If you are not seeing these diseases every day, you tend to forget how serious they can be.”⁴

The Committee would urge the Welsh Government to work with Public Health Wales to determine the best methods by which to raise awareness across the population of the importance of receiving the MMR vaccination and other scheduled vaccinations. Furthermore, the Committee believes that further work is needed to:

- raise awareness that it is two (rather than one) dose of MMR that confers the necessary immunity to eliminate the diseases; and
- ensure that efforts are redoubled to provide second MMR doses to those who are yet to receive them.

2. Increasing opportunities to receive the MMR vaccination

Providing increased opportunities for people to receive the MMR vaccine was a clear theme that emerged in evidence. Abertawe Bro Morgannwg University Health Board suggested looking at the possibility of offering MMR to those who hadn’t previously received it at the same time that other vaccinations are given in secondary school.⁵ The Chief Medical Officer, Dr Ruth Hussey, told the Committee:

² Public Health Wales [Measles outbreak declared over](#) 3 July 2013 [accessed 26 July 2013]

³ National Assembly for Wales, Health and Social Care Committee, [RoP \[para 175\]](#), 10 July 2013 [accessed 26 July 2013]

⁴ Ibid, para 178

⁵ Ibid, para 50

“We have new programmes fitting in to the teenage years in schools; can we find a way of double-checking each time that they [pupils] are up-to-date with all their vaccinations? Equally, thinking laterally, are there other services that people might be using as they enter the young adult years – for example, sexual health services – and can we build in checks and balances in any type of encounter where that group may be using services [...] We need to carry on thinking of other ways in ways in which we can keep having that conversation.”⁶

We welcome the Chief Medical Officer’s comments and urge the Welsh Government to work with Local Health Boards and Local Authorities to ensure that opportunities to receive the MMR vaccination are increased.

3. Uptake of the MMR vaccination among frontline health staff

A number of witnesses noted the importance of encouraging uptake of vaccinations among frontline health staff, for their own and patients’ safety. Both the Minister and representatives of Aneurin Bevan Health Board referred to this as a professional and ethical duty⁷ – this is an assertion with which we agree. The Minister indicated that he was not minded to make this compulsory, as there may be other ways to encourage uptake. Dr Gillian Richardson, Director of Public Health at Aneurin Bevan Health Board, noted that she would be keen to see a ‘health passport’ for staff introduced, which documented vaccinations. We encourage the Welsh Government to actively explore this suggestion – and other methods of increasing staff uptake of vaccinations – over coming months.

4. Staff training

The need to ensure that all staff receive continuous training to remain alert and vigilant to the reappearance of infections such as measles, and are sufficiently trained to be able to respond to outbreaks, was emphasised by witnesses.

The Chief Medical Officer acknowledged that:

“There is a sense that people had forgotten what measles was like as an illness because we have successfully not had it for a long time. The

⁶ National Assembly for Wales, Health and Social Care Committee, [RoP \[para 344\]](#), 10 July 2013 [accessed 26 July 2013]

⁷ Ibid, paras 78 and 329

same applies to diseases that may re-emerge. We need to make sure that, in training, people are vigilant to expecting that these diseases may appear from time to time. We are now in a position where people do know what measles looks like and are aware of it. An essential part of general training is to keep that vigilance up and to incorporate it into all training programmes that infectious diseases can come back at any time and that we need to be aware and mindful of that.”⁸

We urge the Welsh Government to work with professional and regulatory bodies, and relevant academic institutions, to ensure that staff receive continuous training to remain alert to infections of this kind and the need to vaccinate against them.

5. Data sharing and ICT systems

The importance of data quality during an outbreak was raised by a number of witnesses to this inquiry. Neath Port Talbot County Borough Council’s written evidence stated that:

“There appeared to be several health IT systems that were not compatible with one another and in desperate need of modernising.”⁹

The BMA’s written evidence also highlighted concerns around access to up-to-date information.¹⁰ Aneurin Bevan Health Board (ABHB) proposed that a shift from paper processes to more accessible electronic processes would improve efficiency and accuracy, and that GPs should be able to input data directly on to the Child Health System for patients registered with their practice. ABHB also highlighted cross-border issues, stating that the processes for data exchange between neighbouring Health Boards/Wales and England need to be improved.¹¹

The Committee believes that further work is needed to improve information handling and the connectivity of ICT systems within the health service, including consideration of moving away from paper-based systems. We welcome the Chief Medical Officer’s acknowledgement that lessons from the

⁸ National Assembly for Wales, Health and Social Care Committee, [RoP \[para 336\]](#), 10 July 2013 [accessed 26 July 2013]

⁹ Ibid, [Paper 4- Written evidence from Neath Port Talbot County Borough Council](#), p6 [accessed 26 July 2013]

¹⁰ Ibid, [Paper 10 - Written evidence from BMA Cymru Wales](#), p5 [accessed 26 July 2013]

¹¹ Ibid, [Paper 3 - Written evidence from Aneurin Bevan Health Board](#) [accessed 26 July 2013]

recent outbreak will provide an opportunity to look at connectivity between ICT systems and improve the use of electronic processes.

6. Communication

The effectiveness of innovative communication tools – including social media – was highlighted by those who gave evidence to the inquiry. We welcome the intention on the part of Public Health Wales to explore the opportunities offered by social media to communicate with the public in situations of this kind.¹² We also note the suggestion that ‘immunisation advocates’ in relevant organisations should use social media to promote the importance of immunisation on an on-going basis.¹³ It was also noted that communications strategies and information need to be tailored to different audiences¹⁴, including harder-to-reach groups and those who have traditionally remained reticent to having their children vaccinated.

Oral evidence also highlighted the effectiveness of the school text messaging service as an instant method of communication with parents and pupils. The Committee was told, however, that this is not available in all schools in Wales.¹⁵ We urge the Welsh Government to work with Local Authorities to explore why all schools do not currently have this service and scope the feasibility of ensuring it is introduced across all schools in Wales.

The role of the media during outbreaks and intervening periods was raised by many witnesses. We welcomed the Minister’s acknowledgement that Government and relevant organisations need to play an active role in providing robust and timely information that journalists can have confidence in using.¹⁶ We also commend the work of the Science Media Centre, an independent charity which provides help to ensure that the public have access to the best scientific evidence and expertise through the news media when science hits the headlines.¹⁷

¹² National Assembly for Wales, Health and Social Care Committee, *RoP [para 241]*, 10 July [accessed 26 July 2013]

¹³ *Ibid*, para 196

¹⁴ *Ibid*, para 340

¹⁵ *Ibid*, para 57

¹⁶ *Ibid*, para 348

¹⁷ More information about the Science Media Centre can be found here: <http://www.sciencemediacentre.org/>

Next steps

The Committee would welcome a response from the Welsh Government to the key issues raised above. We also look forward to receiving a copy of the review of the outbreak that will be coordinated by Public Health Wales over coming weeks.

We believe that continued efforts to vaccinate during periods between outbreaks are equally important as the actions taken to handle outbreaks when they occur. As a consequence, we will continue to monitor progress in meeting the target of 95% of children receiving two doses of the MMR vaccine during this Assembly.