

# Measles: Frequently Asked Questions

**Version 2 – April 2024**

## What is happening?

Since 1 October 2023, there has been an increase in measles cases across England. The latest measles epidemiology information can be found [here](#).

Please see updated FAQs below for primary care clinicians on best practice.

## What is the advice for the public?

Measles is an infection that spreads very easily and can cause serious problems in some people. Having the MMR vaccine is the best way to protect someone from becoming seriously unwell with measles. Information for the public about measles is available on [nhs.uk](https://www.nhs.uk).

You should ask for an urgent appointment with your GP practice or get help from NHS 111 if:

- you think you or your child may have measles
- If you or your child have been in close contact with someone who has measles and not had measles before or had 2 doses of the MMR vaccine
- you've been in close contact with someone who has measles and you're pregnant – measles can be serious in pregnancy
- **you have a child < 1 year of age who you think has been in close contact with measles**

- you have a weakened immune system and think you have measles or have been in close contact with someone with measles

Measles can spread to others easily. Call your GP surgery before you go in in and let them know you suspect you or your child may have measles. They may suggest talking over the phone and/or putting you in a side room when you arrive. If you need to visit A&E it is important that you inform the team as soon as you arrive that you suspect measles.

You can also call 111 or [get help from 111 online](#).

UKHSA has published resources for members of the public to encourage awareness of measles signs and symptoms, and to inform the public on how to prevent the spread of measles including MMR vaccine uptake. [Immunisation - GOV.UK \(www.gov.uk\)](#).

## What about vaccinations?

The Measles, mumps, and rubella (MMR) vaccine is the safest way to protect you from measles, mumps and rubella infections. Two doses offer lifelong protection against becoming seriously unwell with all three.

Getting vaccinated is important, as these conditions can also lead to serious problems including meningitis, hearing loss and problems during pregnancy.

Millions of parents and carers in England are being urged to book their children in for their missed MMR vaccine as part of a major NHS drive to protect families as measles cases continue to rise across the country.

NHS England has contacted parents of children aged from six to 11 years, whose medical records show that they have not had two doses of the MMR vaccine encouraging them to make an appointment with their child's GP practice for any missed doses.

[The NHS campaign](#) has also begun to target areas with lower uptake of the vaccine. During February and March, the health service will have contacted almost one million families with unvaccinated or partially vaccinated people aged 11 to 16 years. In London, Manchester, and the West Midlands young adults ages 17 to 25 years-old will also be contacted to invite them to catch up on their missed MMR vaccinations.

## What is the advice for NHS organisations?

UKHSA and NHS England issued [a letter to the NHS](#) in October 2023 about preparing for measles resurgence in England. This letter contains advice and guidance for NHS organisations.

## What about staff vaccinations?

All health and care systems and NHS employers should continue to ensure all staff (clinical and non-clinical) are up to date with their vaccinations. **All frontline healthcare workers** should have satisfactory evidence of protection against measles to protect both themselves and their patients. Satisfactory evidence of protection includes documentation of having received two or more doses of a measles containing vaccine and/or a positive measles IgG antibody test. Occupational Health service should have ready access to up-to-date records to support outbreak response. [Chapter 12 of the Green Book](#) provides information for public health professionals on immunisation. **If there is any doubt about vaccination status, staff are encouraged to have the MMR.**

## What are the GP MMR payment arrangements?

Practices are eligible for a standard item of service fee of £10.06 per dose of MMR vaccine administered to an eligible cohort and age criteria for the vaccination and immunisation programme and in accordance with Section 19 of the [Statement of Financial Entitlements \(SFE\)](#). Where additional doses of the MMR vaccines are required and clinically indicated, including for the purpose of completing the schedule of vaccines due to incomplete or 'unknown' immunisation status, then an item of service fee is also payable. Where a practice as an employer has provided MMR vaccination to its staff, then the practice is not eligible to claim an IOS fee.

## What are the Infection, Prevention and Control (IPC) considerations for staff?

UKHSA has issued the [national measles guidelines](#) which provides detailed public health guidance on the risk assessment of suspected measles cases, the management of their contacts and a description of the laboratory testing services available to support this.

NHS England has issued updated [IPC guidance for risk assessment and infection prevention and control measures for measles](#) in healthcare settings has been issued by NHS England. This supports the [National IPC manual for England](#).

## Do staff need to isolate if they come into contact with a measles case?

The [national measles guidelines](#) state that health care workers (HCWs) who are exposed to a confirmed or likely case and do not have satisfactory evidence of protection should be excluded from work from the 5th day after the first exposure to 21 days after the final exposure. If HCWs are tested rapidly after exposure, they can continue to work if found to be measles IgG positive within 7 days of exposure (as this is too early to be due to infection from the recent exposure). Where MMR vaccine is given post-exposure, it is unlikely to prevent the development of measles but if the HCW remains symptom-free for at least 14 days after MMR vaccine was given, they can return to work at that stage. **Any healthcare workers who work in GP practices should access rapid testing via their personal GP practice.**

## What PPE is required in primary care?

**The use of appropriate PPE should be informed by risk assessment. The PPE required, as set out in the NHS England measles guidance, is the same for primary care as other settings, i.e. a minimum of gloves, apron, eye/face protection and RPE (e.g. a fit-tested, fit-checked FFP3 respirator). An FFP3 respirator must be worn by staff when caring for patients with a suspected or confirmed infection spread by the airborne route.**

## Would an FFP3 mask be required if the HCW is vaccinated/immune?

**Yes, RPE (FFP3) should be worn regardless of vaccination status. Should staff be exposed to measles i.e. not wearing RPE while caring for a patient, as set out in the NHS England measles guidance, the decision to exclude the staff member from work should be based on a risk assessment including their vaccination status. Staff with evidence of vaccination (2 doses) or immunity are unlikely to be required to be excluded from work.**

## How long should a clinical treatment room be left before cleaning following vacation of a suspected/confirmed case of measles?

**After a suspected or confirmed measles case has left a clinical treatment room, the room should be left for a period of time (fallow time) to allow airborne particles to settle and/or be removed from the room through ventilation. The length of time required will vary depending on the number of air changes per hour (ACH) in the treatment room. In hospital settings the majority of general wards/single rooms should have at least 6 air changes per hour, the fallow times required in these settings is a minimum of 20 minutes. If the air changes within**

the room/area are unknown or known to be lower than 6 air changes per hour the fallow time should be extended. Measles virus can survive in the air for up to 2 hours, if the ACH in a room are unknown this can be used to guide decision making regarding fallow times.

## What cleaning is required following vacation of a suspected/confirmed case of measles?

Refer to [section 2.3 of the NIPCM for England for full details of performing a terminal clean](#). Briefly, all healthcare waste, linen etc., should be removed from the room and all reusable equipment and the care environment must be decontaminated\* using detergent and a disinfectant suitable for use against measles virus). Terminal cleaning should be performed after any required fallow/resting time as described above.

## How do we get fit tested?

The Government scheme providing free provision of PPE to health and social care in support of the COVID-19 response has now ended. General practice, like all other NHS providers, are responsible again for sourcing and purchasing their PPE provision, including FFP3 respirator masks and fit testing, to ensure safe systems of working for Infection Prevention and Control (IPC).

Where GP practices are seeking to secure additional PPE, including FFP3 respirator masks and fit testing, in response to risk assessments for managing symptomatic measles cases, all reasonable efforts should be made to secure these independently. Primary Care Networks and GP practices should consider collaborations to secure buying power efficiencies when purchasing directly from commercial providers/wholesalers.

ICBs will want to be assured general practice is able to manage the risks of possible onward transmission of measles and should provide support where necessary. This support may include working with their Primary Care Networks and GP practices to agree and put in place appropriate patient centred pathways for managing suspected measles cases so that the risks are able to be contained to GP practice sites where there is assurance on IPC practice. Support may also include providing contingency access to PPE supplies in significant outbreak situations and supporting access to FFP3 fit testing, for example, through agreed signposting to local hospital/NHS trust/other NHS providers where there may be capacity to support or coordination of access to commercial fit testing training programmes.

Further information regarding fitting and fit checking of respirators can be found on the [Health and Safety Executive website](#).