

HLT 00234-24: MMR Catch up Vaccination programme

Action required

Approval is sought to establish and fund an extended MMR catch-up programme in response to a recent rise in measles cases in the UK and Europe and to put in place before the imminent holiday period to protect the public against imported cases.

Executive summary

There has been a recent rise in measles cases in the UK and Europe.

In February 2024, the HSE HPSC was notified of the death of a person with confirmed measles which was the first confirmed measles case in Ireland in 2024. On 20 February, Northern Ireland's Public Health Agency (PHA) confirmed that one case of measles has been diagnosed in Northern Ireland.

The risk of continued introduction and transmission of measles in Ireland is assessed now as very high due to the high likelihood of further cases and high potential impact to the health service.

MMR uptake in Ireland is currently suboptimal and nationally, uptake has declined to below 90%.

In November 2023, the HSE launched an MMR catch-up programme for children aged between 14 months and 10 years old inclusive who may have missed out on their vaccines, which is offered through GPs.

To support prevention of an outbreak and to ensure public health measures are in place, the HSE has submitted a business plan to put in place a catch-up programme for those born after 1978 delivered by both GPs and the HSE.

New regulations are required to establish the fees payable to GPs for the administration of these vaccinations. The Minister's approval is sought to make the necessary legislative changes to enable the operation of the programme. A draft SI is attached which will be finalised by the legal drafter.



Detailed information

1. Introduction

Overview

Measles is a highly infectious disease which can cause serious complications, particularly in children under one year of age, pregnant women, and the immunosuppressed. It is estimated that every

measles case can infect 12-18 susceptible individuals. Immunisation is the only effective preventive measure against acquiring measles. The World Health Organization (WHO) has warned about the increased risk of measles infections in children as a result of suboptimal MMR vaccination uptake rates following reductions in immunisation coverage due to the impact of the COVID-19 pandemic on routine immunisation programmes. Globally, measles remains one of the leading causes of death among children. Individuals at increased risk of measles include infants who are too young to be immunised and people who have a compromised immune system.

Epidemiological situation in Ireland

In Ireland sporadic measles cases continue to be reported to the HSE. Since 2020, most confirmed cases reported recent travel to countries where outbreaks were ongoing. [REDACTED]

[REDACTED] There were two measles cases reported in 2022, no cases were reported in 2021 and five cases were reported in 2020. There were no deaths reported in any of those years.

The HSE Health Protection Surveillance Centre (HPSC) was notified of the death of a person with confirmed measles, which took place in the Leinster Region on 7th February 2024. This is the first confirmed measles case notified in Ireland in 2024.

HSE public health teams, along with the HSE Measles National Incident Management Team (IMT), are taking all necessary public health actions.

The HPSC are investigating a number of possible (i.e. not laboratory confirmed) cases of measles. The HPSC will update the status of these cases as results are reported.

International epidemiological situation

According to the European Centre for Disease Prevention and Control (ECDC) in 2023, significant increases in the number of measles cases and outbreaks were observed globally, including in 40 of the 53 countries of the European region, and in at least ten EU/EEA countries. This followed a period of unusually low activity during the COVID-19 pandemic. The substantial decline in cases of measles reported by EU/EEA countries from March 2020 until the end of 2022 is in contrast to the usual annual and seasonal pattern for measles, which peaks during the spring in temperate climates.

Measles cases are expected to continue increasing in the coming months due to:

- the suboptimal vaccination coverage (less than 95% for the second dose in the majority of the EU/EEA countries),
- the high probability of importation from areas experiencing high circulation, and

- the fact that the coming months represent the seasonal peak of the virus.

The UK Health Security Agency (UKHSA) has reported a resurgence of measles in England in 2023 particularly in the West Midlands and London, however all regions of England have reported cases. From 1 October until 13 February 2024, there have been 521 laboratory confirmed measles cases reported in England.

As noted above, Northern Ireland's Public Health Agency (PHA) has confirmed that one case of measles has been diagnosed in Northern Ireland.

Measles, Mumps and Rubella (MMR) Immunisation in Ireland

Measles vaccine in Ireland is given as part of the combined Measles, Mumps and Rubella (MMR) vaccine. Two doses of MMR vaccine are included in the childhood immunisation schedule in Ireland:

- MMR Dose 1, given at 12 months of age in general practice.
- MMR Dose 2, given at 4-5 years of age in junior infants in Primary Schools, by HSE school immunisation teams.

MMR uptake in Ireland is currently suboptimal and less than the 95% target set by the WHO. Ireland's MMR uptake is currently below the EU/EEA average. Nationally, uptake has been below 90% for seven consecutive quarters. In Q3 2023 MMR1 uptake nationally in Ireland was 89%, down from 92% in Q4 2019*. Uptake of MMR 2 was 87% in 2021/2022 down from 91% in 2018/2019*. (*Rounded to the nearest whole number).

There are significant geographic variations. In Q2 2023 MMR1 (MMR dose 1) uptake rates at 24 months ranged from a low of 77% in Louth to high of 94% in Dublin Southwest. In Meath MMR1 uptake was <80% in Q2 2022 and Q2 2023 (78% and 80% respectively).

A recent Irish seroprevalence study estimated that 11% of adults aged 18-34 years are non-immune to measles. The study conducted by the HPSC found 18% of males aged 18-19 years are nonimmune. This indicates a significant non-immune population in adults also. The likely reason for this high level of non-immunity likely relates to misinformation regarding the MMR vaccine which falsely implicated it with a risk of autism. As autism is more often diagnosed in young male children, it is likely that a cohort of now young men were not vaccinated due to parental decisions informed by this erroneous science which has since been discredited.

It is not currently possible to estimate the unvaccinated population in Ireland. Vaccine uptake statistics in Ireland do not currently include cohorts who are asylum seekers or beneficiaries of temporary protection. Therefore, the HSE does not have an indication of immunity in this population. Additionally, while coverage data at a geographical level is available, the HSE does not have information on coverage in different population groups e.g., Traveller community, Roma community.

Assessment of risk of measles to Ireland

As of February 2024, the HSE has advised that the probability of continued introduction and transmission of measles in Ireland has been assessed as very high due to the likelihood and potential impact to the healthcare service.

The ECDC published a rapid risk assessment on the measles increase at EU level. This has informed Ireland's preparedness and planning.

There are ongoing potential routes of introduction of measles to Ireland, notably outbreaks in England and Romania, as well as ongoing transmission in many other regions. There is a susceptible population given suboptimal MMR vaccine coverage in the primary childhood immunisation schedule, as well as susceptibility in young adults as evidenced by the HPSC seroprevalence study.

In addition, Ireland now also has more healthcare workers born abroad and their measles immunity status may be unclear.

Refugees and Applicants Seeking Protection

The HSE has advised that displaced people entering the EU/EEA from other countries, including Ukraine, seeking international protection may be vulnerable to developing infectious diseases, including vaccine-preventable diseases, due to the increased incidence of various infectious diseases in their country of origin.

Congregate settings have a higher risk of outbreaks of communicable diseases. It is a public health priority to ensure that children and adults from other countries are immunised and up to date with all recommended vaccines in Ireland. Vaccination against COVID-19, measles and polio have been identified as particular priorities by both the WHO and the ECDC due to the risk of severe clinical outcomes among the most vulnerable, and their outbreak potential. A catch-up vaccination programme for this population has been active for the past year.

2. Public Health Measures Introduced

Actions taken to address the situation

The HSE and the Department have taken a number of actions since the spring of 2023 to seek to address the risk of a measles outbreak in Ireland. The HSE and the Department (CMO) have issued communications to the public to raise awareness and encourage parents to bring their children forward for vaccination.

In response to concerns regarding the rising numbers of measles cases internationally and the associated risk of measles outbreaks occurring in Ireland, in May 2023, the Minister for Health signed regulations adding Measles to the list of notifiable infectious diseases requiring immediate preliminary notification by telephone to a Medical Officer of Health. This new legislative requirement means that medical practitioners should urgently notify suspected clinical cases of measles. This enables immediate control measures to be put in place.

The HSE has changed the timing of MMR2 offered in Junior Infants from the second school term to the first term to try to ensure the children are protected as early as possible.

In addition, the HSE launched an MMR catch-up programme in November 2023. The catch-up programme is being offered through GPs. The unvaccinated or incompletely vaccinated patients could opt in this Winter. A letter of notification to GPs regarding the MMR Catch-up Programme

went live in mid-November 2023. This letter advised that those eligible for MMR vaccination under the programme are:

- Children aged between 14 months and 10 years old inclusive who did not receive the MMR vaccine when they were 12 months old, and/or age 4-5 years old in junior infants.

Over the past year HSE regions have undertaken exercises to test their response plans and systems in the event of measles cases being detected. The HSE has developed further information and advice for clinicians on its webpage on measles and cascaded a new measles awareness poster as of 24 January 2023. The HSE has been, and will continue to, engage with GPs on the heightened state of readiness regarding measles cases and their management.

The National Immunisation Oversight Committee (NIOC), which is a HSE committee, has been meeting quarterly to discuss immunisation challenges and to agree actions. In addition, following discussions between the Department of Health and the HSE on the declining immunisation rates in the Primary Childhood Immunisation Programme (PCIP), the HSE established a Taskforce in November 2023. This group is focusing on areas of particularly low vaccine uptake.

The Taskforce will identify, manage, and monitor any risks to service provision. Through analysis of available data and intelligence, it will provide evidence-based expert advice and guidance to increase uptake of recommended vaccine programmes to target coverage levels and reduce the risk of outbreaks of vaccine preventable diseases.

Measles Incident Management Team (IMT)

The Measles IMT was convened at the request of the Director of National Health Protection to support collaborative preparation in response to the escalating threat from measles consequent to increasing numbers of infected cases reported recently in the UK and Europe and the current level of coverage of the MMR vaccine in Ireland, including among some specific populations and settings.

3. MMR catch-up programme

Prioritisation Groups

The recommendation from the Measles IMT is an extended HSE MMR catch-up programme from children aged 10 and under to those born after 1978 with designated prioritisation. The proposed immunisation campaign would offer the MMR vaccine to those born after 1978. Those born in Ireland before 1978 are likely to have immunity to measles.

The prioritisation groups of the programme are as follows*:

- Children (routine and catch-up)
- Young people up to age 24 years
- Healthcare workers
- Underserved populations, such as Travellers, Roma, people who are homeless, Refugees and Applicants Seeking Protection and other vulnerable migrants, and those in custodial settings

*Please note that the prioritisation groups are not weighted or in an ordinal ranking.

The next priority group would be those aged 25 to 34, and then also opportunistic offering of vaccination to those born after 1978.

Immunisation would be delivered via a complementary programme through General Practice (GP) as well as HSE Immunisation Teams and Occupational Health.

GP fees

As noted above, the HSE has an agreement in place with the IMO to offer routine and catch-up MMR for children aged 14 months to 10 years old inclusive who may have missed out on their MMR vaccinations. The agreed fee was €36.03.

To the current situation, the HSE has agreed with the IMO to extend this agreement to allow GPs to administer first and second doses of MMR, where required to all ages born since 1978, on an opportunistic basis where patients present for vaccination, at the same agreed fee of €36.03.

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New regulations to establish the fees payable to GPs

New regulations are required to establish the fees payable to GPs for the administration of vaccinations under the proposed MMR catch-up programme.

The fees payable to GPs under the GMS scheme and other schemes including National Immunisation Programmes are set out in the Public Service Pay and Pensions Act 2017 (Section 42) (Payments to General Practitioners) Regulations 2019 as amended, SI 692 of 2019. It is intended the new regulations will replace Schedule 34 of SI 692 of 2019 so that the Schedule will include these new fees.

A draft version of the proposed regulations is attached. The regulations will be finalised by the legal drafter and accordingly there may be some small changes in the version that would be presented for signing. The Minister for Public Expenditure, National Development Plan Delivery and Reform's consenting signature is also required.

If the proposed regulations are approved, a hard copy of the finalised regulations will be prepared and provided to Minister Donohoe for signature and will subsequently be sent to the Minister's Office for signing.

Healthcare workers

Healthcare workers (HCWs) are an essential component of the MMR vaccination campaign as they may be exposed to measles as part of their work. By the nature of their work many HCWs are likely to be at higher risk of exposure to measles during an outbreak than the general population; their employers have a responsibility to offer them all practical protection against infection. Exposed staff must be excluded from work for a prolonged period if they are nonimmune to measles and are in close contact with a case. This can have a serious effect on staffing levels in healthcare settings.

Information has been sent to HSE healthcare workers to encourage them to check their measles immune status with their occupational health service and where not known, to receive an MMR vaccine according to National Immunisation Advisory Committee (NIAC) recommendations. Vaccines can be given to HCWs by GPs and in HSE community clinics.

Communities with lower vaccine uptake

Counties with lower uptake of MMR vaccination will be explicitly targeted in the campaign, including border counties (especially county Louth which along with county Meath has lowest documented coverage).

Communications Strategy for MMR catch-up programme

Developing a comprehensive communications strategy and plan to promote vaccination through available vaccination clinics will involve a multi-faceted approach aimed at fostering public awareness, trust, and accessibility. A clear and concise messaging campaign will be developed targeting people who may have missed out on the MMR vaccination. The HSE campaign will emphasise the importance of MMR vaccination in preventing serious diseases and protecting community health. This will be supplemented by local communications.

Information and communication technology (ICT)

There is no national immunisation information system in Ireland. Therefore, the first MMR is recorded on systems held locally in CHOs, local health organisation structures, and on individual GP systems. The second MMR details are held on the national Schools Immunisation System (SIS). For this catch-up campaign, GP vaccinations will continue to be captured on their local systems and send to CHOs for recording. Vaccines delivered by HSE teams will be recorded on the SIS system.

Vaccines delivered by occupational health, prisons and hospitals can be captured on their usual systems, but may not be able to be recorded centrally, and so the full uptake figure of the programme may not be captured. These services should at a minimum, return figures monthly of vaccines administered. It is proposed to develop an online booking portal to allow people to book into community clinics. Upgrades of the Schools Immunisation System will be required to allow MMR vaccine recording for the HSE clinics.

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