



SCOTTISH EXECUTIVE

Health Department

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Medical Directors of NHS Trusts
Directors of Nursing
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27 March 2002

Dear Colleague

MEASLES AND MMR IN SCOTLAND

I attach a letter from the Chief Medical Officer and Chief Nursing Officer which I would be grateful if you would cascade.

1. Please could Medical Directors in NHS Trusts forward on to:

- General Practitioners, and out of hours services – please ensure this message is seen by all practice nurses and non-principals working in your practice and retain a copy in your “locum information pack”.
- Paediatricians
- Infectious Disease Clinicians
- Community Health Clinics
- A&E Departments

2. Please could Directors of Nursing forward on to:

- Health Visitors

3. Please could Directors of Public Health forward on to

- Chief Executives, NHS Boards

Yours sincerely

DR ANDREW FRASER
Deputy Chief Medical Officer

on SHOW
28.3.02

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SCOTTISH EXECUTIVE

Health Department

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27 March 2002

Dear Colleague

MEASLES AND MMR IN SCOTLAND

We have recently seen the reappearance of confirmed measles in Scotland after an interval of almost two years. This is not unexpected, given the drop in the uptake of the MMR vaccine. For the same reason it can be anticipated that in time we may also see the reappearance of mumps and rubella. Over the past two years, there have been 15 confirmed cases of mumps and 7 of rubella and a rise above these very low levels could be expected.

In the same period, notifications of measles (clinical diagnoses rather than laboratory confirmations) have remained at high levels. There were 721 measles notifications during the last two years (roughly 25-35 per month). Just under half of these cases were further investigated and three were virologically confirmed in 2000 (none in 2001). We urge colleagues to maintain their contributions to the statutory clinical notification system. However we recognise that measles is now rare. It is therefore, inevitably, difficult to diagnose accurately and mild viral illnesses causing a rash may be labelled as suspected measles. Diagnosis of measles (and mumps and rubella) can be confirmed by non-invasive tests using saliva samples. Whenever practicable, saliva samples should be obtained from suspected cases. We are grateful for the extra effort which is already going into the enhanced surveillance scheme by confirmatory saliva testing, but we would encourage greater participation in the scheme. Please continue to notify these diseases and submit as many confirmatory tests as possible in the usual manner. When you make a clinical notification please request a saliva kit from your local Department of Public Health, who will also be able to give you further details of the scheme.

A second concern has been advice to the public on action to take if they believe their child has not been immunised adequately against measles, mumps and rubella. Our advice remains that we are confident that the MMR vaccine is the safest way to protect children against these diseases. The Executive's policy to recommend MMR as the safest way to protect against measles, mumps and rubella is soundly based on the independent expert assessment of current scientific evidence by a number of groups around the world. These groups include the Committee on Safety of Medicines (CSM), the Joint Committee on Vaccinations and Immunisation (JCVI), the Medical Research Council (MRC), the World Health Organisation and many other professional and expert bodies. They have all concluded that there is no scientific evidence of a link between the MMR vaccine and bowel disease or autism.

Taking account of that independent expert advice, single vaccines for measles, mumps and rubella are not offered as part of the routine childhood immunisation programme. The main reasons for this policy are that:

- Offering single vaccine, with some time lags between the three, would leave a child at risk from mumps, measles and rubella, which could result in death or serious illness; this also has serious potential consequences for any other unprotected child or adult with whom they were in contact.

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- Such courses are not always completed, leading to an overall fall in uptake rather than a rise and consequently leaving children even more exposed to measles.
- Children would also face increased trauma: six vaccinations rather than two.

A further important point is that there is no scientific evidence to support the safety or efficacy of giving MMR as three separate vaccines at defined intervals. In contrast MMR vaccine has been used worldwide for 30 years with an excellent safety record. The US alone has used over 200 million doses of MMR routinely since the mid 70s.

For parents who are concerned about their child's protection, advice remains that a dose of MMR early in the second year of life and again before entry to primary school offers the best protection. If a child has missed or delayed a dose, completion of the immunisation schedule does not need to wait until the next invitation- as soon as practicable is the best course. We have made provision for the supply of the vaccine to be assured, and we would be grateful if you could make local arrangements to ensure your capacity to respond to any rise in demand.

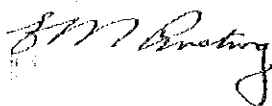
We know that health professionals have found the MMR discussion pack (issued in September 2001) useful in advising parents. It also contains information on clinical presentation and diagnosis of measles, mumps and rubella. These and other explanatory materials for parents are designed to address the main concerns of people contemplating immunisation for their child.

We expect that the next weeks may bring further news of confirmed cases of measles. The advice in this letter anticipates this and sets out the practical measures to be taken. The mainstay of protection is with the MMR vaccine.

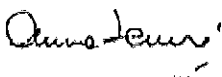
We realise that many parents have devoted a great deal of time and effort in coming to a decision on immunisation for their child. Decisions have not been easy for many, but nonetheless, most parents in Scotland, with your advice, continue to accept the offer of MMR. In the quarter ending December 2001, the proportion of children who received MMR vaccine before their second birthday was 86.6% - and the fall of 0.3%, representing in the region of 50 fewer children was less in the latest quarter than at any time over the last year. This suggests that the trend of decline is slowing and coverage levels in Scotland on average remain above other areas of the UK.

Thank you for your continued support.

Yours sincerely,



DR E M ARMSTRONG
Chief Medical Officer



MISS ANNE JARVIE
Chief Nursing Officer

