



UK Health  
Security  
Agency

UKHSA London Region  
0300 303 0450  
[london.region@ukhsa.gov.uk](mailto:london.region@ukhsa.gov.uk)

For PII please use:  
[phe.london.region@nhs.net](mailto:phe.london.region@nhs.net)  
[www.gov.uk/ukhsa](http://www.gov.uk/ukhsa)

3 June 2024

Dear Colleague,

**Re: Escalation to level 3 for measles for some London boroughs and implications for NHS and all Local Authorities**

Dear Colleagues,

Cases of measles are continuing to rise in London. UKHSA London has reviewed the current epidemiology and has now designated all eight boroughs in North West London (Harrow, Brent, Hillingdon, Hounslow, Ealing, Westminster, Kensington and Chelsea and Hammersmith and Fulham), as well as Wandsworth, Lambeth and Enfield to be at level 3 transmission for measles. This internal escalation level is based on increasing case numbers in these areas, evidence of sustained community transmission and the capacity within Health Protection Teams (HPTs) to prioritise and ensure the most vulnerable contacts are identified and protected.

For UKHSA London, level 3 means we are moving away from a full risk assessment of individual cases to only following up vulnerable contacts and high-risk settings. This will focus the health protection resources on protecting those at most risk of severe measles.

Specifically, this means in the level 3 boroughs, that:

- All cases will still be routinely contacted by text by HPTs and only followed up if they report vulnerable contacts
- HPTs will no longer be calling an Incident Management Team (IMT) meetings for routine school outbreaks or advising additional school-based vaccinations following an outbreak

**Implications for NHS settings in these areas**

This should have minimal impact on NHS settings. The HPT should still be notified of all suspected cases, as usual. Infection Prevention and Control (IPC) teams should note that London HPTs will no longer be informing healthcare settings of instances where staff or patients have been exposed to a measles case. This includes Primary Care, therefore Primary Care settings should be aware of how to contact [Health Protection Teams](#) if they have vulnerable contacts that have been exposed in their setting. Please do continue

communication with your NHS services about staff vaccination, and the importance of triage and appropriate isolation of suspected cases at their settings.

### **Implications for Local authorities**

Local Authorities in these areas should alert high risk settings, such as prisons, asylum settings and also educational and early years settings, that:

- Measles cases have increased locally
- Some people are considered very vulnerable to severe measles infection. This includes immunosuppressed people, unvaccinated pregnant women and children under the age of one. Therefore, settings should be aware of how to contact [Health Protection Teams](#) if they have vulnerable contacts that have been exposed to a single or multiple cases in their setting.
- Settings (specified above) should proactively contact their occupational health and infection control teams to get advice on managing any vulnerable contacts.
- Settings should continue to support uptake of the [MMR \(measles, mumps and rubella\) vaccine - NHS \(www.nhs.uk\)](#) in their settings. Vaccination is the safest and most effective way to protect against measles. Two doses of the MMR vaccine offers long term protection.
- All educational settings have been sent a UKHSA measles resource pack [Education pack for schools for measles | ADPH London](#).
- In addition to the above setting specific action, LA public health teams should continue with their communication plans on promoting MMR vaccination especially in areas and communities with low uptake. Please share stakeholder toolkit [UKHSA communications toolkits - Google Drive](#)

With our thanks to the whole system for your continuing partnership work in this ongoing incident.

Yours sincerely,



**Dr Yvonne Young**  
Regional Deputy Director  
UKHSA London Region