



To: London Directors of Public Health
Regional Director of Public Health, NHS London
Regional Medical Director – NHS England, London Region
Regional Director of Commissioning – NHS England, London Region
London ICB's Chief Medical Officers
UKHSA London Measles IMT Members

22 November 2024

Dear Colleagues,

Re: UKHSA London Measles Incident reduced from Standard Incident to Routine Incident

Following a rise in measles cases in London at the start of 2024, UKHSA London declared a Standard Incident on 25 January 2024. A multi-agency Incident Management Team (IMT) was established at that time in response to the outbreak and has been meeting regularly since then.

Over the past couple of months, the number of measles cases in London has fallen steadily. There are now substantially fewer cases than at the height of the outbreak in July 2024, though case numbers are still elevated compared to prior to the outbreak.

UKHSA London undertook a Dynamic Risk Assessment on 12 November 2024, and following this, the measles incident has been reduced from a UKHSA Standard Incident to a Routine Incident and the multi-agency IMT has been stood down.

UKHSA London remains in Business Continuity Mode, due to continuing pressures including Clade Ib mpox preparation and response, the continuing high number of pertussis cases and the expected winter outbreaks of respiratory and other illnesses.

What this means

Operationally UKHSA London Health Protection Teams (HPTs) will continue to manage measles cases in a dedicated measles cell. We will move our internal prioritisation level for management of measles cases from Level 3 to Level 2. At this level, as well as continuing to identify and protect those at most severe risk of measles infection, we will also aim to interrupt community transmission of measles through contact tracing of confirmed and probable cases. IMTs will be convened to manage cases in high-risk settings such as

asylum seeker accommodation, but not for lower risk setting such as routine school outbreaks.

Implications for NHS settings

These changes should have minimal impact on NHS settings.

- Clinicians should still notify their local HPT promptly of all suspected measles cases.
- Clinicians should also routinely check and inform their HPT if there has been any contact with individuals who are immunosuppressed, pregnant or infants aged under 1 year whilst the case was infectious.
- All suspected measles cases (a rash and a fever) should be isolated immediately on arrival in a healthcare setting to protect other patients.
- Where HPTs become aware of probable or confirmed cases having attended a healthcare setting whilst infectious, we will contact the relevant hospital Infection Prevention and Control team or GP practice via email to advise them to conduct a risk assessment as per the [measles national guidelines](#). The HPTs can support these risk assessments and advise on post-exposure measures.
- Clinicians should continue to vaccinate all children with MMR as per the routine immunisation schedule and to offer MMR opportunistically to all eligible individuals without two recorded doses of MMR. HPTs will also write to GPs advising them to offer MMR vaccine to unvaccinated household contacts of probable and confirmed measles cases that have been identified during contact tracing.

Implications for Local Authorities

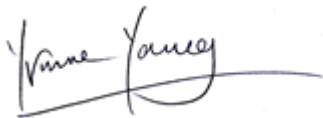
Though measles case numbers have reduced, there is still a risk of sporadic measles cases and outbreak arising in community settings. Therefore, local authorities across London should continue to do the following:

- Ensure that settings such as prisons, asylum settings and educational and early years settings are aware that 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 should continue to support uptake of the [MMR \(measles, mumps and rubella\) vaccine - NHS \(www.nhs.uk\)](#).
- All educational settings should continue to follow the advice contained in a UKHSA measles resource pack that was previously sent to them. [Education pack for schools for measles | ADPH London](#).
- Local Authority public health teams should continue with their communication plans for promoting MMR vaccination, especially in areas and communities with low uptake. Please share stakeholder toolkit [UKHSA communications toolkits - Google Drive](#)

This has been a complex and protracted incident and it is important to recognise and appreciate the strong system partnership work which has brought us to the current position of a very significant decrease in cases, However, it is not over and there are still many

susceptible individuals out there. The push on vaccination uptake must be the key priority. In UKHSA London we remain ready to escalate again if required. With deep thanks.

Yours faithfully,

A handwritten signature in black ink, appearing to read 'Yvonne Young', with a long horizontal flourish extending to the right.

Dr. Yvonne Young
Regional Deputy Director
UKHSA London Region