

Y Pwyllgor Iechyd a Gofal Cymdeithasol
Health and Social Care Committee

Cynulliad
Cenedlaethol
Cymru
National
Assembly for
Wales



Dr Marion Lyons

Cyfarwyddwr Diogelu Iechyd Cyhoeddus
Iechyd Cyhoeddus Cymru

14 Mai 2013

Annwyl Dr Lyons,

Yn ei gyfarfod ar 8 Mai 2013, bu aelodau Pwyllgor Iechyd a Gofal Cymdeithasol Cynulliad Cenedlaethol Cymru yn trafod eu pryderon am yr achosion presennol o'r frech goch. Mae'r Pwyllgor yn cydnabod ymdrechion Iechyd Cyhoeddus Cymru a phartneriaid i ymateb i'r sefyllfa hon. Cytunodd y Pwyllgor i ysgrifennu atoch chi yn y lle cyntaf, yn gofyn am ragor o wybodaeth am y camau a gaiff eu cymryd, yn arbennig yng ngoleuni pryderon a fynegir yn ardal Gwent.

Mae Aelodau'r Pwyllgor yn ymwybodol o'r ohebiaeth rhwng y Gweinidog Iechyd a Gwasanaethau Cymdeithasol a'r Pwyllgor Plant a Phobl Ifanc ar y mater hwn (yn atodedig), a byddai'n croesawu clywed barn Iechyd Cyhoeddus Cymru ar y pwyntiau a ganlyn:

1. A oes unrhyw ddealltwriaeth ynghylch pryd y bydd yr achosion presennol ar eu gwaethaf, a beth, tybed, fydd effaith lawn hyn?
2. Pa ffactorau a arweinodd at yr achosion presennol, ac i ba raddau y mae modd rhagweld achosion yn y dyfodol, a chynllunio ar eu cyfer er mwyn lleihau eu heffaith i'r eithaf?
3. Mae'r achosion presennol wedi'u canoli o gylch Abertawe, er bod achosion o'r frech goch wedi'u cofnodi ledled Cymru. Mae'r wybodaeth ynghylch faint sy'n cael y brechiad MMR yn dangos bod y nifer yn amrywio drwy Gymru. A oes unrhyw ardaloedd eraill yng Nghymru lle y mae pryderon penodol, ac os felly, sut y mae modd mynd i'r afael â hyn?
4. Yn ei lythyr at y Pwyllgor Plant a Phobl Ifanc, dywedodd y Gweinidog fod pob practis Meddyg Teulu yn ardal Abertawe wedi cael rhestrau o blant nad ydynt wedi'u brechu neu nad ydynt wedi'u brechu'n ddigonol, gan y Swyddfa Iechyd Plant, a bod meddygon teulu wedi anfon llythyrau

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Croesewir gohebiaeth yn y Gymraeg a'r Saesneg / We welcome correspondence in both English and Welsh

personol at rieni y plant hynny. Ym mha ffyrdd y mae plant nad ydynt wedi'u brechu, neu nad ydynt wedi'u brechu'n ddigonol ledled Cymru yn cael eu targedu?

5. Roedd llythyr y Gweinidog hefyd yn disgrifio trefniadau sydd ar waith mewn practisau Meddygon Teulu yn ardal Abertawe o ran darparu dosau dal i fyny o'r brechlyn MMR. Pa drefniadau sydd ar waith drwy Gymru i sicrhau bod gan y rhai nad ydynt wedi'u brechu'n ddigonol fynediad ar unwaith at y brechlyn MMR? A fu unrhyw broblemau o ran adnoddau mewn cysylltiad â hyn, o ran staff, cyfleusterau, cyflenwad o'r brechlyn er enghraifft?
6. Mae Iechyd Cyhoeddus Cymru wedi adnabod y grŵp oedran yr effeithiwyd arnynt fwyaf gan yr achosion presennol fel pobl ifanc sydd rhwng 10 a 18 oed. Pa gamau a gymerwyd i godi ymwybyddiaeth y cyhoedd o bwysigrwydd brechu i ddiogelu pobl rhag y frech goch, a sut y byddech yn asesu effeithiolrwydd y camau hynny, yn arbennig ar gyfer y grŵp oedran 10 - 18 oed, ac i sicrhau'r cyhoedd am ddiogelwch ac effeithiolrwydd y brechlyn MMR?
7. Mae'r ymateb i'r achosion wedi cynnwys nifer o asiantaethau gwahanol, gan gynnwys Iechyd Cyhoeddus Cymru, byrddau iechyd lleol, awdurdodau addysg a Llywodraeth Cymru. Sut y rheolwyd y dull cydgysylltiedig o ymdrin â'r achosion?
8. Pa gamau pellach sydd yn angenrheidiol/ar y gweill i gynyddu gwarchodaeth y brechlyn MMR er mwyn atal achosion o'r frech goch yn y dyfodol?

Er bod gan y Pwyllgor ddiddordeb mewn cynnal ymchwiliad byr i'r achos presennol o'r frech goch, ni fyddai am ddechrau ei ymchwiliad tra bod y sefyllfa ar ei gwaethaf, neu bron â bod, a phethau pwysicach i weithwyr iechyd cyhoeddus proffesiynol ganolbwyntio arnynt.

Dealla'r Aelodau, fodd bynnag, nad yw Llywodraeth Cymru yn bwriadu cynnal ymchwiliad cyhoeddus i'r mater hwn. Felly, mae'n debygol y bydd y Pwyllgor am ystyried yr achos presennol, y rhesymau y tu ôl iddo, yr ymateb ac unrhyw ffactorau risg sy'n parhau ac a allai arwain at ddigwyddiad tebyg y tu allan i ardal Abertawe, pan fydd hynny'n briodol. Byddaf yn ysgrifennu atoch maes o law i roi gwybod am unrhyw ddatblygiadau.

Er mwyn hwyluso gwaith y Pwyllgor, byddai'n ddefnyddiol cael ymateb i'r llythyr hwn erbyn **dydd Mercher 29 Mai 2013** fan bellaf.

Yn gywir,



Vaughan Gething AC
Cadeirydd - Chair

cc: Mark Drakeford AC, y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Ann Jones, Cadeirydd y Pwyllgor Plant a Phobl Ifanc

Mark Drakeford AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref
Ein cyf/Our ref SF/MD/1384/13

Christine Chapman AM
Chair
Children and Young People Committee
National Assembly for Wales
Cardiff Bay
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15th April 2013

Dee Chris,

MEASLES OUTBREAK IN THE SWANSEA AREA

Thank you for your letter dated 26 March 2013 outlining the Committee's concerns about the current measles outbreak in the Swansea area. My response to the specific points you have raised is below:

Question 1

What urgent action has the Welsh Government taken, in partnership with Public Health Wales and Abertawe Bro Morgannwg University Health Board, (ABMU) to combat the outbreak?

1. Officials within Welsh Government, Public Health Wales and the Health Boards have been working together to combat the spread of the disease. Public Health Wales and Health Boards are urging parents, carers and communities to ensure that all children are given the measles, mumps and rubella (MMR) vaccination. Actions taken are aimed at:
 - ensuring as many children as possible between one and 18 years of age are up to date with their MMR vaccinations.
 - enabling those children who have not had 2 doses of MMR vaccine to be vaccinated, to protect themselves, family members and others in their community who may not be protected for a variety of reasons, in order to help control this outbreak and provide the community with protection from a potentially dangerous but very preventable infection.

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Wedi'i argraffu ar bapur wedi'i ailgylchu (100%)

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- proactively working with the media to raise public awareness of the importance of MMR vaccination, the actions that people can take to help others and themselves.
 - engaging with health professionals – including GPs, midwives and health visitors – to identify vulnerable individuals and facilitate vaccination.
 - extending working hours and enhanced working arrangements covering evenings and weekends.
 - providing catch-up vaccination sessions at schools and GP surgeries along with walk-in open access clinics in all 4 major hospital sites including Neath, Port Talbot, Swansea and Bridgend.
 - implementing changes to speed up laboratory testing and diagnosis.
 - introducing enhanced surveillance to allow progress of the disease (i.e. cases) to be tracked and the response to our actions, especially vaccination rates.
2. On 26 March, I wrote to Assembly Members, Members of Parliament, Council Leaders, and Chairs of Health Boards (with copies to Chief Executives) to offer an update and provide further information on the outbreak and to request their assistance, as community leaders, in tackling the spread of the disease. In particular, I asked if leaders would use any opportunities locally to underline the importance (and safety) of MMR vaccination and encourage people, especially parents of children, to contact health professionals to get their child vaccinated.

Question 2

What lessons have been learned from previous measles outbreaks and how is the government using this information to prevent measles spreading across South Wales?

3. Public Health Wales first convened an outbreak control management meeting (referred to as a Senior Response Team or SRT meeting) on Monday 18 February 2013. At that point, there were 168 notifications in the ABMU area (121 in Swansea). Consistent with national health protection policy, the local public health team was already managing this by awareness raising supported by a communications plan, encouraging parents to have their children vaccinated at GP surgeries and vaccinating in schools where a case had been identified.
4. At the SRT meeting, a more assertive approach to the community management of the outbreak was put in place. This approach included consideration of other evidence based approaches including lessons learned from previous measles outbreaks in Wales and elsewhere. This included consideration of an exclusion policy based on published evidence from a measles outbreak in Geneva in 2011. Public Health Wales examined the merits of this approach in Wales and consulted with experts from the Health Protection Agency but on 1 March it was decided not to adopt an exclusion policy as it would be difficult to enforce, would not prevent people circulating outside of school in social or family situations and thus would be unlikely to effectively prevent the spread of the disease.
5. With the increase in case numbers observed during March and after confirmation of the limited impact on MMR uptake from the ongoing community management of the outbreak, Public Health Wales proposed a revised approach. Drawing on published evidence from a measles outbreak in Dublin in 2011, a school based immunisation campaign was proposed and agreed. This was communicated to Health Board Chief Executives, Medical Directors and Directors of Public Health in a letter from the Chief Executive of Public Health Wales on 27 March 2013.
6. The following actions have now been recommended:

- all Health Boards in Wales work with their immunisation coordinators to develop plans to actively offer immunisation to unprotected children.
- all Health Boards in Wales have plans in place to enable the rapid implementation of school based immunisation in response to cases and outbreaks taking into account the potential impact on other routine immunisation programmes.
- a multiagency group from the outbreak area chaired by the Chief Executive of Public Health Wales, is convened to oversee the response to this public health emergency.
- ABMU Health Board to start immunisation in schools immediately after the Easter school holiday.

Question 3

There are vulnerable groups in the population, including children under one year of age, pregnant women who have not had the infection or vaccines, cancer patients and those with a weakened immune system for whom the MMR vaccine is not appropriate. What is being done to protect these vulnerable groups against measles during the outbreak so that it cannot spread to them?

7. The Health Protection Team in Public Health Wales actively follows up all cases of measles and identifies vulnerable contacts that have had close contact with a case. Preventative measures offered include:
 - babies aged between 6 months and 1 year are offered one dose of the MMR vaccine and advised to have two further doses in line with national policy.
 - pregnant contacts who have not had the infection or vaccines are offered immunoglobulin, which provides immediate, temporary immunity.
 - immunoglobulin is also offered to cancer patients and those with a weakened immune system.
 - to support rapid delivery of immunoglobulin, extra stocks have been secured for use in the affected areas.
8. The concerted media campaign has aimed to minimise the impact on vulnerable people in the community to prevent the spread of the disease. Public Health Wales has issued the following advice:
 - telephone your GP surgery to inform them you or your child has a rash illness before attending, so that arrangements can be made in advance for minimising contact with other vulnerable patients.
 - avoid going to A&E unless you are seriously ill, and if you do attend, telephone ahead to let them know you or your child may have measles.
 - avoid contact with pregnant women, people with weak immune systems and babies who are too young to be vaccinated, as they are more vulnerable to infection and there are very few treatments available to help them if they do catch measles.
 - if any family members are pregnant, receiving chemotherapy or aged under one, it is vital to ensure that all other family members are up to date with their MMR vaccinations.
 - Maternity wards, midwives and health visitors are being asked to share information with parents to encourage them to check the vaccination status of all children in the family to avoid further household spread amongst vulnerable groups.

Question 4

Could you please confirm what arrangements have been put in place with GP surgeries across the Swansea area to ensure parents of unvaccinated children who want their children to receive the MMR vaccine can access them immediately?

9. General practitioners are putting in place additional clinics and undertaking opportunistic immunisation during normal working hours. Out of hours GP services have also been actively supporting opportunistic immunisation when seeing children and contacts out of hours.
10. General practices are prioritising those children who require the first dose of MMR over those who require the second dose. There has been active engagement from general practices in Swansea and the Director of Public Health and the Consultant in Communicable Disease Control for ABMU have met with the Local Medical Committee in Swansea to discuss the issue and the response.

Question 5

Efforts to increase uptake focus on GPs providing parents with information and reassurance on the importance of vaccination. The outbreak started in November 2012. What success have they had in encouraging take-up and in reminding parents of the importance of keeping up to date with vaccinations?

11. At the start of the outbreak, Public Health Wales estimated that there were around 8,000 school age children at risk of contracting measles in the ABMU area due to their MMR status. These figures have been put in the public domain.
12. Initially, success in encouraging uptake was disappointing in spite of strong media coverage. To help increase uptake, general practitioners have written a personal letter to parents of all unvaccinated or partially vaccinated children inviting them to contact the surgery and arrange vaccination. This personalised letter was sent to parents on 26 March 2013.
13. More recently, uptake rates have been improving. On 6 April, successful walk-in sessions were held at 4 hospitals in the ABMU area which resulted in over 1,700 vaccinations being given. In general practices, in the 7 days prior to 6 April in the ABMU area over 600 MMR vaccines were given in the age group 4-19 years.

Question 6

Can you please confirm that everything is being done to check the immunisation status of pupils in the area to ensure children get vaccinated on time and that some older children, who missed out when uptake was lower, have the chance to catch up?

14. All general practitioners in the Swansea area have been sent lists of the unvaccinated or partially vaccinated children registered in their practice from the Child Health Office. This information has been used to enable general practitioners to send a personalised letter inviting parents to contact the surgery and arrange vaccination. This activity is being rolled out across the ABMU area.
15. Public Health Wales has carried out an analysis of the proportion of children unvaccinated within each local authority area by age group using data from the Child Health Office. This information has been shared with key stakeholders and is being used to identify individuals who require completion of their MMR course of

vaccination. It will also enable susceptible children to be identified and approached through the school health system and offered vaccination after the Easter school holidays.

Question 7

Can you outline what specific steps the Welsh Government is taking to improve immunisation coverage to prevent future measles outbreaks?

16. Officials have asked Public Health Wales to approach all Health Boards to put in place a schools based approach for an MMR vaccine catch up campaign for children not fully protected against measles. This measure may impact on the HPV campaign in the short term and so Health Boards have been asked to ensure a "catch up" on the HPV programme is put in place as soon as possible. As a minimum, the Welsh Government has asked that ABMU should aim to deliver the MMR intervention in the first week of the new term.
17. The Welsh Government is also putting in place arrangements to ensure this is followed up as a performance issue for Health Boards on the basis that Boards have a population health responsibility and must take steps to prevent the spread of disease.

Question 8

The broader issue of childhood vaccination

The Programme for Government includes a commitment to "increase immunisation among children to eradicate the health problems caused by measles, mumps and rubella". This will be measured by the number of children aged 2 years who have been immunised against MMR. The target is for 95 per cent of children to receive two doses of vaccine.

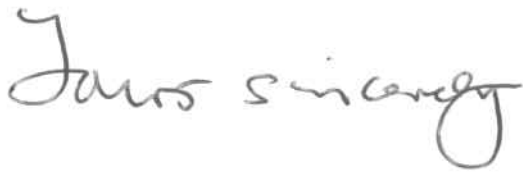
The latest vaccination take-up figures show that uptake of the first dose of MMR vaccine is now 94% at two years of age. Uptake of the second MMR dose by the age of five increased to 90%. No Local Authority area achieved the target of 95% uptake (World Health Organisation (WHO) recommends coverage rate of 95% to ensure immunity and prevent outbreaks).

The rate of immunisation is improving but not a single Welsh local authority is hitting the World Health Organisation's recommendation of 95%. How confident are you that Local Health Boards will be able to deliver vaccination services to improve immunisation coverage and meet all requirements including the 95% target for both MMR doses?

18. The Welsh Government has reviewed its commitment to develop a more meaningful measurement of what the NHS delivers. The purpose is to measure delivery across a wider area than just acute hospitals and make a step towards including health and well being across the whole of the NHS and wider partners. It is important that outcome measurement is developed in conjunction with, and has ownership by, both NHS staff and the public. To allow for this engagement, a two phased approach has been agreed, with the first phase a pragmatic and minimal development of the Delivery Outcome Framework for 2013/14 based upon the current one and a second phase, an engagement process to develop a future framework.

19. Included in the Delivery Framework is the prevention measure "Immunisation – Children under four years of age 95% target rate" which relates to all childhood vaccines delivered through national programmes, including MMR. This measure has been elevated from a Tier 2 to a Tier 1 measure recognising the importance of these interventions in preventing disease and the consequent benefits to the health of the people of Wales. The Welsh Government and Public Health Wales will be engaging with and supporting Health Boards to deliver this outcome and achieve 95% uptake.

I trust my responses above will provide reassurance to the Committee on the specific questions raised. The Welsh Government, Public Health Wales and the Health Boards will continue to take all necessary and appropriate measures to prevent the outbreak from spreading further. It is important that we all take every opportunity to reinforce the importance (and safety) of MMR vaccination and encourage people, especially parents of children, to contact health professionals to get their child vaccinated. I welcome the Committee's continued support in delivering this outcome.



Mark Drakeford AC / AM

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services