

MMR vaccination: Priorities for use in Mumps outbreak

May 2006 update: Mumps continues to be notified but at a significantly lower level than in 2005. The outbreak peaked in May/June 2005 and cases declined thereafter. Vaccine supplies are back to normal. The 'Must Do' priorities in this document remain for all HPUs. The 'Strongly Recommended' priorities apply where outbreaks are continuing.

Advice to health protection units in England, Wales and Northern Ireland
Issued 12 May 2005 by National Mumps Outbreak Control Team (Health Protection Agency Centre for Infections, HPA Local and Regional Services, Department of Health, National Health Service, National Public Health Service for Wales)

For review by November 2006

1. Context

1.1 A nationwide mumps outbreak peaked during May/June 2005 at 1800-2000 notifications per week. The number of cases started to decline in the second half of 2005 and currently around 200-300 cases are being notified weekly.

The cohorts most affected were those born between 1983 and 1987.

1.2 In response to the increased numbers of mumps cases, in February 2005 the HPA recommended that oral fluid samples for confirmation of mumps should not be taken from individuals born between 1981 and 1986. In light of the current epidemiology, this temporary suspension has been terminated and from 1 January 2006 the testing of all notified mumps cases has been recommended.

1.3 Responses to the outbreak in most areas have included ensuring MMR included in Year 10 boosters, offering MMR through GPs or designated clinics for 16 – 23 years olds, vaccination in institutions during outbreaks. Requests have been made for guidance on priorities to assist in achieving a consistent response

1.4 MMR vaccine is not currently in short supply but stocks should be responsibly managed. Plans for vaccination campaigns can only be advanced after they have been agreed by DH to assist in forecasting vaccine requirements (Appendix A).

1.5 DH policy on MMR vaccination is set out in the Green book and has been published several times during the course of the outbreak in advice from DH and HPA Cfl. The intention of this document is NOT to set policy but to outline

priorities for use of MMR vaccine given the need to manage vaccine stocks and recognising the need to set up specific services for those aged over 15 years such as local enhanced service agreements.

1.5 In making these recommendations the following factors were taken into account

- need to maintain population protection against measles and rubella.
- low uptake of MMR in university vaccination campaigns (typically 20-30%) in response to outbreaks
- estimates of workload and benefit (Appendix B, C)
- likely impact on outbreak

2. Recommended priorities

2.1 MUST DO

- Primary immunisation programme
- Pupils in Year 10 to complete two doses of MMR
- Rubella susceptible women of child bearing age

2.2. STRONGLY RECOMMENDED

MMR vaccination should be available to 16 – 23 year olds to complete two doses of MMR. The highest priority is to ensure that a first dose of MMR is provided to those who have not had MMR. The mechanism of delivery should be decided locally by the PCT after discussion with the HPU.

There are three main mechanisms and groups to whom this can be delivered:

- Opportunistic and ad-hoc vaccination of any individuals in above age group now, in areas with or without local outbreaks. Designated clinics can be set up. Individuals in this age group attending their GP requesting MMR who have not had two doses should be offered vaccination.
- University entrants in autumn 2005. This group are likely to be at greater risk than their peers because university attendance is likely to facilitate transmission. University vice chancellors are being advised to ask students to check about vaccination, before arrival at university if possible, on arrival if not (Appendix D).
- Catch-up vaccination for students in Years 11-13 now or from autumn 2005. This group should be prioritised as they can be targeted more effectively on the basis of vaccine history, most should already have received MMR and MR. The highest

priority is to give a first dose of MMR to those who have not had MMR. This can be done now but there are clearly logistical issues around vaccination programmes in summer terms. (Catch up campaigns targeting other school years may also be needed in areas at highest risk of measles, details from CfI to follow).

2.3 RECOMMENDED IF VACCINE SUPPLY ALLOWS

- Further catch up vaccination in Years 11-13 from autumn 2005 to complete two doses of MMR.
- Campaigns in response to local outbreaks in any age group should be decided locally. However, university vaccination campaigns in particular are likely to achieve low uptake and are unlikely to stop outbreaks. The offer of individual vaccination should be available.
