

REPORT OF HEALTH IN HACKNEY SCRUTINY COMMISSION

Measles and Immunisation Overview and Scrutiny Board 17 th April 2008	Classification Public	Enclosures Appendix 1 Review Terms of Reference
	Ward(s) affected All	

1. **FOREWORD BY THE CHAIR OF THE HEALTH IN HACKNEY SCRUTINY COMMISSION: COUNCILLOR JONATHAN MCSHANE**

In a young Borough like Hackney, children's health will always be a major priority. For that reason, the Borough's record on immunisation for all diseases, in common with the rest of London, is very worrying. The outbreak of measles in the north of the Borough was distressing to many parents and brought home the implications of poor immunisation take up. Measles is an extremely serious disease but it is one that can and should be avoided.

The reasons for poor take up are complex but poor information systems are a significant weakness. Perhaps the most frustrating aspect of this review was hearing that the hard work of the PCT and partners has been frustrated by problems with centrally procured IT systems that should have been resolved long ago. The Commission will work with the PCT to lobby NHS London and the Department of Health to ensure these problems are overcome.

Whilst IT is significant, it is not the only issue; the controversy over MMR no longer appears to be a major factor in immunisation uptake in Hackney, although the damage done by these scare stories cannot be underestimated. Ensuring that consistent information about the benefits of MMR and where to get it is given to parents at every opportunity will be vital. The steps taken by the PCT in the light of the outbreak with initiatives like the 'Spotty Bus' have been successful – to get to where we need to be in terms of immunisation for all diseases this level of focus needs to be maintained.

The turnover in Hackney's population means that providing information to new parents in the Borough, in ways that they can easily understand, is particularly important.

The commitment of the PCT and partners to improving take up of all immunisations is clear and we hope that our recommendations prove helpful in helping them achieve that goal.

2. INTRODUCTION

2.1 Following public concern within our communities about a second measles outbreak in relative quick succession to another the Health in Hackney Scrutiny Commission responded to public and professional interest by deciding to conduct a review looking at the measles outbreak and the rate of immunisation uptake rate within the Borough.

This review aimed to help raise public awareness of the importance of immunisations and identify any reasons for the most recent outbreak, and to gain an understanding of the challenges facing our health service providers in working towards improving the Borough's low take up rate of immunisations.

2.2 The approach to immunisations in the UK follows a national programme recommended by the Department of Health (DOH). This programme is not compulsory so at any stage parents can opt not to give their child any of the recommended immunisations. Where possible health professionals encourage parents to immunise their children by advising them of the potential health risks the child would be subject too if they did not follow the immunisation programme.

The immunisation schedule for the UK's routine childhood immunisations is:¹

When to immunise	What vaccine is given	How it is given
Two months old	Diphtheria, tetanus, pertussis (whooping cough), polio and Hib (DTaP/IPV/Hib)	One injection
	Pneumococcal (PCV)	One injection
Three months old	Diphtheria, tetanus, pertussis (whooping cough), polio and Hib (DTaP/IPV/Hib) MenC	One injection One injection
Four months old	Diphtheria, tetanus, pertussis (whooping cough), polio and Hib (DTaP/IPV/Hib) MenC PCV	One injection One injection One injection
Twelve months old	Hib/MenC	One injection
Around 13 months old	Measles, mumps and rubella (MMR)	One injection
	PCV	One injection
Three years four months to five years old	Diphtheria, tetanus, pertussis and polio (DTaP/IPV or dTaP/IPV)	One injection
	Measles, mumps and rubella (MMR)	One injection

¹ DOH Immunisation against infectious diseases – Green Book 2006

When to immunise	What vaccine is given	How it is given
Thirteen to 18 years old	Tetanus, diphtheria and polio (Td/IPV)	One injection

In summary children should have received these vaccines by these ages:

By four months:	Three doses of DTaP/IPV/Hib. Two doses of PCV and MenC.
By 14 months:	A booster dose of Hib/MenC and PCV and the first dose of MMR.
By school entry	Fourth dose of DTaP/IPV or dTaP/IPV and the second dose of MMR
Before leaving school	Fifth dose of Td/IPV

It is reported that the average London immunisation rate is well below the national average for England and the World Health Organisation has advised that an immunisation rate of 95% is required for the population to be able to achieve stamping out measles, mumps and rubella for good.² As measles is a very infectious virus, a cough or sneeze can spread the measles virus over a wide area, because it is so infectious, the chances are therefore that any child will get measles that is not protected. Mumps and Rubella are also spread in the same way as measles and are about as infectious as the flu.³

In 2006 London saw a sharp increase in the number of reported measles cases. Records for 2006 showed there were 739 confirmed cases of measles in England & Wales of which 271 were in London.⁴ The outbreak at this time was identified as being prominent in the Traveller Community and following that outbreak City and Hackney Teaching Primary Care Trust (CHtPCT) and the Health Protection Agency (HPA) targeted the travelling community to improve immunisation rates for travellers and minimise the risk of another outbreak.

In 2007 London Borough of Hackney suffered another serious outbreak of measles. Records for the outbreak in 2007 show there were 336 cases of measles reported across City and Hackney. On this occasion analysis showed the epidemic was prominent in the Borough's Orthodox Jewish areas. The Commission hoped conducting this review would identify if there were any particular barriers to immunisation within the Orthodox Jewish Community and therefore what lessons might be learnt.

The majority of the measles cases in the most recent outbreak were in pre-school and primary school children. The concentration of cases had shown to be in the north of the Borough, but it was not contained to this area and subsequently progressed in other parts of the Borough.

²The Londoner – Best for Baby September 2006

³DOH NHS Immunisation Information – MMR the Facts

⁴Health Protections Agency Statistics

At the time of conducting this review reported case trends showed the level of measles infections appeared to declining and the Commission noted there was no new cases reported week commencing 14/01/08.

2.1 The Terms of reference for the Commission's investigation was:

This scrutiny review will consider the low percentage of MMR immunisations and the increase in measles cases to:

- Establish an understanding of the health profile in Hackney and the public health issue highlighted in the health improvement plan for London Borough of Hackney.
- Establish the specific concerns surrounding MMR immunisations and large proportion of measles cases within London Borough of Hackney.
- To determine from staff in the primary health community care sector the current obstacles related to MMR immunisations and factors contributing towards the increase in measles cases.
- Note the actions taken and response by City and Hackney Teaching Primary Care Trust in relation to MMR immunisations and the measles cases.
- Investigate good practice with other local authority areas managing the same issues and health profile.

3. SUMMARY & RECOMMENDATIONS

The Commission chose to consider the issues, implications, responses and reasons for a recently experienced outbreak of measles in the Borough. We chose to consider such an issue in order to ensure that the response was appropriate but also that any lessons were learnt, but above all we chose the review based upon our belief that immunisations can only be effective when there is sufficient uptake by the population; and therefore we sought throughout our review and in making our conclusion to raise the profile of the matter in the Borough and to increase wherever possible the rate of immunisation. We also hoped to identify reasons for the apparently low immunisation uptake rate over recent years and note the actions taken in the event of an outbreak.

The Commission initially heard from the Health Protection Agency in order to receive an independent view on the outbreak in Hackney and to hear about best practice from other areas. We also heard from our local health partners (City and Hackney Teaching Primary Care Trust, Homerton University NHS Foundation Trust Hospital and The Learning Trust) gaining an insight as to how they worked individually, as well as together, to respond to and curtail the outbreak, improve immunisation rates, provide information to parents and deliver immunisations. The Commission also heard some views of parents from the Orthodox Jewish Community (a group particularly affected by the outbreak).

Research has shown the introduction of the Measles, Mumps and Rubella (MMR) vaccine in the UK during 1992, has meant fewer children have died from complications arising from the contraction of acute measles. The triple vaccine was introduced in response to this consideration, as mumps (not previously universally vaccinated) was the most common cause of viral meningitis in children.

A reduction in immunisation uptake over recent years has been largely attributed to issues connected to a report published in 1998 which suggested the MMR vaccination was linked to an increased risk of developing Autism and Bowel disease. Since then it has been shown by independent medical professionals and the Department of Health (DOH) through informed research that there is no link between the MMR vaccine and Autism or Bowel disease. The impact of this negative publicity is believed to have contributed to the rise in measles cases in London and the rest of the UK as parents opted out of having their children immunised (though the misguided notion that they were affording their children greater levels of protection).

The World Health Organisation advises for the UK population to be fully protected the immunisation rate must be 95% for the population. In London the average immunisation rate is well below the national average and the advised level of 95% required to stamp out measles, mumps and rubella for good.⁵ CHtPCT currently have an immunisation target of 84%, but expressed desire to achieve the 95% rate needed or required for population immunity.

Throughout the review we do not believe we encountered one single factor that the Commission or health partners could identify as the sole cause of the measles outbreak or low immunisations uptake, but rather a combination of factors linked to high population mobility, provision of inconsistent and inaccurate information, adverse press reports, large family size, inadequate information and data systems, parental beliefs and attitudes, limited access to and poor co-ordination of public health services.

The Commission heard the view from CHtPCT that it is their belief the removal of the IT system RICHs and replacement with the failed CHIA system has seriously affected both scheduling and communication within the local immunisation programme⁶, which is thought to be responsible for a reduction (of perhaps as much as 20%) in the uptake of immunisation⁷. Whilst GP systems have been used as a back-up, the PCT remains concerned at the level of public health risk experienced by the Borough in this area⁸.

The PCT expects that a replacement London-wide child health system called RiO will be implemented in 2008, but there is uncertainty about the functions the new system will support in relation to immunisation⁹.

In the meantime, CHtPCT has provided estimates for 2007 which show a sharp drop in immunisation rates, to an estimated 70-80% for what is forward primary immunisation (by 12 months) and 60-70% for MMR uptake by the age of 2.

Last Recorded Immunisation Rates Data

Immunisation rates by 2nd birthday, 2004/05¹⁰:

	City and Hackney Teaching PCT	England Average
Diphtheria	87%	93%
Haemophilus influenzae type B (Hib)	88%	93%
MMR	71%	81%
Meningitis C	84%	93%
Pertussis	87%	93%

Immunisation rates by 5th birthday, 2004/05¹¹

	City and Hackney Teaching PCT	England Average
Diphtheria, tetanus, polio, primary and booster	57%	79%
MMR first and second dose	57%	73%
MMR first dose	84%	89%

⁶ CHtPCT (2008), *Report for Health Scrutiny Committee – Measles cases and low immunisation review*.

⁷ CHtPCT (2007), *Annual Report 2006-07*

⁸ CHtPCT (2007), *Annual Report 2006-07*

⁹ Correspondence with CHtPCT, 11/02/08

¹⁰ Healthcare Commission, *Immunisation rates by 2nd birthday*

¹¹ Healthcare Commission, *Immunisation rates by 5th birthday*

Recommendation 1

During our evidence gathering the Commission encountered the view that one of the key barriers to increasing up take of immunisations was the current IT system, used by 10 London PCTs including City & Hackney, to support and assist in the delivery of an effective immunisations programme. From the evidence presented to us the system (CHIA) appears unable to auto-appoint, produce target lists or generate accurate data on immunisation uptake. It is anticipated that the new system called RIO (currently being developed) will rectify some, but not all, of these problems.

Recommendation

The Commission anticipates the new IT system procured by the NHS on behalf of the PCTs will ensure the RIO system has electronic records facility that contains basic functionality in terms of generating appointments for immunisations and identifying patients who have missed immunisation appointments.

The Commission recommends that the PCT demonstrates to the satisfaction of the Commission that such appropriate outcomes will be delivered by the new IT system.

Recommendation 2

It is clear that the uptake of immunisation is related to a number of factors. These factors were identified as being related to high population mobility, low income, provision of inconsistent and inaccurate information, adverse press reports, large family size, inadequate information and data systems, parental beliefs and attitudes, limited access and poor co-ordination of services. The Commission recognised during the course of the review the critical importance of using all available opportunities to capture the details and healthcare requirements of asylum seekers and new arrivals to the Borough.

Recommendation

The Commission wishes to be advised how the council, local health trusts and their partners will seek to ensure the parents of all new children entering / starting school or day care or who come into contact with the council or health partners for the first time in other ways will be issued with details of the immunisation schedule and details about GP registration.

Recommendation 3

The Commission notes the Family and Parenting Institute produced a report entitled 'Health Visitor – an endangered species' which rated 6 PCT in London as having the worst ratio (in the country) of health visitors to children under five of which CHtPCT was one. With this in mind the Commission established during our review that an important gateway to checking the immunisation status in a family is through Health Visitors. The potential and importance of such a facility becomes

more pronounced when considering the apparent absence of an adequate IT system.

Recommendation

The commission seeks assurance from CHtPCT that the concern raised about the high ratio of children under five to Health Visitors is being addressed. The Commission wishes to receive a report from CHtPCT about the recruitment / retention of health visitors or equivalent staff by November 2008.

Recommendation 4

We noted during our review one of the key factors in combating low immunisation uptake appeared to be the absence of a consistent message in all immunisations campaigns. CHtPCT advised throughout all the various campaigns undertaken they did to target specific community groups. We heard that it was important to have all health service providers and staff at all levels in organisations, providing parents with consistent information about measles, immunisation and services available for immunisations - the consistent message on literature produced was 'Watch out! Measles about'.

Recommendation

The Commission encourages all health trusts (CHtPCT, Homerton Hospital), LBH and The Learning Trust to put in place measures which will ensure staff at all levels are delivering the same consistent message to parents about immunisations and proactively promoting the availability of services including home immunizations where necessary. Such an approach might also be used to promote immunisations to the employees of our partner organisations through internal communication mechanisms.

Statutory partners might also consider how and when individuals access services and the potential to use such contact to promote appropriate public health messages

The Commission wishes to be advised how this would be achieved in November 2008.

Recommendation 5

A recent report produced by the London Assembly - Health and Public Services Committee called 'Still Missing the Point – Infant immunisations in London' recommended appointment of an 'Immunisation Champion' by PCTs to push forward the message about the importance of immunisations and help improve the immunisation rate in London. The Commission heard from the HPA a neighbouring PCT with excellent MMR uptake has a member of staff who actively follows up all children who do not receive MMR immunisations following an initial invitation and continues to follow their case until they are vaccinated or the parents record a decision not to vaccinate.

Recommendation

The Commission supports the recommendation made by London Assembly - Health and Public Services Committee that PCTs should seek to appoint an 'Immunisation Champion' by March 2009. The Commission recommends CHtPCT appoint to such a role by the no later than the timescale indicated above – hopefully earlier!

Recommendation 6

In terms of the most recent outbreak (experienced in 2007) which appeared to have a particularly prominent effect upon our Jewish Community, the evidence we heard from parents made it clear there appeared to be no religious or cultural objections to MMR, as had been previously suggested, but rather there were problems around access to services and information.

Recommendation

The Commission seeks to encourage CHtPCT to use the Jewish media, community champions and above all Councillors of relevant faith on a regular basis to publicise the immunisation schedule.

Recommendation 7

It was noted during the review that GPs could represent a good source for acquiring immunisation data for children something recorded by GP Surgeries themselves. Given the constraints of the current IT system used by CHtPCT which appears not fit for purpose, the importance of access to such data becomes all the more pronounced.

The Commission heard from CHtPCT that although GPs held this data difficulties were experienced in the way GPs feed back data on immunisations. GPs are obliged to provide immunisations data for two purposes; firstly for payment and secondly for compilation of HPA statistics. We became aware that data provided for the HPA statistics was often not always provided in a timely and accurate fashion. By linking payment to accurate and speedy provision of information, GPs may be encouraged to improve their performance in this area.

Recommendation

The Commission recommends consideration be given to linking payment to GPs for immunisations to production of timely and accurate return of immunisation data that can be used for both HPA statistics and payment for immunisations.

4 FINANCIAL COMMENTS

There are no financial implications arising from the recommendations for London Borough of Hackney, all will be contained within existing resources.

Recommendations for health partners may have financial implications, in particular the appointment of a champion (should this be a distinct role). This report does not commit partners to joint funding.

5 LEGAL COMMENTS

5.1 REPORT OF THE INTERIM CORPORATE DIRECTOR FOR LEGAL & DEMOCRATIC SERVICES

The Local Authority (Overview and Scrutiny Committee Health Functions) Regulations 2002 provide that an Overview and Scrutiny Committee may review and scrutinise matters relating to the planning, provision and operation of health services in the area and make recommendations to NHS bodies.

The report of the Scrutiny Commission reviews the factors which contributed to the recent recorded increase in measles cases in the London Borough of Hackney and examined ways of improving public awareness in the community of the importance of immunisations.

The Children Act 2004 imposes a duty Children's Services to make arrangements with a view to promoting the welfare of children within their area. Other agencies including Health and Education are also under a duty to co-operate with Children's Services to improve the well being of children and young people. The well being of children would include their physical health and protecting them from harm and neglect.

The report makes a number of recommendations aimed at increasing the uptake of immunisations. these recommendations are consistent with government policy which has made immunisations against childhood diseases a priority.

6 FINDINGS

Hackney Health Profile

The London Borough of Hackney (LBH) has a very diverse population with high mobility. The health needs of the population are complex and present huge challenges for City and Hackney PCT health improvement plan noting:

- Life expectancy, slightly below London average - improving
- Long term high rates of infant mortality
- High rates of premature death from cancer – but falling
- High rates of premature death from circulatory disease
- High rates of TB – but fell in 2005
- High rates of teenage pregnancy – but falling
- High rates of HIV and gonorrhoea – not falling
- High rates of death from complications of diabetes
- Very high rates of mental ill-health

Looking at the key public health concerns noted for Hackney it is not immediately clear Hackney has low immunisation rates or could be at risk of measles outbreak.

Immunisations protect not just the individual but, provide population immunity, protecting others in the population who may be too young, have impaired immunity or have health problems which prevent them from being immunised themselves. Keeping children on the immunisation programme (especially MMR) protects children from exposure to potentially fatal diseases like measles which can cause a person to have the following symptoms: fever, cough, red and painful eyes, swollen glands, loss of appetite and rash, which tends to follow 3-4 days after onset of the previously listed symptoms. The complications of measles affect 1 in 15 children. Complications can include chest infections, fits, encephalitis (swelling of the brain) and brain damage. In very serious cases measles can kill. Mumps can cause the following symptoms: fever, headache and painful swollen glands in the face, neck and jaw. Complications of mumps can result in permanent deafness, viral meningitis (inflammation of the lining of the brain) and encephalitis. In rare cases it can cause painful swelling of the testicles for males and ovaries in females. The third strand in the MMR protection is Rubella (*German Measles*) which can cause the following symptoms: a short lived rash, swollen glands and a sore throat. In children it is usually mild and may go unnoticed. Rubella is serious to unborn babies and can seriously damage sight, hearing, heart and brain.¹²

During the review we became increasingly aware there appeared to be several factors that the Commission or health partners could identify as the cause of the measles outbreak or low immunisations uptake, linked to high population mobility, provision of inconsistent and inaccurate information, adverse press reports, large family size, inadequate information and data systems, parental beliefs / attitudes, limited access to and poor co-ordination of public health services.

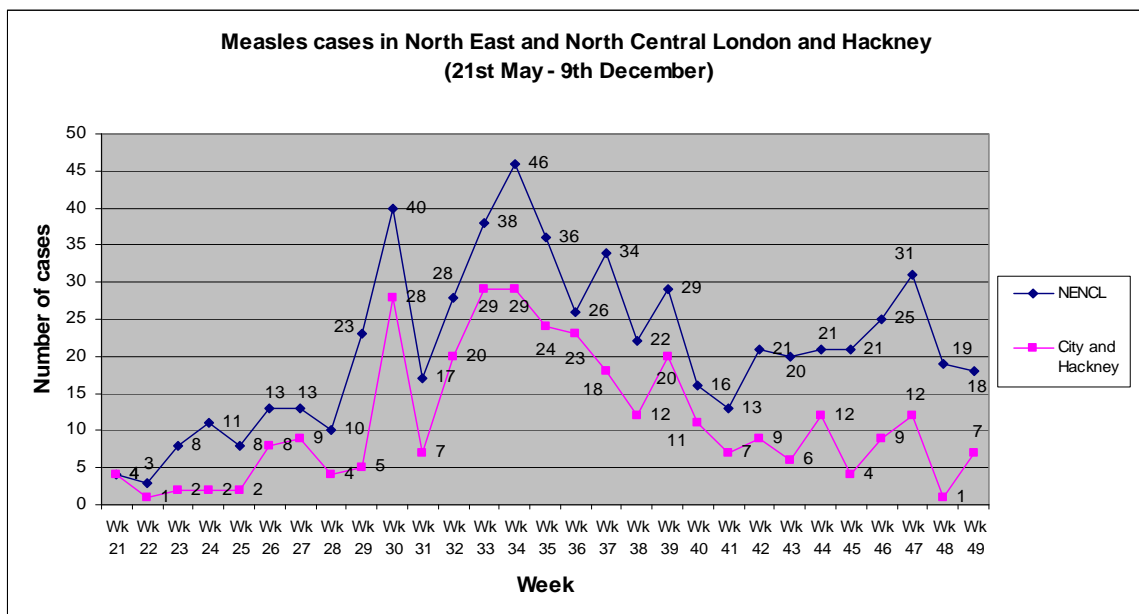
¹² DOH NHS immunisation information – MMR the facts

North East London records of immunisation rate have not been accurately recorded since 2005 following the loss of the RICHS system from 10 PCTs in London of which City and Hackney PCT was one. The PCTs were given an interim IT system to use which has been unable to provide the functions required to record accurate immunisation data for the population, allowing reminders to be sent or reports listing for children who have missed immunisations or to appoint children for immunisation appointments.

Measles Outbreak

¹³ Prior to the 21st May 2007 measles activity in North East North Central London Health Protection Unit (NENCLHPU) was low. Records showed from January to May 2007 there had been two measles notifications for Hackney. Towards the end of May 2007 (week 23) a number of children were diagnosed as having measles and reported to the Health Protection Agency.

From 21st May – 25th November there have been a total of 577 measles notifications to NENCLHPU. Hackney accounted for 55% of these notifications. Upon review in December 2007, the peak of the outbreak appeared to be weeks 33 and 34 (graph below). During these weeks Hackney accounted for 76% (Week 33) and 63% (Week 34) of all notifications to NENCLHPU.



Over half of the measles cases have occurred in age groups 0-5yrs (56%). However during the later stages of the outbreak there has been a shift in the increase in cases in the over 5 years of age.

6.1 Health Protection Agency - North East and North Central London Health Protection Unit (NENCLHPU)

The role of the Health Protection Agency (HPA) / Health Protection Unit (HPU) is to protect the public from infections, chemical hazards and poisons, radiation and other environmental hazards. The HPA is a non departmental public body, accountable to the Department of Health (DOH) and constituted under the Health

¹³ HPA written submission to Measles and Immunisation review

Protection Agency Act 2004 (established 2005). The NENCLHPU covers a total population of 2.7 million and consists of 12 London PCTs spanning across 13 Local Authorities. The populations are some of the most diverse in the country, and some live in the most deprived areas of the UK.

If the HPU receives notifications of an infectious disease and/or other incidents, the HPU initiate and coordinate public health responses provide advice to partner agencies and the public on a wide range of health protection issues, develop local action plans, provide training for public health trainees and others and support the implementation of the national immunisation programme.

The HPA and all the PCTs in the North East London work in partnership and a local Health Protection Team (HPT) lead the investigation and management of suspected communicable disease control incidents affecting the community, including outbreaks of infection.

During evidence sessions we heard control of infection in the community setting is a core PCT function and the HPT provide strategic leadership, advice and support for control of infection, particularly to general medical and dental practices, nursing homes, residential homes, schools, nurseries, prisons and detention centres. However PCTs have the responsibility of ensuring the protection of the non registered population within the area (including travellers, homeless, commuters and prisoners).

We noted during our review the HPA have a significant role in controlling infectious disease and improving immunisation rates within the community. The HPA reported this was monitored through partnership working and advised the Commission they have longstanding established links and clear communication channels with the PCT and health partners across Hackney noting with:

- CHtPCT - the District Immunisation Co-coordinator, Immunisation Nurse Specialist and Director of Public Health (DPH) and
- The Homerton Hospital - the Director of Infection Prevention and Control (DIPC), Consultant Paediatrician and the Infection Control Team and
- The Learning Trust - Health and Safety and the Travellers Team.

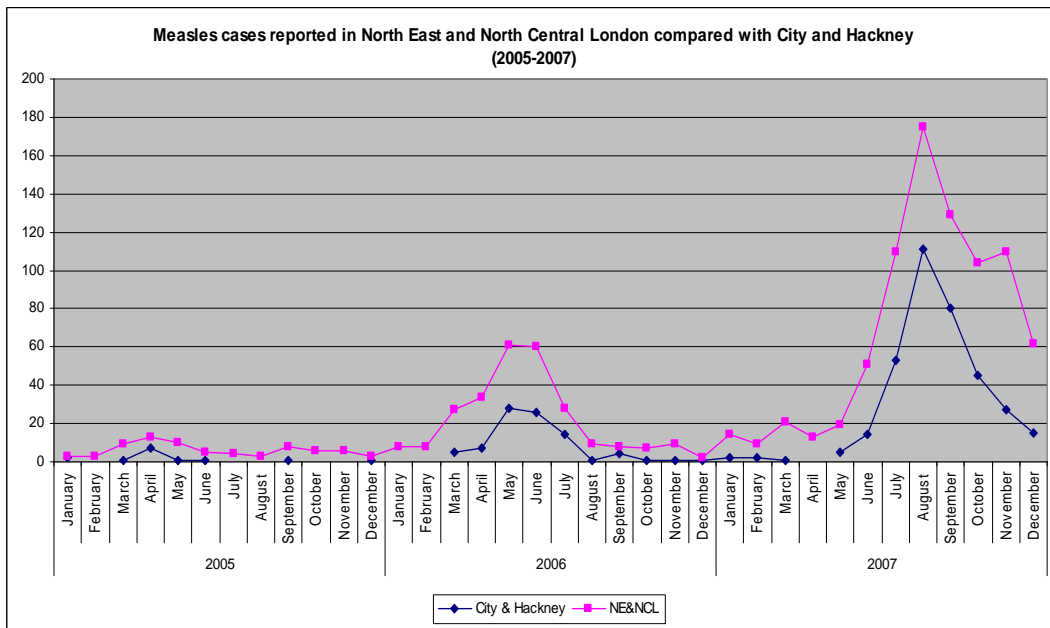
Discussions between the HPT and health partners resulted in the health trusts and relevant organisations in LBH carrying out actions to assist in managing the measles outbreak and promoting immunisations. These actions are detailed for each organisation later in the report.

HPA advised many of the reported cases across the UK in 2006 and 2007 had been noted in particular communities where vaccine uptake was low, e.g. traveller sites but in the 2007 outbreak cases were also occurring in schools with unvaccinated school age children. This may be due to poor access to primary care, vaccination clinics or for some communities there may be difficulties with parents understanding the need for immunisation if English is not their first language.

In relation to the outbreak in 2007 the HPA reported one factor which appeared consistent in poor vaccine uptake was large family size meaning the greater the

number of children in a family the less likely the younger ones were to have completed the vaccination schedules. This may be a contributor in Hackney as the majority of recently reported cases were from a part of the community with very large family sizes.

The HPA reported that a direct comparison between measles cases in Hackney and NENCL showed inconsistencies in case definition and confirmation of diagnosis. This was due to local virology arrangements i.e. measles samples generated from Homerton Hospital, Newham and the Royal London were not routinely processed at the HPA Reference Laboratory. Therefore a true reflection of the enormity of the outbreak could not be determined from confirmed measles case statistics thus making direct comparison difficult.



Measles

	2006		2007	
	Total reported	Confirmed	Total reported	Confirmed
NENCL	263	65	817	275
Hackney	88	33	353	138

We heard various actions are taken by the HPT in the event of an outbreak but most importantly discussion with the HPU revealed as well as communicating with Schools, GPs, Health Visitors, Practice Nurses; enhanced surveillance was developed and commenced for every measles notification and a database of City and Hackney cases employed. This was subsequently modified and applied to all measles notifications to NENCLHPU. Weekly analysis of notifications and identification of links/clusters was performed and circulated to key personnel. Performing the enhanced surveillance allowed for the early identification in week 25 of cases within the Orthodox Jewish community. National “back to school” immunisation press campaign and London wide press releases throughout September, October and November 2007 were initiated.

For best practices HPA advised the Commission the only policies which had a proven impact on childhood immunisation uptake were ones which involve a direct needs assessment of the local population identifying which sectors or groups in the community had low uptake. It was also noted immunisation uptake rates are better in areas and practices which operate an automatic call-recall service via child health computer systems. Attention to detail and regular data cleaning within the child health systems also helped to identify pockets of poor uptake of vaccinations. Highlighting once specific local problems were addressed then tailored local solutions could be designed and implemented.

The HPA felt there may well be a good argument for CHtPCT to carry out some targeted work to identify the vulnerable groups within Hackney and assess their particular needs; also highlighting Health Visitors were well placed to identify babies born into larger families and to assess the immunisation status of all the children in the family.

Reliable methods to reduce the numbers of cases and conclude an outbreak depended entirely on the circumstances but all require targeted vaccination of susceptible people within the community (as was done very successfully last year outbreak in the travelling community). This has been achieved in other areas of the country for different groups by provision of special vaccination sessions in schools and community clinics.

The Commission was advised the impact of the measles outbreak in Hackney is a public health concern across London and the rest of the country therefore consideration of the wider public health implications for London and the strategic management issues were under review. Information from the measles outbreak in Hackney would be used to inform the strategic paper 'Measles in London' (A briefing on developing risk and recommendations for short and long term immunisation strategies for primary care trusts) which was submitted to the London Regional Director of Public Health.

6.2 City and Hackney teaching Primary Care Trust (CHtPCT)

City and Hackney teaching Primary Care Trust (CHtPCT) is the health trust responsible for commissioning and providing primary care NHS health services in London Borough of Hackney. These cover a range of services which include GPs, Dentist, Community Nursing and Health Clinics.

As stated previously PCTs have responsibility for improving the health of the community they serve and to ensure the population is protected from infectious diseases to provide population immunity for the community.

CHtPCT advised the immunisation rate for Hackney is low and below the national average required for population immunity. CHtPCT felt a major contributor to the low immunisation rate was as a result of a decision taken by the National Programme of IT for NHS to withdraw the RICHs system from 10 PCTs and replace it with the child health interim application (CHIA) which is unable to auto appoint, produce target lists or generate accurate data on immunisation uptake. A new IT system called RIO is expected to be rolled out across London later this

year; however expectations are that it will meet most but not all the PCTs needs. A recent report by the London Assembly - Health and Public Services Committee called 'Still Missing the Point – Infant immunisations in London' recognised this as a key factor in low immunisation uptake.

We heard that advice and information given to parents would come from Health Visitors, Community Nursing Team, School Nurses, GPs and Paediatricians.

Research by CHtPCT reviewing the assumption that high population mobility and low income were reasons for low immunisation rate established it was not that straight forward. They identified it also included provision of inconsistent and inaccurate information, adverse press reports, large family size, inadequate information and data systems, parental beliefs and attitudes, limited access and poor co-ordination of services. CHtPCT have also felt the limitation of the CHIA system has affected their ability to identify and auto-appoint children for immunisations to curtail any measles outbreak. Therefore to manage this outbreak raising awareness about measles and immunisations has been critical to their success.

CHtPCT had recognised from the first outbreak (2006) the importance of addressing the issue of low immunisation rate and we heard CHtPCT started to address this by:

- Establishing an immunisation steering committee to provide updates to the trust board and deliver a training programme for immunisations of health professionals.
- Launching the Rapid Response Team. The ability to mobilise staff at short notice when outbreaks of infectious disease occur they co-ordinate a timely response to outbreaks.
- Targeting specific groups for who access to traditional services may be more difficult e.g. Orthodox Jewish community, Children in care and the Travelling Community.

To improve immunisations and manage an outbreak we heard a number of actions had been taken a sample of these included:

- Provision of additional and opportunistic immunisations through extra sessions in health and non health settings.
- Temporary hiring of a mobile immunisation unit called '**the spotty bus**' aimed at attending schools identified with cluster cases of measles and which travelled around the Borough during the measles outbreak providing a full range of childhood immunisations except BCG.
- Producing local literature to raise awareness of measles and immunisations branded with the catch phrase '**Watch out Measles about**'.
- Distribution of information to all The Learning Trust (TLT) schools plus 18 Jewish independent schools.
- Briefings and update information distributed to GPs, Children and Family Staff and Child Health Clinics. Including telephone advice and information given by Children and Families staff responding to a high number of calls from concerned parents and health professionals.

- Article prepared for Hackney Today and article produced for and published in News Update (circular for the Orthodox Jewish community).

Although the measles outbreak for 2006 was smaller than the outbreak in 2007 it would appear lessons were learnt and a number of actions were implemented such as:

- Increasing the number of health professionals competent to immunise
- Working on initiatives for 'hard to reach' community groups
- Guidance given where necessary on the availability of home immunisations
- Conducting immunisation sessions in non health setting i.e. toy library, playgroups etc
- MMR offered to school leavers
- Improved partnership working with LBH Children Services and TLT.
- Appointment of a health visitor for the travelling community.

Through raising awareness and using the spotty bus during the outbreak in 2007 the Commission heard 913 children received immunisations.

The Commission noted the local ability to react to an outbreak appeared good however improving immunisation rates overall was still required. We heard to address this issue an audit of immunisation data for children under five was currently underway. CHtPCT advised additional resources were being secured to support a data cleansing programme. The data cleansing would be carried out with support from GPs using their electronic IT systems to identify un-immunised children. We heard carrying out this action would enable identification of ghost patients, input/update missing immunisation data that may have been inaccurately coded in preparation for implementation of the RIO system in 2008. Completion of this process would allow CHtPCT to use the final data to issue invitation letters to children under five to attend for immunisations.

6.3 The Learning Trust (TLT)

The Learning Trust (TLT) is a not for profit organisation that manages the provision of education services for London Borough of Hackney. TLT is responsible for Hackney schools, day nurseries, play service and adult education.

We heard during the outbreak TLT provided assistance to CHtPCT by communicating information about the measles outbreak and raising immunisation awareness to all the schools and children centres in the Borough. Briefings were sent to Head Teachers to keep them informed about measles notifications. In the outbreak for 2007 some cluster cases were linked to primary schools and TLT supported promotion of immunisations by distributing local promotional material to schools, measles fact sheets and letters. This information was made available on TLT website <http://trustnet/trust/forms/default.asp>. TLT also held discussions with parents and arranged through schools the attendance of 'the spotty bus' to primary school premises to provide opportunistic immunisations especially in the affected areas. TLT also supported communications with the Traveller Education Team as required.

6.4 Homerton NHS Foundation Trust University Hospital

The Homerton University NHS Foundation Trust Hospital is the local hospital based in LB Hackney providing general hospital services to Hackney and the City of London including secondary acute (inpatient and emergency care) NHS health care services. Specialist care in obstetrics and neonatology, fetal medicine, fertility, keyhole surgery, and neurorehabilitation across east London and beyond.

The Commission was informed during the outbreak the hospital treated approximately 80 patients clinically diagnosed with measles. The action taken for cases of measles was dependent on the condition of the patient where one of two actions would be taken:

- Admittance to Starlight ward for children / adults ward for adults or
- The patient was sent home.

The Homerton was advised during the outbreak to ensure front line staff had immunity in order to protect the frontline staff at the Homerton from measles and prevent them from being a source of secondary hospital-associated cases of measles. The hospital offered all frontline staff and staff identified as non-immune the MMR vaccination.

In addition, the Homerton advised they had changed their Occupational Health screening policy so that measles immunity testing is offered to all new staff members with any clinical contact as part of their induction screening.

6.5 Response from Orthodox Jewish Community

Towards the end of May 2007 a number of children were diagnosed as having measles and reported to the Health Protection Agency. The numbers rose sharply over the summer and by the end of 2007, a large volume of measles cases had been reported in children and young people living in Hackney. The Orthodox Jewish community living predominantly in the North of Hackney were over represented in the notifications. Health professionals considered the low uptake of immunisations in this community group maybe associated with their religious beliefs and/ or large family size, as a number of cases in the notifications were from large families.

The Commission had the pleasure of talking directly to parents from the Orthodox Jewish community who provided a very helpful insight to the reasons why children within their community may not be immunised.

Discussion with parents from the Orthodox Jewish Community revealed reasons for low immunisation or non immunisation within a family ranged from personal choice /beliefs not to immunise their child and limited options of access to immunisation services in the area they lived in.

After these discussions the Commission was able to dispel the myths surrounding immunisations and the Orthodox Jewish Community group.

7 CONCLUSION

The Commission were encouraged to find much partnership working between health and non health organisations to increase awareness of immunisations and measles.

The Commission recognise there is still more work in Hackney to be done to bring immunisation rates up to population immunity levels, to help prevent reoccurrence of a serious measles outbreak. We believe that the focus should be on improving data systems, continuing opportunistic immunisations (for children who did not get immunised at the target age), giving parents a clear and consistent message about vaccinations and, finally, on ensuring that high-level staff from the NHS and other agencies, make immunisation a top priority and co-ordinate their efforts to provide a consistent message about immunisations and measles.

The Commission believe it is important that health professionals advise and promote to parents the risks of not immunising a child and highlight it not only poses a danger to the child but also to other people whom they come in contact with especially a mother carrying unborn children.

Lead Councillor: Cllr Jonathan McShane

Scrutiny Officer: Tracey Anderson, ☎ 020-8356 3312

8 CONTRIBUTORS

The following people attended the Scrutiny Commission's meetings and gave evidence. The Scrutiny Commission owes a great deal to them not only for what they contributed to the investigation but also for the enthusiasm and commitment they brought to the task. Others present, both officers and members of the public, made informal contributions.

The Commission is grateful to all those who took part. Error and omissions are the responsibility of the Commission.

12 th December 2007	Health Protection Agency Sarah Addiman - Nurse Consultant Health Protection Team Deborah Turbitt – Deputy Director Health Protection Unit Homerton University NHS Foundation Trust Hospital Pauline Brown - Director of Corporate Development
14 th January 2008	City and Hackney Teaching Primary Care Trust Steve Rowlands – Director of Specialist Community Services / Deputy CEO Provider of Services

Dr Gabrielle Laing – Clinical Director / Consultant
 Community Paediatrician
 Dr Jose Figuera – Consultant in Public Health
 The Learning Trust
 Nicola Baboneau – Community and Partnerships

9 MEMBERS OF THE SCRUTINY COMMISSION

9.1 Members of the Scrutiny Commission

Councillor Jonathan McShane (Chair)
 Councillor Daniel Kemp (Vice Chair)
 Councillor Maureen Middleton
 Councillor Tom Price
 Councillor Joseph Stauber
 Councillor Muttalip Unlner
 Councillors Katie Hanson
 Councillors Ian Rathbone

9.2 Co-opted Members

Clarissa Roche-Caton
 Jon Pushkin

9.3 Scrutiny Officer

Tracey Anderson

Background Papers

The following documents have been relied upon in the preparation of this report or were presented to the Scrutiny Commission as part of the investigation:

Description of document	Location	Date
DOH Immunisation against infectious diseases – Green Book 2006	Department of Health website http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079917	October 2007
The Londoner – Best for Baby	http://www.london.gov.uk/londoner/06sep/p17a.jsp?nav=health	September 2006
DOH NHS Immunisations Information – MMR the Facts	http://www.immunisation.nhs.uk/publications/mmr_facts.pdf	October 2005
Health Protection Agency Statistics	Health Protection Agency http://www.hpa.org.uk/infections/topics_az/measles/data_reg_age.htm	2007
City and Hackney teaching Primary Care Trust – Written Submission	Health Scrutiny Meeting January 2008	January 2008

CHtPCT Annual Report 2006-07	City and Hackney teaching Primary Care Trust http://www.chpct.nhs.uk/trust_documents/Annual%20Reports/AnnualReport06.07-Final.pdf	2007
Healthcare Commission, Immunisation rates 2004-05 by 2 nd Birthday	Healthcare Commission http://www.ofsted.gov.uk/reports/pdf/?inspectionNumber=3233&providerCategoryID=0&fileName=\\APA_TOOLKIT\apatk_2007_204.pdf	2005
Healthcare Commission, Immunisation rates 2004-05 by 5 th Birthday	Healthcare Commission http://www.ofsted.gov.uk/reports/pdf/?inspectionNumber=3233&providerCategoryID=0&fileName=\\APA_TOOLKIT\apatk_2007_204.pdf	2005
North East and North Central Health Protection Unit Report – Written submission	Health Scrutiny Meeting December 2007	December 2007
Homerton University NHS Foundation Trust Hospital – Written Submission	Health Scrutiny Meeting December 2007	December 2007
Still Missing the Point – Infant Immunisation in London	London Assembly – Health and Public Services Committee http://www.london.gov.uk/assembly/reports/health/infant_immunisation_followup.pdf	September 2007
Health Visitors – an Endangered species	Family and Parenting Institute http://www.familyandparenting.org/Filestore/Documents/publications/FPI_Health_Visitors5.pdf	April 2007

Health in Hackney Scrutiny Commission Measles Cases and Low Immunisations Review Proposal

To be completed prior to the start of the review

1. Proposed review

Considering the factors contributing to the recorded increase of measles cases confirmed within London Borough of Hackney and North East London recently and how to improve the percentage of children immunised with the Mumps Measles Rubella (MMR) vaccination.

It is proposed that the review will provide assistance to NHS health trusts working within London Borough of Hackney by helping to raise awareness in the local community about the importance of immunisations especially MMR.

2. Origin of proposal (e.g. Surgery, Neighbourhood Committee, outside body, performance indicator, Mayor's Priority)

At the start of 2006 there has been a significant recorded increase in measles infections among children in London. More recently there has been another significant outbreak during summer 2007 of which the Health Protection Agency has recorded 170 cases in the North East and North Central London Region of which 90 of the recorded cases are from within the London Borough of Hackney.

Considerable interest relating to these incidents has arisen within the local community and particular interest through the local media. Members of the Commission considered it would be useful for Members to review this issues and assist local NHS health organisations by highlighting to the public the benefits of and the need to have immunisations especially MMR.

The review has links to the Local Area Agreement Priority:

- Reducing health inequalities for children and young people.

Of the three Mayor's Priorities the one most relevant to this review (as detailed below) would be priority number 1:

1. Improving services and increasing opportunities for all, raising the life chances of the most disadvantaged
2. Ensuring the Council is high performing and efficient.
3. Providing effective community leadership and involving the whole Borough in what we do

3. Scope and terms of reference

The Department of Health has outlined that 95% of children need to be vaccinated with the MMR vaccination to prevent any infectious disease of measles, mumps and rubella. The national average for England recorded in 2006 was 80.9% however the percentage for London is considerably lower approximately 9% below the national average for England. Although cases have broadly remained low there have been periods in 2002/03 and 2006/7 where there was an increase in measles cases within London.

The Department of Health has worked to inform the public that the concerns raised in 1998 about the MMR vaccination being linked to autism and bowel disorder are unfounded and the report stating this connection has since been discredited.

This scrutiny review will consider the low percentage of MMR immunisations and the increase in measles cases to:

- Establish an understanding of the health profile in Hackney and the public health issue highlighted in the health improvement plan for London Borough of Hackney.
- Establish the specific concerns surrounding MMR immunisations and large proportion of measles cases within London Borough of Hackney.
- To determine from NHS employees working within primary care and Community Services the current obstacles related to MMR immunisations and factors contributing towards the increase in measles cases.
- Note the actions taken and response by City and Hackney Teaching Primary Care Trust in relation to MMR immunisations and the measles cases.
- Investigate good practice with other local authority areas managing the same issues and health profile.

4. Timescales and methods (including details of formal meetings, public engagement, site visits and other sources of evidence)

The review will commence in November / December 2007 with the draft terms of reference which will be considered and approved.

12th December 2007

- Draft TOR considered and approved
- Presentation from Health Protection Agency North London Region outlining background information about Measles cases

and the role of the Health Protection Agency to help curtail control the spread of infectious diseases.

- Homerton Hospital

14th January 2008

Presentations from:

City and Hackney Primary Care Trust on:

- Health profile of LBH
- MMR vaccination – low immunisation rate
- Action taken in relation to measles outbreak

The Learning Trust

- Sure Start

Children's Social Services

12th February 2008

- Discussion of review recommendations

4th March 2008

- Approval of report and recommendations

5. Objectives and likely outcomes

The aim of the review is to increase awareness within the local community highlighting the importance of the MMR immunisation and to provide assistance to the NHS in dispelling any myths or untruths about the side affects of the vaccination.

6. Lead Member

Cllr Jonathan McShane – Chair of Health in Hackney Scrutiny Commission

7. Details of how the review and its outcomes will be publicised

The scrutiny work programme for 2007/8 will be promoted through Hackney Today and other appropriate publications via the LBH Communications team.

Outcomes and conclusions of this scrutiny exercise will be reported to all appropriate decision making forums.

8. Key contributors to the review

Contributor	How have they been consulted on proposal
Council Lead Officer Kim Wright	The proposal has been circulated for comment

<p>Council Officers</p> <ul style="list-style-type: none"> • Children's Social Services • The Learning Trust • Sure Start • Director of Public Health • Communications 	To be identified
<p>Executive Member(s) Councillor Nargis Khan</p>	Proposals for review circulated for comment
<p>Team Hackney Partnership Thriving Healthy Partnership Board</p>	
<p>Partners Organisations</p> <p>City and Hackney Teaching Primary Care Trust</p> <ul style="list-style-type: none"> • GP • Health Visitors <p>Health Protection Agency</p> <p>Homerton Hospital</p> <p>Sure Start Representative</p>	Proposals for the review circulated for comment
<p>Voluntary Sector</p>	To be identified
<p>Live/Pending Consultations</p>	To be identified

To be considered during the course of the review

9. Scale of recommendations and parties requested to implement

Service/organisation	Timescales and method for response

10. Details of how outcomes will be monitored

Review of report recommendations will be reported back to the Health Scrutiny Commission in November 2008.