



Frequently asked questions (FAQs) about measles

Advice to schools about school trips / exchange programmes

Children / adolescents who are not immunised with two doses of MMR vaccine remain at risk of measles (mumps and rubella) infection both in the UK and when they travel abroad. Outbreaks of measles continue to occur across many countries in Europe but the risk of exposure to measles is not restricted to Europe alone.

1. What should UK schools with outbreaks of measles do about organising trips?

Where measles is currently circulating in a UK school and students are about to travel within or outside of the UK there is a risk that unimmunised, incompletely immunised students may already have been exposed to the virus. In this situation, MMR vaccine should be administered to susceptible children at least two weeks before travel. Those who cannot be vaccinated at least two weeks prior to travel should be advised not to travel due to the risk that they may be incubating measles. Susceptible or recently vaccinated (in the past two weeks) students who have an illness compatible with measles should not travel.

2. What should UK schools without measles cases do about organising trips to Europe over the holiday season?

It is important to undertake a risk assessment to determine the likely risk of exposure for students travelling. This will largely depend on the destination and the nature of the trip being planned. For example a school exchange programme which involves close, prolonged contact with local families in an area where an outbreak has been reported is likely to involve significantly greater exposure risks than a short school trip where students will be staying in tourist accommodation where no recent outbreaks have been identified. If required, further expert advice should be sought following the risk assessment.

Generally, if there are no measles cases reported amongst the UK school students prior to travel (see below), there is no need to completely cancel their travel plans but the school should remind students and parents of the importance of being fully immunised according to the UK national immunisation schedule. This includes receiving two doses of MMR vaccine to provide protection against measles, mumps and rubella.



3. Should the school be advised to exclude from travelling those students who are not fully immunised? Should unimmunised/ incompletely immunised students who receive a dose of MMR vaccine prior to travel be included in the trip?

If a school is planning a trip to an area of Europe where local measles outbreaks have been reported, unimmunised / incompletely immunised students should be advised to receive MMR vaccine prior to travel. However, the advice regarding travelling will largely depend on whether there is already evidence of measles circulating in the UK school students prior to travel (see 1 above).

Where there have been no measles reported in the school prior to travel, then unimmunised / incompletely immunised students may be included in the trip as planned. If no exposure to measles has already occurred in the UK, some protection can be conferred by vaccination up to the day before leaving. Susceptible students who have an illness compatible with measles should not travel.

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Advice to parents/ families travelling with young children

4. If children below 1 year of age are travelling to European countries with reported measles outbreaks, should they receive the first dose of MMR vaccine early, prior to travel?

The UK national childhood immunisation programme recommends two doses of MMR vaccine to be administered at 12 months and between 3 years 4 months and 5 years of age. For children below 1 year of age travelling to countries where measles outbreaks have been reported, an individual risk assessment should be undertaken to determine the duration of stay, the likely degree of mixing with local families / communities and whether local measles outbreaks have been reported. For infants travelling on longer breaks to areas where local outbreaks have been reported and who are likely to be mixing with local families, MMR vaccine may be given as early as from 6 months of age. However, as the response to vaccine in infants is sub-optimal, any dose administered before 12 months should be discounted and these infants should be offered two further doses of MMR vaccine as per the nationally recommended schedule. All immunisations should be recorded in the routine manner and local Child Health Information systems notified of these immunisations administered.

5. If preschool children (who have not received the 2nd dose of MMR) are travelling to European countries with reported measles outbreaks, should they receive the 2nd dose of MMR vaccine early, prior to travel?

For preschool children (who have received 1 dose of MMR vaccine) travelling to countries where measles outbreaks have been reported, an individual risk assessment should be undertaken to determine the duration of stay, the likely degree of mixing with local families / communities and whether local measles outbreaks have been reported. For children travelling on longer breaks to areas where local outbreaks have been reported and who are likely to be mixing with local families, the second dose of MMR vaccine may be brought forward to at least one month after the first. If the child is over 18 months of age this will count as the pre-school dose. For those under 18 months of age and where the second dose is given within 3 months of the first dose, then the routine pre-school dose (third dose) should be given in order to ensure full protection. All immunisations should be recorded in the routine manner and local Child Health Information systems notified of these immunisations administered.

6. Should parents who have not received MMR vaccine request the vaccine prior to travel to Europe?

Most adults (born before 1970) in the UK are likely have had measles infection and therefore be immune. Adults born between 1970 and 1980 may have been exposed to natural measles and would only have been eligible for one dose of measles vaccine. Adults born after 1980 are less likely to have been exposed to natural measles but should have acquired protection through two doses of measles containing vaccines (table 1).



Adults travelling for longer stays or to areas where local measles outbreaks are occurring, who have not received 2 doses of measles-containing vaccine (and do not report a history of measles infection) may request to be updated prior to travel. Before recommending MMR vaccine, it is important to assess the likely susceptibility to measles and the risk of exposure through travel. For those who do not report a history of measles or two doses of measles containing vaccine, MMR vaccine can be given at any age.

GPs, however, are able to charge (but do not have to) if administered for travel purposes. More information is available in the special edition of Vaccine Update published by the Department of Health

(http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_127287.pdf) For children below 16 years, two doses of MMR vaccine are included in the global sum and their MMR vaccine should be given from NHS supplies without charge.

7. Should pregnant women be advised against travel to Europe?

MMR vaccine is contraindicated in pregnancy but most UK born pregnant women are likely to be immune. Most short term travel to European countries would therefore be considered low risk to pregnant women. Individual advice on specific travel will require a risk assessment to determine the likely risk of exposure (based on the destination and the nature of the trip being planned) and the likelihood that she is already protected (see above).

Advice on vaccination for travel to other countries where measles is endemic is available at <http://www.msnac.org/pro/index.htm>

Table: Opportunity for and coverage of vaccination against Measles in England

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|-------------------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----------|------|------|------|------|------|------|------|------|
| Measles vaccine | | | | | | | | | | | | | | | | | | | | | 87 | 84 | 80 | 76 | 71 | 68 | 63 | 60 | 58 | | |
| Measles Rubella (%) | | | | | | | | | | | | | | | | | | | | | | | 92 | | | | | | | | |
| *Second dose catch up MMR (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First dose catch up MMR | | | | | | | | | | | | | | | | | | | | | | | Not known | | | | | | | | |
| ¶Routine second dose MMR (%) | | | | | | | 83 | 78 | 74 | 73 | 74 | 73 | 75 | 75 | 74 | 75 | 76 | | | | | | | | | | | | | | |
| ¶¶Routine first dose MMR (%) | | | | 88 | 85 | 85 | 85 | 84 | 81 | 80 | 82 | 84 | 87 | 88 | 88 | 91 | 92 | 92 | 91 | 91 | 92 | 90 | 86 | 68 | 7 | | | | | | |
| Age in 2011 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| Year of birth | 2010 | 2009 | 2008 | 2007 | 2006 | 2005 | 2004 | 2003 | 2002 | 2001 | 2000 | 1999 | 1998 | 1997 | 1996 | 1995 | 1994 | 1993 | 1992 | 1991 | 1990 | 1989 | 1988 | 1987 | 1986 | 1985 | 1984 | 1983 | 1982 | 1981 | 1980 |

*The percentages shown for the second dose catch MMR and MR relate to the coverage for whole campaign cohort

¶ The percentages shown for the routine first and second dose of MMR are coverage data for England only and are based on levels recorded when the birth cohort was aged between two years and five years respectively.

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