UK Health Security Agency

NHS

Making measles history together:

a resource for local government



immunisation

helping to protect everyone at every age

Measles is highly infectious and can lead to serious complications and, on rare occasions, it can be fatal. Because measles spreads so easily, very high coverage (over 95%) with 2 doses of a measles-containing vaccine is necessary to achieve elimination.

The good news is that global measles eradication is feasible and cost-effective. Eliminating measles (and rubella) is a core goal of the World Health Organization (WHO) European Immunization Agenda 2030 and an important part of global efforts to improve health and reduce inequalities. Since the introduction of the measles vaccine in 1968, more than 20 million measles cases and 4,500 deaths have been prevented in the United Kingdom (UK).

However, since 2013 uptake of the routine childhood vaccinations, including the measles, mumps and rubella (MMR) vaccine, has declined and is now well below the 95% needed to prevent outbreaks. Since 2023, there has been a resurgence of measles with around 3,000 laboratory-confirmed cases of measles reported in England in 2024, 960 in 2025, and the cases in 2026 to date already exceed the 2025 total. The vast majority of cases have been in unvaccinated children under the age of 10 years. Measles also continues to circulate in many countries around the world. Until measles elimination is achieved globally, we will continue to see importations with the risk of these seeding outbreaks in under-vaccinated communities in the UK.

Outbreak response is resource-intensive and is more costly than getting it right the first time through the offer of vaccination in the routine childhood programme. Many recent outbreaks have been linked to nurseries and schools, leading to some children having to miss out on their education. About half of children with measles will attend emergency departments and many of them will end up admitted to hospital. This is a significant burden on families and NHS trusts, and creates more opportunities for measles to spread to vulnerable individuals.

Inequalities in vaccine uptake by deprivation, geography and ethnicity mean that the burden of measles falls disproportionately on certain communities. Local government, working alongside health system and community partners, can contribute to reducing these inequalities by taking ownership of local plans to address specific issues in service delivery that affect communities.

This resource highlights some successes that have been achieved but also gaps that still need attention. We hope it will be a useful tool to help local authorities contribute to system leadership to close the measles immunity gap in their populations and to prepare for outbreaks. Together we can consign measles to the history books.



Professor Susan Hopkins CBE,
Chief Executive of the UK Health Security Agency



Cllr Dr Wendy Taylor MBE,
Local Government Association



Greg Fell OBE,
President of the Association of Directors of Public Health

Measles – why does it matter?

What is measles?

Measles is one of the most highly infectious diseases and spreads very easily among those who are unvaccinated. It can be very serious and lead to complications, hospital admissions and in rare cases, tragically, can cause death. People in the following groups are at increased risk of complications from measles:

- babies and young children
- pregnant women
- people with weakened immune systems

Symptoms include a runny nose, cough, high fever, sore red watery eyes and a blotchy rash. The rash looks brown or red on white skin. It may be harder to see on brown and black skin.

In the UK, before the introduction of the first measles-containing vaccine into the routine childhood immunisation programme in 1968, large measles epidemics with hundreds of thousands of measles cases and about 100 deaths – the vast majority in young children – were experienced every year.

MMR and MMRV vaccines

Historically, 2 doses of the MMR vaccine have been offered routinely to all children at 12 months and 3 years and 4 months to provide excellent, lifelong protection from measles. Improving uptake in the routine childhood immunisation programme and working to achieve 95% uptake with 2 doses of a measles-containing vaccine before children turn 5 years old and start school is essential to achieve elimination and prevent outbreaks.

As part of the recent changes to the routine childhood immunisation schedule, from **1 January 2026**:

1. varicella vaccination has been added to the NHS routine childhood vaccination programme using a combined measles, mumps, rubella and varicella (MMRV) vaccine. All children are now routinely offered a combined MMRV vaccine instead of MMR vaccine as part of the childhood routine 2-dose vaccination schedule
2. the second dose of the MMRV vaccine has been brought forward so that children born on or after 1 July 2024 will be offered their second MMR dose when they attend for the new 18-month immunisation appointment. **The aim of this change is to help improve MMRV uptake at the population level.**



Getting vaccinated also helps protect others who can't have the vaccine, including infants under one year and people with weakened immune systems, who are at greater risk of serious illness and complications from measles. They rely on everyone else getting the vaccine to protect them.

Inequalities in vaccine uptake and measles disease burden – what are the drivers and what can we do about it?

Over the past decade, there has been a slow decline in the number of parents getting their children vaccinated with the MMR and other childhood vaccines and uptake nationally is now well below the 95% target with significant variation at the local authority level. During this period there has also been a widening of inequalities in vaccine uptake with local authorities with communities that experience the most deprivation also seeing the biggest falls in vaccine coverage.

Measles is highly contagious so even a small decline in vaccine uptake can lead to a rise in cases. Since 2023, there has been a resurgence of measles in the UK, with transmission mainly driven by unvaccinated children under the age of 10 years and outbreaks linked to nurseries and schools. In 2024 just under 3,000 cases were confirmed and in 2025 there were just under 1,000 cases. In addition, there have been (to date) 4 deaths in children and one in an adult linked to this measles resurgence.

There are inequalities in vaccine uptake by ethnicity, deprivation and geography and the burden of measles falls disproportionately on some communities. UKHSA's Immunisation Equity Strategy (2025 to 2030) provides a national framework to help local partners address these inequalities. It highlights stronger leadership, better use of local data, and people- and place-based approaches to reach underserved communities. Population groups who are at risk of not being fully immunised include people not registered with a GP, children from large families, people with learning disabilities and those from non-English speaking families.

The main barrier to vaccination is access to immunisation services that meet the needs of different communities. However, there are also communities whose religious or cultural beliefs result in low or delayed vaccine uptake. Herd immunity extends the benefits of the national immunisation programme to unvaccinated individuals thus intrinsically reducing inequalities, however the extent of this effect will depend on overall vaccine coverage and population mixing patterns. When large numbers of unvaccinated individuals live in close proximity, their communities become particularly vulnerable to outbreaks, for example linked to nurseries and schools.

The Royal College of Paediatrics and Child Health's (RCPCH) Commission on Immunisation policy report, published in July 2025, assesses how and why vaccine uptake has stalled or declined. It outlines the evidence and recommendations to increase uptake of routine childhood vaccinations across 3 broad themes:

- access to services
- improved data systems
- strengthening public information, education and communication

The NICE guidelines (2022) on Vaccine uptake in the general population include recommendations on service organisation; identifying eligibility, giving vaccinations, and recording vaccination status; and invitations, reminders and escalation of contact. These recommendations can be applied locally to increase the uptake of all vaccines provided on the routine immunisation schedule and reduce inequalities. NICE has published a baseline assessment tool to help commissioners and providers to benchmark their activity against the national guidelines and identify priority areas for improvement within and across immunisation programmes.

The NHS Vaccination Strategy published in 2023 aims to maximise uptake and coverage of vaccinations across the whole population, as well as in groups that are currently underserved. It proposes that local systems put in place a vaccination delivery network that makes best use of local providers and the available workforce, and sets out the importance of national consistency in some areas, including standards and guidance, consistent digital systems, and clarity about access.

Parental confidence in vaccines

Evidence suggests there is high confidence in NHS vaccination programmes and parents trust the advice that they get from practice nurses, general practitioners (GPs), pharmacists and the NHS. For example, UKHSA's annual survey of attitudes to vaccines showed that most parents believe that childhood vaccines are safe (85% up from 84% in 2023) that they trust them (84% up from 82% in 2024) and they work (87% compared to 89% in 2024).

Healthcare professionals, in particular GPs, health visitors and nurses continue to be the most trusted source of vaccine information.

Seventy-six per cent of parents had seen or heard information about children's vaccines in the previous 12 months, predominantly from trusted sources including healthcare professionals and official NHS websites. Only 7% ranked the internet and 3% social media in their top 3 most trusted sources.

Most parents (79%) had already decided that their baby would have all the vaccines offered before they spoke to a health professional. However, following a discussion with a health professional more than half of these parents (53%) said they felt even more confident about their decision, and of those who had decided not to vaccinate (15%) changed their mind in favour of vaccination.

The RCPCH 2025 Immunisation Policy report findings also highlight that while a lot of attention is given to the role of mis- and dis- information in reducing vaccine confidence, this did not explain the erosion in coverage seen over the last decade. Most of the barriers to vaccination experienced by communities were related to access to information and services and that these barriers were much worse for people from deprived areas and communities experiencing a range of health inequalities.



The local authority role and assurance

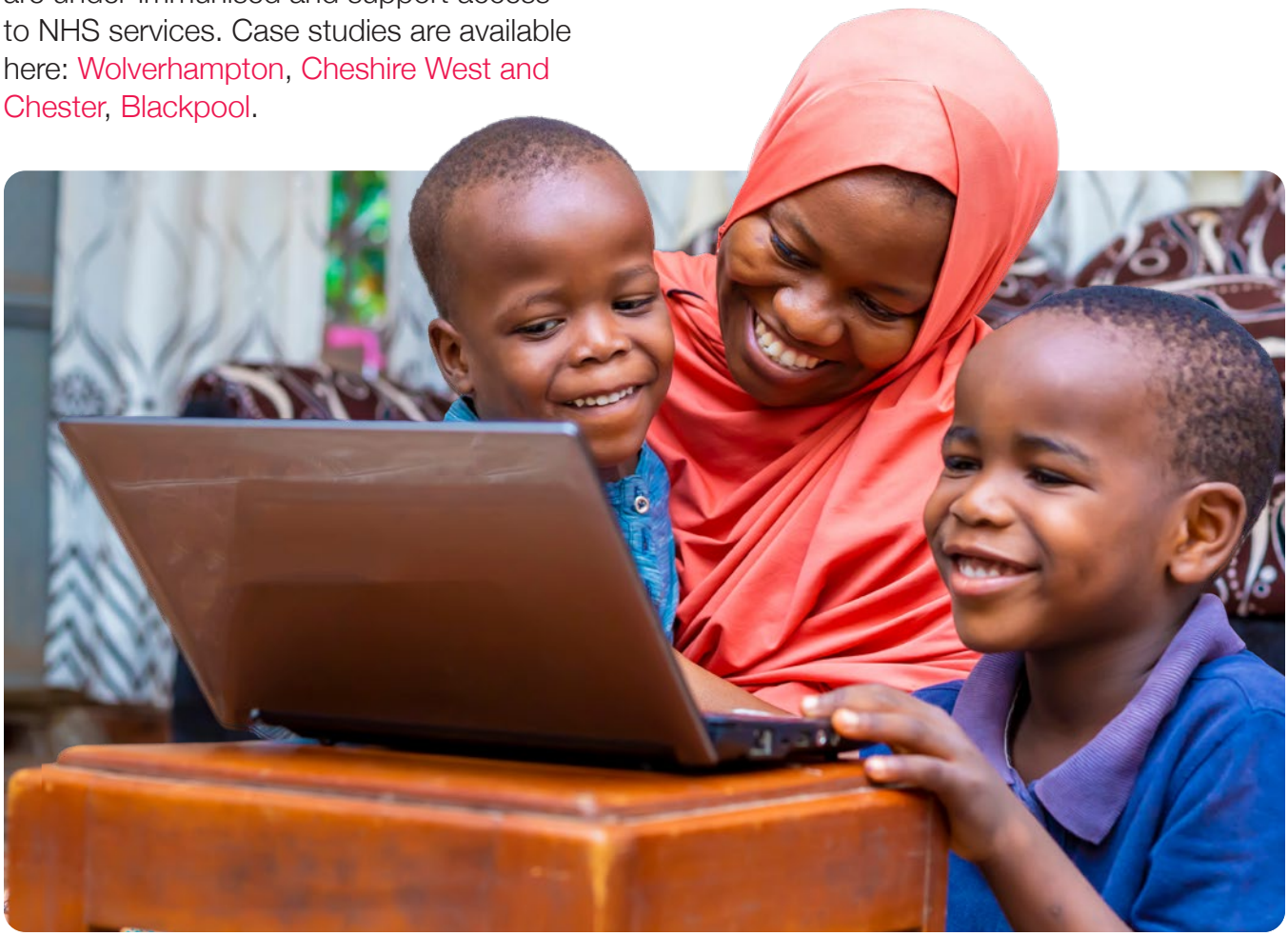
Councils, led by Directors of Public Health (DPH), should seek assurance from NHS partners that immunisation services are accessible, effective and responsive to local needs, and use their system leadership role to support improvements where required.

Council-owned assets

Councils bring a wide range of assets that are critical to improving immunisation uptake, particularly among underserved groups. Through services such as family hubs, children's centres, early help, and housing and community support, councils have regular contact with residents who may face barriers accessing healthcare. These touchpoints provide valuable opportunities to promote vaccination, identify those who are under-immunised and support access to NHS services. Case studies are available here: Wolverhampton, Cheshire West and Chester, Blackpool.

Political leadership and governance

Elected members play a critical role in improving immunisation uptake through their convening power, community leadership and democratic accountability. Health and Wellbeing Boards provide a key forum for system oversight of immunisation performance, enabling partners to review data, address inequalities and agree collective action. Health Overview and Scrutiny Committees play an important role in democratic oversight, with powers to challenge NHS partners and hold them to account for the accessibility, quality and effectiveness of local vaccination services. Councillors, as trusted local leaders, are also well placed to engage directly with communities, raise awareness and support efforts to build confidence in vaccination.



What can local authorities do to increase vaccination uptake?

Local authorities are in a unique position to **understand the health needs of their population**. Experience of past outbreaks shows that under-vaccinated communities are often geographically co-located and may find it challenging to access routine healthcare services, so efforts to improve uptake via general practice may not be sufficient. It is likely that these communities will be linked in to other local authority-funded services and may have contact with housing, social care or health visiting services, and so health promotion messages may be best delivered through these routes.

Local authorities can work with local partners to ensure the vaccination offer through NHS locally has been assessed against the key recommendations for improving vaccine uptake in the NICE guidelines (2022) on Vaccine uptake in the general population using the baseline assessment tool. In addition local authorities should seek assurance on specific interventions that have been put in place to overcome identified access barriers for local communities.

Successfully addressing immunisation inequity **requires tailoring of approaches**. Use or adaptation of existing tools such as the WHO's Tailoring Immunization Programmes (TIP) is recommended to ensure that expertise and contributions of those with lived experience is drawn upon, and to think in an integrated way about how to improve service access, rather than focusing on immunisation in isolation.

Every opportunity should be taken to raise awareness of measles, MMR and MMRV vaccines and immunisation in general.

This should go hand in hand with encouraging general access to healthcare, in conjunction with the NHS. In line with the Health Protection Assurance framework (2024), DPHs should seek assurance from the NHS that the arrangements to protect the health of the communities they serve – including through the routine childhood immunisation programme – are robust, and implemented appropriately to **meet local health needs.** This includes:

- ensuring that all organisations involved in health protection cooperate effectively, reviewing immunisation programme performance through monitoring vaccine coverage data, inequalities in uptake and support the implementation of actions to improve these
- ensuring that effective arrangements are in place to ensure local delivery of WHO and national targets on specific vaccine-preventable diseases of concern, such as measles
- **supporting local outbreak response** through for example community engagement and outreach

By working collaboratively with local system partners, local authorities can ensure that interventions such as immunisation clinics meet the needs of those communities who are most at risk. Three case studies are included, highlighting recent measles outbreaks that illustrate how local partners came together to mount an effective outbreak response.

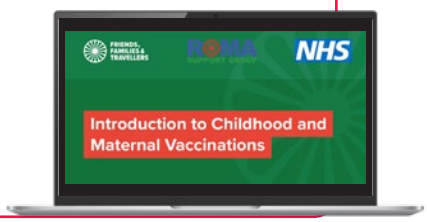


Under-vaccinated communities

Key under-vaccinated communities in England such as Gypsy, Roma and Traveller groups, new migrants, the Anthroposophic community, and the Charedi Orthodox Jewish community have historically suffered a higher disease burden from vaccine-preventable diseases like measles and experienced recurring outbreaks.

Local authorities are well-placed, working in partnership with NHS colleagues, to understand who their under-vaccinated communities are at the hyper-local level and how best to tailor services to reach them. Immunisation status should be checked at the GP practice for every new registration. This is particularly important for new migrants who can be brought up to date with the routine schedule. They also may not realise that vaccination is offered free of charge.

Friends, Families and Travellers, in partnership with UKHSA and the Roma Support Group (RSG), have produced a series of short animations with key information on vaccinations (published 2025). These resources focus on childhood and maternal vaccination as well as measles and whooping cough and can be found here: gypsy-traveller.org/resources-for-healthcare-professionals



Bristol City Council have collaborated with Caafi Health to produce a short film about measles, mumps and rubella and the MMR vaccine aimed at the Somali community:

MMR film – created in collaboration with Somali young adults – Bristol Early Years



MMR/V immunisation programme and measles outbreak health check for local government

1 Assess the state of local MMR/V uptake and local plans to address inequalities in uptake

NHS England's role includes developing improvement plans to inform and assure the DPHs that the vaccination offer through NHS locally has been assessed against the key recommendations for improving vaccine uptake in the NICE guidelines, and specific interventions have been put in place to overcome identified access barriers for local communities. Assess and seek assurance around:

- What is MMR/V coverage in 2- and 5-year-olds?
- Are trends moving in the right direction?
- How does local uptake compare to the national average and statistical neighbours?
- What measures are in place to ensure that MMR/V check and offer is embedded in routine practice in primary care?
- Check performance monitoring of local authority commissioned services, for example is MMR/V check and offer included in health visiting contracts?
- What intelligence is available around particular community groups or areas that are under-vaccinated and at risk of outbreaks?
- What are the needs of these communities in terms of communication and access to services? The WHO Tailoring Immunization Programmes (TIP) provides an evidence-based framework for doing this.
- What measures are in place locally to ensure that communities at risk of being under-immunised are identified locally (including unregistered, vulnerable, migrant, transient or mobile communities)?
- What measures are in place to engage with these communities and promote access to immunisation services that meet their needs?



2 Assess the ability of local services to target individuals and communities that miss routine vaccination

- Are effective protocols in place to ensure that opportunities to immunise at-risk communities are optimised, especially for those with an unknown vaccination history or likely to have incomplete schedules (for example, migrants)?
- Can more be done to ensure that unvaccinated individuals are able to access immunisation services, across a wide variety of settings?
- Are sufficient measures being taken to ensure that local people are adequately protected from vaccine-preventable illnesses while visiting friends and relatives abroad?

Aspects to consider include:

- While targeted support for individual communities is important to improving the uptake picture, ensuring effective vaccination delivery, uptake and evaluation through core programme offers (for example the childhood immunisation programme) is central to the attainment of high uptake across all population groups. By improving vaccine coverage overall, underserved populations will benefit through reduced risk of exposure to agents that cause vaccine-preventable diseases, and other mechanisms.
- Decisions regarding service commissioning for vaccination sit with the NHS and will over the coming period transition to Integrated Care Board (ICB) colleagues. Ensuring effective, targeted outreach alongside a strong core offer is one of three strategic priorities under the NHS Vaccination Strategy.
- However, there is much that can be done to support making the case for targeted work with specific communities. Under the Immunisation Equity Strategy 2025 to 2030, UKHSA has published a needs assessment toolkit to support local and regional stakeholders to understand and act on immunisation inequities in their populations served.



3 Make good use of existing local authority resource and the third sector

- Are customer-facing departments in the local authority aware of the routine immunisation programme? NICE have published guidance on Making Every Contact Count (MECC).
- Are customer-facing local authority staff able to signpost communities to healthcare services? It is important that everyone is aware that they have the right to register with a GP and have access to immunisation services for free.
- Are charities and the third sector who serve under-vaccinated communities aware of particular challenges around access to healthcare services and immunisation services in particular?
- What opportunities exist to raise awareness of immunisation among communities, for example, before travel to home countries during school holidays?

4 Support early response to outbreaks through local system leadership

- Is the local authority able to support community mapping exercises during outbreaks to better target response?
- Can resources, such as children's centres and local halls, be made available for immunisation clinics in the event of an outbreak? By working collaboratively with local system partners, local authorities can ensure that interventions such as immunisation clinics meet the needs of those communities who are most at risk.
- Can resources for community engagement be mobilised to support communities identified as being at risk of the outbreak and encourage them to take up vaccination?
- Are translation* and interpretation services available that could be tailored to the local situation? Consider the longevity of individual outbreak responses; wider public health investment and sustainable resources are needed to ensure ongoing community engagement and the building of trust, rather than reaching out to communities only when there are outbreaks.



*** Free national measles, MMR and MMRV resources and publications are available to order in a range of languages and formats and can be found on page 16.**

Case studies

Following a multi-agency response to a large measles outbreak in 2023 and 2024, UKHSA convened a workshop to capture learning from national, regional and local response and interventions. Some of the insights and recommendations are reflected in the case studies below.

Case study 1: Improving vaccine uptake in the Charedi Orthodox Jewish Community in Hackney

Situation: Hackney is a culturally diverse borough with at least 64% of residents from non-white British backgrounds and is amongst the top 10 most deprived local authorities in the country. North Hackney is home to Charedi Jewish community groups, with a population estimated at 39,000 with one of the highest birth rates (annual growth rate of 4% to 5%) and a large population of children under the age of 5 years to immunise. Despite efforts by local Primary Care Networks (PCNs), vaccination coverage for the routine childhood programme in Hackney is one of the lowest in the country, leaving the community at risk of outbreaks like measles and pertussis. There are a range of challenges for the low vaccine uptake, related to vaccine hesitancy, confidence in immunising on time to NHS schedule, risk perception, and a mistrust of combined vaccines.

Response: The 'Get Ahead Before the Yomim Tovim' campaign was a targeted communications campaign in 2023, co-produced with Charedi community members with the aim of encouraging families to catch up with their children's vaccines ahead of an upcoming religious holiday period.

The project included co-producing adverts, flyers, text messages, and school letters and a series of immunisation clinics delivered at community health fairs and events in familiar and accessible locations. A range of childhood vaccinations (not just MMR) were offered at the clinics alongside health visiting reviews, a dental health service and other activities such as a bouncy castle for the younger children and bike checks for the older children. The project was evaluated through a brief survey for healthcare professionals and patients who attended the clinics.

Learning and recommendations

Feedback suggested that the following components helped make the intervention a success:

- use of engaging advertising tailored for the community
- use of familiar, accessible locations for the community
- one-stop shop – combined offer of a range of health- and wellbeing-related services alongside vaccination

Partnership working was key to ensuring the tailored approaches were the right ones for the community, this included:

- gathering insights from voluntary organisations and faith leaders
- co-production of resources/advertisements
- working with dedicated nurses and practice staff from different PCNs serving the community to ensure routine service offer and the clinics worked synergistically with a valued approach of MECC
- having some trained vaccinators from the community

- effective communication bringing together text messaging and call and recall through the GP practices with advertising around the community health events
- a flexible and tailored offer with the choice of appointments and walk-in immunisation clinics (allowing for maximum flexibility) on a Friday afternoon (when the Sabbath comes in later during the summer months) and predominantly Sundays (which community members preferred as the girls are not in school and the boys finish at 3pm). Fathers were also around to help with bringing in all the children requiring immunisations
- innovative holistic approaches to delivering a health and wellbeing offer to the community helps build trust and confidence in services and makes attendance worthwhile as multiple needs for the whole family can be addressed



Case study 2: Birmingham measles outbreak response

Situation: Over the past decade, there has been a sustained decline in the uptake of the MMR vaccine across both the West Midlands and in Birmingham, with only 75.5% of children in Birmingham aged 5 years old having had 2 doses of the MMR vaccine. Between October 2023 and April 2024, Birmingham experienced a measles outbreak, with over 400 confirmed cases identified. The majority of these cases occurred in unvaccinated children under the age of 10. The rates of measles infection varied amongst different ethnic groups; the highest rate was seen in the 'Black and Black British – any other Black background' ethnic group, with 112.2 cases per 100,000 population (compared to 10.8 per 100,000 in White British individuals). Seventy-eight per cent of cases resided in the city's most deprived areas (quintile 1). This outbreak caused significant pressure on the NHS with both primary and secondary care affected with a high proportion of cases attending accident and emergency departments or admitted to hospital.

Response: Local and regional partners (including the local authority, NHS and public/community sector organisations) worked collaboratively to increase MMR coverage across Birmingham and reduce the risk of ongoing transmission of measles. This system-wide partnership resulted in the following interventions being coordinated and implemented during late 2023 and 2024:

- local expansion of the national MMR catch-up campaign was implemented in Birmingham, extending eligibility to those aged up to 25 years. To encourage MMR uptake in patients/families, the ICB operated an enhanced call and recall approach that was delivered by a dedicated team trained in motivational interviewing

- GPs in the West Midlands were offered a toolkit to facilitate the implementation of best practice approaches to increasing MMR uptake in their patient population, such as promoting MECC and offering vaccination clinics during evenings and weekends
- MMR vaccination clinics were delivered across schools in Birmingham with low levels of MMR coverage and/or had a high number of measles cases
- community engagement was undertaken with key community group and leaders, to build trust and combat misinformation
- hyper-local communication was tailored to supplement the national communication campaign and meet the needs of specific communities. In collaboration with community leaders and ambassadors, this included co-producing culturally competent content, in appropriate translations and using different formats such as easy read leaflets and social media videos
- to raise the profile of the measles outbreak and encourage an MECC approach to promoting MMR, regional and local webinars and briefings were delivered to education and childcare settings, community/faith leaders and primary and secondary care health professionals

Learning and recommendations

- The vaccination system can be fragmented and complex and delivery of programmes that successfully address inequalities requires a coordinated, whole system approach.
- Robust data sharing agreements across the system are needed to facilitate outreach and alternative service delivery, MECC approaches and to demonstrate their impact.
- There is a need to ensure communities have access to clear, easy-to-read, culturally competent information.



There is a wealth of national resources available but local stakeholders need to make sure all providers and communities have access to these and are using translations in locally relevant languages and formats such as video. If there is a particular need for a resource tailored at a particular community then this can be flagged with the national team.

- Community engagement plays an important role in understanding communities' lived experiences. Avoiding assumptions about a community and working closely with trusted community representatives is essential to identifying the specific needs and contexts of each community. This approach can also reveal specific barriers to immunisation that require tailored interventions (for example, Sunday clinics). Sustainable resources are needed to ensure ongoing community engagement and the building of trust, rather than reaching out to communities only when there are outbreaks. This should be seen as part of wider public health investment.
- Sustainable funding is needed for outreach workers to work with a diverse range of communities to improve health literacy and facilitate engagement with health resources and services and build trust.
- Communities need access to environments where they feel safe and confident to raise concerns about vaccination. In a healthcare setting this requires sufficient time at GP/immunisation appointments, in family-friendly settings, with availability of translators.

Case study 3: Coventry schools measles outbreak response

As part of the measles incident response in 2024, the Coventry and Warwickshire Partnership Trust delivered vaccinations in 21 primary schools with poor vaccine uptake, 3 asylum seeker hotels, and 4 pop-up clinics in the city centre.

At the outset of the outbreak, the Trust worked with a large primary school serving a diverse and disadvantaged population where 2 measles cases were identified. All unvaccinated children and their families were invited to a vaccination clinic held at the school, during which 86% of unvaccinated children were vaccinated. This approach was then tried in other schools, focusing on 21 schools in the area with the lowest vaccine uptake.

During the response the team identified the need to improve health literacy in the communities they were working with and an immunisation toolkit was co-produced with parents and young people.



Collaborating with Coventry public health, the team also developed informal Working Partnership Agreements and a Vaccine Superhero Award Scheme with schools and recruited a Health Inequalities nurse for the School Aged Immunisations team.

Learning and recommendations

- Working in partnership with schools resulted in positive outcomes, not only increasing uptake within the context of the outbreak, but also in vaccine provision more generally.
- Addressing health literacy and vaccine hesitancy with appropriate communication materials helped support vaccine uptake during clinics.
- Interventions such as the Working Partnership Agreements and Vaccination Hero Award Scheme support further engagement with schools, parents and children and build resilience to prevent future outbreaks.



Measles communications assets for raising awareness amongst the public

- All education, local authority, NHS, pharmacy, and stakeholders or providers can order free posters and leaflets on measles, MMR and MMRV on the Find Public Health Resources website or call 0300 123 1002 to place orders. Account registration needed
- A variety of social media assets to encourage people to check they and their children are up to date on their MMR vaccines
- Measles awareness posters for use by the general public in public spaces and posters for use during outbreaks
- Blogs including 'What is measles and why is it so important we're up to date with our vaccines to protect against it?' and 'What is the MMRV vaccine and is my child eligible?'
- Blog on immunisations in which Vanessa Saliba, UKHSA's Consultant Epidemiologist for Immunisations, outlines the importance of protecting children through vaccination
- An asset promoting the MMR vaccine without gelatine; a video from Dr Naveed explaining the importance of getting vaccinated ahead of any travel abroad. Similar video of Dr Naveed which includes the Muslim greeting 'Salaam Alaikum' at the start of the video
- A video from Nathan Askew, Chief Nurse at Alder Hey Children's Hospital, speaking about measles and the importance of the MMR vaccine
- The Department for Education published a blog aimed at parents and carers: 'What to do if you think your child has measles and when to keep them off school'
- UKHSA resources on immunisation
- Warn and inform letter (to be used where it is necessary to contact a number of people who have been potentially exposed to a case of measles) translated into a number of community languages. An easy-read version is also available online. These are available on our national measles guidelines GOV.UK page (scroll down to 'translations of warn and inform letters')
- Tailored resources for Gypsy, Roma and Traveller communities focusing on childhood and maternal vaccination, measles and whooping cough
- MMR film – created in collaboration with Somali young adults – Bristol Early Years
- Measles Communications Toolkit for stakeholders to access which covers all the key messages

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Association of Directors of Public Health

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