

Measles: Frequently Asked Questions

What is happening?

Since 1 October 2023, there has been an increase in measles cases across England. The latest measles epidemiology information can be found [here](#).

Please see updated FAQs below for primary care clinicians on best practice.


What is the advice for the public?

Measles is an infection that spreads very easily and can cause serious problems in some people. Having the MMR vaccine is the best way to protect someone from becoming seriously unwell with measles. Information for the public about measles is available on [nhs.uk](https://www.nhs.uk).

You should ask for an urgent GP appointment or get help from NHS 111 if:

- you think you or your child may have measles
- If you or your child have been in close contact with someone who has measles and not had measles before or had 2 doses of the MMR vaccine
- you've been in close contact with someone who has measles and you're pregnant – measles can be serious in pregnancy
- you have a weakened immune system and think you have measles or have been in close contact with someone with measles

Measles can spread to others easily. Call your GP surgery before you go in and let them know you suspect you or your child may have measles. They may suggest talking over the



phone. If you need to visit A&E it is important that you inform the team as soon as you arrive that you suspect measles.

You can also call 111 or [get help from 111 online](#).

What about vaccinations?

The Measles, mumps, and rubella (MMR) vaccine is a safe and effective combined vaccine for all three illnesses. Two doses offer lifelong protection against becoming seriously unwell with all three.

Getting vaccinated is important, as these conditions can also lead to serious problems including meningitis, hearing loss and problems during pregnancy. .

Millions of parents and carers in England are being urged to book their children in for their missed MMR vaccine as part of a major NHS drive to protect families as measles cases continue to rise across the country.

NHS England has contacted parents of children aged from six to 11 years encouraging them to make an appointment with their child's GP practice for any missed doses of their MMR vaccine.


[The NHS campaign](#) has also begun to target areas with lower uptake of the vaccine. During February and March, the health service will have contacted almost one million families with unvaccinated or partially vaccinated people aged 11 to 16 years. In London, Manchester, and the West Midlands young adults ages 17 to 25 years-old will also be contacted to invite them to catch up on their missed MMR vaccinations.

What is the advice for NHS organisations?

UKHSA and NHS England issued [a letter to the NHS](#) in October 2023 about preparing for measles resurgence in England. This letter contains advice and guidance for NHS organisations.

What about staff vaccinations?

All health and care systems and NHS employers should continue to ensure all staff (clinical and non-clinical) are up to date with their vaccinations. All healthcare workers (including receptionists, ambulance workers etc.) should have satisfactory evidence of protection against measles to protect both themselves and their patients. Satisfactory evidence of protection includes documentation of having received two or more doses of a measles



containing vaccine and/or a positive measles IgG antibody test. Occupational Health service should have ready access to up-to-date records to support outbreak response. [Chapter 12 of the Green Book](#) provides information for public health professionals on immunisation.

What are the Infection, Prevention and Control (IPC) considerations for staff?

UKHSA has issued the [national measles guidelines](#) which provides detailed public health guidance on the risk assessment of suspected measles cases, the management of their contacts and a description of the laboratory testing services available to support this.

NHS England has issued updated [IPC guidance for risk assessment and infection prevention and control measures for measles](#) in healthcare settings has been issued by NHS England. This supports the [National IPC manual for England](#).

Do staff need to isolate if they come into contact with a measles case?


The [national measles guidelines](#) state that health care workers (HCWs) who are exposed to a confirmed or likely case and do not have satisfactory evidence of protection should be excluded from work from the 5th day after the first exposure to 21 days after the final exposure. If HCWs are tested rapidly after exposure, they can continue to work if found to be measles IgG positive within 7 days of exposure (as this is too early to be due to infection from the recent exposure). Where MMR vaccine is given post-exposure, it is unlikely to prevent the development of measles but if the HCW remains symptom-free for at least 14 days after MMR vaccine was given, they can return to work at that stage.

What PPE is required in primary care?

The use of appropriate PPE should be informed by risk assessment and guided by the NHS England measles guidance. An FFP3 respirator must be worn by staff when caring for patients with a suspected or confirmed infection spread by the airborne [route](#).

Would an FFP3 mask be required if the HCW is vaccinated/immune?

Yes, RPE (FFP3) should be worn regardless of vaccination status, by staff caring for patients with suspected measles. Should staff be exposed to measles i.e. not wear RPE while caring for a patient, as set out in the NHS England measles guidance, the decision to exclude the



staff member from work should be based on a risk assessment including their vaccination status. Staff with evidence of vaccination (2 doses) or immunity are unlikely to be required to be excluded from work.

Is there are requirement to rest a clinical treatment room following vacation of a suspected/confirmed case of measles. The IPC national manual refers to resting a room for 20 minutes following any Aerosol Generating Procedure (AGP) and this is for all AGPs. The measles guidance and IPC manual does not detail any recommendation to rest a room following a measles case - who hasn't undergone an AGP.

A terminal clean as per [section 2.3 of the NIPCM](#) should be performed (i.e. removal of all healthcare waste, linen etc., decontamination of all reusable equipment and decontamination of the environment with detergent and disinfectant). This should be performed after any required fallow/resting time as described above.

How do we get fit tested?

For colleagues working in trusts, existing fit testing arrangements will apply. For colleagues working in General Practice information and advice for employers and those conducting fit tests is available on the [Health and Safety Executive](#) website, you may also wish to discuss possible fit testing arrangements with ICB/ICS leads.