



14 May 2025

Dear Primary Care Colleagues,

Re: Increase in measles cases across London

Key Points

- Measles cases are increasing across London. All patients with suspected measles (rash and fever) should be isolated immediately on arrival to protect other patients.
- Please notify all suspected measles cases promptly to UKHSA by telephone to facilitate timely access to post-exposure immunoglobulin for contacts in risk groups.
- UKHSA will prioritise health protection actions for contacts of measles cases who are **immunosuppressed, pregnant or infants aged under 1 year**. Please check if there have been any contacts in these three groups during the case's infectious period.
- Please continue to vaccinate all children with MMR as per the routine immunisation schedule and to offer MMR opportunistically to all eligible individuals without two recorded doses of MMR. There is no upper age limit to offering MMR vaccine.
- All healthcare workers (and staff who have direct contact with patients) should have satisfactory evidence of protection against measles.
- A list of relevant guidance can be found in the appendix of this letter.

In 2024, London saw the largest measles outbreak in well over a decade. **Following a reduction in cases over the past few months, measles cases have started to increase again across several parts of London.**

Due to suboptimal uptake of the Measles Mumps and Rubella (MMR) vaccine, London remains at [high risk](#) of a very large measles outbreak.

Measles is highly infectious and can lead to serious health complications, particularly in immunosuppressed individuals and young infants. It is also more severe in pregnancy, and increases the risk of miscarriage, stillbirth or preterm delivery. [NHS Guidance](#) and [UKHSA guidelines](#) include information on typical clinical features of measles infection and common differential diagnoses for rash illnesses.

Actions for Healthcare Professionals

1. Notification

- Please notify all suspected measles cases promptly to UKHSA by telephone (0300 303 0450) to facilitate timely public health actions. When notifying, please include relevant clinical details such as clinical presentation, date of onset of rash, MMR vaccination status, and any known contact with confirmed or suspected measles cases.
- Please also routinely check and inform UKHSA if the suspected case has had any contact with individuals who are immunosuppressed, pregnant or infants aged under 1 year whilst the case was infectious. The infectious period for measles is from 4 full days before the onset of rash until completion of 4 full days after rash onset. UKHSA will prioritise health protection actions for contacts in these three groups who may require post-exposure immunoglobulin, ideally within 72 hours of exposure.

2. Isolation

- All suspected measles cases (a rash and a fever) should be isolated immediately on arrival to protect other patients. Measles exposures in health care settings pose a significant risk of transmission of infection.
- If suspected cases have not been isolated on arrival, the GP surgery will be expected to identify patients who have been exposed and clinically assess the risk to each patient based on their vaccine history and any underlying condition or treatment. UKHSA will support these assessments and advise on post-exposure measures.
- NHS England Infection Prevention and Control advice may be found at: [NHS England » Guidance for risk assessment and infection prevention and control measures for measles in healthcare settings](#).

3. Healthcare workers

- All healthcare workers (and receptionists / staff who have direct contact with patients) 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.
- Non-immune healthcare workers who are exposed to a confirmed or likely case of measles should be excluded from work from the 5th day after the first exposure to 21 days after the final exposure to protect patients and colleagues. This could mean alternative work arrangements such as working remotely.

4. Vaccination.

- Children should receive two doses of MMR vaccine as per the current routine immunisation schedule at 12 months and 3 years and 4 months.
- The second dose of MMR can be routinely given from 18 months of age and in certain London boroughs, where the second dose was brought forward as part of an outbreak

response in the past, this practice has continued, with MMR2 routinely given from 18 months of age.

- Patients over the age of 3 years and 4 months who do not have two recorded doses of MMR vaccine should be caught up opportunistically. There is no upper age limit to offering MMR vaccine. Unvaccinated post-natal women should be offered any outstanding doses.
- New entrants from abroad and newly registered patients should have their immunisation history checked and missing doses caught up. Advice on the vaccination of individuals with uncertain or incomplete immunisation status can be found [here](#).
- Further information can be found in [The Green Book chapter on measles](#).

Thank you for your continued efforts in treating and managing suspected measles cases in London. Together we will prevent cases and reduce transmission.

Yours sincerely,



Dr. Yimmy Chow
Regional Deputy Director
UKHSA London Region

Appendix. Measles guidance and resources for health professionals and the public

Guidance and information for health professionals:

1. UKHSA National measles guidance (includes post-exposure prophylaxis guidance): <https://www.gov.uk/government/publications/national-measles-guidelines>
2. NHS England Measles guidance for primary, community care, emergency departments and hospital: [NHS England » Measles guidance for primary, community care, emergency departments and hospital](#)
3. NHS England; Measles: frequently asked questions: [NHS England » Measles: frequently asked questions](#)
4. Measles Green Book Chapter: <https://www.gov.uk/government/publications/measles-the-green-book-chapter-21>
5. Immunisation of healthcare and laboratory staff: the green book, chapter 12: <https://www.gov.uk/government/publications/immunisation-of-healthcare-and-laboratory-staff-the-green-book-chapter-12>
6. [Measles Poster](#) for health professionals: <https://www.gov.uk/government/collections/measles-guidance-data-and-analysis> (found under clinical management subheading)
7. MMR training slide set for immunisers: <https://www.gov.uk/government/collections/measles-guidance-data-and-analysis#vaccination> (found under slide set subheading)
8. Measles training slide sets for: i) maternity services, ii) primary care and iii) paediatrics and accident and emergency services <https://www.gov.uk/government/collections/measles-guidance-data-and-analysis#vaccination> (found under slide set subheading)
9. Viral Rash in pregnancy guidance: <https://www.gov.uk/government/publications/viral-rash-in-pregnancy>
10. NICE Clinical Knowledge Summary – Management of measles: <https://cks.nice.org.uk/topics/measles/>
11. NHS Infection Prevention and Control Manual: <https://www.england.nhs.uk/publication/national-infection-prevention-and-control/>
12. NHS England Infection Prevention and Control: [NHS England » Guidance for risk assessment and infection prevention and control measures for measles in healthcare settings](#)
13. Health and Social Care Act 2008: code of practice on the prevention and control of infections: <https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance>
14. UK Measles and Rubella Elimination Strategy, UKHSA (formerly PHE), published January 2019: <https://www.gov.uk/government/publications/measles-and-rubella-elimination-uk-strategy>

15. UKHSA Measles guidance on international travel and travel by air:
<https://www.gov.uk/government/publications/measles-public-health-response-to-infectious-cases-travelling-by-air>
16. NICE guidelines on Vaccine Uptake in the General Population:
<https://www.nice.org.uk/guidance/ng218>

Information for the public

1. Complete routine schedule for UK available translated into 23 community languages:
<https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule>
2. MMR for all leaflet – routine programme – available in a small range of languages
<https://www.gov.uk/government/publications/mmr-for-all-general-leaflet>
3. Measles: Protect yourself, protect others' leaflet and flyer which is available as a paper leaflet in 22 languages: <https://www.gov.uk/government/publications/measles-dont-let-your-child-catch-it-flyer-for-gps>
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/689712/Measles_adults_DL_Leaflet_03_.pdf
4. UKHSA Blog: What do I need to know about the MMR vaccine:
<https://ukhsa.blog.gov.uk/2022/02/01/what-do-i-need-to-know-about-the-mmr-vaccine/>
5. Measles outbreaks poster and leaflets:
<https://www.gov.uk/government/publications/measles-outbreak>

Guidance and resources for educational settings:

1. Health Protection in children and young people settings including education:
<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>
2. A [vaccines communications toolkit](#) for universities and other higher education settings is available to download. This toolkit contains information and resources on vaccines including MenACWY and MMR and the diseases they protect against.
3. Briefing pack for secondary schools – adolescent programmes:
<https://www.gov.uk/government/publications/adolescent-vaccination-programme-in-secondary-schools/adolescent-vaccination-programme-briefing-for-secondary-schools>
4. Back to or starting nursery, primary or secondary school reminder postcards and posters for parents <https://www.gov.uk/government/publications/immunisations-resources-for-schools>