



Birmingham and Solihull
Integrated Care System
Caring about healthier lives

Responding to measles at local level

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How we work: an integrated local public service approach to immunisation and vaccination

Multi-agency Birmingham and Solihull Immunisation and Vaccination Board (from 2022)

Quality improvement and increased uptake of **all** immunisations and vaccinations
Specific focus on MMR uptake in areas with lowest rates including increasing access in primary care
Outbreak response mobilised from October 2023
Multi-agency IMT stood up December 2023 (ICB, LAs, UKHSA, NHSE, secondary, primary care)

Multi-Agency Incident
Leadership
(ICB/NHS, local councils,
regional UKHSA)

Case management and
contact tracing – led by
regional UKHSA and
local hospitals

Dedicated multi-agency
comms cell and bespoke
engagement / webinars

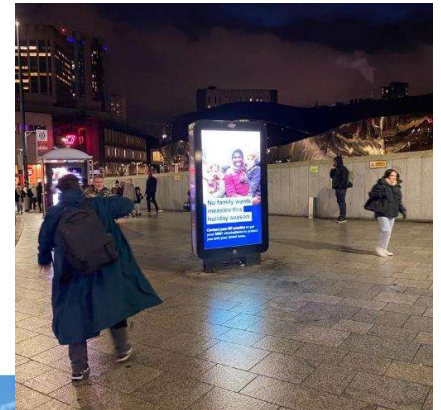
Outbreak management
response to connected
cases (e.g. schools and
nurseries)

Targeted community
outreach

Coordinated vaccination
capacity (primary care,
school immunisation
team)

Key issues

- **High volume of cases:** impact on local hospitals, GPs, Urgent Treatment Centres (UTCs). Hospital cases may have been in contact with large number of vulnerable people. Impact of cases in health care workers. Impact on schools / nurseries.
- **High proportion of cases** need hospital assessment, in-patient care and longer-term follow-up.
- **Large number of vulnerable close contacts** needing immunoglobulin to reduce risk of severe disease.
- **Impact of urban density, young age profile, global diversity, deprivation, levels of trust and health literacy.**
- **Vaccine hesitancy:** need for more community conversations with trusted leaders to build trust – positive response where this has happened.



Did you know a version of the MMR vaccine, Priorix, contains no pork ingredients and you can request Priorix from your GP practice?

For protection against measles, contact your GP practice to get your MMR immunisations.



Initial response



Contain: Safety first all settings, rapid identification by clinicians, teachers, parents. Agreed contain/isolate settings and IPC Action to break chains of transmission, including self-isolation of unvaccinated contacts. Identifying and protecting vulnerable contacts (pregnant women, immunocompromised, infants under 1). “Warn and Inform” texts/ letters to contacts of cases. **Key responders: UKHSA regional team, Hospitals, Primary Care, Schools/ Nurseries etc**



Protect: bespoke pop-up MMR in response to localised school outbreaks, previous QI work / practice toolkits to increase MMR uptake (tailored appointments/ offer of the non-porcine vaccines) Reviewing vaccination levels in vulnerable communities (e.g. asylum hotels). **Key responders: ICB, Primary Care, SVOC, Providers, NHSE, UKHS, LAs.**



Promote: webinars / action cards for healthcare professionals, teachers and nurseries. Build on trust - targeted work with community organisations and faith groups active H&WB dialogue/ promote vaccination. Bespoke community outreach in areas of high prevalence / low vaccine coverage. Digital billboards, video clips from community leaders including local elected members. **Key responders: Integrated Care Board, local authorities, voluntary, community and faith organisations, schools/ nurseries etc.**

Birmingham and Solihull high level joint strategy



PROTECT: Accelerate vaccination uptake through fast-track, data-driven vaccine programme targeting low uptake communities and schools (general practice & school clinics)



CONTAIN: Effective case management and **risk-based approach** to contact tracing to minimise clinical risks to **most** vulnerable.



PROMOTE: Increased community outreach, engagement and communications with trusted leaders & influencers to build vaccine confidence & raise awareness

The local government role

1. Community leadership and advocacy through local councillors, Health and Well-being Boards etc.
2. Wider stakeholder engagement – VCSE/ faith communities
3. Localised communication – libraries, contact centres, leisure centres and via council comms channels
4. Engagement with schools and early years
5. DPH and public health team support around outbreak management and response, working with UKHSA and local NHS
6. Community development and community links ‘on the ground’
7. Local intelligence – where are your vulnerable sites and communities?