

INCREASE IN MEASLES CASES THREATENS TO PUT THE NHS UNDER EVEN GREATER PRESSURE

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Introduction

Much of the press in early January 2018 has focussed on the severe pressures facing the NHS across the UK. The lack of hospital beds for elderly patients and rising levels of “the flu” have been emphasised, compounded by a lack of clinical staff. Little media attention, however, has been given to the rising number of cases of measles. These outbreaks have the potential to destabilise the NHS further and cause much distress for those affected (generally children and young people) and their families. All nurses should be aware of the current outbreaks and help to influence those in their care at risk to access preventative measures.

Recurring outbreaks

The current outbreaks have been seen in West Yorkshire, Cheshire and Liverpool, the West Midlands, Surrey and Greater Manchester with a total of over 120 confirmed cases since November (Public Health England, 2018). Recurring outbreaks have been seen over the last decade (Fitzpatrick, 2008) most significantly in South Wales in 2013 and in Merseyside in 2016. In the Welsh outbreak over 1400 notifications of measles cases were made,

approximately 10 times more than the usual number of cases. A total of 88 people had to be admitted to hospital for measles and one man aged 25 died (Public Health Wales, 2013).

Signs, symptoms and spread of infection

Measles is a viral infection spread by droplets passed-on through direct contact with someone who is infected. It can be contracted easily in people who have not been vaccinated. People in close proximity are very much at risk, which is why outbreaks are often seen in children and also have been reported following music festivals (Nageswaran et al, 2017). Measles is a notifiable infection.

The infectious period is from around 4 days before, to 4 days after the appearance of a rash. It is most infectious before the rash is visible so the virus is often spread before people realise they are infected. Those most at risk include babies under 1 year, people whose immune system is suppressed (for example by cancer or HIV), malnourished people, children with vitamin A deficiency and pregnant women (the infection may cause miscarriage or premature delivery). The symptoms take 10–14 days to develop after exposure to the virus (the incubation period) and last about two weeks. People first develop symptoms like the common cold followed by tiny white spots on the inside lining of the cheeks. A rash then develops a few days later, usually starting on the face and spreading across the body. Abdominal symptoms may occur and include nausea, vomiting and diarrhoea.

Measles is not usually serious but there are potential complications that can be fatal, even for otherwise healthy children. These include otitis media, pneumonia, hepatitis, conjunctivitis and encephalitis. Although complications involving the nervous system occur in fewer than 1 in 1000 cases, the long-term effects can be devastating.

Immunisation

In the UK measles is now believed to be preventable through the implementation of a long-standing immunisation programme. Children are offered vaccination against measles as part of the MMR vaccine, which is given to children between 12 and 15 months of age, with a later booster dose before the child starts school. However, the uptake of the vaccination in the 1990s/2000s was hampered by now discredited concerns which linked the MMR to autism. The overwhelming body of evidence does not support the concerns and experts are emphatic that the MMR vaccine is safe and effective, preventing an illness which has real potential to cause damage greater than many people realise or remember. The lingering fears for some parents continue to mean that vaccination uptake is low (McHale et al 2016), with large numbers of children not being effectively vaccinated, preventing herd immunity and increasing the potential for outbreaks to occur.

Nurses are valued as playing an extremely important role in health promotion and public health (Davies and Donovan, 2016) and as such must make every contact count in preventing cases of measles. They can do this by promoting initial immunisation, challenging myths around it and encouraging those who are unsure whether they have received two doses of the vaccine to seek an additional dose. Those working in general practice, in urgent care centres and emergency departments must remain vigilant and be aware of the clinical presentations raising suspicion and reporting any cases (Nageswaran et al, 2017).

References

Davies, N. and Donovan, H. (2016) National survey of commissioners' and service planners' views of public health nursing in the UK, *Public Health*, 141: 218-221

Fitzpatrick, M. (2008) Measles returns, *Practice Nursing*, 19(4): 189-190.

Public Health England (2018) *Measles outbreaks confirmed in 5 areas across UK*, Online: Public Health England News Story, available at <https://www.gov.uk/government/news/measles-outbreaks-confirmed-in-leeds-liverpool-and-birmingham> (last accessed 18 January 2018)

Public Health Wales (2013) Measles outbreak: data. Online available at <http://www.wales.nhs.uk/sitesplus/888/page/66389#b> (last accessed 17 January 2018)

McHale, P., Keenan, A. and Ghebrehewet, S. (2016) Reasons for measles cases not being vaccinated with MMR: investigation into parents' and carers' views following a large measles outbreak, *Epidemiology & Infection*, 144(4): 870-5

Nageswaran, P., Jenner, L. and Paul, S.P. (2017) Resurgence of measles and mumps: not just a childhood problem, *British Journal of Nursing*, 26(8): 471