Guidance for practices in regard of staff members who decline to be vaccinated:

Staff Declining MMR Immunisation and exposure considerations

BACKGROUND

Since 1 October 2023, there has been an increase in measles cases across England though so far not many in the south of England. Practices may wish to prepare for a local increase in cases and part of that could be to ensure all staff are vaccinated appropriately.

Practices should already have a policy regarding staff vaccinations/immunisations, and you may wish to review yours and update it if needed.

The UK Health Security Agency and NHS England issued a letter to the NHS in October 2023 about preparing for measles resurgence in England. Additionally, both this letter and the Green Book of Immunisation: Chapter 12 are clear that all staff should be up to date with their routine immunisations, especially MMR. All frontline healthcare workers should have satisfactory evidence of protection against measles (*documented administration of vaccines or IgG levels*) to protect both themselves and their patients. If there is any doubt about vaccination status, staff are encouraged to have the MMR.

If a practice has a member of staff who declines to be vaccinated the practice "*must record a clear rationale for the decision [...] this should include an appropriate risk assessment*", that risk assessment should always be tailored to that person's duties and the likelihoods of harm caused by the refusal. NHS England » Guidance for risk assessment and infection prevention and control measures for measles in healthcare settings is a useful document to help you design a robust risk assessment to use in your own practice. Do not forget to utilise your Occupational Health provider and, if you feel training would be useful, organisations such as Practice Index often offer modules to meet that need.

Although your risk assessment can be locally designed, you may wish to consider the following:

- Identification of risk factors (*for example that measles is highly transmissible*)
- The level of risk (*for example consider whether unvaccinated clinicians are a higher risk to patients than unvaccinated admin staff*)
- Mitigation measures (*for example isolation for unvaccinated clinicians if exposed, reassign unvaccinated workers to non-direct patient roles*)
- Decision on continued work (*for example, should unvaccinated clinicians be suspended until vaccinated*)

This list is in no way exhaustive.

GUIDANCE FOR RISK ASSESSMENT AND INFECTION PREVENTION AND CONTROL MEASURES FOR MEASLES IN HEALTHCARE SETTINGS

Immunisation status/records will be needed for all staff

Risk assessments undertaken for staff who may be at hight risk

Training and IPC measures provided to all staff (incl PPE and FFP3)

STANDARD INFECTION CONTROL PRECAUTIONS (SICPs)

IPC notes that SICPs should be used by all staff, in all care settings, at all times, for all patients. Its application during care delivery is determined by assessing risk to and from individuals, it should be used consistently by all staff, monitoring should be ongoing to ensure compliance with safe practices and to demonstrate ongoing commitment to patient, staff and visitor safety as required by the Health and Safety Executive and the care regulators, CQC.

CONSIDER CREATING A RESPIRATORY SEASON OR WINTER PLAN

This could include appropriate segregation of patient cases, patient screening processes and, triaging and testing protocols.

PATIENT PLACEMENT IN A PRIMARY CARE SETTING

If remote triage is not possible, or a patient with suspected or confirmed measles is required to attend primary care setting, there should be separation in space and/or time between patients. Appointments should reduce or avoid waiting time in reception.

Assess for infection risk on arrival, the assessment should influence patient placement.

OCCUPATIONAL HEALTH (OH)

If staff are uncertain of their immunisation status, they should discuss this with their occupational health provider.

In relation to childhood illnesses and use of RPE, no vaccine confers 100% protection and a small proportion of individuals acquire/become infected despite vaccination or known IgG immunity (previous infection).

It is recommended that vaccinated individuals wear RPE as detailed in the NIPCM appendix 11a, and within the IPC guidance for Measles in healthcare settings, to minimise any residual risk, and to promote consistency in practice across all staff groups.

EXPOSURE

A health care worker (HCW) is considered to be 'exposed' and/or a contact if they have face-to-face contact of any length or spend more than 15 minutes in a small, confined area with a confirmed measles patient without wearing appropriate PPE (RPE) (see section 2.3.1).
If appropriate PPE (including RPE) is worn, the HCW is not considered exposed.

Was the health care worker (HCW) wearing appropriate PPE (including RPE)?

YES

HCW is not considered exposed

NO

Health care workers who are exposed to a confirmed or suspected case of measles and do not have satisfactory evidence of protection (2 documented doses of measles containing vaccination or measles IgG positive) should be excluded from work from the 5th day after the first exposure to 21 days after the final exposure.

If health care workers 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 was given, they can return at that stage.

HCWs with satisfactory evidence of protection can continue to work normally but should be advised to report to occupational health if they develop prodromal symptoms or a fever between 7 days after the first exposure and 21 days after the last exposure. Exposed health care workers that develop fever or rash should be excluded from all work until 4 full days after onset of the rash.

Refer to the national measles guidelines for further information.