



Briefing Note: BN2026/009

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Measles: Update on epidemiology, changes to guidance and actions for system partners

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Incident Response Plan (IRP) Level	National Standard Incident
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Distribution:	Please see page 6 for distribution instructions for this Briefing Note.

Summary:

UKHSA established a national standard incident response for measles on 5 March 2026 to oversee the risk assessment and public health response to the increase of measles cases in England and coordinate national multi-agency input. Here we highlight relevant updates to guidance, resources and training materials and key recommendations for action.

Background and Interpretation:

Since 2023, there has been a resurgence of measles in England with 2911 laboratory confirmed cases of measles in 2024, and 959 in 2025, the vast majority in unvaccinated children under the age of 10 years. In January 2026, based on 2024's data, WHO confirmed that the UK had lost its measles elimination status. Measles remains endemic in many countries around the world and importations can seed outbreaks in under-vaccinated communities in the UK. The [UK Measles and Rubella Elimination Strategy](#) outlines key recommendations for action to achieve and maintain measles elimination.

Measles activity in England has increased since January 2026, mostly driven by outbreaks in North London and Birmingham. The latest epidemiological data is published at: [Measles epidemiology 2023 to 2026 - GOV.UK](#)

Inequalities in MMR uptake

Coverage for all the routine childhood immunisations including the measles, mumps and rubella (MMR) vaccine has fallen in England over the last decade. [National](#) uptake of MMR1 in 2-year-olds is currently 88.9% and uptake of MMR1 and MMR2 in

5-year-olds is 91.8% and 83.7% respectively, well below the 95% needed to prevent outbreaks (2024/2025 coverage data).

During this period there has also been a widening of inequalities in vaccine uptake with local authorities that experience the most deprivation also seeing the biggest falls in vaccine coverage. UKHSA's [Immunisation Equity Strategy](#) (2025-30) highlights stronger leadership, better use of local data, and people- and place-based approaches to reach underserved communities. Population groups who are at risk of not being fully immunised include people not registered with a GP, children from large families, people with learning disabilities and those from non-English speaking families.

Regional activity and measles outbreak control

In London, a multi-agency local Incident Management Team (IMT) is in place for several boroughs in North London. The incident response has included dedicated catch-up clinics including out of hours services, community outreach, and targeted communications. A Pan London Measles Response Coordination Group has also been established as part of the existing London Immunisation Board to oversee short- and medium-term actions to increase vaccination coverage in targeted areas across London.

In the West Midlands, an Integrated Care Board (ICB)-level system meeting is in place to oversee the response, and a Measles Elimination Group has been established to oversee medium, and long-term actions for Birmingham and Solihull.

National activity

As part of the recent [changes to the routine childhood immunisation schedule](#), from **1 January 2026**:

1. [varicella vaccination](#) has been added to the NHS routine childhood vaccination programme using a combined measles, mumps, rubella and varicella (MMRV) vaccine. All children will routinely be offered a combined MMRV vaccine instead of MMR as part of the childhood routine 2-dose vaccination schedule.
2. the second dose of the MMRV vaccine has been brought forward so that children born on or after 1 July 2024 are now offered their 2nd MMR dose when they attend for the new 18-month immunisation appointment. **The aim of this change is to help improve MMRV uptake at the population level.**

The following national resources are available:

The [Measles Communication toolkit](#) includes updated resources for healthcare professionals and the public

- The [‘Stay Strong Get Vaccinated’ campaign](#), ran 16 February 2026 to 31 March 2026
- UKHSA's [Health Equity Audit for the National Immunisation Programme](#) demonstrates that immunisation inequity in England is not only persistent but it is worsening in critical areas. It also includes suggested actions for system partners to reverse these inequalities.
- The [UKHSA National Measles Guidance](#) has been updated to cover the switch to MMRV and additional guidance on outbreak response and planning at different levels of measles circulation.
- The UKHSA [‘Measles information pack for education and childcare settings’](#) has been updated and will be available to HPTs shortly via the Regions Sharepoint.
- A new [outbreak-specific MMR PGD](#), to enable flexible use of MMRV or MMR in local outbreaks if needed, will be available at the end of April 2026 [here](#).

- A new [Immunoglobulin Patient Information Leaflet](#) to help individuals exposed to measles make an informed decision has been published.
- A [national training webinar](#) will be recorded jointly by UKHSA and NHS and made available in May 2026. It will cover: i) the latest epidemiology, ii) preventing outbreaks and ensuring preparedness iii) public health management of measles cases, contacts and outbreaks, iv) NHS Measles guidance for healthcare services including: Clinical Pathways; Infection Prevention and Control; Occupational Health. The recording will be published on the UKHSA YouTube channel and will be available on demand.
- The [MMR and MMRV training slide set](#) for immunisers has been updated to cover the switch to MMRV.
- New [leaflet and video on how to take an oral fluid kit](#), including translations, will be available mid-April 2026 [here](#).

Implications and Recommendations for UKHSA Regions:

Health Protection Teams should familiarise themselves with updated [national measles guidance](#).

Routine testing

All suspected cases of measles notified to HPTs should be sent an Oral Fluid Kit for surveillance testing regardless of any local diagnostic testing undertaken.

Post-exposure prophylaxis with HNIG

Local pathways should be in place, both in and out of hours, for the assessment for and delivery of human normal immunoglobulin (HNIG) for post-exposure prophylaxis.

Health Protection Teams should work with **local Trusts** and **Integrated Care Boards** to ensure these are understood to facilitate delivery, especially out of hours. Trusts should hold HNIG stock (see below). UKHSA HNIG stock remains available for issue for some community exposures.

Implications and Recommendations for UKHSA sites and services:

Consultants in Public Health Infection (CPHI) should work closely with UKHSA **Public Health Laboratories** to support HPTs with urgent measles testing as needed. Public health laboratories and HPTs should work with NHS laboratories to ensure that any locally positive measles samples are referred to the UKHSA Virology Reference Department, Colindale for confirmatory testing. Enquiries can be directed to:

iduqueries@ukhsa.gov.uk

Implications and Recommendations for NHS:

Immediate NHS priorities during increased measles transmission

- All relevant staff should be familiar with the [NHS Measles Guidance for Healthcare Services](#)
- Ensure rapid triage and isolation of suspected measles cases in healthcare settings
- Confirm measles immunity of staff, particularly in high-risk clinical areas
- Ensure timely access to HNIG, including clear out-of-hours pathways
- All relevant staff should be familiar with the statutory notification of infectious diseases

Notification, testing, public health actions

Frontline clinicians must notify suspected measles cases to the relevant [HPT](#) by telephone to enable appropriate public health follow-up. In addition to any clinically indicated local diagnostic testing, the HPT will arrange oral fluid testing for all suspected cases for surveillance purposes.

NHS laboratories should refer any locally positive measles samples to the UKHSA [Virology Reference Department](#), Colindale for confirmatory testing.

Infection Prevention and Control (IPC)

All **NHS settings** should ensure that appropriate Infection Prevention and Control policies in place in line with the [National Infection Prevention and Control Manual \(NIPCM\) for England](#). **GP Practices, walk-in clinics** and **Accident and Emergency Departments** should ensure that appropriate triage and isolation procedures are in place for those presenting with a fever and rash, to avoid exposing others.

Occupational Health

NHS employers need to have adequate occupational health provision. As per [national guidance](#), all staff working with patients should be fully immunised with evidence of:

- Two documented doses of MMR (or equivalent measles- and rubella-containing vaccines), or
- Positive antibody tests for measles and rubella

Serological testing is not required post vaccination.

Human Normal Immunoglobulin (HNIG)

ICBs should ensure that pathways are in place to provide HNIG for eligible contacts as per the [NHS England Local Outbreak Commissioning Guidance for ICBs](#).

All NHS Trusts should review their local stock and processes around delivery of HNIG products as required for timely post-exposure prophylaxis of infants and pregnant women as per [national measles guidance](#).

Pre-exposure assessment of immunosuppressed patients

Paediatric oncologists, immunologists and other clinicians who care for patients who are immunosuppressed or are about to be immunosuppressed should refer to the [NHS Measles Guidance for Healthcare Services](#) section 5.5. on pre-exposure assessment of immunosuppressed patients, which highlights key issues to consider when measles is circulating. The [template letter](#) for clinicians who care for immunosuppressed patients highlights key issues to consider when measles is circulating. **Trust Medical Directors** are asked to share this with relevant teams.

MMRV immunisation programme

Screening and Immunisation Teams and **ICBs** should work with **Local Authorities, NHS Trusts, School-Aged Immunisation Services** and other partners to:

- review local Measles and Rubella elimination action plans and ensure they address measles immunity gaps and local population needs.
- support MMR/MMRV catch-up in under-vaccinated and unregistered communities to reduce inequalities in vaccine uptake.
- ensure MMR/MMRV is available for opportunistic vaccination, for example, in Emergency Departments
- Note the recommendations for action in the [UKHSA Health Equity Audit for the Immunisation Programme](#)

GPs, practice nurses, health visitors and relevant health professionals should ensure that:

- Children are offered their routine MMRV doses on time in line with the updated [national schedule](#)

- Catch-up vaccination is offered to children and adults without two recorded doses of MMR-containing vaccine. Guidance is available: [Vaccination of individuals with uncertain or incomplete immunisation - GOV.UK](#)
- New entrants to the NHS and newly registered patients have immunisation histories checked and missing doses offered
- Post-natal women have their MMR status reviewed and outstanding doses offered
- Practice staff are aware of their MMR status and offered catch-up vaccination where required

Eligibility for MMRV and MMR is detailed in [national guidance](#).

Outbreak preparedness

ICBs and NHS providers should work with UKHSA regional teams, EPRR leads and Directors of Public Health to ensure preparedness for outbreaks, using:

- [UKHSA communicable disease outbreak management guidance](#)
- [NHS England local outbreak commissioning guidance for ICBs](#)

Implications and recommendations for Local Authorities:

Local authority public health teams should work with NHS Screening and Immunisation Teams, ICBs and School-Aged Immunisation Services to consider inequalities in uptake, and the [factors that may influence uptake](#) for different communities, to reduce inequalities in vaccine uptake.

References or Sources of information:

1. [UKHSA national measles guidance](#)
2. [Measles data](#) currently published weekly, routinely published monthly
3. [UKHSA Measles Communications Toolkit](#), updated January 2026
4. [NHS Measles guidance for primary, community care, emergency departments and hospitals](#)
5. [Communicable disease outbreak management guidance: principles to support local health protection systems - GOV.UK](#)
6. [NHS England » Clinical response to local incidents and outbreaks of infectious disease: Commissioning guidance for ICBs](#)
7. [NHS England » National infection prevention and control manual \(NIPCM\) for England](#)
8. [NICE guidelines on Vaccine Uptake in the General Population](#)
9. [UKHSA Immunisation Equity Strategy: commitments for 2025 to 2030 - GOV.UK](#)
10. [National Immunisation Programme Health Equity Audit 2025 - GOV.UK](#)
11. [Green Book chapter on measles](#)

Instructions for Cascade:

- UKHSA Private Office Groups who cascade onwards within Groups
- UKHSA Health Protection in Regions:
 - UKHSA Field Services
 - UKHSA Health Protection Teams including UKHSA Regional Deputy Directors
 - Deputy Directors in Regions Directorate
- UKHSA Lab Management Teams
- UKHSA Regional Communications
- Generic inbox for each of the Devolved Administrations
- Inboxes for each of the Crown Dependencies
- DHSC CMO
- OHID Regional Directors of Public Health
- National NHSE Emergency Preparedness, Resilience and Response (EPRR)
- NHSE National Operations Centre

- **Devolved Administrations** to cascade to Medical Directors and other DA teams as appropriate to their local arrangements.
- **Crown Dependencies** to cascade to teams as appropriate to local arrangements.
- **Regional Deputy Directors** to cascade to Directors of Public Health
- **UKHSA microbiologists** to cascade to non-UKHSA labs (NHS labs and private)
- **UKHSA microbiologists** to cascade to NHS Trust infection leads
- **NHS labs/NHS infection leads/NHS microbiologists** to cascade to infectious disease specialists, virologists, emergency departments, acute medicine, paediatrics, maternity, oncology, haematology and intensive care units.
- **NHSE National Operations Centre** to cascade to ICBs, acute trusts, relevant providers.

- **Royal College of Emergency Medicine** - president@rcem.ac.uk
- **Royal College of General Practitioners** - Chair-RCGP@rcgp.org.uk
- **Faculty of Intensive Care Medicine** - contact@ficm.ac.uk
- **Royal College of Obstetricians and Gynaecologists** - president@rcog.org.uk
- **Faculty of Occupational Medicine** - president@fom.ac.uk
- **Royal College of Paediatrics and Child Health** - s.w.turner@abdn.ac.uk
- **Royal College of Pathologists** - president@rcpath.org
- **Faculty of Pharmaceutical Medicine** - president@fpm.org.uk
- **Royal College of Physicians** - sarah.clarke@rcp.ac.uk
- **Faculty of Public Health** - president@fph.org.uk
- **Royal College of Radiologists** - president@rcr.ac.uk
- **Healthcare Infection Society (HIS)** - admin@his.org.uk
- **Infection Prevention Society (IPS)** - info@ips.uk.net
- **NHS Immunisation Team** (for BNs relating to immunisation or vaccination programmes) - england.imms@nhs.net