



Department
of Health &
Social Care

*From Maria Caulfield MP
Parliamentary Under-Secretary of State for
Mental Health and Women's Health Strategy*

*39 Victoria Street
London
SW1H 0EU*

Your Ref: AR31712/OA

PO-1501702

Angela Richardson MP
By email to: angela.richardson.mp@parliament.uk

17 April 2024

Dear Angela,

Thank you for your correspondence of 18 March on behalf of your constituent Mr Richard Sear about NHS guidance for controlling the spread of measles.

I am grateful to you for raising Mr Sear's concerns.

There are multiple infection prevention and control (IPC) measures in place to prevent the transmission of measles in healthcare settings. Ideally, patients with suspected or confirmed measles will be isolated in a negative-pressure isolation room where, as far as possible, care will be provided. Patients will only be transferred to other departments where this is clinically necessary, using predetermined pathways that limit the risk to other patients and staff. Controlling the source of infection will be implemented as an added measure only if accepted by the patient and provided it does not compromise their clinical care.

The principal rationale for recommending a surgical mask rather than an FFP3 respirator relates to patient safety and wellbeing. Patients are admitted to healthcare settings with suspected or confirmed measles because they are clinically unwell and require treatment; a common symptom of measles (and other respiratory infections) is a cough, and tight-fitting respirators such as FFP3 increase breathing resistance and have been shown to reduce blood oxygen saturation. While this is considered safe during sessional use by healthcare workers, logically this is not suitable for unwell patients experiencing respiratory symptoms. There are other factors that prohibit the use of respiratory protective equipment as controlling the source of infection, including fit testing, FFP2 respirators not being approved for use in UK healthcare settings, and a lack of peer-reviewed evidence of the effectiveness of FFP3 as a method of controlling the source of infection.

NHS England's risk assessment and IPC guidance for measles in healthcare settings was developed in response to an ongoing national incident. Key stakeholders were involved throughout the development of the guidance, to provide professional knowledge and expertise and ensure alignment with guidance produced by the UK Health Security Agency. The recommendations are aligned to the National Infection Prevention and Control Manual for England and were developed using a defined and publicly available

methodology that includes stakeholder engagement. The methodology can be found at www.england.nhs.uk/long-read/national-infection-prevention-and-control-manual-methodology.

I hope this reply is helpful.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'Maria'.

MARIA CAULFIELD MP