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Dear Doctors,

**Measles, Mumps and Rubella (MMR) Vaccination  
for non-immune adults**

We are writing to enlist your help to promote the use of Measles, Mumps and Rubella (MMR) vaccines among non-immune adults for protecting them and the local community against these vaccine-preventable diseases.

Measles remains an endemic infection in some countries in Southeast Asia. According to data from the World Health Organization (WHO) (as of May 11, 2018), the 12-month measles incidence (cases per million population) reached 76.9, 61.1, 26.7 and 25.2 in Malaysia, the Philippines, Indonesia and Thailand respectively. Besides, there were marked increases in measles cases in Europe in recent months, with the highest 12-month incidence (cases per million population) in Greece (223), Romania (165), Italy (73) and France (28). The incidence of rubella is also high in our neighbouring countries including Indonesia, Malaysia and the Philippines with 12-month incidence reaching 12.6, 3.4 and 2.9 per million population respectively.

Vaccination remains the most effective preventive measure for prevention of measles and rubella. Measles and rubella vaccination programmes have been in place in Hong Kong for many years (**Annex**). As such, most locally born young to middle-aged adults in Hong Kong had immunity against measles and rubella, which was confirmed by results from local serological surveillance.<sup>1</sup>

Hong Kong was certified by the WHO to have achieved the interruption of endemic measles virus transmission in September 2016. Nonetheless, Hong Kong, being an international city with high volume of trade and travel, is facing the risk of importation through travellers, migrants and foreign workers, and the potential risk of further spread in the local community. Measles virus transmission among non-immune adults occurred in recent resurgence or outbreaks overseas, for example in some European countries, as well as Okinawa of Japan. These



<sup>1</sup> <https://www.chp.gov.hk/en/statistics/data/10/641/701/3534.html>

highlighted the possibility of measles outbreak occurrence following importations if there is accumulation of susceptible or residual non-immune (including unvaccinated) subgroup of population.

We are aware that some adults born outside Hong Kong may remain susceptible to measles. A review of the 60 adult measles cases reported in Hong Kong from 2013 to 2017 showed that 31 (52%) were migrants, foreign students and workers born outside Hong Kong and five (8%) were non-residents such as tourists. All of them were either unvaccinated or uncertain about their vaccination history against measles. For rubella, over half (17/29, 59%) of the adult cases reported during the same 5-year period were non-local born people who lived/ worked in Hong Kong, and all of them were either unvaccinated or uncertain about their vaccination history against rubella.

To prevent the spread of measles and rubella in Hong Kong, we would like to enlist your help to take opportunity to inform non-local born adults (especially foreign domestic helpers) of the risk of measles and rubella. In general, people can be considered as non-immune to measles/rubella if (i) they did not have the infection confirmed by laboratory test before, and (ii) they had not been fully vaccinated against measles/rubella or have unknown vaccination status. All those who are non-immune to either measles or rubella should receive MMR vaccine. Two doses are required for persons who are non-immune to measles while one dose is adequate for those who are non-immune to rubella only.

We are aware that some companies or employment agencies may arrange pre-employment medical check-up for non-local born workers including domestic helpers. If your clinic/medical facilities is also providing related services, we would be most grateful if you could consider the assessment of the immune status against measles/rubella as part of these medical check-up, and advise non-immune individuals to receive MMR vaccine (or other combination vaccines such as Measles, Mumps, Rubella and Varicella vaccine to prevent chickenpox infection if appropriate). We issued a letter to local employment agencies of foreign domestic helpers informing them of the above recommendation ([https://www.chp.gov.hk/files/pdf/letters\\_to\\_employment\\_agencies\\_20180517\\_eng.pdf](https://www.chp.gov.hk/files/pdf/letters_to_employment_agencies_20180517_eng.pdf)), together with an information sheet for them to distribute to employers.

Please also draw the attention of other healthcare professionals and supporting staff in your institution/ working with you to the above. May I take this opportunity to thank you for your continuous support in combating infectious diseases and promoting immunisation in Hong Kong.

Yours faithfully,



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for Controller, Centre for Health Protection  
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## **Annex**

### ***Measles***

In 1967, measles-containing vaccine was first introduced in Hong Kong, at that time it was a single valent vaccine to prevent measles only, which was replaced by MMR vaccine since 1990. In 1996, a second dose of MMR vaccine was introduced which was given at Primary 6. This was changed to be given at Primary 1 since 1997, which then has become the current schedule (1 year old and Primary 1). Separately in 1997, because of an increase in measles cases in the first half of 1997 with the majority of cases affecting people aged below 20 years, and an increase in susceptible children as revealed by serological surveys in 1996, a Special Measles Vaccination Campaign was conducted from July to November 1997 targeting those aged 1 to 19 years who had not completed two doses of measles vaccination. Over a million children and youngsters were immunised.

For summary, please refer to the following link:

<https://www.chp.gov.hk/en/features/100425.html#FAQ10>

### ***Rubella***

Rubella vaccination was incorporated into the Hong Kong Childhood Immunisation Programme in 1978. An anti-rubella vaccine was administered in the early years, while MMR vaccine has been in use since 1990. At present, two doses of MMR vaccine are administered to children at age one and Primary 1 respectively. Rubella vaccination is also provided to women of childbearing age from 1979 onwards.