

# Press release: Measles and summer travel to Europe

Young people are encouraged to make sure they have had both doses of the MMR vaccine before going on holiday to Europe where there are large outbreaks of measles.

Cases of measles also continue to rise across England in unvaccinated people of this age.

The vaccine is available free to anyone who has not received both doses as a child. It protects against measles, mumps and rubella, all of which can be very serious diseases and are highly infectious.

While vaccine uptake levels in the UK in young children are currently very high, coverage levels dipped to a low of 80% in 2003. This means that there are significant numbers of unprotected teenagers and young adults who could catch measles both in England, particularly in environments of close mixing such as summer festivals and when they travel abroad for the summer holidays.

Measles is a highly infectious viral illness that can sometimes lead to serious complications and can be fatal in very rare cases so getting protected by taking up the offer of vaccination is crucial.

Between 1 January 2018 and 18 June 2018 there have been 643 laboratory confirmed measles cases in England. Cases were reported in most areas with London (225), the South-East (137), West Midlands (82), South-West (79), and Yorkshire and Humberside (74) reporting the most cases (based on provisional figures).

The World Health Organization (WHO) recommends that to prevent outbreaks of disease, 95% of people need to have received the MMR vaccine.

Dr Mary Ramsay, Head of Immunisation at Public Health England (PHE), said:

In the early 2000s there was a fall in MMR vaccination coverage in children and as a consequence, we are now seeing measles cases in young adults. Measles can be more serious in adults with a higher likelihood of hospitalisation and complications arising.

Measles is circulating in England and the rest of Europe. We often think about what travel-related vaccines we might need before going on holiday, but it's also important to check that we are up to date with routine vaccinations like MMR.

If you are unsure if you have had 2 doses of MMR call your GP practice to check and catch up if needed.

Parents are also urged to take up the offer of MMR vaccination for their children at 1 year old and as a pre-school booster at 3 years and 4 months old.

## **Public Health England press office**

Email

[phe-pressoffice@phe.gov.uk](mailto:phe-pressoffice@phe.gov.uk)

Telephone

020 7654 8400

Out of hours telephone

020 8200 4400

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## **[Press release: Home Office launches review into medical use of cannabis](#)**

The review will be carried out by the Home Office and Chief Medical Officer Professor Dame Sally Davies. The Home Secretary confirmed to Parliament that if the review identifies significant medical and therapeutic benefits, then the intention would be to reschedule cannabis for medicinal use.

The [Home Secretary also announced](#) that a licence will today be granted for Alfie Dingley which will allow Alfie's clinicians access to the cannabis-

based medicine he needs to treat his rare form of epilepsy.

The Home Secretary said:

Cases like Billy Caldwell's, Alfie Dingley's, and others like it, have shown that we need to look more closely at the use of cannabis-based medicine in healthcare in the UK.

The position we find ourselves in currently is not satisfactory. It's not satisfactory for the parents, it's not satisfactory for the doctors, and it's not satisfactory for me.

I have now come to the conclusion that this is the right time to review the scheduling of cannabis.

The review into cannabis-based medicines will be conducted in 2 parts.

Professor Dame Sally Davies will take forward the first part of the review, considering the evidence available for the medicinal and therapeutic benefits of cannabis-based medicines. This will inform which cannabis-based medicines should be taken forward to part 2 of the review.

The second part of the review will be led by the Advisory Council on the Misuse of Drugs (ACMD) which will provide an assessment based on the balance of harms and public health needs, of what, if anything, should be rescheduled.

The review will not look into the reclassification of cannabis as a Class B drug under the Misuse of Drugs Act 1971 and will not consider the legalisation of cannabis. The penalties for unauthorised supply and possession will remain the same.

Yesterday (18 June) the Policing Minister Nick Hurd told Parliament that the government will establish an expert panel of clinicians to advise ministers on any applications from senior clinicians to prescribe cannabis-based medicines. Today the Home Secretary confirmed the panel will be in a position to start considering applications within a week.

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## **Press release: New data reveals 420,000 cases of STIs diagnosed in 2017**

The increase in syphilis follows a 10-year trend, with 78% of diagnoses in gay, bisexual and other men who have sex with men (MSM). Public Health

England (PHE) is working with partner organisations to develop an action plan to address this rise. The plan aims to increase numbers and frequency of tests in populations at higher risk of infection, to promote early detection and treatment.

Across all sexually transmitted infections (STI), the highest rates of diagnoses continue to be seen in 16 to 24 year olds. It is important to increase condom use and encourage testing following changes in partners, in order to drive down the transmission of infections. This is why PHE launched Protect Against STIs in December 2017 – a sexual health campaign aimed at promoting condom use in this important demographic.

Dr Gwenda Hughes, Consultant Scientist and Head of Sexually Transmitted Infection Section at PHE, said:

Sexually transmitted infections pose serious consequences to health – both your own and that of your current and future sexual partners. The impact of STIs can be considerable, with some causing infertility, pelvic inflammatory disease and harm to unborn babies.

Consistent and correct condom use with new and casual partners is the best defence against STIs, and if you are at risk, regular check-ups are essential to enable early diagnosis and treatment.

Other data published in the report show a fall in rates of genital warts, reflecting the widespread uptake of the Human Papilloma Virus (HPV) vaccine in girls aged 12 to 13. The report also indicates an 8% decline in chlamydia testing and 2% drop in chlamydia diagnoses in 15 to 24 year olds. However, there was a 22% rise in cases of gonorrhoea in 2017 compared to 2016.

Those at risk of STIs can access services through sexual health or genitourinary medicine clinics. PHE recommend regular HIV and STI testing for those with new or casual partners. MSM who are having condomless sex with new or casual partners should seek testing every 3 months. Local STI services can be located online via [NHS Choices](#).

## **Important statistics:**

In 2017, there were approximately 422,000 diagnoses of sexually transmitted infections (STIs) made in England, around the same number that was reported in 2016.

There were 7,137 diagnoses of syphilis reported in 2017, a 20% increase (from 5,955) relative to the year prior and a 148% increase relative to 2008.

There were 44,676 diagnoses of gonorrhoea reported in 2017, a 22% increase (from 36,577) relative to the year prior.

There were 441 diagnoses of first episode genital warts in 15 to 17 year old girls in 2017, a 90% decrease relative to 2009 and an early expression of the

success of the national HPV immunisation programme.

Over 1.3 million chlamydia tests were carried out and over 126,000 chlamydia diagnoses were made among young people aged 15 to 24 years. There was an 8% decline in the number of chlamydia tests in 2017 compared to 2016.

The impact of STIs remains greatest in young heterosexuals 15 to 24 years; black ethnic minorities; and gay, bisexual and other MSM.

## Background

1. Read the [full report and breakdown of data](#).
2. To support sexual health services and work to reduce STI transmission in communities PHE:
  - launched a sexual health campaign in December 2017, called Protect Against STIs, which targets 16 to 24 year olds to promote condom usage as they experience the highest STI diagnosis rates
  - provide Local Authorities with data on local service activity – including clinical attendance, testing rates, and epidemiology (whether STIs are increasing or decreasing at a low level) – and an epidemiology report at the end of each year providing key information for commissioners
  - is developing a syphilis action plan to address the increase in cases
3. Find out more about the signs and symptoms of STIs on [NHS Choices](#) or [Sexwise](#).

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**[Press release: Focus on brisk walking, not just 10,000 steps, say health experts](#)**

With an estimated 3 million middle-aged adults physically inactive across the

country,[1],[2] Public Health England (PHE) and the Royal College of General Practitioners (RCGP) are encouraging adults to incorporate brisk walking into their days as a way to improve their general health and wellbeing.

As part of the push to get adults doing more moderate intensity physical activity each day, health experts are encouraging people to increase the intensity of their walking, rather than just focus on the distance or number of steps.

Moderate intensity physical activity means getting the heart rate up and breathing faster. Just 10 minutes of brisk walking a day is an easy way for adults to introduce more moderate intensity physical activity into their day and reduce their risk of early death by up to 15%.[3]

To help adults do this, PHE's 'Active 10' app has been created and it is the only app of its kind that combines intensity and time, rather than just distance.

Taking a 10 minute brisk walk each day can help build up towards the UK Chief Medical Officers' (CMO) recommendation of at least 150 minutes per week of moderate to vigorous physical activity. This has been linked to health benefits including a [lowered risk of type 2 diabetes, cardiovascular disease and some cancers.](#)

A new survey by PHE looking at people's perceptions of physical activity found that:[4]

- many adults struggle to fit in exercise. Not having enough time (31%) was the main reason cited, followed by not feeling motivated (27%) and being too tired (25%)
- half of these adults (50%) think more than 240 minutes of exercise per week is required to see general health benefits, nearly double the recommended guidance of at least 150 minutes – and 1 in 7 (15%) think that more than 420 minutes per week is required (an hour per day)
- nearly nine in 10 (87%) say they walk more than 10 minutes per day, however, this drops to just over half (54%) who say they walk briskly for this amount of time

The current physical inactivity crisis also has a societal impact. In adults, physical inactivity contributes to 1 in 6 deaths in the UK[5] and costs the NHS over £0.5 billion per year.[6]

Professor Paul Cosford, Medical Director at PHE, said:

Managing all the pressures of everyday life can mean that exercise takes a back seat, but building a brisk walk into your daily

routine is a simple way to get more active.

The Active 10 app gives you a clear picture of the intensity of your walk. Taking a brisk 10 minute walk each day will get your heart pumping, improve your mood and lower the risk of serious health issues like type 2 diabetes, heart disease and some cancers.

Professor Sir Muir Gray, Clinical Adviser for the Active 10 app and One You campaign, said:

The additional health benefits that can be achieved by walking at a brisk pace for periods of 10 minutes or more – as opposed to totting up a certain number of steps throughout the day – are undeniable.

I'd advise anyone of any age and activity level to start to fit in at least one 10 minute brisk walk a day as a simple way to get more active, especially those who may be taking medication for a long term health condition – you will receive even more benefits from walking briskly for 10 minutes or more a day.

Dr Zoe Williams, GP and RCGP Clinical Champion for Physical Activity and Lifestyle, said:

GPs want their patients to be healthy and enjoy life, and there are simple ways in which we can all improve our health. I often encourage my patients to take up more daily physical activity, which can start with just a 10 minute brisk walk – it would be great to see more people doing this across the country.

Moving more is an important step forward to improving the health of the nation and looking after our NHS, which is often overburdened by lifestyle related illness.

Professor Helen Stokes-Lampard, Chair of the Royal College of GPs, said:

Small, often simple, lifestyle changes can have a really positive impact on our health and wellbeing, so anything that encourages patients to live better, and move more is a good thing. There has been a substantial rise in the number of patients who have developed multiple, long-term conditions in recent years, and many of these, including type 2 diabetes and heart disease, are linked to not being active enough.



While GPs and our teams will always encourage patients to make lifestyle changes that could potentially benefit their long-term health and wellbeing, the responsibility cannot solely lie with healthcare professionals, and patients must also play their part. The RCGP is really pleased to have endorsed the Active 10 app, which empowers patients to make basic lifestyle changes around diet and exercise, such as taking a brisk walk for 10 minutes a day and suggests ways for patients to easily incorporate these into their lives.

Already 600,000 people have downloaded the 'Active 10' app. In a single month, approximately 2 million 'Active 10s' (10-minute brisk walks) were completed by Active 10 users.

'Active 10' is supported by the RCGP and was developed by PHE in collaboration with The University of Sheffield, Sheffield Hallam University and the National Centre for Sport and Exercise Medicine.

Join the 600,000 people who have downloaded 'Active 10' and make the first step towards a healthier you. Search 'Active 10' to download the app for free.

## Background

1. [ONS Mid year Population estimates, mid-2016](#)
2. Public Health England, [Active Lives, 2016 to 2017](#)
3. 10 minutes brisk walking each day in mid-life for [health benefits and towards achieving physical activity recommendations](#).
4. YouGov surveyed 3007 adults in England aged 40 to 60. Fieldwork was undertaken online between 10 and 16 May 2018. The figures have been weighted and are representative of all English adults (aged 40 to 60).
5. Lee I-M, and others. (2012) Effect of physical inactivity on major non-communicable diseases worldwide: an analysis of burden of disease and life expectancy. *The Lancet* 380: 219 to 229.
6. PHE, [Physical inactivity: economic costs to NHS clinical commissioning groups, 2016](#).
7. [Public Health England](#) exists to protect and improve the nation's health and wellbeing and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and providing specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific expertise and support. Follow us on Twitter: [@PHE\\_uk](#) and Facebook: [www.facebook.com/PublicHealthEngland](http://www.facebook.com/PublicHealthEngland).

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