



IMMUNISATION PROJECT

MEASLES-RUBELLA

IMMUNISATION CAMPAIGN

PROJECT REPORT AND EVALUATION

February 1995



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Health Education Authority



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Executive Summary

1. Background and Aids

Following a rapid increase in measles incidence in school age children, the Department of Health and JCVI decided that a school-based campaign to combat a predicted epidemic of the disease be scheduled for October 1995. The Health Education Authority's Immunisation Project was commissioned to design and deliver the public awareness campaign in order to generate awareness and convince parents with children age 5 up to 16 of the importance of giving consent to the immunisation. In June 1994 the campaign was brought forward to November 1994 in order to carry out an effective intervention.

The principal objective was to challenge and change perceptions of measles as a disease.

Bolton Pilot Project

In association with the Bolton Health Authority, the HEA developed and tested draft communication materials. The experience of the Bolton Pilot Project informed the design and delivery of the national communication materials. The pilot study monitored perceptions of measles in the context of other serious diseases amongst mothers of young children. Tracking studies commissioned by the HEA over the past three years show that parents consistently under-rate the disease, with only 15% acknowledging measles as potentially serious.

2. Information Materials

Leaflets and Support Materials

The writing, design, and printing of 11 million leaflets took place in under three months. The main leaflet was awarded a *Crystal Mark* for clarity and ease of understanding.

Due to a change in immunisation policy the rubella leaflet for school girls was also produced at very short notice. Three million copies were printed and distributed in three weeks.

A poster was produced and sent out at the end of October. The design supported the advertising campaign, using text and images already familiar to television viewers.

The project also produced fact sheets, press releases and a guide to using the media for District Health Authorities.

Translated Information Materials

The leaflet was translated into the ten languages most spoken in England. It was printed in a bound format as a single document, allowing photocopies to be made according to need. The packs were sent directly to Health Promotion Units who were to liaise with Coordinators and schools where necessary to assess local

requirements. After discussion with some District Immunisation Coordinators, this method was felt to be the most efficient in terms of time and cost in providing translated materials.

Television Advertising

As the most powerful tool at our disposal, a powerful and engaging commercial was needed to capture attention and challenge the viewers' perceptions of the disease. Only by doing this could we successfully encourage uptake. The commercial was placed second in the Marketing "Ad-Watch" survey of 4 November 1994.

Complaints against the promotion materials made to the Advertising Standards Authority and the British Advertising Clearance Centre (ITC) were not upheld.

Video News Release

A Video News Release (VNR) was produced which contained a short series of interviews, features and clips exploring aspects of the campaign. The VNR achieved high television coverage on a national basis.

The "*Measles Alert!*" Radio Project

The aim of *Measles Alert!* was to produce a radio campaign that communicated the seriousness of measles and encouraged the return of the consent form. Radio Audience Joint Research Ltd. calculate that the audience figures for this campaign were in the region of 22 million. Qualitative research showed that the main education messages were picked up by listeners.

3. Impact of the Campaign

Television

Television coverage fell into three categories:

- news items about the launch of the campaign
- news items about foetal tissue use in rubella vaccine production
- longer, more in-depth programmes about immunisation issues.

There was no significant mis-reporting at all. The only figures that were slightly confused concerned the cost of the publicity campaign - £2m or £20m - and whether 7 or 8 million children were to be immunised.

The items journalists seemed in favour of quoting were the cost of the campaign, the number of children being immunised, the number of children who might fall ill and the number of those who could die. Some of the reports stated that there had been no deaths from measles since 1989.

The VNR was an outstanding success. It was well received by journalists who used extensive footage on news programmes.

Post-Campaign Research

Research was conducted among mothers with children age 5-15 after the immunisation campaign was complete.

Overall, 98% of parents claimed to have seen at least one copy of the leaflet. 12-15 year olds were less likely to have taken home/showed the leaflet to a parent. 43% said that the leaflet proved to be the most useful source of information about the campaign.

In a prompted recall situation, 53% of mothers claimed to have seen the press advertisement and 85% said they had seen the television commercial.

95% of children returned a signed consent form to school. Of those forms returned, 3% refused consent for the MR immunisation. The most common explanation for the child not having the immunisation was that he/she was ill on the day of immunisation.

4. Conclusions and Recommendations

The multi-media approach of the campaign successfully - and within a very short space of time - altered perceptions of measles as a disease and encouraged consent for the immunisation. Many areas of the country have achieved uptake of 95%. There were six cases of measles in children under 16 years reported in January 1995. Five of these were in children under one year, and would not therefore have been immunised in this campaign, nor would they have received the MMR immunisation. The sixth case was a school age child whose parents had refused consent for the MR immunisation.

Coordination of the production and distribution of resources in a project such as this provided valuable learning. It is essential to build and maintain communication links and provide up to date information and feed-back to those involved at all levels and at each stage of a campaign, irrespective of the time-scale.

Although the dissemination of the leaflet through 26,000 schools was problematic at certain times, it proved to be a cost-effective method of reaching the target group.

By precisely determining the information needs of the target group via pre-campaign research and the Bolton Pilot Study, the required tone and content of the materials was achieved. The on-going monitoring of perceptions of diseases and immunisations is essential in order to design materials that can accurately meet public need.

Michael Corr
Immunisation Project Manager

1 Introduction

Measles is a notifiable disease in the UK, incidence of infection being collated and recorded by the Office of Population, Censuses and Surveys (OPCS). This data is then analysed by the Public Health Laboratory Service (PHLS), an independent organisation consisting of 53 laboratories strategically located throughout England and Wales linked with specialists in microbiology and epidemiology.

The constant flow of information through this network provides a unique perspective for the detection of outbreaks of infectious disease and the identification of emerging patterns of infection in the country.

Measles notifications to OPCS in the first half of 1994 were consistently higher than in the same weeks in 1993. The pattern of notifications in 1994 was the same as that seen in 1987 during the lead up to the epidemic in England and Wales in 1988.

In addition, in late 1993 and the early months of 1994 the Western Health Boards in Scotland experienced a large increase in measles. The majority of notifications were from secondary school children, with 138 admissions to one infection unit alone.

The collation of this data allowed two highly respected mathematical modelling experts appointed by the Department of Health to undertake separately conducted analysis and produce forecasts of morbidity and mortality rates. It became apparent that the greatest burden of the epidemic would be borne by children of secondary school age, and a considerable number of cases in primary schools. From these studies, the need for immediate action was identified.

- 1.1** Anyone involved with the 1994 MR campaign will have quickly realised the enormity of the task facing both the information providers and the service providers. The effectiveness of the campaign would depend on immunising as many of the seven million individuals in the target group in as short a time as possible.
- 1.2** In order to ensure maximum uptake of the immunisation it was necessary to raise awareness of the seriousness of measles, and then to inform of the effectiveness of the vaccine in preventing the disease. The Health Education Authority's Immunisation Project was commissioned to design and deliver the public awareness campaign in order to generate awareness and convince parents with children aged 5 up to 16 of the importance of giving consent to the immunisation. Of the £3.5 million required to deliver the project, £2million was received from the DoH, £475k from the HEA and the balance funded from the 94/95 general immunisation project.

- 1.3 Increased incidence of measles had already been identified by the early months of 1994. At the first meeting of the Measles Strategy Group Dr Robert Aston, CCDC in Bolton, expressed an eagerness to carry out an immunisation campaign in his district as soon as possible.
- 1.4 It became apparent that such an undertaking would offer the perfect opportunity to develop and test public information materials which could then be used for a national campaign. At this time, the national campaign was still scheduled for October/November 1995. As we are all aware, the rapidly increasing incidence of the disease resulted in drastic alterations to the time scale, bringing the start date initially to March 1995, and finally to November 1994.
- 1.5 Development and production of materials for the Hib campaign had taken eighteen months; the MR campaign timescale gave us four and a half months. This time we also had a much larger target population, many of whom had not been exposed to immunisation information for quite some time, and a disease that was considered by the majority of the population to be trivial and, in some cases, a good thing to have (c.f. the measles party culture).
- 1.6 The task ahead of us therefore, was to elicit consent by effectively communicating information about the disease and the immunisation to the parents of seven million school children in England in as short a time as possible.
- 1.7 This report outlines the components of the project, the major outcomes, and a few stumbling blocks encountered along the way. It also contains a summary of the research that informed the campaign and research conducted immediately afterwards to determine its impact.

2 Bolton Pilot Project and background

The HEA is very grateful to the Bolton Measles Team for the support in helping to develop the national promotional materials and acknowledges thier most valuable contribution.

- 2.1 Working with the CCDC for Bolton Health Authority and the Bolton Measles Campaign Team, in particular Dr Robert Aston CCDC, Mrs Joan Bradley, Bolton HPU and Mrs Cath Bailey, Locality Manager, we developed draft communication materials - principally an information leaflet for schoolchildren and their parents. The aim of the materials was to inform parents of children in the target cohort of the seriousness of the disease and of the imminent campaign.
- 2.2 As an integral part of the ongoing childhood immunisation programme, the HEA commissioned a tracking study conducted by BMRB Research to monitor perceptions of measles in the context of other serious diseases amongst mothers of small children. Findings show that mothers have consistently under-rated the disease, with only 15% acknowledging measles as potentially serious. The low perception of risk associated with measles was further confirmed by qualitative

research that we conducted amongst parents of school aged children during the Bolton pilot project. On the model representing perceptions of a range of illnesses (See Appendix 1), we noted that measles was continually positioned towards the lower end of the spectrum, along with colds, flu, and chicken pox; significantly lower than polio, meningitis and TB.

- 2.3 As a result of these findings, the research agency commissioned to carry out the study - *Strategic Research Group* - advised that the principal objective of any measles campaign should be to challenge perceptions of the disease. Post-campaign research, in conjunction with uptake figures, suggests that we were successful in achieving this goal. Measles has shifted in peoples minds in its seriousness and as a threat to life, and is now placed along with whooping cough and tetanus in terms of the scale described above. (See Appendix 2)
- 2.4 However, it should also be said that the campaign did not raise awareness of measles for some parents, rather perhaps for the majority of parents, it created awareness from scratch.
- 2.5 Measles was previously associated with diseases like chicken-pox, seen as an almost inevitable infection of childhood, not something to cause alarm. The publicity surrounding "measles parties" highlighted public misconceptions surrounding the disease, clearly identifying the task facing us in terms of re-educating the public understanding of measles.
- 2.6 In addition to the qualitative research outlined above, the HEA commissioned a quantitative survey in Bolton with the following objectives:
 - To quantify:
 - recall/perceived usefulness/communication from Bolton leaflet
 - other sources of immunisation information
 - awareness of immunisation programme information and advertising
 - knowledge of immunisation availability/protection given, and to
 - allow a comparison of the Bolton and the national leaflets.

Face to face street interviews were conducted in the Bolton Health Authority area with 415 mothers of children aged 5-15. A quota was set on the age of the children e.g.

5 - 7 years = 33% min. 8 - 11 years = 33% min. 12 - 15 years = 33% min.

There was a quota on Asian mothers to be representative of the local population.

The questions were mainly aimed at determining the major sources of

information about the campaign, enabling us to evaluate the effectiveness of each strand of the publicity as well as the campaign as a whole. The Bolton leaflet is Appendix 3.

3. Distribution

- 3.1** Distribution on this scale had not been previously attempted by the HEA. Since it was beyond the capabilities of our usual distribution house, an outside agency was contracted to undertake the work.
- 3.2** According to the timescale issued by the HEA, the leaflets were to be handed out to students on 29 September, coinciding with the national launch of the campaign and taking advantage of the surrounding publicity.
- 3.3** A letter from the CMO to head-teachers intimated that leaflets were to be distributed to children by 26 September. This resulted in urgent calls from schools scheduled to receive leaflets between 23 and 26 September. Since the majority of these deliveries did arrive by 26 September, and since we duplicated the orders to cover possible non-deliveries, a number of the late delivery schools received double their quota. In most cases, to save wastage, the extras were sent to the local DIC who re-distributed the leaflets as the need arose.
- 3.4** Investigations immediately implemented revealed that the carriers had encountered logistical problems related to increased volume of work stemming from the rail strike. Two areas hardest hit by this were Merseyside and Winchester. Securicor (the carrier agency) depots in these areas were inundated with work which had been shifted from the rail network, meaning consignments waiting to go out to the schools from the depots were held over. Portica (the distribution and handling agency) contacted the national sales manager for Securicor, emphasising the importance of covering the consignments in order that they were given priority. This was done with immediate effect. Any schools that then reported not having received leaflets had additional consignments dispatched immediately.
- 3.5** Approximately 1000 schools made requests for extra leaflets. With the problems outlined above, it is likely that many of these schools received duplicate deliveries. All requests for leaflets were processed as top priority next-day deliveries in order to ensure that as many as possible had their full quota in time for the launch of the campaign.
- 3.6** During the second week of October, the HEA undertook a phone poll to determine how many consignments had been delivered on time. Schools were selected at random from the database to ensure a representative geographical spread, with the following results collated from the responses of 250 schools:
 - * 96% of schools contacted had received their leaflets by 26 September
 - * 99% had received them by 29 September

- * All remaining schools in the survey received their leaflets within the first week of October.

3.7 A number of categories of recipients of the leaflet were omitted from the original list made available to us. These included BFPO schools, Channel Islands, the Isle of Man, SAAFA establishments, some private schools, BBC overseas units and a number of international schools. Recently-opened schools were often missing and pupil counts were somewhat out of date. Separate records would have been useful when an address housed a primary and a secondary school; with the help of the NHSE the HEA now has one of the most accurate databases of schools in existence.

3.8 Faced with original cost estimates for this distribution activity of approximately £400,000 we were very pleased that not only did our contractors carry out work of a consistently high quality, but at a cost of £240,000 - significantly under budget. The balance of this amount ear-marked for the project has allowed us to augment the childhood immunisation programme in 1995. The value of an experienced logistics agency in an undertaking of this magnitude cannot be underestimated.

4. Public Information Materials

4.1 Leaflets

The writing, design and distribution of eleven million leaflets in under three months is a considerable achievement. We are grateful to our colleagues in the Department of Health and the NHSE for their comments on a seemingly endless stream of draft versions. It was important that the leaflet could be read and understood by both teenagers and their parents whilst not being condescending to one or other group. The *Crystal Mark*, awarded for clarity, was a welcome affirmation of our success in achieving this goal. The leaflet is Appendix 4.

4.2 Rubella leaflet

Following the rapid change in immunisation policy, the rubella leaflet for secondary school girls was produced at very short notice. Three million copies were produced and distributed to HPUs and DICs within three weeks. A copy of the leaflet is Appendix 5.

4.3 Poster

A poster which followed the television theme was produced and sent out at the end of October. This timing proved useful since the majority of the promotion had been focused in October to ensure completion and return of the consent form. The poster supported the advertising, exploiting people's familiarity with images and text of the television campaign. It provided a useful fill-in when the T.V. advertising stopped, although a number of health workers reported that they would have liked to receive it sooner.

The HPU route was chosen for this as it is the fastest established route to the districts. Distributing the leaflet direct to DICs would have taken longer and been more expensive. Appendix 5a shows the press ad on which the poster is based.

5. Media Activities

5.1 Television Advert

5.1.1 As mentioned earlier, research identified that in order for the TV advert to be successful, it would need to be powerful and emotive to jolt firmly-held perceptions of measles as a trivial disease. The final version of the TV commercial achieved the necessary tone, and as the research findings at the end of this report will demonstrate, it was very effective in raising awareness of both the disease and of the campaign itself.

5.1.2 The commercial achieved the number two spot in the *Marketing "Ad-Watch"* survey of November 4; it was the second most-recalled advertisement on TV for that week. This is only the second time the HEA has achieved this in its history of television advertising campaigns. The measles commercial, at a spend of £1.6m, cost one fifth of the first placed advertiser, BT, who spent £7.3m over the same period. [See Appendix 6]

5.1.3 The design and content of the TV and press ads followed in-depth research amongst parents. Though particularly hard-hitting, they appear to have been successful in transmitting the potential seriousness of measles.

On the basis of findings of the Strategic Research Group relating to parents' information needs and perceptions of measles as a disease, the following television commercial treatments were presented to the HEA:

N.B. A similar narrative voice-over was used for all treatments.

1. "Classroom"

This treatment shows secondary school aged children sitting at desks that are lined up in rows. A teacher circulates amongst the desks handing out copies of the measles leaflet. As the voice-over begins, the camera pans out, revealing a seemingly infinite classroom with thousands of children at their desks. The camera continues to move out, the ariel view of the desks suggestive of the national scale of the campaign being described.

2. "Spots"

This treatment used Dawn French and Jennifer Saunders dressed as school girls, on their way to or from school. French is reading the measles leaflet with some

interest, while Saunders is walking disinterestedly beside her. Their dialogue begins:

"Have you heard about this measles thingy then?"

"No, what's that about? - Measles is for kids, anyway"

French describes the immunisation campaign and the seriousness of the disease, whilst Saunders sneers at what she is being told, tossing her copy of the leaflet onto the pavement. After explaining the possible complications of brain damage, blindness and even death, French ends:

"And it gives you spots!"

At this point, shocked by such a revelation, Saunders runs back to retrieve her leaflet, and the campaign message voice over begins.

3."Beavis and Butthead"

This execution used the MTV cartoon characters Beavis and Butthead, engaged in their familiar (to some) pattern of dialogue about measles. The pair stutter and twitch their way through the issues,

"Some doctor dude says we gotta get immunised",

concentrating mainly on the undesirable idea of being covered in spots. They eventually conclude that in order to avoid such a situation, the immunisation would probably be a good idea.

4."Parents"

This was the execution chosen, with the hospital corridor and the grief stricken parents. The reason for their grief is suggested:

Solvent Abuse?

Traffic Accident?

Drug Overdose?

No - Measles.

The visual is accompanied by a powerful soundtrack, creating a disturbing and immediately rivetting advert.

The Strategic Research Group pre-tested each treatment with a range of ages and social groups. Their findings, described below, informed our final choice of advert for the campaign.

REACTION TO THE TV ADVERTISING EXECUTIONS

A number of issues emerged which applied to all executions exposed, and proved relevant to the final campaign:

- Significance of a booster;
- Endline;
- Voice over.

● **Booster**

Whilst the idea of a booster was familiar territory (as with tetanus immunisation), its applicability to measles was not:

- some tendency to think "my children are safe because they have been immunised/had measles";
- this is not contradicted by existing advertising communication;
- thus reaction could be : "not me/my kids are OK-it's for others".

Once the need for a booster was understood, all groups commented on the need to communicate this in the advertising to prevent the viewer from mentally switching off.

● **Endline**

'Measles leave its mark.' 'Mark' was interpreted literally:

- spots - scarring:
- like chicken pox.

Only a few linked this to the 'mark' on your/your child's life and this was the outcome of discussion.

Our concern here was that, having 'jolted' perceptions of measles, the association of 'mark' with spots could return the viewer to the status quo ante and thereby undo the communication of 'serious disease'.

'Measles - more serious than you think' was felt to be:

- in continuity with the communication: measles causes serious conditions;

- a reinforcement of the message - motivation to comply with immunisation programme.

- **Voice over** The existing voice was praised for sounding;

- cool/calm (don't panic);
- authoritative/serious but, importantly, not condescending (except Classroom);
- like a doctor but also like John Sachs, a Radio 1 presenter (i.e. friendly).

2.2.2 'PARENTS'

- A dramatic ad, often compared to Hib 'Coffin'.

Felt to have the most impact and to be the most emotionally involving execution:

- shocking/upsetting and very sad;
- a child has died.

'The only one that brings it home how serious it is.'

(BC1, Secondary School age child, Cheshunt)

A small minority (BC1/Primary) disliked the dramatic scenario, complaining that this was all too familiar in advertising of this genre.

The communication challenged a number of preconceptions by stating:

- measles is serious;
- it can kill/cause brain damage;
- the child was 15 (it affects older children).

Importantly, the ad communicated empowerment rather than issuing instructions/orders:

- measles can be prevented;
- as a parent you can do something (return the consent form).

In addition, the tone was adult/adult: 'We want to immunise.....'

- Now it's up to you.

However, this needs further information:

- the need for a booster;
- "Please give your consent" requires preamble about booklet/school based programme - sign the form in the back of the booklet.

Some concern that main information is offered via the super, the words on the screen, without a voice over: this could be lost if only/typically half watching.

"I often hear the TV, but I'm not looking at it."

(BC1, Secondary School age child, Chingford)

The device of listing potential killers played a key role in achieving the 'jolt':

- it effectively shifted measles into another league.

"We know all the consequences of joy riding and all that, and it's putting over that measles is just as bad."

(Boy, Staines)

The proportion of other issues was felt to be overly long and detracting from the dramatic impact of the appearance of measles. Possibly three, rather than four, 'killers' would be more appropriate.

AIDS was felt to be irrelevant to the target age group. It was not perceived as a real threat by parents or teenagers; linked more to older teens and upwards and was dropped in the final treatment.

Joyriding was queried: possibly engaged in by older kids? Younger girls could be involved as girlfriends/passengers.

Traffic accidents touched a real nerve with mothers of junior school age children.

The general feeling is that such killers can be categorised as:

- external causes which strike an innocent victim;
- the outcome of unwise/delinquent activities.

An over-emphasis on the latter could cause parents to rationalise 'not my child', thus a balance is required:

Child as innocent victim:

- Traffic accidents: junior age; feared by parents;
- Attack/assault/murder: what my parents worry about (girls);
- Measles: can strike anyone.

Unwise/delinquent behaviour:

- Solvents: applies to 9-13 year olds (is cheap); feared by parents;
- Drugs: 13/14 years upwards: Kids see it as Ecstasy only; parents more generic;
- Playing by railway lines: 11 year old boys;
- Alcohol poisoning: 13/14 upwards; not top of mind for parents (not my child?); admitted by teenage boys.

The tonality of the execution was felt to be right:

- serious, but not too serious;
- not horrifying like Summertime/Drinking and Driving.

2.2.3 'CLASSROOM'

- Clearly and directly communicated:
 - measles is serious/not as harmless as you think;
 - it could turn into an epidemic;
 - you'll get a form: look out for it.

Visual image via aerial shot of thousands of desks arresting:

- communicates the scale of the problem/the ensuing programme;
- shows secondary age kids (desks in rows): appropriate because they're the ones who forget to give you school communications.

The feeling was that this execution was driven by a government directive. This gave rise to some concerns:

- tone overly authoritative/governmental: 'It's like a party political broadcast';
- 'We'll be immunising....' orders the viewer: 'It's like something the government is going to do - it's compulsory.'
- Thereby loses rapport with viewer: it orders rather than requests compliance with the programme.

This was emphasised by the aerial shot - down on people/giving orders from above: a government directive?

- serves to depersonalise the message;
- a mass approach: numbers not names/"not my child".

Thus the emotional involvement engendered by parents was felt to be lacking in this execution.

Summary

The Parents treatment was felt to be the most appropriate in conveying the information and message we needed to put across. A shocking and compelling treatment was needed to capture attention and challenge the viewers' perceptions of the disease. Only by doing this could we hope to successfully encourage uptake.

The Classroom treatment carried some of the authority and seriousness required, but was felt to be too governmental and dictatorial; requiring as opposed to requesting compliance.

The French and Saunders treatment was popular but lacked the shock-factor identified as essential in challenging public perceptions. The use of comedy was felt to be inappropriate in conveying a very serious and complex issue, and by using two actresses with clearly defined personas - ie comic/mocking - the message was trivialised and considerably diluted. The Beavis and Butthead sequence did not match any of the criteria identified and proved unacceptable to the majority of those in the test sample.

"Parents" combined shocking imagery with an informative commentary which spoke to parents in an adult to adult fashion.

Appendix 7 contains the script plan for the "Parents" commercial.

- 5.1.4 Indications are that this TV commercial has successfully communicated contemporary values, namely: individual responsibility, empathy, dialogue and an adult to adult tonality. Whilst measles was positioned in peoples' minds as an epidemic, something now very serious, the campaign offered help and support in a way that suggested a partnership between parents and authority. The tone was informative and requesting - "You can help us to help your child" - as opposed to being instructional and dictatorial. This emphasis is summarised in Appendix 8.
- 5.1.5 Reactions to the T.V. advert in Bolton indicated that instead of acting as an awareness raiser, it served to validate the actions of those parents who gave consent - it confirmed that people had done the right thing. By placing Bolton back into the context of a national campaign, it also dispelled previously held fears that the children of Bolton were being used as guinea pigs.
- 5.1.6 The Advertising Standards Authority and the ITC received a number of complaints against the tone and content of the promotion materials, with the HEA being required to make full and immediate reply. None of the complaints levelled against the leaflet and the television and press advertisements were upheld. I am grateful to colleagues in the DH and PHLS for assistance in assembling the references necessary for such a comprehensive response. Copies of the responses are appended to this report in Appendices 9 and 10.

5.2 Press and Publicity

5.2.1 Video News Release

A Video News Release (VNR) is a short (10-15 minutes) series of interviews, features and clips all exploring an aspect of the topic in hand. It features real interviews interspersed with commentary and graphics to illustrate more complicated or difficult-to-digest information. It is produced on broadcast quality video tape and can be used in its entirety by television stations or edited and tailored to meet specific requirements, by including an additional soundtrack commentary.

5.2.2 The use of a VNR in a campaign such as this is a highly cost effective means of promoting and achieving high television coverage on a national basis. As television companies can tailor the material to their own needs, news desk editors can run a feature of any length on any related issue, using their own reporters plus the supplied visual information material.

5.2.3 Fact sheets

The HEA produced two fact sheets to accompany the campaign. The first one [Appendix 11] for press and PR work was also used in response to requests for further information from parents and health professionals. The second, briefer document [Appendix 12] was produced for radio presenters, to give important information and broadcast-ready sound-bites on all aspects of the campaign. (See 5.3.1) Feature articles were written for newspapers and both mid-term and short lead magazines. Almost all family and mother and baby magazines ran articles on measles and/or immunisation during the period of the campaign.

In addition, the DoH produced a factsheet for health professionals [Appendix 13] and the Public Health Laboratory Service (PHLS) produced a factsheet providing more detailed information for parents. [Appendix 14]

5.2.4 Guide to using the media

To help local health promotion units and DHAs produce local interest stories and news items, all Health Promotion Units (HPUs) and DICs were sent a package of information. This included a guide to using the local media [Appendix 15] and the fact sheet to help ensure consistency of information. HPUs were also sent a sample press release. [Appendix 16] Every radio station and television station was informed of a local contact; in most cases this was the district immunisation coordinator (DIC). This helped local radio presenters give the local picture of the national campaign.

5.2.5 A number of television magazine programmes, in particular morning/coffee time, featured medical spots with their resident television doctor. At the end of the medical features the viewers were given details of the measles fact sheet and the address and telephone number of the HEA for those wishing to find out more

about the campaign. Subsequently we received hundreds of requests for the fact sheet not always from parents with children at school, many requests were from the general public interested in the campaign, measles, and immunisations in general. Accompanying some of the letters were specific medical queries which were forwarded to the Department for response.

5.3 The "Measles Alert!" Radio Project

5.3.1 Radio Action Community Trust were commissioned to produce radio materials for syndication to both independent local radio stations and BBC local radio stations.

The aims of Measles Alert! were:

- To produce a radio campaign that communicates the seriousness of measles
- To ensure that parents and children understand the basic reasons and arrangements for the immunisations
- To remind parents and school children to return consent forms to school.

The target audience of the radio campaign was the parents of the children concerned and the older children involved.

All programmes were produced in draft form, enabling consultation to check both the medical content and the overall tone of the health education message.

The radio programmes featured people who had first hand experience of the effects of measles in older children. We felt this would be the most effective way of getting peoples' attention and putting across important information. We made three sets of programmes:

1. A series of 60 second articles for 14 independent local radio stations
2. Syndicated programmes broadcast by BBC local radio stations
3. Independent radio news clip which was released on 1 November direct to 117 independent stations.

Thirty seven BBC Local Radio Stations received the following:

Feature 1

HEALTH EXPERTS

Featuring interviews with Michael Corr, Immunisation Project Manager, HEA.
Dr David Salisbury, Principal Medical Officer, Dept of Health.

Dr Liz Miller, Head, Immunisation Division, PHLS.

Duration: 3'04'

Feature 2

The Human Cost of Measles

Featuring interviews with: Julia Hall and Tania Keeble

Duration 2'41'

Promotional Trailers

Two promotional trailers were produced, one of thirty seconds providing information on the disease and campaign, and one of ten seconds; a prompt to encourage return of the consent form.

Radio Presenters' Factsheet

A one page, two colour factsheet was produced for distribution to radio presenters. [See Appendix 12] This factsheet needed to be instantly recognisable and distinguishable from similar press release material, whilst providing the presenter with relevant information on measles and the national campaign. The factsheet provided a compressed mixture of questions and answers covering key aspects of the campaign, quotes from health professionals, and case studies. The information package is presented in broadcast-ready sound bites, enabling the presenter to access and use the information with minimal preparation. Anecdotal evidence suggests that the presenter factsheet was widely used and served to reinforce the syndicated materials. It was a particularly direct and cost-effective way of increasing media awareness of the campaign in a useful and influential group.

5.3.2 Radio Audience Joint Research Ltd, (RAJAR) audience figures, and the feedback from experienced radio professionals showed that the "Measles Alert!" programmes had achieved the project's aims. The programmes had featured children who had suffered from measles and some parents who had seen first hand the pain measles can cause. Essential advice not contained in the dialogue with teenagers and parents came from experts who answered the most common questions. The project involved 37 local BBC radio stations, and 14 independent stations carried the measles programme series.

5.3.3 RAJAR calculate that the audience figures for this campaign were in the region of 22 million. [See Page 5 Appendix 17] This is mainly made up of C2DE social categories. Our own research has shown that radio is an effective method for reaching these groups for health education. Since the advertising monitor research we carry out is unspecific with regards to quantifying the impact of radio, we carried out qualitative evaluation with a panel of listeners. We wanted to assess the effectiveness of communicating a health promotion activity via this medium, and to examine the listeners' reactions in terms of style, content, impact and recall.

5.3.4 Overall the campaign was well received. It was generally thought to be

listenable, ear-catching and stylistically appropriate to the subject matter. Programmes of two minutes proved to be more successful in conveying the emotion expressed by some of the interviewees and the health promotion message, as compared with the shorter thirty second items.

In some cases, the music played over the top of the dialogue or narrative was felt to interfere with the delivery of information.

5.3.5 In terms of content, listeners were convinced by the messages the programmes contained. By recording interviews with parents and teenagers who had suffered traumatic effects of measles, an air of authenticity and sincerity was afforded, making many of the items compelling listening. The programmes which featured health professionals and experts were felt to be a little patronising, but much of the information discussed was successfully recalled by the listening audience. We determined that the following information had been extracted from the campaign:

1. Measles is a serious disease with long lasting after effects.
2. A measles epidemic is predicted for 1995.
3. Immunisation against measles is vitally important.
4. Children from 5-16 years are at risk
5. Parents need to sign and return the consent forms.

5.3.6 The slogan used at the end of every item was "Protect your child with your signature" and this was recalled by the vast majority of listeners that we spoke to.

5.3.7 The programmes only carried the pro-immunisation viewpoint, and by not raising any concerns or addressing relevant arguments, some listeners felt the campaign appeared unbalanced. Radio Action Community Trust, the production company, accepted this criticism as inevitable, arguing that if opposing views are aired in a format of 30 second or 2 minute features, a confused and mixed message is presented to the listener.

[Full Report Appendix 17]

6. Analysis of Media Coverage

6.1 Introduction

(i) News of a forthcoming measles epidemic was announced to immunisation coordinators at their national conference in March 1994 by principal medical

officer Dr David Salisbury. Research predicted up to 200,000 cases and that fifty children would die; hundreds would be hospitalised. It was this prediction that prompted the campaign to immunise over seven million school children against the disease, the largest immunisation campaign in this country.

(ii) The campaign was to be run by both the Department of Health, and the Health Education Authority. The HEA's role was to provide information, publicity and advertising and work with the DoH with press promotion. Whereas the DoH took responsibility for political and medical issues raised in the press, the HEA's press role was to provide information about the logistics of the campaign and the dissemination of the health education information. The HEA also worked with local immunisation coordinators who promoted their own local campaigns with back up and support from the HEA.

6.2 The Press Campaign - Background

(i) The Health Education Authority had previously run a three part immunisation campaign which was launched on January 5 1994 with a national television commercial and a press campaign. All childhood immunisations (DTP, MMR, Hib, and polio) were promoted in the campaign, but measles and rubella were given extra attention. A rubella press advertisement was published in February, followed by a leaflet aimed at teenage girls in March, and a poster campaign warning against the dangers of measles was launched in the same month.

(ii) The January campaign was extremely successful and was covered by national television, national and local radio, and national regional, local and specialist press.

(iii) The Autumn press campaign had three parts to it:

- The announcement of the research predicting the measles epidemic along with a declaration that the government would launch an immunisation campaign later in the year. This was dealt with exclusively by the DoH.
- The announcement of the immunisation campaign proper. This was made in late September and was made by the DoH and the HEA jointly.
- A follow up campaign on the day children were vaccinated in schools. Again, both the HEA and the DoH took joint responsibility for this part of the campaign.

6.3 Media Coverage

(i) Any press campaign, particularly one conducted by a government department agency, will attract sceptical and negative reports and coverage. The question press departments have to face is how to minimise negative reports. The other issue that should concern publicity departments is how many of the criticisms aired in the press are justified and should be taken on board for future campaigns.

(ii) Health promotion, of course, is not simply a matter of getting news coverage. The wider aim of a health campaign is to educate, inform and give people the facts they need to make their choices.

6.4 Television

Television coverage fell into three categories:

- news items about the launch of the campaign
- news items about foetal tissue use in rubella vaccine production
- longer, more in-depth programmes about immunisation issues.

According to Telex monitors, there were 31 TV items about the immunisation campaign. Of these 13 items covered the launch of the campaign in September, 15 covered the controversy over foetal tissue in the rubella part of the vaccination. Three programmes were entirely given over to immunisation. They were Kilroy (BBC1 31 October), World in Action (ITV *A shot in the dark*, 28 November) and a religious programme, Sunday Matters (ITV, 30 October).

6.4.1 29-30 September - TV News Coverage of the Campaign Launch

(i) The launch was covered by Sky TV at 0648 and at 1630; BBC Newsroom South East at 0600; BBC1 at 1300 and at 1655; ITV at 1049, lunchtime news at 1230, 1710, the early evening news at 1740 and at 2250. Channel 4 covered the story on the Big Breakfast at 0700 and on Channel 4 news at 1900. The next day GMTV covered the story at 0901.

(ii) The Health Education Authority prepared a video news release which was sent to all major TV stations. It included a commentary and an interview with a family whose daughter was physically and mentally disabled by measles. The VNR was broadcast on ITN news four times, Sky news twice and ITN news on Channel 4 and GMTV the following morning.

(iii) Most of the reports focused on the Department of Health (or, as most commentators described it, 'the Government's campaign'). Of the nine interviews carried out, seven were with DoH representatives (Kenneth Calman, Norman Begg, Virginia Bottomley and Dr David Salisbury) and two with HEA's representative Michael Corr. In the past the HEA has taken the lead role for immunisation campaigns, but, if television coverage (and press coverage - see later) is anything to go by, the latest campaign was presented largely as a DoH campaign.

(iv) None of the reports was critical of the campaign. Indeed, journalists appeared to be going out of their way to promote the DoH and HEA message. Perhaps the best example of this was on ITN midday news in which the newsreader Julia Sommerville interviewed Norman Begg live.

Julia Sommerville: It's said that the measles vaccine doesn't always protect you against measles?

Norman Begg: That's correct, About one in ten children who get measles vaccines won't be protected by it.

JS: But on the other hand 90 per cent are. And if you do, doesn't it mean that you will get it less badly...

NB: That vaccine is extremely safe. A small number of children get minor reactions - a very, very small number go on to develop stronger reactions such as convulsions.....

JS: Should you consider a booster?

NB: If your child was one of the ones that has been protected, this injection will give a booster which will give a longer protection against measles.

In this extract, through the sympathetic questioning by the newsreader, the HEA and the DoH was able to put over exactly the message it wanted -

- that the jab does not always give protection (therefore a booster is a good idea)
- that the vaccine is tried and tested
- the education message - immunisation is very important and very necessary; there are side effects but they are minimal and rare

The interview, which was preceded by the HEA VNR, took up over 5 minutes midday news time (audience average of 2.7m; ITN figures for the first six months of 1994) and provided invaluable advertising which was given all the more weight because it came from an independent authority, ITN.

The VNR undoubtedly played a crucial role. By providing an honest and moving account of the damage that measles can cause, the pain and suffering it caused to the family, and the tragic outcome with a message delivered by a mother undoubtedly softened journalists' approach.

This item alone is a text book example of how news management should be carried out. It showed the campaign had successfully wooed news editors who in turn wooed the public.

(v) A similarly sympathetic line was taken by ITV in a news programme. it included an interview with Dr Barry Walsh from the Department of Communicable Diseases and a mother with her child who had fallen into a coma (and completely recovered) after contracting measles. Dr Walsh was reassuring:

"The side effects are absolutely minimal; a small number of children may feel off colour. Other than that nothing at all".

This was the only programme that mentioned that rubella would be included with the measles immunisation. (note - this may have had a detrimental effect on later reporting. Because rubella was underplayed it may have looked as if the DoH and the HEA were trying to keep quiet about this immunisation.)

As the presenter herself put it at the end of the interview with the mother and child:

"I think that's a very good advert for getting the children jabbed"

(vi) The VNR was broadcast on ITN news at 10 (6.7m); the early evening news (ITN 1740 (5.2m) at least three times on Sky TV (no figures available); and on ITV news on Channel 4 news at 1900 (0.8m). It was also featured the following day on GMTV news (no figures available). The VNR was also used later on in the campaign.

(vii) There was no significant misreporting at all. The only figures that were slightly confused was whether the publicity campaign was a £2m or a £20m campaign and whether 7 or 8 million children were to be vaccinated.

(viii) The items journalists seemed most in favour of quoting were the cost of the campaign, the number of children being immunised, the number of children who might fall ill and the number of those who could die. Some of the reports stated that there had been no deaths from measles since 1989.

Conclusion

- The first part of the campaign can be considered a remarkable triumph. Originally the BBC had said they would not run a story on the campaign because it had been covered recently (see last year's campaign and the announcement of the campaign earlier in the year).

- The VNR was an outstanding success. It was well received by journalists who used extensive footage on news programmes. The interviews enabled the HEA to get across exactly the sort of message it wanted to - measles is dangerous. But the appeal, from the mother, made sure that the message was delivered in a way which was approachable.

- The message given out by television on this part of the campaign was

- i) a warning that measles was in fact a dangerous disease
- ii) a reassurance that the jabs are virtually harmless
- iii) an epidemic was pending and could threaten children
- iv) immunisation would halt the epidemic in its tracks

- In other words, exactly what the HEA and the DoH wanted.

- The first part of the campaign was, then, an unmitigated success.

6.4.2 26-31 October - Phase 2 - Immunisation in schools; rubella and the foetal tissue coverage

i) Schools were due to begin immunising children in the first week of November. The DoH and the HEA were prepared to field questions from the media.

ii) On October 25, however, the Headmaster of a public catholic school, Ampleforth, decided that his school would not allow pupils to be immunised against the rubella jab because the immunisation had originally been developed from foetal tissue. The decision was taken after a front page story appeared in the Catholic newspaper *The Universe*, which ran its lead story about the foetal tissue.

iii) This new story transformed coverage from what might have been a small news item to a national issue. Although the rubella issue took up a great deal of time on television, it did not greatly deflect from the campaign.

iv) Various questions needed to be asked about this issue - could it have been anticipated? What effect did it have on public perceptions of immunisation? Would it affect take up? How did the media report the issue.

v) Although this issue was given vast national coverage, it was a sideshow to the main part of the campaign which was about preventing a measles epidemic. But it did raise the profile of rubella in the press, and forced the media to look more closely at immunisation issues.

Coverage

i) The story was covered extensively on GMTV which dedicated twenty two minutes in four separate slots to the programme on 27 October. The BBC ran stories on the One O' Clock News (26/10), Newsnight (26/10), and the early evening news (1715). Sky TV also covered the story, as did ITN news (27/10) and GMTV (31/10)

ii) The story ran over a period of five days. The knock-on effect of the Ampleforth decision was to alert the Muslim community and other religious communities about the origins of rubella which would have put the immunisation campaign in serious jeopardy. Another Catholic school, Stonyhurst, followed Ampleforth's decision.

iii) Although the issue had the potential to derail the whole programme, reporting was responsible.

iv) The ITN lunchtime news on 26/10 included an interview with Nicholas Coote, the assistant general secretary of the Catholic Bishops Conference who took a strong anti-Chamberlain line. Chamberlain had said it was wrong to benefit from an 'evil action'. But Coote said the decision should be left to the parents. Coote

did, however, criticise the Department of Health for failing to develop an alternative vaccine and added: 'It would have been helpful had this news been given so, people could have really informed consent'.

It is hard to see what the HEA or the DoH could have done about this issue. The matter has been raised several times in parliament and was public knowledge. The problem here is not to do with immunisation, but part of a wider debate about the ethics of experimenting with foetal tissue. The line was taken by many people interviewed about the issue.

v) The fact that the foetal material (cell lining from lung tissue) was taken from a termination in 1966 before the abortion law came into place was mentioned by the DoH but not pressed. The fact the foetal material would have had to come from a foetus which had been aborted for medical reasons was not covered by the news. This might have been given more sympathetic coverage to the story. Although at various stages the DoH appeared to the press to be unsure as to the origin of the cell lining.

vi) Dr Leo Chamberlain's fear that 'the increasingly widespread use of foetal tissue in medical research is a matter of very grave concern' should sound as a warning for any future public health campaign - the sentiment was echoed by several other commentators.

vii) Special interest groups helped deflect some criticism from the campaign. SENSE, the voluntary organisation for rubella damaged children were particularly useful, especially as their spokesperson, Bernard Donoghue, was a former Ampleforth pupil and a Catholic.

viii) GMTV interviewed headmaster Christopher Jameson, Head of Worth Catholic school, who backed the campaign. He said 'Catholic schools should be free to support this excellent programme'. But he added 'It's a disgrace that it has taken 28 years to get around to looking at the vaccine'.

ix) GMTV also interviewed Father Jeremy Sierla, Head at Ampleforth, who spoke angrily about the campaign:

"We're not making decisions for families, we're trying to give families the right to make a decision.....this information has finally leaked out after 23 years. Let's inform the families for the first time ever....the government is holding a gun to everyone's heads. They're saying take the vaccine and take the consequences.....*the medical authorities are not at all interested in open and full information, parental choice of freedom of conscience*".

Probably the most important criticism here is the italicised sentence, because it echoes the reservations other groups have felt. Sierla's arguments grew more rabid as the programme progressed.

x) With journalists looking for a new spin to an old story, ITN, which had previously covered immunisation unquestioningly, used the Ampleforth controversy as a springboard to cover other 'controversial' issues. Jackie Fletcher, founder of JABS, was interviewed about vaccine damage. A homeopath was also interviewed, and the anti-immunisation lobby was given valuable coverage in which they argued that the vaccines were not as effective as suggested and that the danger of measles had been exaggerated. The programme balanced the piece with an interview with Kenneth Calman.

xi) The story continued to unfold as the DoH held meetings with Moslem and other faith religious groups. A BBC reporter asked 'Should the DoH have done more to allay fears?'- (BBC 1715 29/10)

Conclusion

Ampleforth and Stonyhurst had little support within the Catholic community. Their actions appear to be inconsistent, but they did raise what gradually emerged to be a generally held disquiet about scientific research. The DoH managed to reassure other religious communities about the vaccine thus averting a crisis.

It is difficult to see how the rubella issue could have been dealt with differently. The story in the Universe came as a surprise and received coverage largely because it was a bizarre and rather ghoulish story. The truth of the matter - that the vaccine was taken from one source - did nothing to satiate the appetite for what was rather a lurid story. But it did offer a grave warning to government about future public health campaigns. Although any coverage of reports which suggested that foetal material was used can only be seen as negative, it is perhaps a good thing that the issue is out in the open. The accusation of secrecy - however unfair - was frequently levelled at the DoH. The HEA had little input into this debate.

The DoH responded quickly to HEA requests for information about the origins of MRC5. But the HEA received a number of callers - some professionals, some parents - who had been given the HEA number from the regional 0800 lines for more information about the origins of the vaccination. A recurring theme is the confusion caused between having a split responsibility for the campaign. Part of this may be due to a confusion in the public's eye over the identity and the role of the HEA, but it may also be caused by a lack of co-ordination between press offices in both departments.

6.5 Magazine and Feature Programmes on Immunisation

There were three longer programmes given over entirely to immunisation. They were: Sunday Matters - a religious programme (ITV 10/10/94); Kilroy (BBC1 31/10/94 - audience 1m) and World in Action (A shot in the dark - ITV 28/11/94)

6.5.1. Sunday Matters - ITV 10/10/94

i) This programme concentrated on the issue of using foetal tissue in medical research. The discussion panel included Dr Robert Aston, a consultant in public health medicine, Jocelyn Owen, a catholic mother who opposes the rubella vaccination, Father Christopher Jameson, Headmaster at Worth, a Catholic public school, and Dr Michael Jarmadowicz, from the Guild of Catholic Doctors.

ii) One of the main factors to emerge throughout this campaign was how isolated the Catholic anti-rubella stance was, even within the Catholic church. Jocelyn Owen's view - which, like the Ampleforth view was presented in a somewhat shrill way ('Abortion is morally abhorrent - to compound abuse by reducing a child to a commodity which can be plundered for body parts is not acceptable') - was sympathetically opposed by all the other Catholic groups.

iii) But a warning was sounded on this programme. Dr Michael Jarmadowicz backed the campaign but expressed his fear that:

"the way the secular society is going is that we can use foetuses for whatever purpose. What's going to happen in the future? Where the government runs a massive campaign everyone's got to feel totally at ease to use the vaccine. The government ought to be looking for alternatives".

He also expressed fears that Catholics and other religious groups were being excluded from the bio-ethics debate. Again this was a recurring theme amongst Catholics and minority groups, that their fears and principles are not heeded.

6.5.2 Kilroy 31/10/94 0905

i) The Kilroy programme offers a platform for public debate on current issues utilising the 'devil's advocate' technique of presenter Robert Kilroy-Silk and a members of a live audience. A current controversial topic is discussed by both ordinary members of the public and experts who have experience of the topic. The result is often a highly emotive, and occasionally enlightening programme.

ii) The professionals on this programme were Dr Robert Aston (see Sunday Matters) and Dr Rosie McNaught, a Consultant in Communicable Diseases.

iii) The audience was made up of parents who claimed their children had been damaged by vaccines, parents whose children had been damaged by diseases and parents who opposed the rubella vaccine on ethical grounds.

iv) Parents in this programme felt that the measles leaflet did not give the information they wanted (cf Panorama programme). One parent said:

"The leaflet does not give information on side effects. It is more propaganda. Parents are not stupid, they should be allowed to make their own decisions on this. Why isn't this information made more publicly available?"

v) Dr R McNaught, a supporter of the campaign, backed up this position:

"I think that one of the problems of this government and of immunisation in general is that the government has underestimated the quality and depth of information that parents want. Parents are not stupid. They should be credited with the intelligence they've got. They need the facts to make the positive decision. I accept that information hasn't been made available".

vi) Dr Aston disagreed with Dr McNaught's analysis, but his view was largely opposed by the audience.

vii) The audience's anger focused on a number of issues. First that the public was hoodwinked and that the most serious side effects had not even been acknowledged. Second that the vaccinations do not necessarily protect for life, and that parents are not told that they have a choice in the matter.

iii) An exchange between Dr Aston and one mother heightened polarisation between parents and some health professionals:

Mother: My baby died of MMR

Dr Aston: There hasn't been a single recorded case of death by MMR

Whether this is true or not is unclear. Dutch studies have shown death probably has been caused by MMR. Dr Aston may have been referring to different MMR vaccinations. But either way his response - surprising from someone who proved to be an able media performer - angered the audience.

ix) A more sympathetic response was elicited by Jenny Lebas, a GP who said:

"I think the problem is that whatever happens to you, your previous experience where an illness has damaged or killed your child, or you have the vaccination which has injured, damaged or killed your child, you're going to feel extremely strong about that. All we can do as a medical profession is look at statistics. Occasionally a person will die if they are strapped in by a seat belt, but statistically we know it is much safer to travel in a car with a seat belt on'.

This was a very useful analogy - and the admission of professional fallibility appeared to placate the audience.

x) Another question which floored the experts was a mother who asked:

"I have one child who had measles. The other had jabs. One had a perforated ear drum, and the second had brain damage and fits. Why should I have my last child vaccinated?"

xi) Finally, another mother said:

"When the MMR came along I asked all the right questions and the only side effects I was told is that they might be a slight rash after 10 days. Ten days later my child almost died. He was unrecognisable, swollen like a balloon. Four years down the line he is still suffering. If I had been given the right to make an informed decision I made over whooping cough, I would have taken my chances."

Conclusion

i) Parents on this programme were clearly unrepresentative - most had bad experiences of MMR or other immunisations and were extremely angry about what they felt was the lack information about immunisation. It is very difficult for any spokesperson of the campaign to escape unscathed from such a confrontation. But the parents did raise legitimate questions which were not acknowledged in the campaign - that some children do appear to have been seriously damaged by MMR. Either this is true or this is not. But if it is true (JABS has 300 members) the side effects of immunisation need to be very clearly described to put the point across that the old MMR was replaced with a much safer vaccine which should further minimise - if not eliminate - the risks of serious adverse events.

ii) Parents whose children were allegedly damaged wanted to blame someone. The same audience which was so critical of the government's immunisation campaign and lack of information also responded angrily to parents who refused to have the rubella immunisation on the grounds that the cell lining was taken from foetal tissue. The audience protested that these parents were putting the lives of others at risk.

iii) The conclusion is that the public, even those with vaccine damaged children, is not against immunisation as such, but feels angry about what it sees as a lack of honesty and openness.

iv) The debate was emotive, but it offered an illuminating snapshot of some of the most controversial issues around immunisation.

6.5.3 World In Action - A shot in the dark 28/11/94

The World In Action programme came out four weeks after children were immunised in schools. Its main contention was:

- promises of eliminating measles in the past have failed. Why should we trust other predictions of the government?
- the vaccine is not as effective as people think
- that the damage caused to children has been unacknowledged
- the vaccine damage is seriously under-recorded because of the yellow card system
- that the danger of measles is exaggerated and that the immunisation campaign adopts scare tactics
- that some children are being immunised against their parents' wishes

ii) Interviewees in this programme included: Members of JABS; Richard Bath, a lawyer for JABS; Professor Janga Banatvala - British Medical Council; Charles Medawar, founder of Social Audit and campaigner for medical openness; Nottinghamshire immunisation coordinator Richard Slack. The DoH declined an invitation to be interviewed. The HEA was not approached.

iii) The premise of the programme was 'Have we been told the full facts about this country's biggest ever vaccination programme, and why does the government continue to ignore the children who say they paid the price for our health'.

iv) One of the opening clips was of Health Secretary Virginia Bottomley at the Conservative party conference saying:

"We launched the largest ever immunisation programme to safeguard every child against measles".

The programme appeared then, to make a link between an immunisation campaign and political expediency. In other words the sub-text of the programme seemed to be that the campaign is politically driven and that an open debate about immunisation might uncover some uncomfortable facts about immunisation and damage the government's credibility.

v) The programme spent a long time talking to JABS founder Jackie Fletcher. It pointed out that JABS has 300 members 'despite limited publicity and no funds' - which was used as a counterpoint to the government's 'biggest ever vaccination programme'.

vi) Interviews with JABS lawyer Richard Bath: 'Whichever way you look at the figures, some vaccines do cause very serious injuries'

vii) openness was stressed by Charles Medawar:

"You will find a lot of pressure on parents to be vaccinated and sometimes the form the pressure takes is 'come on, get vaccinated, don't ask questions, it's safe'. Now that simply isn't good enough. There are slight risks and people want to be told about them....You can't run a public vaccination campaign unless there is mutual trust and there are not even any *grounds* for that" (he emphasises).

viii) WIA interviewed Richard Slack, immunisation coordinator for Nottinghamshire who was critical of the immunisation campaign. He said:

"The whole campaign has been done at a gallop. To achieve the figure they want for high coverage they've got to scare people; it's not what we want to do in public health generally. We prefer to let the individual see the pros and cons and think through the issues and be informed in a logical way".

ix) The programme contrasted an extract from an interview with Richard Bath saying that the danger of measles was exaggerated to a clip of the television commercial in which the voice-over says 'measles can cause blindness, brain damage and even death.'

x) The programme quoted the drug data sheets which warns that adverse reactions include encephalitis and Guillain Barré syndrome. The reporter goes on to say 'The government is rather less candid, leading on the dangers of measles'. The programme also picked out phrases from the handbook which it felt adopted scare tactics.

xi) The programme also interviewed two mothers whose children had been immunised against their parents' wishes.

xii) Finally WIA suggested that the yellow card system was not working. Richard Bath claimed that only two out of 28 cases were yellow cards used after complaints by parents. This was backed up by Chris Medawar who said:

"The vast majority of doctors do not report yellow cards at all, and in some cases the level of reporting is of the order of 1 in 1000 or less." (The figures were based on under-reporting in the Open case).

xiii) The case for immunisation was taken up by Professor Janga Banatvala who proved an articulate, approachable and thoroughly reassuring spokesperson

Conclusion

i) The programme painted a picture of the campaign as politically expedient, as dishonest, scare mongering and dangerous to a small number of children. The agencies involved were portrayed as aloof and unlistening.

ii) The DoH's decision not to be interviewed on the programme may have added

to that impression and may have made the department appear to be unwilling to face the accusations.

6.6 Press Reports

6.6.1 Phase One: launch of campaign

i) Altogether the HEA received 232 stories about measles. Of these 141 could be loosely described as positive (ie encouraging people to be vaccinated) and 88 negative, although it is important to point out that the 'negative' stories were varied and by no means necessarily anti immunisation. Some included criticisms of the campaign for not offering immunisation to 16-18 year olds, others criticism for not including mumps with the measles and rubella vaccinations. Some 'negative' stories centred on children fainting at school and others about the administration of the campaign. Whilst these stories were undoubtedly negative, it is unlikely that many of them would have had a negative effect on parents wanting to get their children immunised. About 60 per cent of the stories put across the HEA/DoH immunisation message clearly and concisely.

ii) The HEA was mentioned 15 times including 4 quotes. The DoH was mentioned 40 times including 10 quotes. Local health authorities were mentioned 96 times and quoted 81 times. This breakdown shows that the HEA's decision to effectively decentralise the campaign proved to be successful. The softly softly approach may not have raised the HEA's profile, but it proved to be an adept way to maximise coverage.

iii) The 'negative' stories included:

i) Demands that the mumps part of the immunisation should be included with the measles and rubella

ii) A number of stories about vaccine damage, scepticism about efficacy of immunisation, and distrust of the HEA and DoH. [Appendix 18 Newspaper References]*63*69*68*80*93*118*127*167*174*181*261*263*281*333*357*358*370*374*375*376*382*391*420*421*470*487*489*503*552

iii) Reports about complaints to the ITC about the campaign

iv) An attack on the HEA in a letter in the Universe (46,23/10/94) for its lack of responsibility

v) Teachers calling for more support *219*227*229*419*550

vi) A campaign by Tory MP Matthew Taylor to get the immunisation for the rising fives (59) note *135 response

vii) A demand by a Nottinghamshire consultant that 16-18 year olds are immunised as in Scotland (64*106)

- viii) GPs trying to cope with a flood of inquiries about measles (67) 316 (BMJ)
- ix) Girl 'tricked' into having jab 73
- x) Poor response from the public 200
- xi) Children collapse after jabs *424*425*426*429*437*446 (in Scotland) 447*500*517
- xii) measles is not serious *340 scare mongering *367
- xiii) Campaign unethical 362
- xiv) Mistakes in the Urdu translation 548

Note: these figures refer to the page numbers in the HEA files in which press coverage is compiled.

Issues of policy were referred by the HEA to the DoH. As a result the HEA more or less organised its way into doing a great deal of work but of keeping a low profile. The quotes on the press release were less likely to be used since they dealt with logistics of the organisation rather than the policy or the reasons for the campaign.

The question is: should the HEA aim for a higher profile? The decentralisation of the campaign is probably the most efficient and relevant way to run the campaign. Could the HEA work with local groups in a way which would promote its own hard work? These are some of the questions which will need to be addressed in the future.

6.6.2 Inaccuracies

1) GMTV consistently referred to the MMR campaign until the reporter was corrected off screen. There was some confusion over what was included in the immunisation, partly because the campaign almost neglected to mention rubella. This could have been a tactical error as it- falsely - added grist to the conspiracy theorists' mill. It also meant that those complaining of lack of information had more material.

2) Then there were gaffes. One problem for any future campaign is getting a reasonably complicated story simple enough for GMTV presenters to understand it. Questions such as 'but is measles *always* fatal?' which one GMTV presenter asked live on air suggests this is an enormous task.

3) Some journalists were unclear about when MRC5 was developed. This was an important point because the foetus the cells were taken from was aborted before the abortion act of 1966 and therefore would have been aborted for medical

reasons. This could have made a difference to the acceptance of the rubella vaccination.

4) The anti-immunisation lobby quoted several studies to back up their view that vaccinations do not work. These cannot publicly be called inaccurate without thoroughly scrutinising the studies, although some of the stories refer to previous immunisations.

6.6.3 Rubella

i) 261 stories covered the rubella controversy. News stories are by their nature usually negative. There is no methodological way of measuring whether a story is 'good' or 'bad' for the campaign, so in this case I have called a story 'positive' if it eases public fears about the campaign, and if 'negative' if it exacerbates them. Thus any story which raises the issue of foetal tissue is likely to be bad, however even handedly reported. The positive stories were either a defence of the rubella jab, or the acceptance of the jab by minority communities. Such stories are deemed positive on the grounds that the more minority groups accept the vaccination, misgivings about the origins of the jab are likely to be less.

ii) On this very rough basis 173 could be considered negative and 81 positive. Some pieces were not relevant - either they concentrated on religious issues or approached the subject from a different angle. [Appendix 19]

iii) Interestingly enough, of the 11 newspapers who ran editorials, all bar the Catholic paper *The Tablet* (5/11/94) came out in support of the campaign. The *Tablet* was even handed and as critical of Ampleforth as it was of scientists:

"What Ampleforth has shown in the present case is that medical ethics must have a set of working rules, which have not been developed because neither the scientists nor the drug companies wanted them."

iv) The abortion issue was considered a Department issue. The DoH was mentioned 91 times, and quoted 47 times. Local health authorities were mentioned 37 times and quoted 33 times. The HEA was mentioned three times in this context.

v) Although the rubella issue was largely a matter for the DoH, future immunisation campaigns run by the HEA could learn from some of the issues that cropped up during the rubella debate.

Note: the cuttings service did not include the original article in the *Universe* about rubella which sparked off the stories, nor did it include the HEA's response which was printed in full the following week.

6.6.4 Other Issues

i) One of the most controversial stories appeared in the Daily Telegraph (180) on 12/9/94. Headlined 'Vaccine Risk To Pregnant Schoolgirls', it pointed out that Smith Kline Beecham's data sheet says

"Never give to pregnant women or women of child bearing age not fully aware of the need to avoid pregnancy for one month after vaccination, since theoretically the vaccine virus could have an effect on the foetus."

The article quoted the DoH as saying:

"In all the published literature there is a complete absence of any single proven case of damage to the foetus. We would also say the benefit would far outweigh the risk, which is negligible".

But previous medical advice has caused a number of women in the past to seek terminations because they have had the vaccine. The question that was not asked was what caused the Department of Health to change its mind?

ii) The story was followed up by The Independent (392 21/9/94) which showed rifts emerging between the Royal Colleges, the HVA and the Department of Health over the issue of mass immunisation of teenage girls.

iii) A short story in the Liverpool Echo (215, 24/10/94) wrote:

"according to research, unborn babies could suffer brain damage while in the womb if girls too scared to say they are pregnant, go ahead with inoculation".

The story also ran in the Liverpool Daily Post (217, 24/10/94). It quoted a North West RHA epidemiologist as saying girls who think they might be pregnant should tell school nurses.

iv) A short story by the Leicester Mercury (214, 26/10/94) claimed that:

"Health officials today denied vaccine used in the Government's anti-measles programme was derived from tissue of an aborted foetus".

It is not clear from the story where the information came from, whether the reporter misunderstood the issue, the DoH spokesperson misunderstood the question (taking the reporter to mean the measles element of the vaccine) or whether the reporter was simply misinformed.

v) The Catholic paper The Universe (258, 23/10/94) reported Rosemary Fox, Honourary Secretary of the Association of parents of vaccine Damaged Children and as a Catholic, as saying the MR campaign breached the Patient's Charter by failing to give full information about the side effects. The paper also reported

a measles-only vaccine was being made available by Evans Medical Ltd.

vi) A question to the Times Education Supplement's helpline (304, 28/10/94) asked what could be done about the risks to teenage pupils who do not want to tell the nurse that they are pregnant. The response given was:

"It is the responsibility of the health authority, not the school, to ensure that all girls are clearly advised about this danger. One would hope that a way can be found to ensure that any girl who thinks she might be pregnant knows that she can reveal the fact in confidence to the nurse administering the inoculation".

This is not the DoH's advice. It seems that despite reassurances from the DoH, many feel the rubella jab presents a risk to the unborn child.

vii) A story in the Wallasey News (348, 26/10/94) ran with the headline 'You Must Tell Jab Plea' which said although there were no known cases of damage to unborn babies, schoolgirls who think they might be pregnant are urged to tell the nurses. The paper says:

"Leaflets issued to Wirral School Children by the Health Authority have refuted these claims saying they are confident there will be no effect on the baby".

viii) The Times (434, 3/11/94) printed a letter from Richard Nicholson, Editor of the Bulletin of Medical Ethics who said the campaign breached government guidelines. He concluded:

"Regrettably the Department of Health has shown little interest over the last decade in the ethics of research on humans. But should it be allowed to breach widely accepted international guidelines, as well as its own, in carrying out research on a large proportion of our children?."

ix) The Brentford and Chiswick Times (478, 4/11/94) reported Hounslow and Spelthorne Community and Mental health Trust had misled the public in a statement by denying that the foetal tissue was used in developing the rubella vaccination.

x) The Bolton Evening News (509, 29/10/94) gave one of the best examples of how to turn a controversial story into a positive story. Dr Robert Aston, consultant in Communicable disease control, himself a 'practising and committed Catholic', refused to condemn the objectors:

"I believe that ultimately the decision lies with the individual - the parent and the child."

The paper added:

'Dr Aston personally took all the phone queries from the public' before saying: "Immunisation or vaccination is one of the most wonderful gifts the medical

profession, and ultimately God, has given us. It provides the greatest advantage of not only curing but preventing illness."

Dr Aston's response might be compared with Dr Dan Killalea, Dudley's senior registrar in public health who said:

"The idea that foetuses are being aborted to produce this vaccine is totally wrong. The vaccines we use have been grown in laboratories for 30 years."

Although Dr Killalea's response is of course correct, his response appeared somewhat brusque and did not deflect the argument as skilfully as Dr Aston.

xi) One other item which in the future we might be wary of was the RCN warning that nurses refusing to immunise children because of its origins would constitute a breach of duty.

xii) The following letter to the London Evening Standard (379, 3/11/94) from a Jan Godfrey, Priory Gardens in Dartford, Kent was printed:

"In Israel scientists have produced a German measles vaccine which does not require the use of cells from an aborted baby...This alternative is available so why do drug companies ignore it?"

Suffice to say that the CMO response to the issue - that drug companies are advised to set up their search for alternatives - was well founded.

6.6.5 Conclusions

i) Although the rubella scare produced a great deal of coverage, much of which may have seemed controversial, the reporting of the issue, and the isolation of the two Catholic schools means that it is unlikely the issue caused any great damage to the campaign.

ii) Some of the above issues are unlikely to disappear. Perhaps the next rubella campaign would include quotes from various religious leaders supporting the campaign.

iii) The Department of Health and the HEA could not have foreseen this story breaking. It is unlikely to have done much damage to the campaign. But one reason for the extensive coverage is, apart from the sci-fi shock factor of such a story, could be that journalists were bored of writing good news stories about immunisation.

iv) In the event, the more important issue - which never appeared to be completely cleared up - about pregnant teenage girls being given the rubella jab, was lost. In future a journalist may well ask the following questions:

- How many pregnant women had terminations because they were given the rubella vaccination while unknown to them, they were pregnant?
- What new piece of research emerged between previous campaigns and the late '94 campaign to convince the HEA/DoH that rubella vaccinations do not pose a threat to pregnant women?
- Are there any other treatments where the HEA/DoH recommends ignoring data sheets?
- If a journalist interviewed a woman who had an abortion on the grounds of her rubella immunisation, a lot of damage could be caused to future campaigns unless some response is made
- In the future might it also be useful to provide an immunisation which does not include the rubella component

The issues listed above are not raised to be inflammatory or play devil's advocate. They are some of the questions which either came to the HEA or arose in team discussion.

In general reporting was accurate. Few magazines or newspapers delved into the issues other than The Independent, The Daily Telegraph, The Guardian and The Economist. There was some confusion over what immunisations were being offered and some further confusion over whether the measles vaccination contained cell tissue from aborted fetuses.

News reporting thrives on bad news. An apt saying goes 'The relationship between the government and the press is bad, it is deteriorating and on no account should be allowed to improve'. This view accurately sums up the relationship between the media and the statutory agencies.

Around 600 stories were covered in the local press. If each has on average a circulation of 50,000 then the stories have been read by over 30 million people.

Television also proved successful with around 30 million people seeing programmes highlighting immunisation, Only World In Action was totally negative.

This was the second immunisation programme of the year and there was a danger of media fatigue. Indeed, BBC TV was initially not interested in covering the campaign. But in the end it would be impossible for any family who read a newspaper or who owned a TV to fail to notice the campaign.

The campaign was a massive one. Rifts could have opened up at any stage. Many agencies were involved. Two departments - Education and Health - were required to work together. In the end, although there may have been some close shaves, the campaign ran unbelievably smoothly.

Probably the greatest single media triumph of the whole campaign was the VNR which was used by national stations on several occasions. It was a text book example of how to maximise coverage, of how to produce good television and how to get a public health message across simply interestingly and accurately.

The awareness campaign was run as a joint initiative by both the Department of Health and the Health Education Authority. The HEA's role was to provide information, advertising and work with the DH on press promotion. Whereas the DH took responsibility for political and medical issues raised in the press, the HEA's press role was to provide information about the logistics of the campaign and the dissemination of the information. The HEA also worked with district immunisation coordinators who promoted their own campaigns with back up and support from the HEA.

7. Research

In addition to the qualitative research carried out following the completion of the campaign, we carried out quantitative research amongst parents from the rest of the country.

- 7.1.1** As we said in 2.2 developmental research had identified that measles had been considered to be a trivial illness and that parents underestimated the potential risks of the disease. In emotional terms immunisation provoked conflicting feelings: firstly the offer of protection against disease in the long term, balanced against fear and concern in the short term about the immunisations themselves. The research agency identified that we would need to provide communication materials which would effectively jolt current perceptions and shift understanding of the seriousness of measles as a childhood disease. However, using schools as the immunisation point lessened the need to employ shock tactics to some extent. It meant that for the purposes of this campaign parents were knowing recipients of the service. A parallel can be drawn with current practice of sending invitations to come for immunisations to parents.

The key to the credibility and acceptability of the communications was the fact that this programme did not compromise any real call to action on the part of parents apart from the signing and return of the consent form. The provision of immunisation in schools required parents to simply complete the consent form, thereby enrolling the child into the programme. This response was different to a call for which a health education message would require a change in behaviour. As a number of parents said in the research:

'If you had to make the effort to go and book an appointment for the injection you could easily forget to go'.

In research after the campaign we found that the question and answer format in

the leaflet had been well liked. The issues covered seemed to answer all of the questions in most parents' minds. Tonally, the dialogue format had achieved a sense of helpfulness and accessibility. It was felt by parents to be appropriately authoritative without being overbearing; it was reminiscent for some of a 'friendly doctor to patient' conversation.

The messages contained in the leaflet helped to change perceptions of measles as a disease. The potency of the leaflet as a communication tool was largely due to the perception of measles before the campaign.

The shortened timescale of the campaign added to the sense of urgency and this type of approach would probably be inappropriate for a campaign running over a longer period of time. It is possible that such a dramatic response to a predicted epidemic would be hard to achieve with an illness already perceived as being serious since the shift in perceptions would not be so great.

7.2 Evaluation of Measles/Rubella Campaign

7.2.1 Two waves of research were conducted among mothers with children aged between 5 and 15: one after the leaflets had been sent to parents and the second after the programme of immunisation visits had finished.

7.2.2 Fieldwork for the first wave took place between 3 and 17 November 1994 and 765 face-to-face interviews were carried out with mothers of 5-15s in England. The second wave was conducted between 5 and 16 December 1994 and 748 interviews were achieved. All interviews were conducted in respondent's own homes.

7.3 Awareness of leaflets

The first wave of research was conducted in November shortly after schools had distributed the Measles leaflet to all parents of 5-15 year olds, via their children. At this stage, mothers remembered 96% of children bringing it home from school, and overall 98% of mothers saw at least one copy of the leaflet.

We asked parents where they had obtained information about immunisation. Despite the fact that 96% of parents had received the leaflet, 63% quoted it as a separate source of information. 26% mentioned the TV advert; 23% the school doctor; 19% a GP; and 9% newspaper/magazine articles.

We also asked them which source was the most helpful. By far the most common response, with 43%, was that the leaflet proved most useful. The school doctor or nurse was second highest scorer at 14%; parents' own GP after that at 11%; and the television advert at quoted as most useful by 8%. To summarise, the leaflet was the most common source of information, and felt to be the most useful by the majority of those questioned.

The above results are summarised in chart form in Appendix 20.

7.3.1 At the second wave, a few weeks after the leaflets were distributed, a similar proportion of mothers reported that their child(ren) had brought home a leaflet. 12-15s were slightly less likely to have taken a leaflet home to their parents than younger children (93% c.f. 97% of 5-11s)

7.3.2 About 28% of mothers of girls aged 11-15 claimed to have seen the Your Questions Answered leaflet (designed for teenage girls) at both waves.

7.4 Consent for immunisation

On the back page of the Measles leaflet was a consent form which the parent was asked to sign and return to the school agreeing (or not) to the immunisation of their child.

In only 1% of cases (at both waves) did mothers admit to failing to sign and return the consent form having received the leaflet. This meant that overall 95% of children at wave 1 (94% at wave 2) took a signed consent form back to school.

7.4.1 In the large majority of cases, mothers agreed to the immunisation of their children: on only 3% of returned consent forms did parents state they did not wish their child to have the immunisation against measles and rubella (2% at the second wave). Therefore the proportion of all children for whom immunisation was agreed was 92% and 91% for the respective waves.

7.4.2 Because the number of cases is very small, we cannot draw any conclusions about the reasons why parents refused to give consent for their children to be immunised, however, details of responses given to this question are listed in 7.13.

7.5 Concerns about immunisation against measles and rubella

	Wave 1	Wave 2
	%	%
Before reading leaflet	21	21
After reading leaflet	19	19
No concerns before or after	72	72

Results were identical at both waves. The majority of parents did not have any concerns about their child's immunisation. The leaflet had allayed the concerns of some, as 8% of mothers were concerned before reading the leaflet but not after; on the other hand 6% were concerned after reading the leaflet but not before. 13% claimed to have had concerns both before and after reading it.

7.5.1 Uptake of immunisation

37% of children whose parents had agreed to have them immunised had the measles/rubella immunisation at the first wave. This rose to 95% at the second wave.

The most common explanation for the child not having had the immunisation at the second wave (offered by two in three mothers) was that he or she was ill on the day the medical teams visited their school.

7.5.2 A small proportion of children who had received the immunisation reported side-effects (7% at wave 1 and 12% at wave 2). Those under the age of 12 were slightly more likely than older children to suffer side-effects.

The most common side-effect was generally feeling unwell or off-colour (62% of the mothers who reported side-effects mentioned this at the second wave). 31% said their child had a temperature or mild fever, and lower proportions reported a rash and sore or aching joints.

It would be necessary to ascertain how many children at any given time purport to suffer from such conditions in order to gain any realistic insight into the incidence of minor side effects.

7.6 Protection offered by immunisations

The following table shows the proportions of mothers who believe each immunisation offers complete or almost complete protection against each disease.

	Wave 1 %	Wave 2 %
Tetanus	87	88
Rubella	76	80
Measles	76	80
Whooping cough	72	73

Base: mothers with children 5-15

7.6.1 The immunisations against tetanus and polio are believed to offer the best protection against disease. The proportion of mothers believing immunisations for both measles and rubella offer complete or almost complete protection has risen between the waves from 76% to 80%, all of the increase being accounted for by a greater proportion opting for the 'complete protection' category. We must remember that the first wave of research was not purely a pre-advertising measure, indeed it took place after leaflets explaining the immunisation programme had been distributed to parents, therefore we would not expect to see major changes in perceptions. However, the measure gives a good picture of the effectiveness of the leaflet in informing about measles and the vaccination.

7.7 Safety of immunisations

Immunisations believed to be completely safe

	Wave 1	Wave 2
	%	%
Tetanus	58	58
Rubella	44	44
MMR	33	31
Measles	32	27
Whooping cough	21	18

At least half of all mothers perceive the immunisations against tetanus to be completely safe and rubella is seen to be the third safest of the immunisations.

- 7.7.1 The proportion believing the measles vaccine to be completely safe has fallen between waves from 32% in November to 27% in December. However, the proportion perceiving the measles vaccine to be either completely safe or to carry a slight risk remained at 84% at both waves.

7.8 Seriousness of diseases

Perceptions about the seriousness of childhood diseases also affect people's attitudes towards immunisation.

Diseases considered very serious

	Wave 1	Wave 2
	%	%
Meningitis	91	91
Whooping cough	54	56
Tetanus	52	49
Measles	47	41
Rubella	36	34

- 7.8.1 In previous research conducted for the HEA among mothers of 0-2s, measles was consistently perceived to be very serious by less than one in four mothers until October 1994 - the beginning of the measles/rubella campaign. At this time it rose dramatically to 55% of mothers of 0-2s. Mothers of older children clearly saw it as slightly less of a threat.
- 7.8.2 However, prior to the campaign, only 15% of mothers with young children considered measles to be a serious disease. It is therefore reasonable to assume that the promotion materials had, by the first wave, a significant effect on awareness of the campaign, knowledge of the seriousness of measles and attitudes towards the advertising. The qualitative research found similar results among mothers of older children.

7.9 Awareness of advertising, information and publicity

N.B. This is an unprompted question and is not measles focused

More than three in five mothers claimed to have seen or heard advertising, information or publicity about immunisation (apart from the Measles leaflet) in the last 12 months: 64% at wave 1 and 63% at wave 2. However, this was considerably raised when recall of advertising on measles was prompted.

See 7.16.

7.9.1 All those who had seen advertising, information or publicity were asked where they saw or heard it. By far the most likely place was an advertisement on television: 75% of those aware of advertising or publicity at wave 1 and 70% at wave 2. The next most common source was newspaper advertising at wave 1 (15%).

7.10 Recall of advertising

Recognition of the measles/rubella campaign advertising was very high and did not alter between the two waves as would be expected. When shown copies of the ads, 53% of mothers claimed to have seen the press advertisement and 85% said they had seen the TV commercial. Mothers from C2DE households were more likely to have seen the TV ad than ABC1 mothers (89% compared to 80% at the second wave).

7.11 Attitudes to advertising

	n =	Wave 1 680 %	n =	Wave 2 665 %
This advertising...				
.. reminded me of the importance of childhood immunisation		81		85
.. made me realize that some childhood diseases are more serious than I thought		80		80
.. made me feel more confident about the safety of childhood immunisations		66		64
.. made me feel more confident about discussing immunisation with my doctor		55		52
.. made me confused about which immunisations my child should and shouldn't have		14		15

7.11.1 Attitudes to the advertising were quite positive and did not alter between the two waves of research. Respondents were most likely to agree that the advertising reminded them of the importance of immunisation and the seriousness of some diseases (although ABC1 mothers were less likely to).

7.11.2 Although these are encouraging results, agreement with these four positive statements was not as high as has been recorded for mothers of 0-2s in previous research, either with regard to this campaign or the 'Ring-a-roses' campaign. For example, 91% of mothers of 0-2s thought that the same advertising reminded them of the importance of childhood immunisation, compared to 85% of mothers of 5-15s. Furthermore, 75% of mothers of 0-2s claimed that the Ring-a-roses campaign had made them feel more confident about immunisation safety, and 72% had said the same about the MR campaign, compared to around two thirds agreement among mothers of 5-15s.

Having diverted £1m from the childhood programme for the MR campaign it is rewarding (and a sign of good planning and targeting) that the attitudes of mothers of 0-2s have been so affected. Given the effect of the campaign on mothers of young children, the cost effectiveness of the whole activity is very positively enhanced. TV commercials create awareness and if well produced will prompt the viewer to action.

7.12 Sources of information about immunisation

TV advertising is by far the most common source of information, although it is fair to assume that information from this source would be of a relatively limited nature. Written sources were also important, particularly newspaper articles, but especially the leaflet.

Mothers were more likely to have obtained information from a health professional at the second wave than at the first.

7.12.1 Mothers who had obtained information from each particular source were also asked how helpful they found it to be. At the second wave, 58% of those who consulted their own doctor found the information very helpful compared to 31% of those who obtained information from TV advertising. Overall, the information from health professionals was considered more helpful than that from other sources, although it must be remembered that most people did not seek extra advice from any source other than the leaflet.

7.13 Reasons for refusing to give consent for child's immunisation

Wave 1
Religious grounds/vaccine came from aborted foetus x3
He/she has convulsions and can't have it x2
Child has asthma - side effects - awaiting GP advice
Not enough info in leaflet - feel it's bullying me into having them immunised - felt what was written in leaflet related more to third world countries rather than to Britain
Maybe have side effects
Already had measles when younger
Allergy
Do not agree with it
Child had to be held down - would not have it
Child had bad reaction
Daughter has ME
Children already had measles

Wave 2

Child has convulsions

Vaccine came from aborted foetus

Think they suppressed dangers (to justify immunisation)

Too old, had rubella a short while before

Had an injection at 15 months old - was unwell

Every injection carries a risk

Wasn't happy about it, unfair schools having to do it

Don't like idea of all these things being pushed into them

Had already been immunised against MMR

Doctor advised against it

Side effects

Already been immunised x2

Personal reasons

Didn't feel it was right

Was not satisfied about what the vaccine contained

Had measles as a child, he had one booster and when he had the TB he had a bad reaction - didn't want him to have anything else. I didn't think it was necessary.

8. Conclusion

The HEA Immunisation Project's remit for the MR campaign was three fold:

- 1. To inform of and explain the government campaign**
- 2. To radically alter the common perceptions of measles**
- 3. To ensure a change in behaviour resulting in signing and return of the consent form and high uptake of the immunisation.**

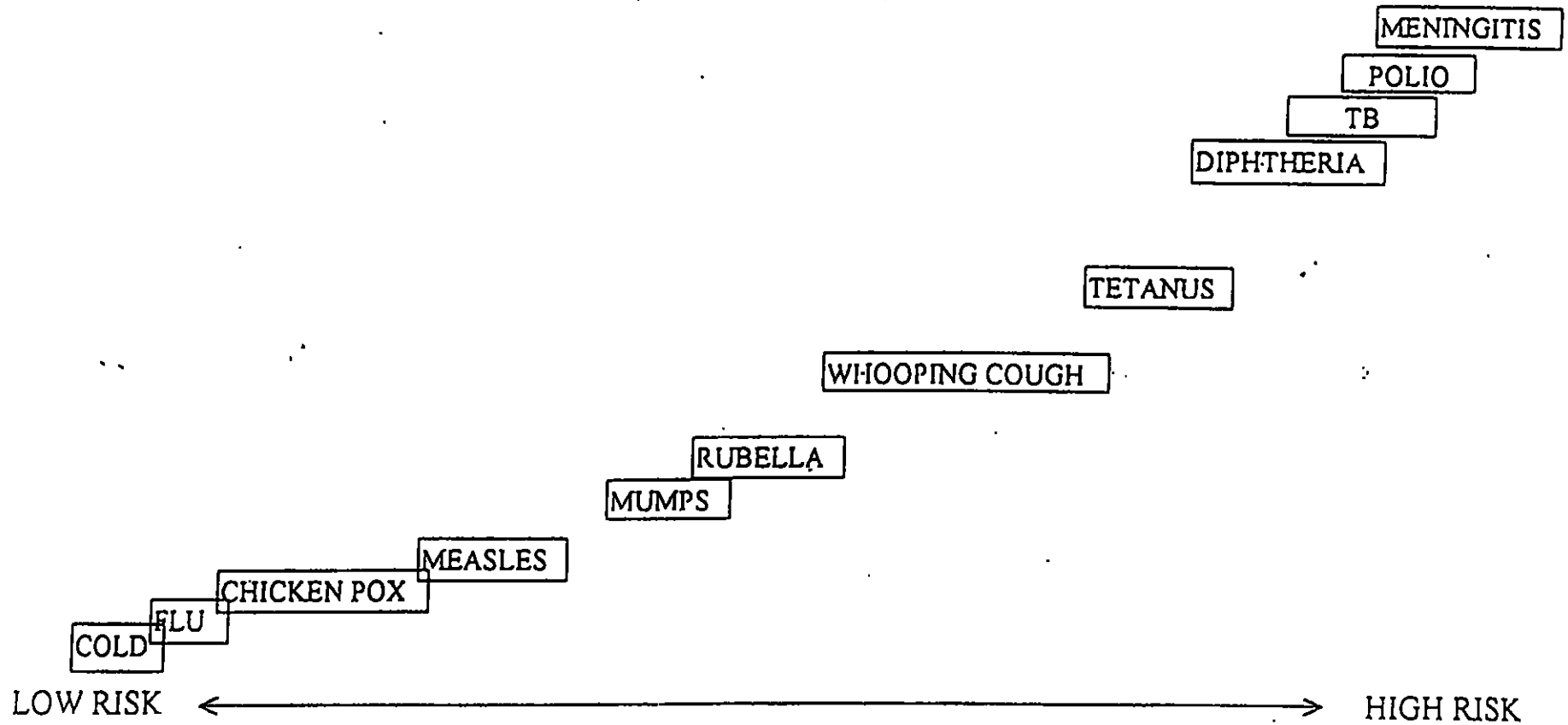
The multi-media approach employing television, radio and press significantly raised public awareness of measles as a disease. The use of a hard-hitting T.V. advert was a key factor in altering perceptions of the disease and, by implication, encouraging high levels of compliance. Many areas have reported initial uptake figures of 90-95%.

Invaluable experience was gleaned during the execution of the campaign, particularly with regard to the logistics of coordinating resources across a broad mix of government departments, health professionals, and service providers. The issue of accountability when producing public information materials of a potentially controversial nature was brought into focus. The references which substantiate the claims made in immunisation publications will henceforth be made public and accessible prior to dissemination.

The Immunisation Project would like to thank the individuals, agencies and companies, too numerous to mention, whose contributions towards ensuring the overall success of the 1994 MR campaign were so valuable.

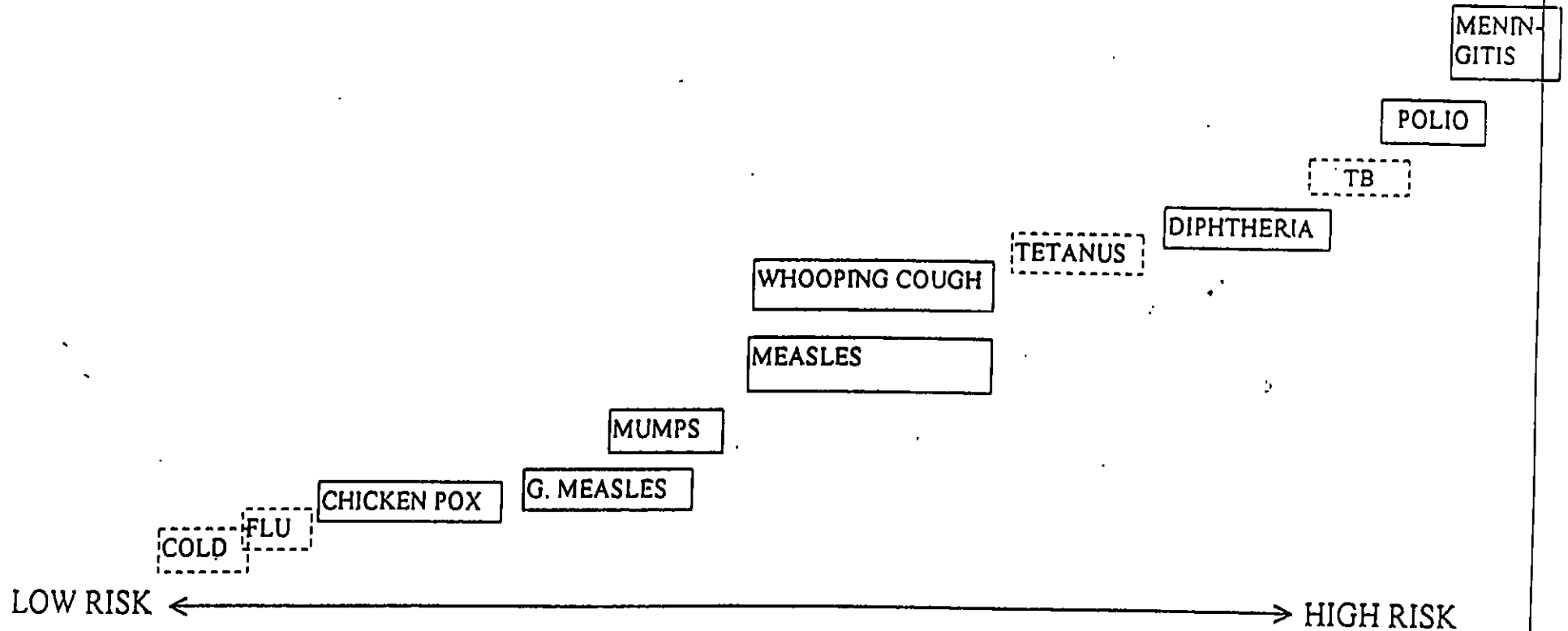
Michael Corr & Henry Playfoot
February 1995

PERCEPTIONS OF CHILDHOOD DISEASES
(PRE-CAMPAIGN)



PERCEPTIONS OF CHILDHOOD DISEASES

(POST-CAMPAIGN)





Measles alert

Get your child protected

Fill in this form and send it back to school

Appendix 3

Your School Nurse is based at:

Name: _____
Telephone: _____

Measles alert

Get your child protected
Fill in the form and send it back to school



This leaflet has been produced by the Bolton Measles Campaign Team



Bolton Health Authority acknowledges with thanks the support given by the Health Education Authority during this campaign.

Designed by Bolton Centre for Health Promotion,
Health Purchasing Consortium Wigan & Bolton.

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Let's get rid of MEASLES MISERY in Bolton



Why every child in school
will be immunised
this autumn

Measles - more serious than you think



Thought measles was a mild disease - why all the fuss?

Measles is much more serious than people think. It can sometimes cause pneumonia, blindness, deafness and even brain damage. In fact, it is the disease most likely to cause inflammation of the brain - known as encephalitis. Four out of five children who get this encephalitis will suffer permanent brain damage, and one in six will die.

Children in Bolton still get measles?

In Bolton children are still at risk of measles. Most of those who get the disease are between 5 and 15 years old and are often more seriously ill than if they had the disease in early childhood. In this group the number of cases is also increasing. If your child is aged 5 to 15 and is not immune to measles, your child's health is at risk.

This is why there is going to be a safe and effective programme of immunisation against measles in the autumn term for all children from the reception class up to year 11 (mostly aged 5 - 15 years) in Bolton schools.

Make sure YOUR child is protected against measles.

Please fill in the attached consent form, and send it back to school with your child as soon as possible.

Why immunise now?

The number of children catching measles is increasing. We must take action now, or there will be a big epidemic. If your child has not been immunised, the jab will give good protection. If your child has been immunised in the past or has already had measles itself, it will act as a booster and give extra protection.

Why only immunise 5 - 15 year olds?

In Bolton, almost all children under five years old are now protected by the MMR vaccine, but in the past fewer children were immunised. In fact, until 1980 only about half of all children were immunised against measles. About one in ten of these did not get good protection from the injection. So a lot of children now aged 5 to 15 are not protected against measles. They are the children most at risk and also most seriously ill when they get the disease.

Which vaccine will these children be given?

In Bolton they will be given the MR vaccine - which stands for measles and rubella (German measles).

Why use this particular vaccine?

MR is the best vaccine to protect your child and to prevent an epidemic. It has been very well tested over many years and is very safe. One injection of MR will protect your child against both measles and rubella.

Is rubella dangerous too?

Definitely. Rubella is a mild illness for young children. But if a girl or a woman who is not immune catches it while she is pregnant, it can harm her unborn baby. Rubella can cause deafness, blindness, heart and brain damage, particularly if the mother catches it in the first few months of pregnancy.

What if children have already had the MMR vaccine or even had measles itself?

We still strongly recommend immunising them again. This "booster" dose will greatly increase their protection.

Will there be any side effects after my child is immunised?

Side effects are uncommon, usually very mild, and disappear quickly. A few children may get a mild fever, a rash, aching joints, or feel a bit 'off-colour' a week to ten days after the jab. But this should last only two or three days. They will not give anyone else measles or rubella.

Can I do anything to relieve these side effects?

Paracetamol will usually control fever and aching joints, but if you are worried ask your doctor's advice.

Are there any side effects if the jab is just a booster?

Side effects are even rarer with a booster jab. Millions of children have been immunised with no serious side effects and with great benefit.

How can I make sure my child is safe?

All children between 5 and 15 attending school will be offered the injection this autumn at their school.

Make sure your child has this injection.

If your child cannot be at school on the injection day, please ask your school nurse to make other arrangements.

Please fill in the attached consent form, and send it back to school with your child as soon as possible

What is the overall aim of the measles campaign?

We want to get rid of this disease altogether. The more people in Bolton who are protected against measles, the more we can reduce the suffering it causes. And the closer we will be to making measles a disease of the past.

**With your help, we
could even get rid of
measles altogether.
And rubella too.**



The Image Bank

Who do I contact for any further information?

Please contact your school nurse - see the back page.

Are there any children who should not have the MR immunisation?

There are very few children who should not have this injection. Children who should not have it include those who:

- have leukaemia or some other serious disease, or are having treatments, which make them less able to fight off other illnesses.
- have **serious, immediate** allergic reaction to egg (when eating egg products causes serious health problems; not simply dislike of egg or refusal to eat it)

If children are not well with a fever, the injection is put off until they are better.

Children should still be given MR if they or others in the family have epilepsy.

There is no known risk to unborn babies but, as a sensible precaution, we do not immunise girls who are pregnant.



Measles rash.

CONSENT FOR MR IMMUNISATION, Please complete.

Child's name: _____
Boy ☐ Girl ☐

Date of Birth _____

Address _____

School: _____

Class/form: _____

GP: Dr _____

**PLEASE TICK THE BOX OF YOUR CHOICE, SIGN BELOW,
and return this form to school with your child:**

- I have read this leaflet and
**I WISH TO HAVE MY CHILD IMMUNISED
AGAINST MEASLES AND RUBELLA.** ☐
- I have read this leaflet and I do NOT wish
to have my child immunised against
measles and rubella. ☐

Signed:
Parent/Guardian

**PRIMARY SCHOOL CHILDREN MUST BE ACCOMPANIED
BY A RESPONSIBLE ADULT**

For official use only:

Vaccine given: _____ Date: _____

Batch no. _____

MEASLES



**Why every child in school needs to be protected
from measles this autumn**

Measles alert
Get your child protected
Fill in the form and return it to their school

Printed in Britain 9000m 8/94 © Health Education Authority 1994
Photos courtesy of: Bubbles, Collections, Sally and Richard Greenhill, Format, Photofusion
ISBN 0 7521 0311 3
Designed by A.R.T. Creative Partnership

Why all the fuss? Surely measles isn't a serious disease?

Unfortunately, measles can be much more serious than most people think. School-age children who get it are likely to be very ill. These children will have a high temperature, a rash, a cough, a cold and sore eyes. Other symptoms are headaches and not liking bright light. Measles can cause pneumonia, blindness, deafness and even brain damage. Measles can also be fatal. In fact, it's the disease most likely to cause inflammation of the brain. This is known as 'encephalitis'. Worryingly, four out of ten children who get this kind of encephalitis will suffer long-term brain damage.

Is my child likely to get measles?

Yes. There is good evidence that unless we act now, there will be a widespread outbreak of measles next year among school children - an epidemic. More and more of those who are now getting measles are between 5 and 16 years old, and they are much more seriously ill than if they'd caught the disease when they were younger. Children in the United Kingdom are still at risk of measles.

So, starting this autumn, we will carry out a safe immunisation programme to protect children all over the country against measles. We will offer the injection to all children in school forms where most of the children are aged from 5 up to 16. This will include the 4-year-olds and the 16-year-olds in these school years.

Make sure that your child is protected against measles. Please fill in the form at the back of this leaflet and give it to your child to take back to school as soon as possible.

What is the aim of the campaign?

We want to prevent the measles epidemic which will happen next year unless we immunise children now. The more children we protect against measles, the more we can stop the suffering caused by this disease. Protecting school children will also help stop measles spreading to other people. And it will bring us closer to making measles a disease of the past.

Why does my child need an injection?


If your son or daughter is not protected from measles, there's a real chance that their health could be damaged. The injection makes your child's natural defences ready to fight measles. (It 'immunises' your child against the disease.) If your child has not had the injection before, it will give valuable protection from measles. We know that for one in ten school-age children who have had the measles or MMR (measles, mumps and rubella) injections, a single injection was not enough. If your child has had a measles injection in the past, this one will act as a 'booster' and give extra protection.

Why are you only immunising children from 5 up to 16?

We know that too many 5- to 16-year-olds are not protected against measles. So, it's sensible to give all children in this age group the injection.

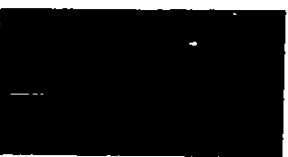
What about younger children?

Most children under 5 are now protected from measles by the MMR injection. This is why we are not including them in this campaign.




If you have a child under 5 who has not had an MMR injection, your family doctor will be able to give this.

Which injection will you give my child?



We will give school children a measles and rubella (MR) injection. This is a single, safe injection which is usually given in the upper arm. Millions of children worldwide have these immunisations every year with no serious side effects, just great protection.


Why protect children from rubella? Is it dangerous as well?



Definitely. Rubella (known as 'german measles') is a mild illness for younger children, but it can be unpleasant for older boys and girls. If a girl or woman catches rubella while she is pregnant, it can harm her unborn baby. Rubella can cause deafness, blindness, heart and brain damage in the baby, particularly if the mother catches it in the first few months of pregnancy.


So, by putting measles and rubella in a single injection for girls and boys, we can greatly reduce the risk of both diseases at the same time.

What if my child has already had the measles or MMR injections, or measles or rubella?




We strongly recommend that children have another injection. This will greatly increase their protection.

Are there any children who should not have the MR injection?



There are very few children who should not have this injection.

The only reasons for not giving the MR injection are:

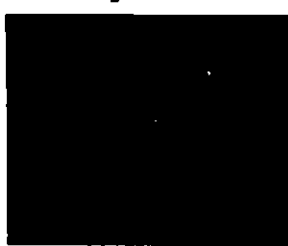
- 
- if your child has a serious disease (for example, leukaemia) or is receiving treatment which means they cannot fight off other illnesses;
 - if your child has had a life-threatening reaction after eating eggs;
 - if your child is not well and has a high temperature on the day of the injection.
- In this case, you should put off the injection until your child is better.

It is safe to have the injection if your child or your family has a history of fits or epilepsy.

There is no known risk to unborn babies but, just to be safe, we do not immunise girls who are pregnant.

If you still have any worries about your child having the MR injection, please discuss them with your family doctor. But remember, there are very very few children who cannot have this injection.

Will my child have any side effects after the injection?



Side effects are uncommon. They are usually very mild and disappear quickly. A few children may get a mild fever, a rash, sore or aching joints, or feel a bit 'off-colour' a week to ten days after the jab. But this should only last two or three days. Children with these symptoms cannot give anyone measles or rubella.

There is much more risk from measles itself than from any side effects of having the injection.

What can I do if my child gets side effects?



Giving your child paracetamol will usually control any fever or aching joints. But if you are worried, speak to your family doctor.

Are there any side effects if the injection is just a booster?

Side effects are even less likely with a booster injection. This has been carefully studied by looking at large numbers of children in the United States and Holland.

How can I make sure my child has the injection?

This autumn, we will offer the injection to all children in school forms where most of the children are aged from 5 up to 16. If your child cannot be at school on the day of the injection, please contact the school to make other arrangements. If your child is at primary school, you may want to be with them for the injection. If you do, please contact the school.

Who do I contact for more information?

Please contact your child's school nurse or school doctor if you have any questions about the campaign. Your school secretary or child's teacher should be able to give you their telephone number. More information about the arrangements for your child's injection will be available nearer the time. If you are not sure whether your child should have the injection, please ask your family doctor.

What do I do to make sure my child is safe from measles and rubella?

Make sure your child has the injection. Fill in the form on the next page and get your child to take it to school. With your help, we will be able to prevent this measles epidemic and, in time, we could get rid of measles and rubella forever.

Consent for measles and rubella immunisation

Please make sure your child hands this form back to the school as soon as possible.

Child's name _____

Boy ☐ Girl ☐ (please tick)

Date of birth _____

Address _____

Family doctor's name _____

Name of school _____ Class or form _____

Please sign here so that we can include your child in our injection programme.

☒ I have read this leaflet and I would like my child to have the injection against measles and rubella.

Signed _____

Parent ☐ Guardian ☐ (please tick)

FOR OFFICIAL USE ONLY

Injection given by _____

Date _____ Batch number _____

If you do not want us to include your child in the injection programme, please sign below.

☒ I have read this leaflet and I do not want my child to have the injection against measles and rubella.

Signed _____

Parent ☐ Guardian ☐ (please tick)

If you do not want us to inject your child, it would help us if you could briefly say why.

If I'm pregnant, should I have the vaccine?

If you're sure that you're pregnant, you will get advice about rubella immunisation after a blood test, as part of your ante-natal care. You will have any immunisations you need after the baby is born, and so you do not need to be immunised as part of this school campaign.

But, if I just think I might be pregnant, can I have the vaccine?

We have studied carefully the effects of rubella vaccine on the unborn baby at the beginning of pregnancy, and have not found any problems for the baby. We therefore believe that you can have this vaccine.

What if it turns out that I was pregnant, and I've had the vaccine?

As we state above, we have never found any evidence of harm from rubella vaccine during pregnancy, and there's no reason to worry about a possible effect on the baby. Indeed, you and the baby will be protected from the risk of rubella infection in pregnancy, with its worrying consequences.

I'm still not sure whether to have the vaccine; who can I talk to?

If after reading this leaflet you still have any worries, you might like to speak to your parents or your family doctor. Alternatively, ask the school how you can contact your school nurse; you can talk to her in confidence. The doctors and nurses who will come to your school to give the MR injections will also be happy to talk to you about any of the issues related to this immunisation programme. They should be able to put your mind at rest and help you understand that the best thing that you can do is to make sure that you will be protected against the damage that rubella can cause.



The measles/rubella immunisation: your questions answered

Everyone at school is being offered measles/rubella (MR) immunisation this term. There are some particular points that older girls may want to know about. Read on to find out more ...

How can I be sure that I am protected against rubella?

We can't tell by looking at someone if they're protected against rubella (german measles), so the best way to make absolutely sure is to be immunised - and having the vaccine now will do just that.

I think I had the rubella injection when I was about 11; why do I need another injection now?

The injection that we are giving contains rubella and measles vaccine. Even if you have had both of these vaccines before, you will still benefit from the injection as it will give your protection a useful boost. If you have had these vaccines before, it is very unlikely that you will notice any effect from another dose.

If I have another rubella injection now, will I have a reaction?

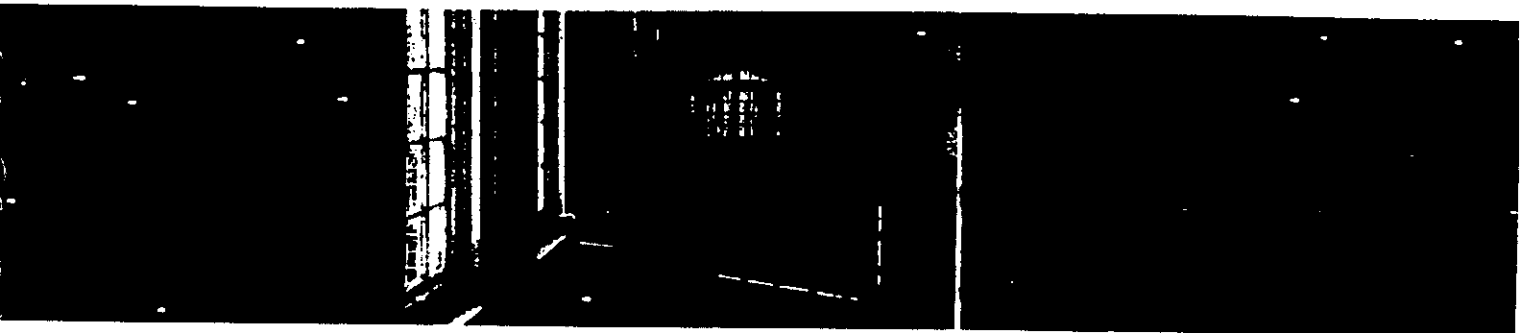
It's very unlikely. If you already have antibodies that help protect you against rubella, they will be boosted, giving you more protection, and you won't feel any side effects.

Why is it so important for me to be protected against rubella?

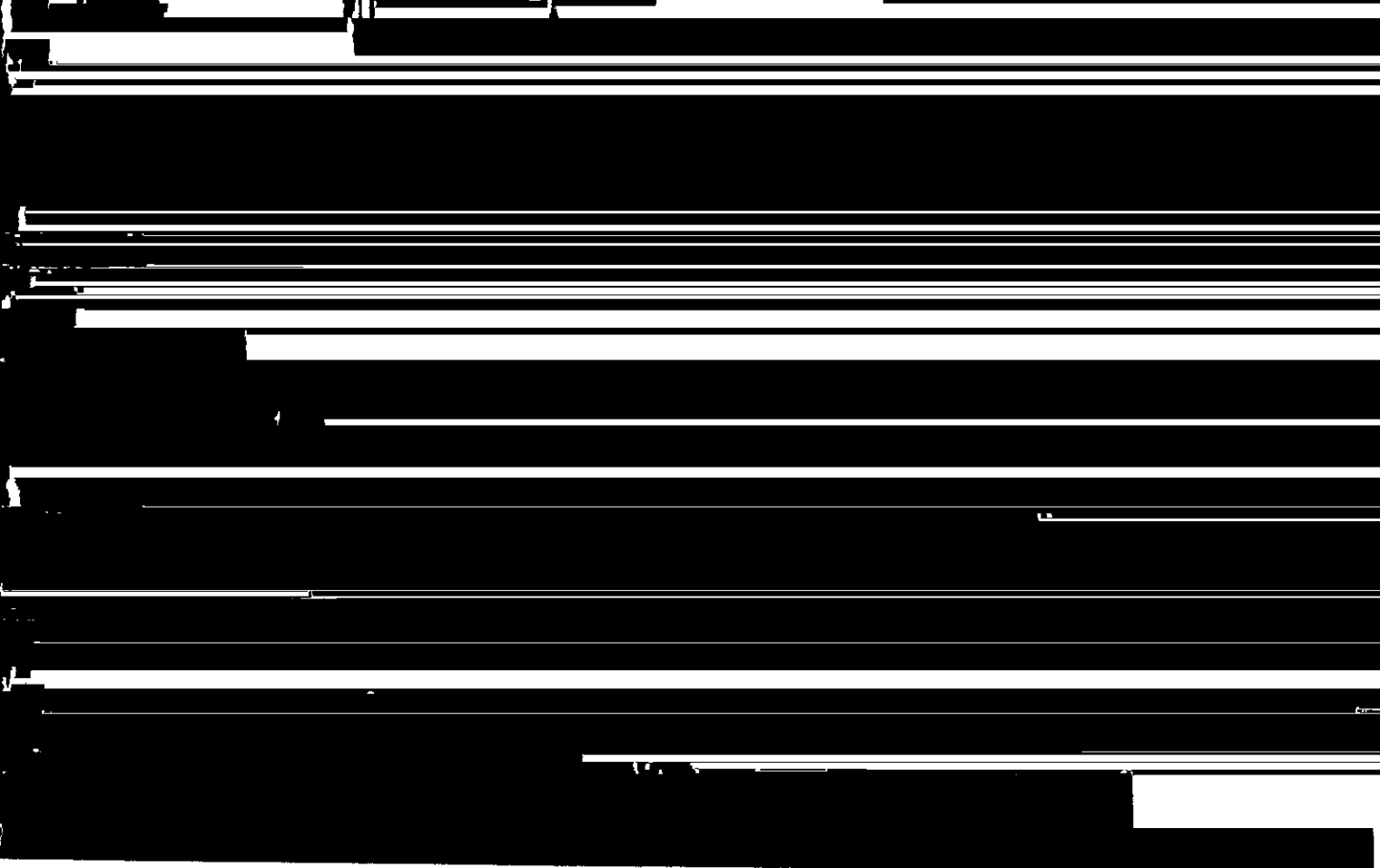
Rubella is usually, but not always, a mild disease, except when it is caught by a pregnant woman. Although the rubella infection may give rise to only a mild rash in the mother, the effect on the baby can be very serious, especially if caught at the beginning of pregnancy. The baby can be born with damage to eyes, hearing, heart, and brain damage as well; but remember, this can be prevented if the mother has been immunised to protect her against rubella.



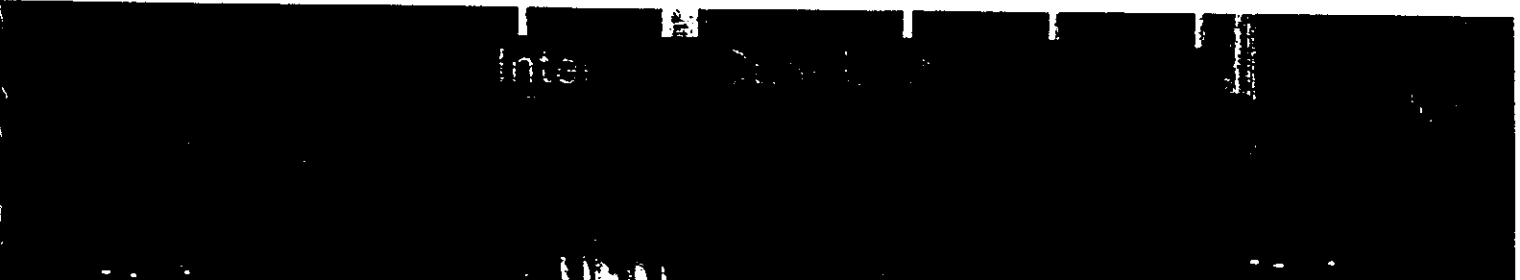
SOLVENT ABUSE?



TRAFFIC ACCIDENT?



DRUG OVERDOSE?



The weekly analysis of advertisement recall, sponsored by Haymarket Events

Measles immunisation ad is just what the doctor ordered

The Top 20: Prompted recall

Q: Which of the following advertisements do you remember seeing or hearing recently?

Last week	Account	Agency/Media buyer	%
1	(1) BT	Abbott Mead Vickers BBDO/IDK	71
2	(-) HEA measles immunisation	Laing Henry	70
3	(-) Burger King	Saatchi & Saatchi/Zenith	59
4	(2) Halifax	Bates Dorland/Zenith	58
5	(4) McDonald's	Leo Burnett	58
6	(-) AA	Howell Henry Chaldecott Lury/Zenith	55
7	(4) Sky TV	Bartle Bogle Hegarty/Zenith	54
7	(-) Safeway	Bates Dorland/Zenith	54
9	(-) Homepride Cook-in Sauce	Howell Henry Chaldecott Lury/O&M	52
10	(-) American Express	O&M	52
11	(-) Kellogg's Frosties	J. Walter Thompson	52
12	(-) Volvo 850	Abbott Mead Vickers BBDO	41
13	(-) Pearl Assurance	In-house/BMP Solutions in Media	35
14	(-) BP	Doner/Mediacom	34
15	(-) BhS	HHCL/The Media Business	33
16	(-) P&O Cruises	SP Lintas/Initiative	29
17	(-) Westabix Chex	Lowe Howard-Spink	28
18	(-) Army Recruitment	Saatchi & Saatchi/The Media Centre	27
19	(-) Dept of Environment - Energy Saving	Grey/Mediacom	26
20	(-) Batchelors Cup-A-Soup Special	SP Lintas/Initiative	25

Research for the Adwatch survey is conducted exclusively for Marketing by Audience Selection using Phonebus, a weekly telephone omnibus survey among more than 1000 adults aged 15 and over. The commercials in the research are chosen by CTC Telepictorials and CMA MediaNetwork. Analytical assistance from The Planning Partnership. Full sets of Adwatch data including demographic analysis are available from Jonti Campbell at Audience Selection tel: 071-608 3618. Fee £150. Copies of all commercials available from Jonathan Dove at CTC Telepictorials fax 071-437 0109, tel: 071-439 7096.



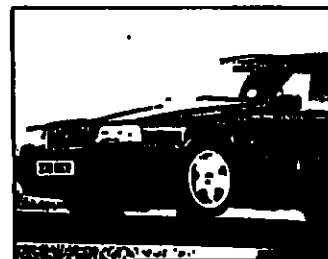
1: BT



3: Burger King



6: AA



12: Volvo 850



15: BAS



17: Westabix Chex



MEMORANDUM

TO: Michael Corr
FROM: Charles Gallichan
DATE: 30 November 1994

CC: Dr D Salisbury - DH
Dr J Sargeant - DH
Peter Trowell
Amanda Stuart
Tara Wolff
Jane Greenoak

Subject: MEASLES 'AD WATCH' SURVEY.

You are already aware that the Measles commercial achieved the number two spot in the week of November 4. On the face of it this is a very credible performance and only the second time the HEA has achieved such a performance. (That was for the HIV/AIDS campaign for the Testimonials at Christmas 1990).

The publishing of the October spend details now allow greater examination of the facts - and very good reading they make too! Details are as follows:

	Oct spend	MAT Oct	Recall%
BT	£7.27m	£39.4m	71
Burger King	£1.41m	£8.35m	59
Halifax	£2.64m	£22.30m	58
McDonalds	£2.67m	£26.30m	58
HEA Measles/ Immunisation	£1.61m	£3.09m	70

Obviously the 'other' media coverage achieved will have contributed to this performance, but it should be remembered that the DoH were concerned that plague and other news was suppressing coverage of measles at the time this research was done. So whichever way we look at it, this is an outstanding performance and a very good marker as demonstration of achievement of value for money.

What it says for Public Health that more is spent on burger advertising than the HEA's annual budget is another question!





CLIENT

Health Education Authority

JOB No.

TITLE

Parents

LENGTH

40 Secs

PRODUCT

DATE TYPED

15 August 1994

TRANSMISSION DATE

Measles/Immunisation

TV/FILM

VISUAL

AUDIO

A couple walking down a hospital corridor.

SFX: Exaggerated hospital noise. Trolleys, lift doors opening etc.

We stay behind them.

The woman starts shuddering.

She is trying to stay in control, but is obviously very difficult for her.

SUPER: SOLVENT ABUSE?

We hear her weeping and saying "Why?" "Nobody told us" etc.

SUPER: JOYRIDING ACCIDENT?

The man puts a comforting arm around her back, but he too is in distress.

SUPER: DRUG OVERDOSE?

They continue to walk.

Overcome, they stop and hug each other.

SUPER: AIDS?

The woman wipes her eyes with a tissue. They turn and continue walking.

SUPER: NO.

They walk through the swing doors.

.../2

SUPER: MEASLES.

We watch them walking into the distance
through the round windows of the swing
doors.

**SUPER: MEASLES CAN CAUSE
BLINDNESS, BRAIN DAMAGE AND
EVEN DEATH.**

**SUPER: WE WANT TO IMMUNISE
ALL CHILDREN FROM 5 UP TO 16.**

**SUPER: PLEASE GIVE YOUR
CONSENT.**

**SUPER: MEASLES CAN LEAVE ITS
MARK.**



CLIENT

Health Education Authority

JOB No.

TITLE

Parents

LENGTH

10 Secs

PRODUCT

Measles/Immunisation

DATE TYPED

15 August 1994

TRANSMISSION DATE

TV/FILM

VISUAL

AUDIO

POV of trolley being hurriedly pushed
down a hospital corridor.

SFX: Hurrying footsteps. Banging as
trolley bashes into doors.

SUPER: Return your child's measles
immunisation form by October 24th.

SUPER: MEASLES CAN LEAVE ITS
MARK.

PERCEIVED EFFECT OF 'MEASLES'

◆ Created awareness via

threat
epidemic
out of control.

Informative/'please'

◆ Created identification via

'any parents'
it could be you
grief

Personalised/empathy

◆ Created partnership via

provision of help
adult/adult tone

My responsibility to my family

Claire Serle
The Advertising Standards
Authority Limited
Brook House
2-16 Torrington Place
London WC1E 7HN

Direct Tel: 071 413 1853
Direct Fax: 071 383 2408

4 November 1994

Your ref: A94-06756/ctc/cs/ejp

Dear Ms Serle

MEASLES ADVERTISING

I am writing to you in response to your letter of 27 October 1994 concerning the complaints registered about our press advertisement and leaflet for the forthcoming national measles and rubella campaign.

You state that the complainant's comments and challenges are multifarious, which on examination of the attached correspondence they indeed are. You also request that our response address the specific requirements of the code as set out in parts B1.4, B1.2 and B5.2.1 and B15.

Given the broad scope and detail of the complaint, I propose to deal with it in the following way -

- Part 1 the individual components to the background to the decision to conduct the campaign.
- Part 2 the substantiation to the individual claims made within the advertising materials,
- Part 3 response to the specific claims of factual inaccuracy and allegations of exaggeration.
- Part 4 summary and conclusion

PART 1 BACKGROUND AND RATIONALE TO THE ADVERTISING

By way of introduction, I am the Head of Advertising and Corporate Affairs at the Health Education Authority. I am responsible for managing campaigns on HIV/AIDS and sexual health, adult and teenage anti-smoking, physical activity and immunisation.

The Health Education Authority is a special authority within the National Health Service. The remit of the HEA is to provide information and advice about health directly to members of the public; to assist other organisations, health professionals, and other people who provide health education to members of the public; and to advise the Secretary of State for Health on matters relating to health education.

Measles is a notifiable disease in the UK, incidence of infection being collected and recorded by the Office of Population, Censuses and Surveys (OPCS). This data is then analysed by the Public Health Laboratory Service (PHLS), an independent organisation consisting of 53 laboratories strategically located throughout England and Wales linked with specialists in microbiology and epidemiology.

The constant flow of information through this national network provides a unique perspective for the detection of outbreaks of infectious disease and the identification of emerging patterns or trends in human infection in the country. As a result of the work conducted by these organisations by July of this year, there were clear warning signs that an epidemic was likely to occur early in 1995.

For example, measles notifications to OPCS in the first half of 1994 were consistently higher than in the same weeks in 1993. The pattern of notifications this year is exactly the same as that seen in 1987 in the lead up to the epidemic in England and Wales in 1988 (ref 1). In addition, in late 1993 and early 1994 the Western Health Boards in Scotland experienced a large increase in measles, mainly in secondary school children which resulted in 138 admissions to one infection disease unit alone. (Personal communication, P Christie, REF 6A)

The collation of this data allowed two highly respected mathematical modelling experts to undertake separately conducted analysis and produce forecasts of morbidity and mortality rates. From these studies, the need for immediate action was clearly identified.

As the British Medical Journal (BMJ) noted: 'The campaign is based on comprehensive epidemiological surveillance data including serological studies, number of cases noted and confirmed, rates of complications and deaths, and immunisation coverage.' (ref 2, 3, 4, 5). These data have been used in two independent mathematical models: both have predicted a high probability of a major resurgence of measles, with the greatest burden of cases in children in secondary schools and a considerable number in children in primary schools.' (ref 5)

The probability of an epidemic having been clearly established, the question thus arises as to the best course of action to be implemented in order to prevent an epidemic occurring.

The role of the Joint Committee on Vaccination and Immunisation (JCVI) is to advise the Secretaries of State for Health, Scotland, Wales and Northern Ireland on matters relating to communicable diseases, preventable and potentially preventable, through immunisation.

The JCVI considered the options and decided to follow the principle of the World Health Organisation's recommended strategy for controlling and eliminating measles. (ref 6). The JCVI advised the DH to conduct a mass immunisation campaign for all children of school age in England and Wales. They further advised that this campaign be a 'school-based' campaign, as outlined in the CMO letter to Head Teachers. (ref 6a) Their recommendation was presented to the Chief Medical Officer and subsequently to the Secretary of State for Health and Secretary of State for Education. This recommendation was endorsed by all parties.

The reasons for the campaign being school-based were as follows:-

- (a) It would allow for all school children to be covered by the campaign;
- (b) The alternative option through Children's General Practitioners would not necessarily cover all children as not all children are registered with a GP practice;
- (c) It would avoid the complications of registration and recording of the immunisation in cases where children are registered for school in one district, but with a GP in another district;
- (d) Implementation of the immunisation could take place at one site on one occasion. This would avoid children being absent from school at various times whilst they attended their GP;
- (e) Distribution of vaccine could be simplified, both in terms of number of delivery points and dosage ampoules required;
- (f) It would minimise disruption to the already busy GP surgery workload;

- (g) Distribution of the information leaflet could be simplified and cost of an alternative direct mail methodology avoided. Coverage would also be more comprehensive as any database shortfalls as illustrated at (c) above avoided.

For all the above reasons, it was decided to run the immunisation campaign at this time, to this target audience.

PART 2 GENERAL REQUIREMENTS OF THE CODE

We have been informed that the ASA is looking at the advertisements under sections B1.4, B1.2, B5.2.1 and B15.

Part B1.4 - An advertisement may be found to be in contravention of the Code if the Advertiser does not respond, or delays his response, to such requests from the Authority or the Committee.

We believe that the content and timing of delivery of this letter demonstrates the Health Education Authority's and Department of Health's adherence to this part of the code.

Part B1.2 - Before offering an advertisement for publication, the advertiser should have in his hands all documentary and other evidence necessary to demonstrate the advertisement's conformity to the Code. This material, together, as necessary, with a statement outlining its relevance, should be made available without delay if requested by either the Advertising Standards Authority or the Committee of Advertising Practice.

During the compilation of the advertising materials great care was taken to ensure that no claims or statements were included that were not supported and substantiated by reputable sources. I would ask you to accept that the information provided in this part of the letter shows that the HEA is not in breach of B1.2.

To this end, I will now list each of the claims made and provide details of that substantiation and reasons for its inclusion.

Starting with the leaflet:-

1. *Measles can be much more serious than most people think.*

The HEA commissions a tracking study, conducted by BMRB Research, which monitors perceptions of measles as a serious disease amongst mothers of young children. This has consistently shown that mothers under-rated the potential threat, with only 15% considering measles to be

serious. Indeed, generally there has been a decline in this measure since 1991. (ref 7)

2. *School-age children who get it are likely to be very ill.*

Barry and Gill (ref 8) identified that for school age children not hospitalised, the burden of misery caused by the disease is considerable: 4 days of fever, 10 days off school, 2 nights of disturbed maternal sleep. Multiple cases per household exacerbate the situation. In this epidemic an estimated 3000 children would be hospitalised, suffering from broncho-pneumonia, bronchiolitis, severe bronchitis and possibly pneumonia. (ref 8a)

3. *These children will have a high temperature, a rash, a cough, a cold, diarrhoea and sore eyes. Other symptoms are headaches and not liking bright light.*

The consequences of measles are well documented. (ref 8, 8a, 8b, 9) The disease is ubiquitous, highly infectious and will affect nearly every person who is not immunised against it. (ref 10) The clinical features commonly include conjunctivitis, coryza, rash and fever. (ref 13)

4. *Measles can cause pneumonia, blindness, deafness and even brain damage.*

Complications may result from the virus or subsequent bacterial infection. They have been reported for one in fifteen cases of measles and include otitis media (a disease affecting the middle ear), pneumonia, convulsions and encephalitis. (ref 13)

(ref 11, 12)

5. *Measles can also be fatal.*

Measles infection can result in encephalitis, which has a mortality of about 15%. (ref 13) In the US 1989/91 measles epidemic there were nearly 50,000 reported cases but 89 measles related deaths. (ref 6b, 6c) The death rate would be higher in the predicted epidemic as about two thirds of cases will be in secondary school at an age where the severity of disease is greater. (ref 8a, 8b)

The World Health Organisation in their 1993 report on measles put the death rate from measles in industrialized countries as 1/100000 cases. (ref 15)

Both acute and delayed mortality in infants and children have been documented -the disease can kill quickly (very young children) or cause death some years after initial infection. (ref 16)

6. *It's the disease most likely to cause inflammation of the brain. This is known as encephalitis.*

This is substantiated by AB Christie: 'Post-infection encephalitis is an affection of the central nervous system which occurs typically while a patient is recovering from an infectious disease: measles and vaccinia are the commonest diseases.'

Vaccina pestis is the bacteria which caused smallpox. As this organism and the disease it caused have been eradicated, measles is now the commonest cause of encephalitis. (ref 14)

7. *Worryingly, four out of ten children who get this kind of encephalitis will suffer long-term brain damage.*

We know that one in 5000 children who get measles will develop encephalitis. Of these, 15% will die and up to 40% will suffer permanent brain damage. This can take the form of seizures, permanent progressive personality changes, physical disability and coma. (ref 10, 13)

8. *Is my child likely to get measles? Yes. There is good evidence that unless we act now, there will be a widespread outbreak of measles next year amongst school children - an epidemic.*

I have already made detailed reference to the collation of data and the mathematical modelling conducted which forecast the epidemic. (ref 2, 5)

It is, however, at this point that I should draw your attention to the number of cases predicted and forecast of consequences. The work done by PHLS predicts that there will be 100,000 to 200,000 cases, mainly in school age children, causing 3000 admissions to hospital and 40 to 50 deaths.

The World Health Organisation report that the ubiquitous, highly infectious nature of the measles virus means that nearly every person in a community who is not immunised against the disease is likely to get measles. (ref 13)

It is also worth pointing out that similar epidemics have recently occurred in other countries, including the United States and Hungary. (ref 6a, 6b, 6c) The Scottish experience has validated the England and Wales predictions (ref 6d)

9. *More and more of those who are now getting measles are between 5 and 16 years old.*

In her report, 'The epidemiology of measles in England and Wales: rationale for the national campaign', Mary Ramsay of the Immunisation Division, PHLS Communicable Disease Surveillance Centre noted, 'an increase in notifications has been observed in the early part of this year, with a high proportion of cases in older children... 64% of notified disease in 1994 occurred in individuals aged 10 years old or over.' The majority of cases are in the 7-9 year age group. (ref 2)

10. *And they are much more seriously ill than if they'd caught the disease when they were younger.*

The Christine Miller paper identifies the severity of the disease in children of different ages. (ref 8a) Ramsay et al identify that there will be increased mortality with age if the epidemic occurs. (ref 8b)

11. *Children in the United Kingdom are still at risk of measles.*

Mary Ramsay's paper notes: 'In early 1994, numbers of notified cases in England and Wales increased substantially with 11893 cases being notified up to and including week 39. (ref 17, 18) This is a clear demonstration that a significant pool of susceptible children exists within the UK. In addition current experience in Scotland, Holland and Hungary - where immunisation levels have been equivalent to the England and Wales coverage levels is further evidence of the susceptibility of school age children. (ref 6a)

12. *We will carry out a safe immunisation programme to protect children all over the country against measles.*

The proposed vaccine has been approved by the Committee on Safety of Medicines (CSM) which considers in detail the data on safety and efficacy of any drug for which a licence application is made. In doing so consideration is given to

the indications for which the drug will be licensed. In this case the CSM has considered that the vaccine is safe to be given to healthy children and administered to almost every child in the country. Every drug carries some risk of side effects and the CSM assesses whether the risks are sufficiently small and the benefits sufficiently great to licence the vaccine for widespread use. After licensing, any serious adverse events are reported to the CSM. In the case of vaccines, adverse event reports are monitored both by the CSM and the Joint Committee on Vaccination and Immunisation. The measles and rubella components of the measles/rubella vaccine have been in use in this country for over 20 years and so their safety record is well established.

Training materials have been made available for all nurses and doctors in immunisation teams to ensure that they are able to carry out the work safely.

13. *We want to prevent the measles epidemic which will happen next year unless we immunise children now.*

I believe that substantiation for this claim is adequately covered earlier in this response. I again draw your attention to references 2 and 5 and to part 1 of this letter. (ref 2, 5)

14. *The more children we protect against measles, the more we can stop the suffering caused by this disease.*

The efficacy of immunisation against measles is demonstrated by the sharp decline in the incidence of measles following the introduction of a vaccine. Until the introduction of vaccine in 1968 annual notifications varied between 160,000 and 800,000, the peak occurring in two year cycles. By the mid-seventies, notifications had fallen to between 50,000 and 180,000. The decline in incidence improved further with the introduction of the MMR vaccine in October 1988. notifications of measles have fallen progressively to the lowest levels since records began in 1940. (ref 13)

15. *Protecting school children will also help stop measles spreading to other people.*

Measles is one of the most highly communicable infectious diseases. It will attack any in a community not already protected against it. (See point 8) It is spread by airborne droplet, direct contact with nasal or throat

secretions of infected persons. (ref 20) It is highly infectious from the beginning of the prodromal period to four days after appearance of the rash. (ref 13) Thus the fewer people infected with measles the better as each new case significantly increases the chances of onward transmissions. Since the majority of the disease will be in schools, this is likely that the disease will spread by children to others - particularly family members.

Ramsay states that the risks of SSPE (subacute sclerosing panencephalitis) is greatest if measles is caught under one year of age. (ref 8a) By eliminating much of the measles in circulation and by preventing its spread to very young children, the risk that this vulnerable group will be exposed to the disease will be reduced.

16. *And it will bring us closer to making measles a disease of the past.*

For a communicable disease to 'survive' and maintain potential to infect people requires host bodies to harbour and spread the disease to other non-immune susceptible individuals. If the size of this susceptible pool is reduced to a very small or negligible size the opportunity for transmission is correspondingly reduced, 'thereby potentially interrupting transmission of the virus,' (ref 21) and thus leading to its eventual elimination.

17. *If you son or daughter is not protected from measles, there's a real chance that their health could be damaged.*

The disease has immediate and long-term consequences. (See points 2 and 3)

18. *The injection makes your child's natural defences ready to fight measles. (It 'immunises' your child against the disease)*

Active immunity is induced by using inactivated or attenuated live organisms or their products. Live attenuated vaccines include those for poliomyelitis (OPV), measles, mumps and rubella...

Most vaccines, including the MR vaccine for use in this campaign, produce their protective effect by stimulating the production of antibodies which are detectable in the serum by laboratory tests. (ref 22)

19. *If your child has not had the injection before, it will give valuable protection from measles.*

The 'methodology' of protection from measles is covered in the response above in paragraph 18. The 'value' of the protection is demonstrated both by its effect in protecting the recipient of the vaccine from measles infection and in the protection it gives both to potential short and long-term consequences of infection.

20. *We know that for one in ten school age children who have had the measles or MMR (measles, mumps and rubella) injections, a single injection was not enough.*

We know that one child in ten, when immunised with measles vaccine, does not develop antibodies. (ref 2, 2a, 2b) We also know that a one dose strategy has not succeeded in eliminating measles in any country. (ref 2) A two dose strategy (as now being used in many industrialised countries) will immunise the initial vaccine failures as well as providing opportunity for children who missed immunisation previously. (ref 2, 23)

21. *If your child has had a measles injection in the past. This one will act as a 'booster' and give extra protection.*

There are some children whose antibody levels fall sometime after the immunisation. Studies have confirmed that increased protection is obtained after a second dose. In outbreak investigations in the USA, attack rates were 30% to 60% lower in persons who received two doses of measles vaccine compared with single vaccines. (ref 2, 23)

22. *We know that too many 5-16 year olds are not protected against measles. So, it's sensible to give all children in this age group the injection.*

Up until MMR vaccine was introduced in 1988, only between 60% and 80% of children received measles vaccine before the age of two years. This means that, between 20% and 40% of children at school have never been vaccinated against measles. (ref 24) Also there are the 10% of children previously immunised for whom the single dose did not work. (ref 2, 2a)

23. *Most children under 5 are now protected from measles by the MMR injection. This is why we are not including pre-school children in our campaign.*

Since 1990 over 90% coverage of children in England and Wales has been achieved and as a result this group are at much less risk of infection with measles. (ref 13)

24. *If you have a child under 5 who has not had an MMR injection, your family doctor will be able to give this.*

The school-based campaign in no way disrupts the on-going immunisation programme for younger children. Any parent who wishes to have their child immunised against any of those diseases covered by the childhood programme can continue to do so. GPs can offer MMR vaccine free of any charge to any unimmunised children yet to start school.

25. *We will give school children a measles and rubella (MR) injection. This is a single safe injection which is usually given in the upper arm. Millions of children worldwide have these immunisations every year with no serious side effects, just great protection.*

Please see point 12. The re-immunisation of children in the US was examined and low incidence of side effects after a second dose of measles vaccine was documented. (ref 29, 30)

26. *Rubella? Is it dangerous as well? Definitely... it can harm her unborn baby.*

Maternal rubella infection in the first eight to ten weeks of pregnancy results in fetal damage in up to 90% of infants and multiple defects are common. (ref 25)

27. *Rubella can cause deafness, blindness, heart and brain damage in the baby.*

Foetal defects following infection with rubella disease include mental handicap, cataract, deafness, cardiac abnormalities, retardation of intra-uterine growth, and inflammatory lesions of brain, liver, lungs and bone-marrow. (ref 25) Babies can be born deaf-blind with severe learning difficulties. (ref 13)

28. *So, by putting measles and rubella in a single injection for girls and boys, we can greatly reduce the risk of both diseases at the same time.*

The measles campaign presents us with a unique opportunity to immunise a previously unprotected group against rubella.

The value of immunisation has already been set out above. See point 18.

29. *Are there any children who should not have the MR injection?*

There are some groups of children who should not have the MR injection. The DH advises that there are very few reasons why children should not be immunised. The children for whom immunisation is contra-indicated are as outlined in the leaflet. (ref 13) Parents with any concerns are invited to discuss them with their family doctor as noted on page 5 of the leaflet.

30. *Will my child have any side effects... side effects are uncommon... usually mild and disappear quickly. A few children may get a mild fever, a rash, sore or aching joints.*

The Chief Medical Officer addressed the question of adverse events following repeat immunisation in his letter regarding the campaign to Health Professionals. He drew to their attention that this area had been carefully studied in the United States, Holland and Sweden where two dose regimens of MMR vaccine are routine. He advised them that, 'children who have antibodies to measles or rubella are most unlikely to have any adverse events.' He was also able to advise that due to the age groups being immunised in this campaign, some known side-effects which present themselves in some younger children will not be expected in this cohort.

Measles vaccine is a live vaccine - it contains a measles virus which has been specially treated to provide protection without illness or with only a very mild illness. About 10 days after immunisation, a mild type of measles can occur. When this happens (and it will only happen on those children who were not previously immune to measles) about one in fourteen 5 year olds may get a fever and about one in 25 older students may expect a fever. (ref 28, 29, 30)

Independent studies have confirmed this advice in a number of detailed examinations. (ref 28, 29, 30)

31. *There is much more risk from measles itself than from any side effects of having the infection.*

The low incidence and severity of side effects from this injection have already been addressed as have the serious consequences of measles infection. (ref 29, 30)

What is important to recognise is that the likelihood of a serious outcome from measles disease far outweighs any consequence of side effects from the vaccine.

Indeed, one in a thousand children can develop encephalitis from measles disease, whereas the expected incidence of encephalitis following a first dose of measles vaccine is one in a million (one in twenty million following a second dose. (ref 30,31)

32. *Side effects are even less likely with a booster injection.*

Side effects are less common after a second dose than after a first dose of vaccine, even if the second dose is given shortly after the first.(ref 29)

Now moving on to the second area of the code dealing with Part 5.2.1. Whenever an advertisement is likely to be understood as dealing with matters capable of objective assessment upon a generally agreed basis, it should be backed by substantiation as required by B1.2 above. The adequacy of such substantiation will be gauged by the extent to which it provides satisfactory evidence that the advertisement is both accurate in its material details and truthful in the general impression it creates.

We believe that we have already provided substantiation for each of the specific assertions made within the advertising materials. To this extent we therefore submit that the requirements of this section of the code have been met in full.

Finally, you state that you are reviewing the advertisement material within the context and requirements of section 15.

15.1 *Without good reason, no advertisement should play on fear or excite distress.*

The introduction to this letter gives details are given which demonstrate that parents significantly underestimate the potential seriousness of infection by measles in young children. (ref 7, 7a) We have also shown that infection can be even more serious when it affects older children. (ref 2, 8, 8a)

The low perception of risk associated with measles was further confirmed by qualitative research conducted amongst parents of school age children during the development of the advertising materials. The researchers, Strategic Research Group, are one of several independent qualitative research organisations used by the Health Education Authority. They have much experience in conducting health-related qualitative research studies. They have worked for the HEA for a number of years on immunisation, HIV/AIDS and smoking campaigns.

They noted that measles 'was positioned towards the lower end of the spectrum' just above colds, flu and chicken pox and significantly below meningitis, polio and TB. (ref 7, 7a) As a result, they advised 'the need to "jolt" perceptions of measles for both adults and teenagers was unequivocally confirmed.'

We submit that these findings clearly demonstrate that there were ample 'good reasons' to adopt a route which would make parents and teenagers readdress their currently held beliefs. The 'good reasons' were the seriousness of the problem and the need to jolt the perception of parents.

15.2.1 *When an appeal to fear is properly made in an advertisement - as, for instance, when it is made with the object of encouraging prudent behaviour - the fear evoked should not be disproportionate to the risk addressed.*

The HEA is acutely aware that the use of fear in advertisements must be very carefully controlled. (ref 2) We have already explained the necessity to use powerful emotions in the campaign. (ref 2, 8a, 23, 6a1, 6b and 6c) However, for the reasons set out below, the HEA does not believe that the use of fear was disproportionate to the mischief addressed.

We have set out in great detail the profound consequences of a measles epidemic. Without a national immunisation programme there are likely to be a number of deaths of children with the other consequences of an epidemic (full details set out above in part 2).

The fears in the advertisement are fears of -

- 1 an impending epidemic if nothing is done
- 2 a fear that a parent's child can get measles
- 3 a fear that if a child catches measles, it could get very ill or even die.

carefully matched to the profound consequences of an epidemic.

It should also be noted that the messages in the text are specifically designed to communicate "empowerment" to the parent

"measles can be prevented"

"as a parent you can do something".

The fear is not fear for "fear's sake" or fear to "punish", but devices to persuade a parent to permit his/her child to be vaccinated.

15.2.2 An advertisement should excite distress only in circumstances in which seriousness and importance of the subject matter unarguably warrant such an approach. Distress should never be occasioned merely in pursuit of an attempt to attract attention, or to shock.

I would like to repeat in here my comments concerning 15.2.1. The code requires that the use of "distress" must be "unarguably warranted". We would say that this is one of the rare cases where the causing of temporary distress is warranted because -

- 1 of the seriousness of the issue/problem
- 2 of the need to act quickly.

Both of these factors have been comprehensively explained already. The research we commissioned gave us no option but to draft the materials using the tone we did. We would strongly reject any suggestion that any distress in the advertisement or materials is designed merely to shock or simply to attract attention.

We only had one option to raise the consciousness for this campaign and a very short time in which to carry it out. The campaign timetable was brought forward in response to the Scottish outbreaks. (ref 6a)

In the circumstances we ask the Authority to find that there has been no breach of this part of the Code.

PART 3 ACTUAL COMPLAINTS - ITEMISED

You have referred to 2 groups of complaints. The first group makes a number of general points, the second is more specific. I will deal with the specific complaints first.

One of the complainants has made a series of hand-written comments on the follow-up material distributed to children at schools. The vast bulk of these comments complain of factual inaccuracies in the leaflet. There is one complaint of exaggeration.

I will deal with these complaints in the order in which they appear.

Bold signifies the leaflet text.
Italics signifies the allegation.
Plain text signifies our response.

1. Protecting school children will also help stop measles spreading to other people.

Have all the doctors and nurses and school teachers etc. been vaccinated then?

I am not sure of the relevance of this, but our response is in points 15, ref 8a, 13, 20.

Most adults have immunity to measles already, so measles is a rare disease in this group. It is therefore generally unnecessary to give them immunisation.

Before there was an effective programme of immunisation and in the days when uptake of immunisation was low, most people contracted measles and became immune in this way. However, relying on measles itself to procure immunity carried with it the suffering, handicaps and death which effect those who develop the disease. Immunisation offers immunity without the great burden of morbidity and mortality which measles disease itself carries.

2. ...and it will bring us closer to making measles a disease of the past."

Vaccinated yet, like in the USA where 89% of children are still getting measles.

See point 16, ref 6b, 6c.

In the USA, vaccination is compulsory, but only at school entry. This means that many parents delay immunisation until their children are 7 years old. Many children therefore develop the disease in early life because they are not protected against it.

In this country an effective programme of MMR immunisation started in 1988, and over 93% of babies are now being protected. (13) The result has been that measles, formerly a common disease of children under 7 (and is still so in the USA), has become rare in this age group in this country.(8b)

Most cases (about three quarters) of measles now occurs in school aged children (though these are very much fewer overall than formerly). (1, 2) The present campaign aims to protect the still susceptible school aged children and to boost the protection of those who already have some immunity.

It is, therefore, true to say that the present campaign will bring us closer to making measles a disease of the past.

3. We know that for one in ten school-age children who have had the measles or MMR (measles, mumps and rubella) injections, a single injection was not enough.

Are you saying that it was a failure - if so, then what's to say that this one will be a success?

See point 20, ref 2, 2a, 2b, 23

An vaccine efficacy of 90% can hardly be described as a failure. What is being said is that a second 'booster' dose raises the overall efficacy to about 99%, and this would be sufficient to interrupt transmission of infection and ultimately eliminate the disease. (1)

For those for whom a first dose gave immunity, a second dose will strengthen the degree of protection.(23, 23a)

4. We know that too many 5-16 year-olds are not protected against measles.....So, it is sensible to give all children in this age group the injection.

In the USA before vaccination introduce 90% cases were in 9-5 year old group - now 60% cases older than 10 are we making the same mistake.

See point 22 ref 2, 2a, 24

It is not clear what is being asked in this question. We interpret it to mean that there is now a higher proportion

of cases of measles in children that are 10 years than formerly.

This is true and applies also to the UK; three quarters of cases in this country are now occurring in secondary school children. (2) However, it is essential to understand that the absolute numbers have decreased. (13, 6b, 6c) Because of the high uptake of effective vaccination by MMR in recent years, the measles incidence in babies and pre-school children has dramatically decreased, so that it is now a rare disease in this group. Whilst absolute numbers have remained low overall, there is obviously a relative increase in the proportion of cases in the 5-16 year age group. (2)

5. Most children under 5 are now protected from measles by the MMR injection. This is why we are not including pre-school children in our campaign.

Hang on, you said that MMR was not enough."

See point 23

We know that measles is now a rare disease in the under-fives. (2) Amongst children of school age, there is a much greater risk of transmission because of the relatively high proportion who have not been immunised (especially in secondary schools) and because of the level of mixing in the schools and social environment. (2, 2a)

Any children under 5 who are susceptible are much more likely to catch measles from contact with older children (usually brothers or sisters) than from each other. If we are able to reduce the number of susceptibles (and therefore the number of cases of measles) in school children, we will also greatly reduce or even eliminate the risk of exposure of the under-fives.

Nevertheless, to be absolutely sure, it may be that at some time in the future it will be recommended that there be a two-dose schedule of MMR; one, as now, in the second year of life, and the other perhaps along with the other routine immunisation at entry to primary school. There is also need for urgency in deciding this issue, whereas there is need for prompt action in the current schools-based MR programme if we are to prevent outbreaks in this age group.

6. School-age children who get in are likely to be very ill.

The disease is trivial in the majority of cases.

See point 2 ref 8, 8a, 23.

Clinical experience and many scientific studies show that measles tends to be much more severe in school age children (2, 2a, 8a), causes considerable suffering and much social and educational disruption.(8)

7. Measles can also be fatal

Not for last 5 years.

See point 5 ref 6b, 6c, 13

The reduction in the number of recognised fatalities from measles is one of the best tributes to the value of the immunisation. In the early eighties (when there were many susceptible children and low uptake of vaccine) there were up to 140,000 cases of measles and some 120-130 deaths each year. (13) The statement that measles can be fatal is self-evidently true. MMR vaccine was introduced as part of the primary immunisation schedule in 1988 and greatly improved the coverage and protection of the child population. That was 6 years ago.

8. Worryingly four out of ten children who get this kind of encephalitis will suffer long-term brain damage.

More worrying is that the measles vaccine can cause encephalitis - yet we are not told.

See point 7 ref 10, 13 and see point 30 ref 28,29,30

The incidence of encephalitis in cases of measles disease is approximately one in 5,000 in children of school age. For MR vaccine as a first dose, the risk is at the most one in one million.

For a section of society (school age children) in which there is a substantial proportion of children who are at risk of contracting measles disease in the next few months, small risk from MR vaccine is negligible compared to the risk from the disease itself.

It is never possible to state that any human activity is 100% safe. Where risk is of the order of one event in one

million, it would seem to be unnecessarily alarmist to draw specific attention to it. To do so might quite unnecessarily reduce uptake by creating unjustified fears in the minds of parents, with the result that many more children might remain unprotected and therefore at the much greater risk from measles disease and its associated much higher risk of encephalitis.

9. Is my child likely to get measles?

The data does not support this. No deaths for the last 5 years under 100,000 cases per year since 1970. Cases falling since 1988.

See point 8 ref 2, 5, 6a, 6b, 6c, 6d

The scientific data as referenced above very much supports this statement. Several major studies in the UK and the experience from several other countries make it abundantly clear that an epidemic will occur in the near future.

Indeed, there is already a rising incidence of the disease in school age children, and a number of discrete outbreaks in schools have already occurred since 1994. (2, 6d)

The issue of the number of deaths has been dealt with above. It should be added here, though, that the central purpose of the MR campaign is to take timely, effective, and appropriate action now so as to prevent the epidemic and to prevent deaths of which up to 50 will occur if the epidemic is not prevented.

10. ...a safe immunisation programme

Not true but we are not fully told the risks

See point 12 ref 19

As pointed out above it is never possible to state that any human activity is 100% safe. The term is here used in a leaflet designed for general readership and the term is used in the same way it is used in the same way that it is used for example when we say "wait until the traffic lights are on green, then cross while it is safe to do so". There is always, of course, a very small but unpredictable risk of say the traffic lights falling over and injuring you, but the term "safe" is justifiable under the circumstances.

The same applies to an immunisation programme where the risk of major adverse reaction to the vaccine is vanishingly small. (28, 29, 30)

11. ...in time, we could get rid of measles and rubella forever,

Like in USA where regular major outbreaks occur in fully vaccinated groups.

See point 16 ref 2, 21

We have already commented on the problems with the immunisation programmes in the USA.

The WHO recommended that short, sharp, intense programmes of immunisation be used as a means of breaking the transmission of diseases and ultimately eliminating them by ensuring high immunity in a very short time. (10, 23)

This has been used with success in Central and S America, (33) and, for example, poliomyelitis has now been successfully eliminated from all the Americas.

The elimination of measles and rubella from the UK is within our grasp if we ensure an effective immunisation campaign against them. (21)

12. Millions of children worldwide have these immunisations every year with no serious side effects.

Side effects are uncommon.

Not true

See point 30 ref 28, 29, 30

Perhaps the first statement has been misunderstood by the complainant. It does not mean that serious side effects never occur (this has been discussed in previous answers) but that there has been enormous experience of the vaccine, and that of the millions of children immunised each year the great majority have no serious side effects. (29)

The commonest side effects from MR are those listed in this section of the leaflet, and they are generally very mild and transitory. Up to one in ten children may have these symptoms for a day or two. We think it not unreasonable to

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describe an occurrence of one event in ten as uncommon. (28, 30).

13. There is much more risk from measles itself than from any side-effects of having the injection.

WHO states that 14 x more risk of getting measles if vaccinated. We have already been told how dangerous it is!!

B: "... measles can be much more serious than people think".

See point 31 ref 30, 31 .

We do not understand the statement that "14 x more risk of getting measles if vaccinated", nor can we identify it in WHO sources.

If the complainant will provide the reference, we would of course be happy to respond.

14. Why protect children from Rubella?

There has been no justification for Rubella like the (scare) tactics of the measles campaign.

See point 26 ref 25.

The text of this section of the leaflet in our view is a clear statement justifying the need for Rubella vaccination.

15. What if my child has already has the measles or MMR injections
We strongly recommend that children have another injection.

The MMR did not so why will this?

See point 21 ref 23, 23a

We know that a single dose of MMR gives effective protection to 9 out of ten children; we know that one child in every ten is still susceptible. We know, too, that a second dose raises the protection to 99%, so that 99 out of every 100 children are adequately protected. Since it is known that second and subsequent doses of Measles and Rubella vaccines are even less likely to cause side effects than the first dose it is sensible to take the added

precaution of the present campaign as a booster dose. It will pick up those few cases where vaccination may have been less successful.(23)

For children who are thought to have had measles (or Rubella) disease itself, it is important to understand that the diagnosis of these diseases is notoriously unreliable especially in young children. (2, 3, 13) Although most notifications are made for children under five, most of these "cases" have clearly been shown not to be true measles (or rubella). There are thereafter some parents who believe that their children have acquired immunity by having had the disease who are under a misapprehension. Hence the importance of MR vaccination even when there is a history of "measles" or "rubella".

PART 3 ACTUAL COMPLAINTS - GENERAL

Turning now to the actual general complaints.

Apparently, a number of complainants challenge the accuracy of the claims.

We would submit that our full responses in Part 2 of this letter show that all the claims we have made are accurate.

Certain complainants have also alleged that the overall impression created has been 'unnecessarily alarmist'. We understand this to mean that there is a complaint that we have 'over-dramatised' the problem. Our response to this suggestion (which in part is dealt with under part 15.2.1 of the Code) is already set out above. We firmly believe that the measured 'jolt' was an appropriate method to put across our serious message. It was not unnecessarily and gratuitously 'alarmist'.

I would again draw attention to the research finding (ref 3) which found that the execution was felt to have "impact" and was emotionally involving. Also it was said to be "the only one of the execution pre-tested with parents that brings home how serious it is". (BC1 parents, secondary school age child, Chesunt).

Finally, it was felt that the comparison between solvent abuse and measles was inappropriate.

We have already stated at length that many parents underestimate the seriousness of measles. The equating of measles with other serious health issues like solvent abuse is not careless or gratuitous or indeed exaggerated.

The general theme of the comparison is to reinforce the fact that catching measles can lead to serious consequences for an individual's health which in certain cases can include death. You will recall that our statistical analyses have shown that if there is a measles epidemic then this could result in up to 50 deaths. Records of solvent abuse have shown that in children between 10 and 14 years, there are about 25 deaths per year. (ref 32) It could be seen, therefore, that, in fact, many more children could die from measles than from solvent abuse in the same period. In the circumstances, we feel that this comparison is a proper one.

PART 4 CONCLUSION

In conclusion, therefore, I would submit -

Generally

- 1 the HEA had real grounds to believe that there would be a measles epidemic among children of INSERT AGE if there was no national vaccination campaign
- 2 vaccination is a tried and tested method of preventing such an epidemic
- 3 parents perception of the danger of measles was flawed
- 4 action had to be taken quickly to alter this perception and persuade parents of the necessity of vaccination
- 5 the method and stances chosen were carefully thought out and targetted to a particular result

Adherence to the Code and Complaints

- 6 the HEA had all documentary and other evidence to support the advertisement's conformity to the Code
- 7 the HEA responded promptly and fully to the Authority
- 8 the objective elements of the advertisement have been fully substantiated by appropriate references
- 9 the HEA had ample reasons to use measured amounts of fear and distress in the advertisements and accompanying materials

- 10 the use of fear was a measured use for the encouragement of the prudent behaviour of vaccinating children against measles and was not disproportionate to the risks of children (and adults) suffering from measles/rubella and their complications
- 11 the use of distress (and fear) insofar as they arise out of the advertisement and its material were necessary to achieve the socially appropriate goal of alteration of attitudes and the encouragement of prudent behaviour in a very short time-scale in the face of an impending epidemic.

In all the circumstances, therefore, I would ask that the Authority dismiss the complaint and hold that the advertisement and the materials conformed with the Code in all respects.

Finally, you ask for details of the future use of the advertisement. Please find these in Annex 2 to this letter.

Yours sincerely

Charles Gallichan
Head of Advertising and Corporate Affairs

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10 November 1994

Dear Mr Johnson

RE: MEASLES IMMUNISATION ADVERTISING

I am writing to you in response to your letter of 29 October 1994 (received by myself on 2.11.94) concerning the complaints registered about our television commercial for the forthcoming national measles and rubella campaign.

You state that the complainants comments and challenges fall into two categories:-

1. the first category of complainants allege that the commercial is unnecessarily frightening
2. the second category of complainants make specific complaints as to the medical assertions in the advertisement:-

there are possible side effects from the vaccine
there are dangers of the boosters where the risks are higher with no advantage to the child
and that measles is only serious in its rare and complicated forms.

Given the nature, content and seriousness of the complaints I propose to deal at length and in a number of parts:-

Part 1 The individual components to the background to the decision to conduct the campaign together with an explanation of the serious consequences of measles infection and current attitudes. (this is important as it explains the context in which this campaign was designed and executed).

Part 2 The specific complaints as they relate to medical points raised

Part 3 **Summary and conclusion.**

PART 1 BACKGROUND AND RATIONALE TO THE ADVERTISING

My role

By way of introduction, I am the Head of Advertising and Corporate Affairs at the Health Education Authority. I am responsible for managing campaigns on HIV/AIDS and sexual health, adult and teenage anti-smoking, physical activity and immunisation.

The HEA

The Health Education Authority is a special authority within the National Health Service. The remit of the HEA is to provide information and advice about health directly to members of the public; to assist other organisations, health professionals, and other people who provide health education to members of the public; and to advise the Secretary of State for Health on matters relating to health education.

Measles - an impending epidemic

Measles is a notifiable disease in the UK, incidence of infection being collected and recorded by the Office of Population, Censuses and Surveys (OPCS). This data is then analysed by the Public Health Laboratory Service (PHLS), an independent organisation consisting of 53 laboratories strategically located throughout England and Wales linked with specialists in microbiology and epidemiology.

The constant flow of information through this national network provides a unique perspective for the detection of outbreaks of infectious disease and the identification of emerging patterns or trends in human infection in the country. As a result of the work conducted by these organisations by July of this year, there were clear warning signs that an epidemic was likely to occur early in 1995.

For example, measles notifications to OPCS in the first half of 1994 were consistently higher than in the same weeks in 1993. The pattern of notifications this year is exactly the same as that seen in 1987 in the lead up to the epidemic in England and Wales in 1988 (ref 1). In addition, in late 1993 and early 1994 the Western Health Boards in Scotland experienced a large increase in measles, mainly in secondary school children which resulted in 138 admissions to one infectious disease unit alone. (Personal communication, P Christie, Ref 2)

The collation of this data allowed two highly respected mathematical modelling experts to undertake separately conducted analysis and produce forecasts of morbidity and mortality rates. From these studies, the need for immediate action was clearly identified.

As the British Medical Journal (BMJ) noted: 'The campaign is based on comprehensive epidemiological surveillance data including serological studies, number of cases noted and confirmed, rates of complications and deaths, and immunisation coverage.' (ref 3, 4, 5). These data have been used in two independent mathematical models: both have predicted a high probability of a major resurgence of measles, with the greatest burden of cases in children in secondary schools and a considerable number in children in primary schools.' (ref 5)

The probability of an epidemic having been clearly established, the question thus arises as to the best course of action to be implemented in order to prevent an epidemic occurring.

The value of immunisation

The role of the Joint Committee on Vaccination and Immunisation (JCVI) is to advise the Secretaries of State for Health, Scotland, Wales and Northern Ireland on matters relating to communicable diseases, preventable and potentially preventable, through immunisation.

The JCVI considered the options and decided to follow the principle of the World Health Organisation's recommended strategy for controlling and eliminating measles. (ref 6). The JCVI advised the DH to conduct a mass immunisation campaign for all children of school age in England and Wales. They further advised that this campaign be a 'school-based' campaign, as outlined in the CMO letter to Head Teachers. (ref 7) Their recommendation was presented to the Chief Medical Officer and subsequently to the Secretary of State for Health and Secretary of State for Education. This recommendation was endorsed by all parties.

A school-based campaign

The reasons for the campaign being school-based were as follows:-

- (a) It would allow for all school children to be covered by the campaign;
- (b) The alternative option through Children's General Practitioners would not necessarily cover all children as not all children are registered with a GP practice;

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- (c) It would avoid the complications of registration and recording of the immunisation in cases where children are registered for school in one district, but with a GP in another district;
 - (d) Implementation of the immunisation could take place at one site on one occasion. This would avoid children being absent from school at various times whilst they attended their GP;
 - (e) Distribution of vaccine could be simplified, both in terms of number of delivery points and dosage ampoules required;
 - (f) It would minimise disruption to the already busy GP surgery workload;
 - (g) Distribution of the information leaflet could be simplified and cost of an alternative direct mail methodology avoided. Coverage would also be more comprehensive as any database shortfalls as illustrated at (c) above avoided.

For all the above reasons, it was decided to run the immunisation campaign at this time, to this target audience.

In addition the seriousness of measles infection needed to be communicated to parents - those who would have to give their consent for immunisation to be given. It would also need to be communicated to older children for them to understand why they are to receive the injection, reduce their potential resistance and objections which might cause problems both prior to and at the time and place of their immunisation.

The seriousness of measles

Measles is a serious disease. Barry and Gill (ref 8) identified that for school age children not hospitalised, the burden of misery caused by the disease is considerable: 4 days of fever, 10 days off school, 2 nights of disturbed maternal sleep. Multiple cases per household exacerbate the situation. In this epidemic an estimated 3000 children would be hospitalised, suffering from broncho-pneumonia, broncheolitis, severe bronchitis and possibly pneumonia. (ref 8a) Indeed, the consequences of measles are with documented. (ref 8, 9, 10, 11)

The disease is ubiquitous, highly infectious and will affect nearly every person who is not immunised against it. (ref 12, 13) The clinical features commonly include conjunctivitis, coryza, rash and fever. (ref 13) Complications may result from the virus or subsequent bacterial infection. They have been reported for one in fifteen cases of measles and include otitis media (a disease affecting the middle ear), pneumonia, convulsions and encephalitis. This latter disease is an affection of the central nervous system, causing inflammation of the brain.

Measles is now the most common disease to cause this condition. (ref 14) Indeed, we know that one in 5000 children who get measles will develop encephalitis. Of these 15% will die and up to 40% will suffer permanent brain damage. This can take the form of seizures, permanent progressive personality changes, physical disability and coma. (ref 12, 13) Delayed mortality from measles infection has also been documented with death occurring some years after initial infection. (ref 11)

I have already made detailed reference to the collation of data and the mathematical modelling conducted which forecast the epidemic. (ref 3, 5)

It is, however, at this point that I should draw your attention to the number of cases predicted and forecast of consequences. The work done by PHLS predicts that there will be 100,000 to 200,000 cases, mainly in school age children, causing 3000 admissions to hospital and 40 to 50 deaths.

The World Health Organisation report that the ubiquitous, highly infectious nature of the measles virus means that nearly every person in a community who is not immunised against the disease is likely to get measles. (ref 13)

It is also worth pointing out that similar epidemics have recently occurred in other countries, including the United States and Hungary. (ref 15, 16, 17) The Scottish experience where the epidemic has already started has validated the England and Wales predictions. (ref 2)

From this data it is clear that measles is a serious disease. The perceptions of parents, however in no way matched the reality.

Parents' perception of measles and the need to "jolt"

The HEA commissions a tracking study, conducted by BMRB Research, which monitors perceptions of measles as a serious disease amongst mothers of young children. This has consistently shown that mothers under-rated the potential threat, with only 15% considering measles to be serious. Indeed, generally there has been a decline in this measure since 1991. (ref 18)

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The low perception of risk associated with measles was further confirmed by qualitative research conducted amongst parents of school age children during the development of the advertising materials. The researchers, Strategic Research Group, are one of several independent qualitative research organisations used by the Health Education Authority. They have much experience in conducting health-related qualitative research studies. They have worked for the HEA for a number of years on immunisation, HIV/AIDS and smoking campaigns.

They noted that measles 'was positioned towards the lower end of the spectrum' just above colds, flu and chicken pox and significantly below meningitis, polio and TB. (ref 19, 20) As a result, they advised that 'the need to "jolt" perceptions of measles for both adults and teenagers was unequivocally confirmed.'

We submit that these findings clearly demonstrate that there were ample 'good reasons' to adopt a route which would make parents and teenagers readdress their currently held beliefs. The 'good reasons' were the seriousness of the problem and the need to jolt the perception of parents.

We have already stated at length that many parents underestimate the seriousness of measles. The equating of measles with other serious health issues like solvent abuse is not careless or gratuitous or indeed exaggerated.

The comparison to other serious ills and the use of fear

The general theme of the comparison is to reinforce the fact that catching measles can lead to serious consequences for an individual's health which in certain cases can include death. You will recall that our statistical analyses have shown that if there is a measles epidemic then this could result in up to 50 deaths. Records of solvent abuse have shown that in children between 10 and 14 years, there are about 25 deaths per year. (ref 32) It could be seen, therefore, that, in fact, many more children could die from measles than from solvent abuse in the same period. In the circumstances, we feel that this comparison is a proper one.

The HEA is acutely aware that the use of fear in advertisements must be very carefully controlled. (ref 3) We have already explained the necessity to use powerful emotions in the campaign. (ref 3, 9, 15, 16, 17, 21) However, for the reasons set out below, the HEA does not believe that the use of fear was disproportionate to the mischief addressed.

We have set out in great detail the profound consequences of a measles epidemic. Without a national immunisation programme there are likely to be a number of deaths of children with the other consequences of an epidemic (full details set out above in part 2).

The fears in the advertisement are fears of:-

1. an impending epidemic if nothing is done
2. a fear that a parent's child can get measles
3. a fear that if a child catches measles, he or she could get very ill or even die.

carefully matched to the profound consequences of an epidemic.

It should also be noted that the messages in the commercial are specifically designed to communicate "empowerment" to the parent:

"measles can be prevented"
"as a parent you can do something"

The fear is not fear for "fear's sake" or fear to "punish", but devices to persuade a parent to permit his/her child to be vaccinated. We would say that this is one of the rare cases where the causing of temporary distress is warranted because:

1. of the seriousness of the issue/problem
2. of the need to act quickly

Both of these factors have been comprehensively explained already. The research we commissioned gave us no option but to draft the materials using the tone we did. We would strongly reject any suggestion that any distress in the advertisement or materials is designed merely to shock or simply to attract attention.

We only had one option to raise the consciousness for this campaign and a very short time in which to carry it out. The campaign timetable was brought forward in response to the Scottish outbreaks. (ref 2)

In the circumstances we ask the ITC to find that there has been no breach of the Code.

PART 2 SPECIFIC COMPLAINTS ON MEDICAL POINTS

Possible side effects from the vaccine

As can be seen from the details given beforehand measles infection is both a serious and complex subject. Given this fact and current parental knowledge and attitude it was apparent to us that no commercial, however long in duration, or frequently transmitted, could impart all the details required to inform parents. Thus it was decided at the outset to produce a comprehensive leaflet for parents to read prior to giving their consent for their children to be immunised. (This is enclosed as Appendix A.) It is within this leaflet that details of possible side effects are detailed. Both commercials refer to the need for consent to be given and in the case of the ten second variant - the leaflet is shown. (It should also be noted that this leaflet is written in an easily comprehensible form and does have a Crystal Mark from the Plain English Campaign.

The commonest side effects from MR are those listed in the leaflet, (pages 5 and 6) and they are generally very mild and transitory. Up to one in ten children may have these symptoms for a day or two. We think it not unreasonable to describe an occurrence of one event in ten as uncommon. (ref 22)

As to more serious side effects, what is important to recognise is that the likelihood of a serious outcome from measles disease far outweighs any consequence of side effects from the vaccine.

The incidence of encephalitis in cases of measles disease is approximately one in 5,000 in children of school age. For MR vaccine as a first dose, the risk is at the most one in one million. (ref 22)

For a section of society (school age children) in which there is a substantial proportion of children who are at risk of contracting measles disease in the next few months, small risk from MR vaccine is negligible compared to the risk from the disease itself.

It is never possible to state that any human activity is 100% safe. Where risk is of the order of one event in one million, it would seem to be unnecessarily alarmist to draw specific attention to it. To do so might quite unnecessarily reduce uptake by creating unjustified fears in the minds of parents, with the result that many more children might remain unprotected and therefore at the much greater risk from measles disease and its associated much higher risk of encephalitis.

In addition, the Chief Medical Officer in his letter regarding the campaign to Health Professionals was able to advise that due to the age groups being immunised in this campaign, some known side-effects which present themselves in some younger children will not be expected in this cohort. (Ref 22)

The proposed vaccine has been approved by the Committee on Safety of Medicines (CSM) which considers in detail the data on safety and efficacy of any drug for which a licence application is made. In doing so consideration is given to the indications for which the drug will be licensed. In this case the CSM has considered that the vaccine is safe to be given to healthy children and administered to almost every child in the country.

Every drug carries some risk of side effects and the CSM assesses whether the risks are sufficiently small and the benefits sufficiently great to licence the vaccine for widespread use. After licensing, any serious adverse events are reported to the CSM. In the case of vaccines, adverse event reports are monitored both by the CSM and the Joint Committee on Vaccination and Immunisation. The measles and rubella components of the measles/rubella vaccine have been in use in this country for over 20 years and so their safety record is well established.

With this evidence before you submit that only conclusion can be that possible consequences of side effects have been more than adequately presented and explained.

The dangers of boosters

There are some children whose antibody levels fall sometime after the immunisation. Studies have confirmed that increased protection is obtained after a second dose. In outbreak investigations in the USA, attack rates were 30% to 60% lower in persons who received two doses of measles vaccine compared with single vaccines. (ref 3, 21)

Side effects are less common after a second dose than after a first dose of vaccine, even if the second dose is given shortly after the first (ref 23), the incidence rate being one in a million following a first dose, one in twenty million following a second dose. (ref 24)

"There is no evidence of increased risk from line measles vaccination in persons who are already immune to measles, as a result of either previous vaccination or natural disease". (ref 24)

Therefore, after revaccination, reactions should be expected to occur only among the small proportion of persons who failed to respond to the first dose.

Accordingly, I would ask you to accept that the complaint under this heading is not tenable.

The seriousness of measles

The complainant has obviously no experience of having or treating a child with measles. This is a clear example of the complacency this campaign is trying to address.

The earlier reference to the work of Barry and Gill dearly identifies the misery of measles for patients and their families. (ref 8) This epidemic would hospitalise about 3,000 children (8a) suffering from bronchio-pneumonia and sever bronchitis, sever otitis media (a disease affecting the middle ear) or convulsions. (8a) Thankfully severe complications are rare, but even this is comparative. In the US 1989/91 measles epidemic there were nearly 50,000 reported cases but 89 measles related deaths. (ref 16, 17) The death rate would be higher here in the predicted epidemic as about two thirds of cases will be in secondary school at an age when the severity of disease is greater. (ref 8a, 10, 21)

The World Health Organisation in their 1993 report on measles put the death rate from measles in industrialized countries as 1/10,000 cases. (ref 12)

The evidence shows that not only is measles "serious" in its commonest forms but also the consequences of measles go beyond the illness suffered by a child, to the misery it causes in the rest of the family.

With this evidence we would submit that the complaint is unfounded and would request that it be dismissed.

PART 3 CONCLUSION

In conclusion, therefore, I would submit:-

1. the HEA had real grounds to believe that there would be a measles epidemic among children of 5 - 16 years if there was no national vaccination campaign.
2. vaccination is a tried and tested method of preventing such an epidemic.
3. parents perception of the danger of measles was flawed.
4. action had to be taken quickly to alter this perception and persuade parents of the necessity of vaccination.

5. the method and stances chosen were carefully thought out and targeted to a particular result.
6. the use of fear was measured use for the encouragement of the prudent behaviour of vaccinating children against measles and was not disproportionate to the risks of children (and adults) suffering from measles/rubella and their complications.
7. the use of distress (and fear) insofar as they arise out of the advertisement and its material were necessary to achieve the socially appropriate goal of alteration of attitudes and the encouragement of prudent behaviour in a very short time-scale in the face of an impending epidemic.
8. the medical claims made within the commercial have been fully substantiated, in specific detail, as well as general impression they create.
9. the allegations of mis-representation eg second booster etc have been shown to be inaccurate in themselves.

In all circumstances, therefore, I would ask that the ITC dismiss the complaint and hold that the commercial conform with the code in all respects.

Finally, I believe we have fully and promptly responded to your enquiries.

Please note that this letter is accompanied by complete supporting documentation.

Yours sincerely

Charles Gallichan
Head of Advertising and Corporate Affairs

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Measles Fact Sheet

* Measles can be very serious. It is not just a harmless childhood disease. It can cause pneumonia, blindness, deafness and even brain damage. It is the disease most likely to cause inflammation of the brain, a condition known as encephalitis. Measles can also be fatal.

* A measles epidemic is imminent in this country. It is estimated that very soon there could be 200,000 cases of measles mainly among children. This will be a very unpleasant illness and many of these cases could require hospital treatment. About fifty could die. This campaign will prevent the epidemic.

* The Department of Health is carrying out a nationwide immunisation programme for all children in school forms where the majority are aged between five up to 16 in England. (This will include the 4 year olds and 16 year olds in these school years.) Immunisations will be given this November and will be administered in schools. Every child in school will be given an information leaflet which incorporates a consent form to be signed by a parent or guardian. Parents or guardians of children of primary school age may want to be with their children when the immunisation is given. More information will be available to parents about the arrangements for the injections nearer the time.

* Even if a child has had a measles injection in the past, this one will act as a booster and give extra protection.

* The Health Education Authority will be managing the national awareness campaign for measles, using television and press advertising, newspaper and magazine articles, social action broadcasting and programmes for independent local radio, fact sheets for health promotion and education departments and an

information leaflet for over 7 million children and teenagers at school and their parents.

* The MR (measles and rubella) vaccine will also give protection against rubella (german measles). It is particularly important to protect girls against rubella, as contracting the disease in the first 3 months of pregnancy can lead to deafness, blindness, heart and brain damage to the unborn child. By adding rubella to the measles vaccine in a single injection we will also be able to protect all boys at school from rubella, helping to protect them from an unpleasant illness and to prevent them from passing it onto pregnant women. The current rubella immunisation programme for school girls will cease.

*Side effects from the injection are uncommon, usually mild, and disappear quickly. A few children may develop a mild fever, a rash and be off-colour a week or ten days after the immunisation. This should last only two or three days. Children with these symptoms will not be infectious to other children or adults, including pregnant women. Symptoms can usually be controlled with paracetamol, but parents who are worried should contact their family doctor. Side effects are less likely for children who have had measles or MMR injections before.

* It is hoped that the media will communicate the danger of measles, without spreading panic about the disease. We want to encourage parents to join in the campaign and return the consent form. The campaign will help us prevent the epidemic.

Children under the age of five are protected against measles and rubella if they have been given the MMR (measles, mumps and rubella) vaccine. Parents with pre-school age children should contact their GP if in any doubt about whether their child has had MMR and to arrange for immunisation if necessary.

* Children aged five up to 16 who are not at school on the days when the vaccine is administered can still get the injection. Parents whose children missed the school immunisation session are urged to contact their school nurse who will make other

arrangements. The school should be able to provide this number.

* Successful immunisation campaigns by the Health Education Authority include last year's Facts For Life campaign and the '92 campaign against Haemophilus influenzae type b, better known as the Hib vaccine. This was launched in October 1992 to combat the most common form of bacterial meningitis. After only 20 months, uptake of this immunisation is now at 92 per cent and this disease has been officially proclaimed as eliminated. Parents of primary school children may wish to be present for the immunisation.

For further information contact Michael Corr 071 413 1947 or Jane Downing 071 413 1970.



MEASLES ALERT ... MEASLES ALERT ... MEASLES ALERT

Broadcasters Fact Sheet: Measles Campaign

"The measles virus is like a heat-seeking missile: it will find children who are not immunised and attack them..."

Dr Liz Miller, public health laboratory service

Why should I bother with my measles immunisation?

Immunisation is the safest way to protect yourself from disease.

But it's only a mild disease isn't it?

Wrong. It kills more children than any other vaccine preventable disease worldwide. Unless we immunise school children now, we will face a measles epidemic which could kill 50 children and put hundreds more in hospital.

But I thought most children had already been immunised...?

Until five years ago, only half the children in England and Wales were immunised. Eight million children are potentially at risk.

At risk of what?

High temperature, a rash, a cough, a cold, sore eyes and headaches.

That sounds unpleasant. But at least you get better...

Usually, yes. But measles can also cause permanent damage like blindness, deafness and brain damage.

Mrs Hall's daughter caught measles at the age of 5:

Because of the measles my daughter had, she's having difficulties and she has to go to a special school. She's not going to be able to read, write, do arithmetic, go to a job, get married and have children - that's how measles ruined her future.

But only kids get it; mine are all in their teens, so they're OK, aren't they?

Wrong again. Measles is even more severe when it attacks older children who have not been immunised.

Lynn Kirby's son was 13 when he got measles:

One evening he woke up and he wanted to get out of his bedroom because he felt the walls were coming in. He was asking me things like turning up colour, why things were moving towards him and he was really frightened, and he was in pain because I couldn't do anything to bring him out of it.

So what can I do?

All school children will be given a leaflet about the measles immunisation. Sign and return the consent form. If everyone gets immunised, the epidemic will be prevented and we'll be on the way to eliminating measles. Forever.

Notes:

- 1 The measles vaccination will also include protection against rubella. Rubella is a mild disease but is extremely dangerous to the fetus if caught during pregnancy, and can cause deafness, blindness and brain damage to the unborn child.
- 2 Side effects to the measles vaccination
 - Side effects are uncommon and usually disappear quickly.
 - A few children may develop a mild fever, a rash and be off colour for a few days. Children in this state will not be infectious.
 - In a few cases, a child may develop a fever or have sore or aching joints. If you are worried, consult your doctor.



**Measles/Rubella:
Information for
health professionals**

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Measles/Rubella: Information for health professionals

Q. What is going to happen this November?

A. We are going to make every effort to immunise every child in school, in forms where the majority of children are aged five up to 16 years. Some will be four and some will be 16 years.

Q. Why is this necessary?

A. Because measles vaccine coverage was low in the past, there are a considerable number of school aged children who have never been immunised and who never caught measles. In some secondary school age classes, as many as 40% of children were not immunised. We also know that about 10% of immunised children do not have measles antibodies. When all these factors are taken together, we now find that there are enough unprotected children in our schools to sustain a major measles epidemic.

Q. Are we really going to have a measles epidemic?

A. Definitely. Predictions suggest that between 100,000 and 200,000 cases would occur. Thousands of children would have to be admitted to hospital with measles complications such as pneumonia or encephalitis. Around 50 children, mostly of secondary school age, would die. The evidence is now pointing to an epidemic in early 1995.

Q. Why can't we just immunise those children without a history of immunisation?

A. Firstly, a history of measles immunisation may be unreliable, especially for the older children. Even if we were able to immunise all those children with no immunisation histories, there would still be enough previously immunised children who are 'vaccine failures' to sustain a measles epidemic. Measles outbreaks have been shown to continue to occur even when very few children are susceptible.

Q. What about those children who have already had MMR as well as measles vaccine? Do they need MR as well?

A. The success of the strategy depends on the highest possible coverage to interrupt chains of transmission as well as to protect individual children. We know that immunised children who have low levels of antibodies can transmit measles to other susceptibles, and even some children who have had measles and MMR vaccine can still be susceptible. We therefore believe that all children should have MR vaccine even if they have been immunised before.

Q. Why must the work be done in such a short time?

A. There are two reasons. Firstly, there is good international experience that the most effective way to deal with measles is through campaigns. If high coverage is achieved, then the chains of transmission from one child to another can be broken, and measles can even be eliminated. This is now the action recommended by the World Health Organisation. The campaign strategy requires the whole of the population amongst whom transmission is occurring to be immunised as fast as possible. Some countries have even managed their mass campaigns in a single day! Secondly, a rapid campaign allows the most cost effective use of resources such as health staff and advertising.

Q. How were the age groups chosen?

A. The Public Health Laboratory Service (PHLS) has been studying levels of measles antibodies in all ages of the British population to identify the extent of measles susceptibility. The PHLS data shows that the secondary school aged group is the most vulnerable population, followed by the primary school aged children. After the age of 16 years, many have left school or moved on to adult education, making them harder to target and there are fewer susceptible young people. To add to this, the PHLS monitoring has showed that in 1994, the majority of confirmed cases (78%) were in the 5 to 16 age group.

Q. Why not immunise adults?

A. Before the introduction of measles vaccine in 1968, almost everyone caught measles. For quite a few years after the vaccine was introduced, measles continued to be endemic and epidemic so that those who had not been immunised still got infected. By adult age, there are very few people who are susceptible to measles.

Q. What about the under 5s? Won't the same problem recur?

A. MMR coverage is now around 93% so there are far fewer unimmunised children than there used to be. Just the same, 10% of these immunised children do not have antibodies to measles. This means that over time, we could build up a sufficiently large cohort of susceptible people for an epidemic to happen again. We are therefore considering carefully the best strategy to implement after this campaign, to make sure we do not have a measles epidemic, ever again.

Q. Why is MR vaccine not MMR being used?

A. For quite a few reasons. The Joint Committee on Vaccination and Immunisation (JCVI) recommended that MR vaccine should be used, firstly to deal with the measles problem, secondly to protect all school aged males against rubella, thereby stopping the present rubella outbreaks which are mostly amongst males, and also to allow the schoolgirl rubella immunisation programme to be stopped now. There is little evidence to justify the inclusion of mumps vaccine in the campaign. There is also intense pressure worldwide on MMR vaccine supplies and we simply could not obtain sufficient vaccine in time to prevent the anticipated epidemic.

Q. What are the contraindications?

A. There are remarkably few children who have true contraindications to MR vaccine. Children who are receiving high dose oral corticosteroids or other immunosuppressants, or whose immunity is suppressed by disease, should not receive MR vaccine. Children who, in the past, have had a life threatening episode of anaphylaxis after eating egg are also contraindicated; this does not include children with a dislike of eating egg. It is good practice to postpone immunisation in children who are febrile on the day the immunisation is planned. A personal or family history of epilepsy or febrile convulsions is not a contraindication; nor are asthma or eczema.

Q. What adverse events can we expect?

A. Adverse events will be much rarer than after measles immunisation of young children. Those children who are still susceptible to measles may get a fever, mild measles like rash and be off-colour five to 10 days after immunisation. We would not expect any of those symptoms in children who have antibodies to measles. Some of the boys (and many fewer of the girls) may complain of painful joints about two weeks after the immunisation from the rubella compo-

ment of the vaccine. Studies from the United States and from Holland have shown that the rate of symptoms after second doses of MMR vaccine were not significantly higher than those reported from a matched unimmunised control group.

Q. If a child had an adverse event such as a febrile convulsion after measles vaccine, will this happen again?

A. This is most unlikely. The children in the age group being immunised are older than the age at which febrile convulsions commonly occur, and we expect that very few of those being immunised will have post-immunisation pyrexias as they will for the most part be simply getting a boost to their antibodies.

Q. How will adverse events be monitored?

A. All adverse events, thought to be related to the immunisation, should be reported on Yellow Cards to the Committee on Safety of Medicines.

Q. What about intervals between immunisations?

A. No interval is needed between MR and inactivated vaccines such as Tetanus diphtheria (Td) vaccine or influenza vaccine. Because polio vaccine primarily leads to intestinal immunity, it is unnecessary to have a three week interval between OPV and MR. A three week interval should be observed between MR and BCG vaccine or tuberculin testing, or other live vaccines such as those for foreign travel. A three week interval does not need to be observed if MMR vaccine has been given recently.

Q. Can a child give or withhold consent?

A. Yes, provided that the child understands the implications of their actions. If a child's decision countermands that of the parents, then the outcome should be recorded.

Q. Should we be enquiring about menstrual histories in teenage girls?

A. This is likely to cause considerable difficulties and will not be helpful. If rubella vaccine were to be teratogenic (leading to fetal damage), and there is no evidence that it is, then the time of highest risk would be peri-conceptual immunisation. At this time, it would be very unusual for a girl to know that she is pregnant.

Q. What are the risks from giving MR vaccine if a girl is pregnant?

A. The risks of causing even one case of congenital rubella syndrome (CRS) in the whole of this campaign are very, very small indeed. Only 3% of the girls who are at risk of getting pregnant are susceptible to rubella: most of them have already had rubella vaccine or rubella itself. Furthermore, only those girls who are susceptible to rubella and who are immunised peri-conceptually might be at any risk. Follow-up studies of women given rubella vaccine peri-conceptually have never revealed even a single case of vaccine related CRS and on this basis, the JCVI's existing advice is that inadvertent rubella immunisation in pregnancy is not an indication for termination.

Q. What arrangements are being made for vaccine supplies?

A. Health Authorities will receive MR vaccine, according to the size of their school based populations. The vaccine will be delivered by Farillon at weekly intervals to District Pharmacists, starting from October 17. Most of the vaccine will be in 10 dose ampoules with 10 dose diluent. There will be a small amount (5%) in single dose formulation for the last children at the end of each session and for the mopping up activities at the end, when children who were not in school on the day of the campaign are tracked down.

Q. Can GPs order MR vaccine?

A. Not until the school based immunisations have been completed. Only then, when it is known which children have not been included in the school programme, will local arrangements be made to enable GPs to order MR vaccine for those identified children. Until the campaign is completed we are having to limit supplies of MMR vaccine so that GPs will be able to continue to immunise children as part of the routine MMR immunisation programme; it will only complicate matters if GPs try to immunise school children with MMR ahead of the campaign, as they will still be called for MR immunisation through the campaign programme.

Q. How will we know if the campaign has been successful?

A. The best sign will be the absence of an epidemic in 1995. More than that, we hope to see measles notifications fall even further than they have over recent years, leading towards measles elimination. At present, most confirmed cases of measles are occurring in school aged children. If the campaign is successful, we should see an immediate impact on school outbreaks of measles.

Q. How will we monitor measles in the future?

A. It will be most important that we get a true picture of measles infections. Unfortunately clinical diagnosis of measles has proved to be unreliable, especially in children under 5 years. The PHLS is therefore introducing a new method for confirming measles infections in suspected cases (rash, fever of more than 38.5°C, and one of the 3 C's - cough, coryza and conjunctivitis). The new test, based on the detection of measles antibodies in saliva, has been shown to correlate very closely with results from blood tests. This simple, reliable and pain free technique will be made available from November to all GPs in England and Wales, with instructions on the method of collection of the samples. We will be the first country in the world to be using this new technique for measles surveillance.

MEASLES: MORE SERIOUS THAN YOU THINK

PHLS FACTSHEET ON MEASLES FOR PARENTS AND CHILDREN

What is the PHLS?

The Public Health Laboratory Service (PHLS) is an independent organisation consisting of 53 laboratories strategically located throughout England and Wales linked with specialists in microbiology and epidemiology. The constant flow of information through this national network provides a unique perspective for the detection of outbreaks of infectious disease and the identification of emerging patterns or trends in human infection in the country.

What is happening in November?

The Measles-rubella (M-R) campaign is aiming to vaccinate all eligible children aged between 5 and 16 years of age during November 1994. This leaflet explains some of the facts about this campaign.

Why is this campaign being undertaken?

Special research and routine data collected in this country strongly suggest that, unless a large proportion of the school age population is vaccinated we are likely to experience a large epidemic of measles in the UK in 1995. Work done by the PHLS predicts that there will be 100,000 to 200,000 cases, mainly in school children, causing 3,000 admissions to hospital and 40 to 50 deaths. Similar epidemics have recently occurred in other countries, including the United States.

Why has the risk of an epidemic occurred here?

There are several contributing factors:

1. Poor vaccination uptake in the past

Up until measles-mumps-rubella (MMR) vaccine was introduced in 1988, only between 60% and 80% of children received measles vaccine before the age of two years. This means that, between 20% and 40% of children at school have never been vaccinated against measles.

2. Failure to respond to vaccination

No vaccine is 100% effective. Measles vaccine protects about 90% of children who receive it. Therefore, in addition to the unvaccinated children, about 10% of children who have been vaccinated are still susceptible and can catch measles. Initially, it was thought that this small group of children would not be at risk, because most other children, who were protected, would not pass measles on to them. Recent experience in the United States, however, shows that even the 10% failure rate can be important in allowing the measles virus to continue to circulate in this group and in unvaccinated children.

3. The low chance of catching measles infection recently

During the early 1980s, measles affected between 40,000 and 140,000 children and caused between 6 and 26 deaths each year. During the epidemics which occurred every two years most children who had not been vaccinated or who had failed to respond to vaccine caught measles and became immune. Since 1988, however, measles has been less common, causing less than 30,000 cases per year. During the past six years, therefore, the group of school age children who are not immune to measles has grown. Because measles is a serious illness, especially amongst school age children, it could be very dangerous to allow these children to become immune by catching measles during the predicted epidemic.

4. Infectiousness of the measles virus

Studies of blood antibody levels to measles (which measure immunity) show that about 14% of the school age population are not immune to measles. Although this percentage may seem small, measles is so infectious that this could allow very rapid spread of the virus causing a large epidemic in school children.

What are the common complications of measles?

Measles is a serious illness, even in well nourished children living in this country. Measles almost always causes a rash, a fever, red and painful eyes, a cold and a cough. Most children are off their food, feel miserable, dislike the light and spend about 5 days in bed. Amongst children of school age, the average child will be off school for 10 days, and parents will need to take time off work to look after them. About 1 in 25 school children with measles get pneumonia or bronchitis, 1 in 20 get ear infections and 1 in 500 suffer a convulsion. Overall, hospital admission is required in about 1 in 100 cases, but amongst secondary school children it may be as common as 1 in 30 cases.

What are the more serious effects of measles?

Behaviour changes such as screaming, irritability and excessive drowsiness occur in 1 in every 500 cases. Complications of the brain and central nervous system (such as meningitis and encephalitis) occur more rarely - about 1 in every 1000 cases and about 1 in every 2,500 children of school age who contract measles will actually die. There is also a very small risk of a disease called sub-acute sclerosing pan-encephalitis (SSPE), which comes on many years after the illness and causes brain damage and death.

What are the side-effects of vaccination?

Measles vaccine is a live vaccine - it contains a measles virus which has been specially treated to provide protection without illness or with only a very mild illness. Therefore, about 10 days after vaccination a very mild type of measles can occasionally occur. Side-effects are less common after a second dose than after the first dose of vaccine, even if the second dose is given shortly after the first. Only a child at risk of measles can have side effects. If a child is already immune to measles, he or she will not be affected by the vaccine.

Although, the type of side-effects of vaccination that may occur are similar at all ages, they actually occur less frequently in older children. In a study of five year old UK children, similar to those in the current campaign, 1 in 14 had a fever, 1 in 17 had a rash and 1 in 8 was off their food. In a US study of older students only about 1 in 25 had a high fever and about 1 in 14 had a rash.

Rarely more severe complications do occur, but much less commonly than with the disease itself. At the age of one to two years, 1 in 1000 children given the vaccine develop a fever which leads to a febrile convulsion. Amongst older children, the tendency to have fits is less common, and no fits occurred in over 1000 five year old children given the vaccine in Scotland. In the United States they estimate that one case of encephalitis occurs for every one million first doses of vaccine distributed.

Why are we vaccinating children who have had a previous dose of measles or MMR vaccine?

About 10% of children do not respond to the first dose of vaccine and therefore continue to be at risk of measles. We cannot tell which children these are without a blood test to measure their antibody levels. Because we know that the vaccine is very safe when used as a second dose, it is more sensible to vaccinate all children, whether or not they have been vaccinated before.

Does a second dose of vaccine work?

A second dose of vaccine has been shown to increase protection. Amongst children who did not respond to a first dose of vaccine, over 90% have a good response to the second dose.

What about those who have had both measles and MMR vaccine?

Although it is extremely unlikely that children who have had two doses of vaccines are still not protected, it is still advised that they go ahead. Unlike other childhood vaccines, because the vaccine contains a living virus it cannot infect and cause symptoms in someone who has a good immunity against the measles virus. If a child is already immune to measles, the vaccine is therefore made inactive. The same will be true for children who have had measles before. For these children, the main benefit will be the additional protection against rubella offered by the combined M-R vaccine.

What about younger children?

Because uptake of vaccination amongst pre-school children is high (92 to 93%) this group are at much less risk of measles. However, we do know that about 10% of children will not be completely protected by vaccination. Over the years to come, numbers of susceptible children may increase and risk another epidemic. Because of this, it may be necessary to introduce a second dose of MMR, like they have recently done in the US and other countries. The decision will be made depending on the impact of the campaign, careful monitoring of measles cases and the levels of immunity in the population next year. Experience in other countries tells us that we can be confident, however, that immediately after the campaign the risk of measles in younger children will be extremely low for quite a few years.

What about young adults?

We know that most young adults who are immune to measles. This is because unless they were vaccinated most of them will have caught measles as children. School children are the group at highest risk and must therefore have first access to the vaccine. After the campaign, 16-18 year olds who are sure that they have not been vaccinated and not had measles might wish to discuss the possibility of vaccination or antibody testing with their GP.

Why is measles-rubella vaccine being used?

There has also recently been an increase in rubella cases, mainly amongst teenage boys and young adult males. There is concern that boys and girls who have not received MMR or rubella vaccine, or who failed to respond to the first dose of vaccine, may catch rubella and pass on the infection to pregnant women. This is the reason why it is recommended that children in this campaign are given a combined measles-rubella vaccine.

The vaccine is similar to the MMR that has been used in pre-school children since 1988, but without the mumps component. We cannot use MMR because there is not sufficient stock, worldwide, of the mumps vaccine to supply the whole UK school population. Because of this, and because cases of mumps are currently at a low level, we are using measles-rubella only vaccine.

Is this the MMR vaccine which was substituted with another recently?

No. Two makes of MMR vaccines were recently replaced with another because the mumps strain they contained was associated with a slightly higher risk of side-effects. The measles and rubella vaccines which are being used to manufacture the M-R vaccine are the same or very similar to the strains in the measles, rubella and MMR vaccines available in the UK now and used in many countries for more than 20 years.

Which children cannot have vaccine?

Very few children cannot have the vaccine. These include children with suppressed immunity or with a very severe allergy when they eat foods containing egg (leading to breathing trouble or collapse). Should these children have contact with a case of measles, they should consult their GP or specialist doctor, who may advise an injection to modify the illness if they should catch it.

Because of a theoretical risk of passing the rubella virus on to an unborn baby, special leaflets about this will be available for girls in secondary schools.

Where is the evidence for this published?

The evidence for the answers above is taken from papers published in scientific and medical journals. These references are outlined on the next two pages.

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An Introduction to the Media

1. Interviews

What a reporter wants from an interviewee:

Joan Thirkettle, an experienced ITN reporter, knows exactly what she wants from an interviewee:

I want them to answer the question. I don't want them to ramble or go off at a tangent, which a lot of people do either accidentally or deliberately. I want them to be well informed and talk to me as if we are having a conversation. Some people address me in blocked statements which immediately loses the interest of the viewer/listener. What we really want is someone who can tell a story, and by doing so, draw the audience to them. David Bellamy, is the finest exponent of what I mean. You don't have to know the first thing about botany to share his enthusiasm for his subject.

She adds a word of caution to the over-confident:

I don't have any respect for people who are egocentric and go out of their way to score points over the reporter. The object of an interview is to inform and clarify. It should not be thought of as a battleground. Sometimes it turns into one when the interviewee tries to intimidate a reporter whom he thinks is not as knowledgeable as he or she should be. Usually they are wrong, but even so the primary function of the interview is to communicate, not alienate.

Remember

- **The media needs you as much as you need them.**
- **You know more about your subject than they ever will.**
- **The more confident and fluent you appear, the cooler the hot seat will be.**
- **Thousands of pounds of free publicity beckon.**

WHAT TO EXPECT IN AN INTERVIEW

Remember on radio

- **Make sure you know the style of the programme and its presenter's name.**
- **Arrive at a radio studio about twenty minutes before the broadcast. On *no* account be late.**
- **Never dress down for radio.**
- **Avoid clanking jewellery and digital watches.**

- Make sure beepers are switched off and you never bring a portable phone into the studio.
- Always have a small card index bearing your three main points, and a pencil with you.
- Try not to smoke.
- Never accept alcohol, but always make sure you have some kind of liquid refreshment - preferably water.
- Don't engulf the microphone.
- Don't swing on your chair.
- A red light indicates 'on air' - anything you say or do could be heard by millions.
- Never assume that an interview is over until you are told that it is.
- Make sure you maintain eye-contact throughout the interview.
- Remember to smile. In radio especially, when you smile your voice smiles with you.
- **Nothing is off the record.** If you don't want anyone to know about it, don't say it.

Remember in press interview

- Never let the length of the interview deter you from giving clear, succinct answers.
- Be wary of leading questions.
- Always check that a journalist has recorded your points accurately.
- You are not obliged to take an unscreened call, but you must phone back once you've established the journalist's credentials.
- If you are being interviewed on the phone, try and inject warmth into the voice.
- As you talk, make a note of your key points.
- Don't be afraid to check the facts - better to do so now, rather than later.

On TV and in general

- Always look smart and tidy, but don't change your appearance.
- No alcohol until after the programme/interview.
- Practice, practice, practice.
- First impressions are the most lasting.
- Avoid jargon, but use examples, anecdote and colour.
- Don't let your answers ramble.
- Never try and answer a question in three parts.
- Always avoid the monosyllabic 'yes' and 'no' answer.
- Never make something up and don't lie outright.
- Make sure you have the last word if the interviewer tries and put you down.
- Never walk out of an interview.

Sources: How to take on the Media by Sarah Dickinson; Weidenfeld and Nicolson; £7.99.
(A very useful book for anyone interested in this area who has a bit of spare cash!)

11. WRITING YOUR PRESS RELEASE. MEDIA CHECKLIST.

The enclosed release may help you to prepare your own. You can use parts of this, or all of it, for your own release.

However, it will be more relevant and successful if you use only parts of it, and adapt other parts (in particular those marked '****') to give more localised information in the form of:

1. A quote from a district or regional expert, e.g. the Director of Public Health, the District Immunisation Co-ordinator or the District Health Promotion Officer.
2. Local information about events which might happen in October or after November ! when the immunisation campaign has started.
3. A suitable contact person, with the relevant phone number, and if necessary also an evening/weekend phone number - but the necessity for this depends on when you are sending out your release/having an event.
4. You might, in addition to the information leaflet available, have produced your own, in which case you can include this.
5. You can also insert the exact local details of the arrangements for immunisations.

Remember

- * a news editor may only read the first paragraph of a release before binning it. Yours will be only one of many received that day, so you have to grab their attention straight away, with the most newsworthy information, to get them to read on.
- * this means you should always give the most important information first, working your way down to the least important; the opposite of telling a story, where you work up to the climax.
- * it also means you need to follow up your release with a phone call; this could make the difference. If your release has failed to interest them, then the way you put your points across on the phone might get them involved.
- * you need to mark your release clearly as a PRESS RELEASE - as most people will not have separate press release paper.
- * abbreviations: do not use these unless you have first explained them, as you cannot

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assume that journalists will know what you mean. So always spell something out in full when you first use it, putting the initials in brackets afterwards, and then you can use the initials the rest of the way through e.g. '... of the Health Education Authority (HEA)'.

- * send out press releases to arrive at least four days before the launch (on 29 September). Send them to named health correspondents wherever possible, to local press, TV and radio. Check to see if there are any health shows which might do a feature on the immunisations, as well as getting straight news coverage. Remember that one of your biggest information outlets could be local weekly papers which have deadlines as much as two days before publication. Contact them in good time.
- * when the first immunisations take place in schools at the beginning of November make arrangements for a photocall - invite local press, TV and radio. Check with the school and nurse beforehand. You may also need parental consent - the headteacher should be able to advise on this. The photocall would give you a good visual story and enable you to get double the coverage.
- * try to arrange an assortment of spokespeople who can do media interviews at short notice. Bear in mind that if there are any cases of measles you may be asked for a talking head - this gives another opportunity to get your message across. If possible give the media an out-of-hours contact number and keep a list of contacts who you can then phone up and ask to do interviews. The best people are generally those who are most relaxed and able to communicate in ordinary, rather than medical, language.

111. Using Local Radio

Local radio provides a unique means of reaching inside people's own homes with vital health education messages. It gives you an opportunity to speak individually to people in a way which leaflets and even television cannot replace. Independent Radio has a particularly valuable role to play in reaching mass audiences.

Stage One: Making Contact

The first step to using Local Radio is to get on the air! Obviously, the basic requirement of this is an excellent press release. As with papers, Radio Presenters are looking for an item which will interest their listeners, probably because there is a local angle to the story. One thing to bear in mind is that people don't talk to each other very much in Radio! The BBC is more departmentalised than Independent Radio, but in all cases it is worth sending separate Press releases to each Department. In Independent Radio this would include the Programme Controller, the Newsroom Presentation, and any social action/community affairs department that may exist on your particular IR station. The next step is to follow-up Press Release with a phone call as soon as they have received it. News items die within a day on a Radio station. Getting hold of the right person is not always easy; Presenters maybe on-air but they often take outside phone calls event between records! Once you have got them on the phone you can try persuading them either to give you an interview or to mention something for you on their programmes.

Stage Two: Speaking on Radio

If you have managed to get an interview, it is worth bearing in mind a few basic rules about Radio before you get in the studio:

1. The listener turn-off factor. Even though you have a serious message to get across, the most important thing is to sound interesting and lively. Keep away from jargon and stick to the basic message you want to get across. Don't get side-tracked into a mass of intricacies; people can always find out the details later.
2. Radio is an intimate medium. Its great advantage is that it is very personal. Audience research shows that people listen more if they feel you are speaking directly to them. Try to use examples using 'you' or 'I'; you are speaking to one person - the listener - not a crowd.
3. It is obviously worth thinking through what you are going to say beforehand. A few relevant facts - eg millions of immunisations have been given with no serious side effects - can add weight to what you want to say. On the other hand, lots of difficult to take in statistics only add up to another listener turn-off factor.
4. As a rule it is not a good idea to take notes with you into the interview. For one thing, you know more than enough detail already; secondly, taking notes might tempt you to stick to them rather than have a real conversation with your interviewer. Radio is about speaking, not reading.
5. Lastly, you are not addressing a conference of experts. Every day language is much more vibrant; people will not be taking notes on every word you say. You have some excellent news to get across: there is a safe injection which we can use to help prevent the measles epidemic and you should sound pleased about it. A good trick is to smile into the microphone as you speak!

MEASLES IMMUNISATION RADIO CAMPAIGN

Radio Action Community Trust is producing a Radio campaign on behalf of the Health Education Authority called: Measles Alert! It will run from 3rd until 17th October on the following Radio stations:

RADIO STATION	AREA
DEVONAIR	Exeter
METRO FM (GREAT NORTH RADIO)	Newcastle
TFM (GREAT NORTH RADIO)	Stockton on Tees
PULSE FM (GREAT YORKSHIRE RADIO)	Bradford
VIKING FM (GREAT YORKSHIRE RADIO)	Hull
HALLAM FM (GREAT YORKSHIRE RADIO)	Sheffield
WEAR FM	Sunderland
AIRE FM	Leeds
CITY FM	Liverpool
RED ROSE FM	Preston
PICCADILLY FM	Manchester
BUZZ FM	Birmingham
MERCIA FM	Coventry
LEICESTER SOUND FM	Leicester
TRENT FM	Nottingham
RAM FM	Derby
SUNRISE YORKSHIRE	Bradford
SUNRISE EAST MIDLANDS	Leicester
SUNRISE HOUNSLOW	London
RTM	South East London
CHOICE FM	South London
JFM	London

AND ALL BBC LOCAL STATIONS

You are very welcome to try to obtain extra airtime on these Radio stations outside this region.

If you would like any further guidance or help about using Radio please do get in touch with us and we will do our best to help.



**Sample Press Release for Health Promotion/
Education Departments**

Date: 31 August 1994

**Measles Alert
Campaign to protect children against measles launched**

xx thousand schoolchildren in the XXXX (region/area/town) will be immunised against a measles epidemic which is threatening to sweep the country, it was announced today (29/9/94).

The immunisations will be carried out in primary and secondary schools in November this year. [See Notes *] School children will be given a measles information leaflet to take home to their parents, who will be asked to fill in the consent form attached. The form should be returned to school as soon as possible.

This nationwide campaign is to protect a total of up to eight million children aged five up to 16 against measles.

Schoolchildren who get measles are likely to be very ill. They will have a high temperature, a cough, a cold, a rash and sore eyes. In some cases, the disease can cause deafness, blindness and can even be fatal.

Dr XXX XXXX, head of public health (or District Immunisation Coordinator) for the XXX District Health Authority, urged all parents to make sure that their child is immunised in this campaign:

"We are facing the threat of a measles epidemic in this country which will mainly affect school aged children. Children and teenagers are at risk of serious illness if they are not protected against measles. Many of them could need hospital treatment."

"The good news is that with this campaign we can stop the epidemic happening. Please make sure that your child is protected; don't let your child miss out on his or her jab."

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The MR vaccine, which is a single injection, will also provide protection against rubella. Rubella (known as "german measles") is a mild illness for younger children, but it can be unpleasant for older boys and girls. If a girl or woman catches rubella while she is pregnant, it can harm her unborn baby. Rubella can cause deafness, blindness, heart and brain damage in the baby, particularly if the mother catches it in the first few months of pregnancy.

So, by putting measles and rubella in a single injection for girls and boys, we can greatly reduce the risk of both diseases at the same time.

Children who have already been immunised against measles, or who have already had the disease, will still be advised to have the injection. If a child has had measles or rubella or MMR injections, this booster will give them increased protection.

Side effects from the MR vaccine are uncommon, usually mild, and disappear quickly. Children may develop a mild fever and a rash and be off-colour a week or ten days after immunisation.

The symptoms can usually be controlled with paracetamol, but parents who are worried should contact their family doctor. Side effects are even rarer with booster injections.

Children under the age of five will already be protected against measles and rubella if they have had the MMR (Mumps, Measles, Rubella) vaccine. Parents with pre-school children should contact their GP if in doubt about whether their child has had the MMR injection and arrange for immunisation.

Children aged five up to 16 who are not in school on the days when the injections are done can still be immunised. Parents whose children have missed out are urged to contact their school nurse who will make other arrangements.**

NOTES

* In some areas this will extend into December.

**Local arrangements may vary.

ENDS

For more information please contact: xxxxxxxx on telephone number xxxxxxxxxxxx

RADIO ACTION COMMUNITY TRUST

MEASLES ALERT! CAMPAIGN

EVALUATION REPORT

1. INTRODUCTION

The Measles Alert! campaign was funded by the Health Education Authority and was produced by Radio Action Community Trust.

BACKGROUND

A Measles epidemic could be imminent. This is due to a build up of the potential for Measles infection amongst the population. This has been brought about by the relatively low level of uptake of Measles immunisation a few years ago. Measles is a much more serious disease than most people realise and in some cases can be fatal. To counter the threat of a possible epidemic it is intended that all school children aged between 5 and 15 years, with parental consent, will receive a Measles immunisation this November.

CAMPAIGN AIMS

To produce a Radio campaign that communicates the seriousness of measles, that parents and children understand the basic reasons and arrangements for the programme of immunisations as well as to remind parents and school children to return consent forms to school. The target audience of the Radio campaign was the parents of the children concerned and the older children involved.

2. RADIO CAMPAIGN

Radio Action Community Trust produced a Measles Immunisation Campaign for Independent Radio and BBC Local Radio to the brief supplied by the Health Education Authority. The Radio Campaign was produced in close consultation with the Health Education Authority. All programmes were produced in draft version and were over seen by medical experts to ensure that the programmes carried the correct health education messages that conveyed the seriousness of the disease without creating panic.

INDEPENDENT RADIO

The campaign was broadcast on the following Independent Radio stations.

<u>RADIO STATION</u>	<u>AREA</u>
CENTURY RADIO FORTUNE 1458	THE NORTH EAST MANCHESTER
MINSTER FM STRAY FM SIGNAL ONE	THE NORTH WEST YORK HARROGATE STOKE-ON-TRENT STAFFORDSHIRE/CHESHIRE
CHOICE FM MERCIA FM MERCIA CLASSIC GOLD RAM FM TRENT FM	BRIXTON COVENTRY/WARWICKSHIRE COVENTRY/WARWICKSHIRE DERBY/DERBYSHIRE NOTTINGHAM NOTTINGHAMSHIRE
LEICESTER SOUND	LEICESTER LEICESTERSHIRE
SUNRISE RADIO SUNRISE RADIO SUNRISE RADIO	GREATER LONDON EAST MIDLANDS BRADFORD

* See also Independent Radio News

BBC LOCAL RADIO

All 37 BBC Local Radio Stations were supplied with specially produced programme material for the campaign. This consisted of 2 features:

FEATURE ONE

HEALTH EXPERTS

Featuring interviews with:

Michael Corr, Immunisation Project Manager, Health Education Authority

Dr. David Salisbury, Principal Medical Officer, Department of Health

Dr. Liz Miller, Senior Epidemiologist

Dur: 3'04'

FEATURE TWO

THE HUMAN COST OF MEASLES
Featuring interviews with:
Julia Hall and Tanya Keeble

Dur: 2'41"

CAMPAIGN FORMAT

The timing of the campaign was carefully chosen to ensure there was an integrated approach to the dissemination of measles information amongst the public. The most effective way of achieving this objective was to run a two week campaign.

WEEK ONE:

October 3-7 PROMOTIONAL TRAILERS

WEEK TWO:

October 10-14 FEATURES

PROGRAMME MATERIAL

To make the programmes more sensitive and non-patronising they featured a mixture of people who suffered from Measles and medical experts. This provided Radio Action Community Trust with some of the most striking audio they have ever had for an Immunisation campaign. The following programme material was produced:

PROMOTIONAL TRAILERS

Two promotional trailers were produced, one of 30 seconds duration and one of 10 seconds.

FEATURES

Four 30 second programmes and two 60 second programmes were produced.

PROGRAMME ONE

INTERVIEWEE: LYNN KIRBY

Dur: 30"

PROGRAMME TWO

INTERVIEWEE: DR. DAVID SALISBURY

Dur: 30"

PROGRAMME THREE

INTERVIEWEE: JULIA HALL

Dur: 30"

PROGRAMME FOUR

INTERVIEW: DAVID KIRBY
Dur: 30"

PROGRAMME FIVE

INTERVIEWEES: JULIA HALL AND DR. DAVID SALISBURY
Dur: 60"

PROGRAMME SIX

INTERVIEWEES: TANYA KEEBLE AND DR. LIZ MILLER
Dur: 60"

PRESENTER FACT SHEET

Radio stations were also provided with a Presenter Fact Sheet, compiled by the HEA, which enabled the presenters to get behind the campaign by talking knowledgeably about the subject and increase the campaigns on air prominence.

INDEPENDENT RADIO NEWS

Independent Radio News syndicated Measles information that was carried by the majority of 119 Independent Radio stations.

ADDITIONAL LOCAL PROGRAMMING

Mercia FM News carried a feature on the launch of the campaign on September 29th which included local interviews and vox pops.

Trent FM Careline produced programmes that followed up on the success of the 'Don't be a jabby dodger' Immunisation campaign that was organised jointly by Nottinghamshire Family Health Services, Nottingham Community Health and North Nottinghamshire Health Promotion Unit.

Sunrise Radio (Greater London) ran a phone in and discussion programme with Dr. Hammid from Hillingdon and Harrow Health Authority on October the 7th. Response to the programme was overwhelming and Dr. Hammid now has his own monthly programme to deal with the demand for health information and advice.

3. AUDIENCE DATA

INDEPENDENT RADIO

<u>RADIO STATION</u>	<u>POTENTIAL AUDIENCE</u>
CENTURY RADIO	2,164,000
FORTUNE 1458	2,000,000
MINSTER FM	363,000
STRAY FM	140,000
SIGNAL ONE	730,000
CHOICE FM	2,786,000
MERCIA FM	681,000
MERCIA CLASSIC GOLD*	
RAM FM	625,000
TRENT FM	1,102,000
LEICESTER SOUND	665,000
SUNRISE RADIO (MIDLANDS)*	
SUNRISE RADIO (YORKSHIRE)	744,000
SUNRISE RADIO (GREATER LONDON)	<u>9,829,000</u>
TOTAL	<u>21,829,000**</u>

As agreed at the programme meeting Radio Action Community Trust decided to use some of the exciting new Radio Stations that have been launched including the new regional station Century Radio which covers the whole of the North East of England. The campaign was given a higher profile on these Stations by the publicity surrounding the launch of a new Station and by the stations themselves who are keen to make an impact with a new audience.

* Potential Audience for SUNRISE RADIO (MIDLANDS) is the same as LEICESTER SOUNDS. Potential Audience for MERCIA FM is the same as MERCIA CLASSIC GOLDS.

** This figure does not include any coverage on Independent Radio News.

BBC LOCAL RADIO

BBC Local Radio has a weekly reach of 9,891,000. Radio Action Community Trust syndicated material to all BBC Local Radio Stations. It is hard to precisely assess how many Stations used the material, but initial indications show that an encouraging number of Stations used the material along side locally produced material and that the vast majority of Stations carried measles information.

* Further Audience Data, including details of British Forces Broadcasting Services involvement in the campaign, will be in the Qualitative Evaluation Report to follow.

4. QUALITATIVE EVALUATION

Measles Alert! involved no distribution of leaflets and as there was no dedicated phone line for the campaign it is difficult to obtain a significant amount of feedback. To combat this Radio Action Community Trust arranged for a panel of people to listen to the programmes and supply feedback on programme content. Although this is only a small sample it is a useful tool in gauging the programmes effectiveness. The results of this evaluation will be forwarded as an Appendices.

5. FEEDBACK ON THE CAMPAIGN FROM RADIO PROFESSIONALS, LISTENERS AND MEDICAL EXPERTS

'The 'Victims of Measles' programme was very good. It was also very useful as finding these people to interview yourself is very time consuming and tricky.'

Andrew Pendleton, Co-Manager, BBC Radio Nottingham Action Line.

'I heard Measles Alert! on Mercia, and as a teacher I know all about the Measles Immunisations. I think the idea of Radio programmes to remind parents about the forms is an excellent idea.'

Helen Jones, School Teacher, Pheasey Junior School, Great Barr

'We had a phone call from someone who had left school and was very upset that they wouldn't be getting the immunisation, but we were able to advise them that they could get the injection from their GP after February. I thought the interviews with people who had suffered Measles were particularly effective.'

Paul Martin, Trent FM Careline

'The campaign programmes sounded very good and were an appropriate way of getting the message across'

Peter Wilson, Managing Director, Stray FM

'I thought Measles was a mild disease but some of the stuff I heard certainly made me think again.'

Nicky Williams, Mercia FM Listener

'Measles Alert! went down very well, it fitted in nicely with the other measles publicity. The messages were very positive and it spoke to a particular group of people that may of otherwise have missed the information. My daughter brought home the Consent form to me and said some of her friends had heard it on Choice FM.'

Neil Kenlock, Sales Director, Choice FM

'If the Immunisations can stop an epidemic then I think it's a very good idea.'

Clare Little, 45 Dorset Rd., Manchester

'My son almost is 6 years old so for me it was very interesting'

Ray Begg, 104 Howick Park, St. Peters Gardens, Sunderland, Tyne and Wear

'We have done a lot of programming on the Measles immunisations and we used your material alongside locally produced features.'

Barry Stockdale, Managing Editor, BBC Radio Sheffield

'I think the programmes were really good. People have started asking questions, even my own colleagues have started to talk about it.'

Liz Scallon, RGN Neo Natal Nurse, Walsgrave Hospital, Coventry

'The mother whose child now had learning difficulties because of measles was particularly moving.'

Lisa Shaw, 24 Josephine Ave., Brixton, London

'It really has brought home the message of how serious measles can be.'

Lorrie McClintock, 16 Cooden Ave., Westcotes, Leicester

'The programmes really hit home and underline the importance of vaccination for all children against measles.'

Lisa Bond, Promotions and Sponsorship Executive, Century Radio

'As a parent I was concerned about the side effects of the Immunisation and it was reassuring to hear this matter addressed on the Radio.'

Hugh Dower, The Grange Annexe, Snarford Road, Wickenby, Lincoln

'We were very pleased with this campaign..Although I felt the promotional trailers were a little over dramatic I liked the quality of the programme material. Its overall sound fits in very well with our programme style and it is an effective way of getting the message across.'

Anna Hall, Community Action Manager, Minster FM

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'We used the Human Cost of Measles programme as a spring board for a local discussion programme.'

Eric Smith, Presenter, BBC Radio Shropshire

'I found some of the TV adverts quite worrying but I was reassured by the Radio programmes which filled in some of the blanks.'

Rachel Greaves, 8 Priory Mews, Friar St., Old Lenton. Nottingham, NG7 2PE

'One programme in particular really struck a chord. The one where the young girl talked about having measles.'

Susan Wilkinson, 24 Shaftoe Rd., Roker, Sunderland, Tyne and Wear.

'The programmes really draw your attention to the subject and they are different enough from the rest of our output to stand out without sounding out of place. The duration of the programmes is just right, even the 60 second programmes hold your attention.'

Johnathon Dean, Presenter, Breakfast Show, Fortune 1458

'We were supplied with all the components required to make an excellent campaign and we look forward to the next one.'

John Evington, Programme Director, Signal Radio Group

6. CONCLUSION

The RAJAR audience figures and the feedback from experienced Radio professionals and listeners prove that Measles Alert! achieved its aim of reaching a large scale audience with the vital information on the seriousness of Measles, the possible epidemic and details of the immunisations taking place in schools. This was done by producing programmes that were not only ear catching and exciting but also managed to reassure and inform listeners. By featuring both children who had suffered from Measles and parents who had seen the pain and trauma that can be caused by Measles the programmes were highly relevant to the target audience. Further interviews with Health Experts reinforced the message as well providing essential information, both medical and on how the Immunisation programme would work. Crucial to the success was the willingness of stations to get behind the campaign. This was due, in part, to Radio Action Community Trusts successful track record in producing five immunisation campaigns, so Independent Radio stations were confident that the programme material they would receive would be of the highest quality. This campaign has also enabled Radio

Action Community Trust to establish successful links with new and influential Radio stations.

For the first time material was supplied to Independent Radio News who syndicated measles information to 119 Independent Local Radio stations to mark the launch of the campaign. Following the success of past campaigns material was syndicated to BBC Local Radio. Initial findings show that most of the Stations have been running Measles information and many Stations have been using the Measles Alert! material alongside features they have produced themselves or as part of discussion programmes. Some Stations though have a policy of not using syndicated material.

With a longer lead-in time Radio Action Community Trust believes that the campaign could have been improved by obtaining contacts, via the HEA and self-help groups, with local parents in different areas of the country who could speak about their own experiences of Measles on their local Radio station and visit local schools. This would have given the campaign a greater relevance to local people and school children.

With greater funding Radio Action Community Trust would have recommended an independent qualitative evaluation of the campaign. To get greater feedback on the campaigns programme content and its effectiveness the Trust has set up a panel of listeners who will make a critical assessment of Measles Alert! The results of which will be forwarded to the HEA.

Measles Alert! reached a potential mass audience of almost 22 million people through Independent Radio which is mainly made up of C2,D and E social categories, people who are the hardest to reach by any other means (this figure does not include coverage on BBC Local Radio). This proves that the Independent Radio campaign Measles Alert! was an essential part of the intergrated strategy set out by the HEA for the dissemination of Measles information to the public.

APPENDIX ONE: INDEPENDENT RADIO

- (I) PROGRAMME SCRIPTS**
- (II) CARTING SHEET**
- (III) PRS DETAILS**

MEASLES ALERT! CAMPAIGN

PROGRAMME ONE

I/C. MEASLES ALERT!

PRESENTER:

LYNN KIRBY'S SON WAS 13 WHEN HE CONTRACTED MEASLES:

INTERVIEWEE LYNN KIRBY:

One evening he woke up and he wanted to get out of his bedroom because he felt the walls were coming in. He was asking why things were changing colour, why things were moving towards him and he was really frightened because I couldn't do anything to bring him out of it.

PRESENTER:

EVERY 5 TO 16 YEAR OLD IS DUE TO HAVE THE MEASLES/RUBELLA IMMUNISATION. LEAFLETS FROM YOUR CHILD'S SCHOOL CONTAIN A CONSENT FORM. PROTECT YOUR CHILD WITH YOUR SIGNATURE.

O/C BROUGHT TO YOU BY THE HEALTH EDUCATION AUTHORITY.

Dur: 30"

7½ips

MEASLES ALERT! CAMPAIGN

PROGRAMME TWO

I/C. MEASLES ALERT!

PRESENTER:

**WHY IS EVERY 5 TO 16 YEAR OLD REQUIRED TO HAVE THE MEASLES/
RUBELLA IMMUNISATION? DR DAVID SALISBURY:**

INTERVIEWER DR DAVID SALISBURY:

We have very strong evidence that tells us that unless we do this our children, and particularly our school children, face the probability of a measles epidemic early next year.

PRESENTER:

**LEAFLETS FROM YOUR CHILD'S SCHOOL WILL CONTAIN A CONSENT FORM.
PROTECT YOUR CHILD WITH YOUR SIGNATURE.**

O/C BROUGHT TO YOU BY THE HEALTH EDUCATION AUTHORITY.

Dur: 30"

7½ips

MEASLES ALERT! CAMPAIGN

PROGRAMME THREE

I/C. MEASLES ALERT!

PRESENTER:

JULIE'S DAUGHTER WAS 6 WHEN SHE GOT MEASLES:

INTERVIEWEE MRS J HALL:

Stacey's now nearly 13. She's like a 5,6 year old... she's just starting to read...she can't read very well. She can never be left alone. She needs constant supervision to do anything really.

PRESENTER:

EVERY 5 TO 16 YEAR OLD IS DUE TO HAVE THE MEASLES/RUBELLA IMMUNISATION. LEAFLETS FROM YOUR CHILD'S SCHOOL CONTAIN A CONSENT FORM. -PROTECT YOUR CHILD WITH YOUR SIGNATURE.

O/C BROUGHT TO YOU BY THE HEALTH EDUCATION AUTHORITY.

Dur: 30"

7½ips

MEASLES ALERT! CAMPAIGN

PROGRAMME FOUR

I/C. MEASLES ALERT!

PRESENTER:

DAVID WAS 13 WHEN HE GOT MEASLES:

INTERVIEWEE DAVID:

I just thought it would be like 'flu or something. I didn't think it would be as bad as it was for me. I kept waking up because it felt all black and everything was caving in on me but then when I woke up it felt the same. It was very frightening.

PRESENTER:

EVERY 5 TO 16 YEAR OLD IS DUE TO HAVE THE MEASLES/RUBELLA IMMUNISATION. LEAFLETS FROM YOUR CHILD'S SCHOOL CONTAIN A CONSENT FORM. PROTECT YOUR CHILD WITH YOUR SIGNATURE.

O/C BROUGHT TO YOU BY THE HEALTH EDUCATION AUTHORITY.

Dur: 30"

7½ips

MEASLES ALERT! CAMPAIGN

PROGRAMME FIVE

I/C. MEASLES ALERT!

INTERVIEWEE MRS J. HALL:

Well you hear about it but you never think it's going to happen to your child. She didn't have the Measles particularly badly, and I thought she was getting better and when we took her to the hospital she just drifted into a coma. But I thought she'd wake up and say 'can I go home now Mummy?'; I thought that she'd be the same little girl that she was before; but she couldn't talk when she came round, she couldn't walk. She was just like a new born baby again. Because of the Measles now Stacey has learning difficulties and she has to go to a special school. It's hard to come to terms with and I still haven't now.

INTERVIEWEE DR. DAVID SALISBURY:

The problem is that you can't tell by looking at children which ones are immune and which ones are susceptible and could catch measles. The ONLY safe way is to immunise all of them.

PRESENTER:

EVERY 5 TO 16 YEAR OLD IS DUE TO HAVE THE MEASLES/RUBELLA IMMUNISATION. LEAFLETS FROM YOUR CHILD'S SCHOOL CONTAIN A CONSENT FORM WHICH SHOULD BE RETURNED AS SOON AS POSSIBLE. PROTECT YOUR CHILD WITH YOUR SIGNATURE.

O/C BROUGHT TO YOU BY THE HEALTH EDUCATION AUTHORITY.

Dur: 60"

7½ips

MEASLES ALERT! CAMPAIGN**PROGRAMME SIX**

I/C. MEASLES ALERT!

INTERVIEWEE MS T KEEBLE:

I went into hospital late Saturday evening. They sent me to the isolation ward and I didn't see any other patients for the next 5 days... Your throat just absolutely kills. You can't even swallow water. Everything tastes absolutely disgusting because of the spots inside your mouth..and your temperature just shoots up, your heart beat just goes sky high as well so basically you're not..you're in a kind of semi-sleep state most of the day.

INTERVIEWEE DR LIZ MILLER:

Measles can be very severe. The disease, although it is much less common now, is still highly infectious so if you have one case in a community, say you have one case in a school, then very soon you have 30, 40 or 50 cases in a school and you're suddenly acutely aware that you're in the midst of a severe and highly infectious disease.

PRESENTER:

EVERY 5 TO 16 YEAR OLD IS DUE TO HAVE THE MEASLES/RUBELLA IMMUNISATION. LEAFLETS FROM YOUR CHILD'S SCHOOL CONTAIN A CONSENT FORM WHICH SHOULD BE RETURNED AS SOON AS POSSIBLE. PROTECT YOUR CHILD WITH YOUR SIGNATURE.

O/C BROUGHT TO YOU BY THE HEALTH EDUCATION AUTHORITY.

Dur: 60"

7½ips

MEASLES .ALERT! .CAMPAIGN

FOR .CARTING .PURPOSES:

Each tape is arranged in programme order at 7½ips:

IMMUNISATION PROMOTIONAL TRAILER ONE

I/C: Measles kills more...
O/C: Measles alert!
Dur: 10"

IMMUNISATION PROMOTIONAL TRAILER TWO

I/C: Measles alert!...
O/C: Measles alert!
Dur: 30"

**PROMOS TO BE BROADCAST FROM MONDAY OCTOBER 3rd -
FRIDAY OCTOBER 7th. NO. OF PLAYS STATED IN CONTRACT
LETTER**

PROGRAMME ONE

I/C: Measles alert!...
O/C: Health Education Authority.
Dur: 30"

PROGRAMME TWO

I/C: Measles alert!...
O/C: Health Education Authority.
Dur: 30"

PROGRAMME THREE

I/C: Measles alert!...
O/C: Health Education Authority.
Dur: 30"

PROGRAMME FOUR

I/C: Measles alert!...
O/C: Health Education Authority.
Dur: 30"

PROGRAMME FIVE

I/C: Measles alert!...
O/C: Health Education Authority.
Dur: 60"

PROGRAMME SIX

I/C: Measles alert!...
O/C: Health Education Authority.
Dur: 60"

**FEATURES TO BE BROADCAST FROM MONDAY OCTOBER 10th -
FRIDAY OCTOBER 14th. NO. OF PLAYS STATED IN CONTRACT
LETTER**

7

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PRS DETAILS

1. SOCIAL-ACTION BROADCASTING FEATURES

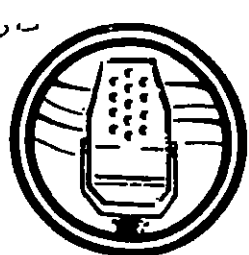
Track 1: Realman
Artist: D Guilot
CD: Kosinus Rock and Soft
Cat NO: KOS06MU761

2. PROMOTIONAL TRAILERS

Name of CD Album: Killer Tracks presents Sweepers and Stingers
Track 8: Star Jam Ending
Cat No: KT32

APPENDIX TWO: BBC LOCAL RADIO

- (I) STATION LETTER**
- (II) PRESENTER CUE SHEETS**
- (III) PROGRAMME SCRIPTS**



radio action
— trust —

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Dear Managing Editor

RE: HEALTH EDUCATION AUTHORITY'S

MEASLES ALERT! CAMPAIGN

The Health Education Authority are launching a national awareness campaign about the dangers of a measles epidemic next year. The campaign is to explain the reasons for a mass measles immunisation programme for all 5 to 16 year olds starting this November. The campaign explains that although measles is often considered a mild disease it can be very severe and in some cases fatal.

The Health Education Authority have asked us to produce some audio material which might be useful to your Station. This can be used at any time from now until the end of October. We have sent you two tapes consisting of:

- 1) **HEALTH EXPERTS EXPLAINING THE NEED FOR A MASS IMMUNISATION PROGRAMME**
- 2) **THE HUMAN COST OF MEASLES: A MOTHER AND A TEENAGE VICTIM**

I enclose a Cue Sheet and also a transcript of the interviews so that you can use excerpts from the two programmes in any way you wish. I also enclose a **FACT SHEET** giving more details about the campaign produced by the HEA. Tim Linehan from the HEA Press Office will be contacting you to see if you would like any further information or local contacts to do your own interviews. Tim's telephone number is (071) 413 1970 at the HEA Press Office or at home on (081) 800 8830.

I would welcome any comments or suggestions you may have about the tape interviews we have sent you which would help make sure that the material our charity is producing is suited to your Station's needs in the future.

With best wishes

Yours sincerely

Sonya Iles
Executive in Charge of Programming

cc: Tim Linehan, HEA Press Office

MEASLES .ALERT! .CAMPAIGN

TAPE .ONE: .HEALTH .EXPERTS

PRESENTER .CUE:

Britain faces the threat of a large scale measles epidemic early next year. Although measles is seen as a mild disease it can be very severe and in some cases fatal.

Measles is on the increase amongst 5 to 16 year olds and to prevent an epidemic the Department of Health will be carrying out a major immunisation programme in schools this November.

Health experts Dr. Liz Miller, Michael Corr and Dr. David Salisbury explain the reasons behind the mass immunisation and how you can make sure your child gets protection.

DR .LIZ .MILLER, .SENIOR .EPIDEMIOLOGIST:

IN: Measles, although...

OUT: ...Prevented by vaccination.

DUR: 36"

MICHAEL .CORR, .IMMUNISATION .PROJECT .MANAGER, .HEALTH .EDUCATION .AUTHORITY:

IN: By being able...

OUT: ...we're doing now.

DUR: 19"

DR .DAVID .SALISBURY, .PRINCIPAL .MEDICAL .OFFICER, .DEPARTMENT .OF .HEALTH:

IN: Until recently...

OUT: ...have this immunisation.

DUR: 52"

MICHAEL .CORR, .IMMUNISATION .PROJECT .MANAGER, .HEALTH .EDUCATION .AUTHORITY:

IN: With measles...

OUT: ...your family Doctor.

DUR: 29"

DR .DAVID .SALISBURY, .PRINCIPAL .MEDICAL .OFFICER, .DEPARTMENT .OF .HEALTH:

IN: We will be...

OUT: ...child is protected.

DUR: 46"

Total Duration: 3'04"

7½ips

PRESENTER .OUT .CUE:

You should now have received the Immunisation leaflet from your child's school. To ensure they have the Measles/Rubella Immunisation sign and return the enclosed consent form.

57 22

MEASLES ALERT CAMPAIGN

BBC TAPE ONE

TRANSCRIPTS

HEALTH EXPERTS EXPLAINING THE DANGER OF A MEASLES EPIDEMIC

DR. LIZ MILLER
SENIOR EPIDEMIOLOGIST:

Measles, although we think of it generally as a mild illness in young children, can be very severe. It can cause pneumonia, convulsions...it can cause deaths. There is a long-term complication of measles that very few people know about: this is an encephalitis which you can get perhaps five or six years after the initial measles infection. There is a chronic infection of the brain and it is invariably fatal and these cases are extremely severe and extremely distressing and can be totally prevented by vaccination.

MICHAEL CORR
IMMUNISATION PROJECT MANAGER, HEALTH EDUCATION AUTHORITY:

By being able to look at the numbers of cases of measles that have been taking place over the last few years, we've been able to accurately predict that an epidemic is imminent, is likely and will happen next year unless we do something about it and that's exactly what we're doing now.

DR. DAVID SALISBURY
PRINCIPAL MEDICAL OFFICER, DEPARTMENT OF HEALTH:

Until recently there were far too many children who did not get immunised against measles and those children are now in our schools. Around 5 to close to 16 we find that there are too many children who do not have enough protection against measles. Now even if your child has had measles vaccine in the past, or even had MMR vaccine as well in the past, your child should have this next immunisation because firstly the previous vaccines may not have taken and even if they have this will provide a useful booster. Every child needs to have this immunisation.

MICHAEL CORR

IMMUNISATION PROJECT MANAGER, HEALTH EDUCATION AUTHORITY:

With measles immunisations the side effects are actually uncommon. Some children will have a reaction: if a child does get a reaction they may get a mild fever; some of them might get a bit of a rash; some children may also get stiff or sore joints about a week to ten days afterwards. Paracetamol can be taken but if you have any concerns don't hesitate to speak to your family Doctor.

DR DAVID SALISBURY

PRINCIPAL MEDICAL OFFICER, DEPARTMENT OF HEALTH:

We will be giving to every child in school an information leaflet and a consent form. You as parents will be able to read all about the immunisation and why it is necessary and then sign your consent for your child to have the immunisation. Measles kills more children worldwide than any other infectious disease. Please make sure that you have read the leaflet and that you have signed the consent form and that your child returns the form to school. If that happens we will do our best to make sure that your child is protected.

MEASLES . ALERT! . CAMPAIGN

TAPE . TWO

CUE . SHEET

THE . HUMAN . COST . OF . MEASLES

PRESENTER . CUE:

If you're a parent you'll want to protect your child from the possibility of measles epidemic next year.

The easiest way to do this is to ensure your child receives the measles immunisation during the November Measles Alert! campaign.

Most people consider measles a mild disease but two people who have experienced the damage measles can cause are Julia Hall whose daughter Stacey suffered from the disease and Tanya Keeble who contracted the disease as a teenager.

MOTHER: . JULIA . HALL

IN: Well you hear...

OUT: ...and have children.

DUR: 1'15"

TEENAGE . VICTIM: . TANYA

IN: I woke up on Monday...

OUT: ...most of the day.

DUR: 1'26"

Total Duration: 2'41"

7½ips

PRESENTER . OUT . CUE:

All 5 to 16 year olds are due to receive the measles immunisation this November. You should, by now, have received the Immunisation leaflet from your child's school. This contains a consent form that needs signing and returning to ensure your child receives the Measles/Rubella immunisation.

MEASLES ALERT! CAMPAIGN

TAPE TWO TRANSCRIPTS

THE HUMAN COST OF MEASLES: A MOTHER AND A TEENAGE VICTIM

MOTHER: MRS. JULIA HALL

Well you hear about it but you never think it's going to happen to your child. It's hard to come to terms with and I still haven't now. She didn't have the measles particularly badly. The first symptom was that she was generally unwell and she said her eyes were hurting her. The next day she came out in a rash...it was after that she became drowsy, that was on the Friday and by the Saturday she didn't really know where she was, she was confused and we took her to the hospital and she just drifted into a coma. But I thought she'd wake up and say: "Can I go home now Mummy?", I thought that she'd be the same little girl that she was before. But she couldn't talk when she came round, she couldn't walk, she was just like a newborn baby again. We brought her home from hospital - I showed her round the house like you would a new baby. She couldn't walk, she couldn't eat very well...she had a lot of problems. Stacey's now nearly thirteen - she's like a 5/6 year old, she's just starting to read, she can't read very well, she can never be left alone - she always has to have supervision. She can't go out the front door on her own - if you take her out she runs off. Because of the measles now Stacey has learning difficulties and she has to go to a Special School. She's not going to be like her older sisters: be able to leave school, get a job, get married and have children.

TEENAGE VICTIM: TANYA

I woke up on Monday morning and I had a really sore throat but I just thought it was the beginnings of a cold. Two days later I was beginning to wonder and...the inside of my mouth was beginning to feel really grainy. Friday I just puffed up in the early evening...I couldn't...my eyes really hurt and they had gone really puffy. I went to bed on Friday night and didn't sleep very well all night...woke up on Saturday morning and... looked in the mirror and just nearly died because I couldn't...well, I couldn't open my eyes for starters and they had just completely puffed up - you couldn't see my eyes at all and my face was all swollen and I had a massive rash all over my chest going down my body...

.../cont.

21 2

TEENAGE VICTIM: TANYA (cont.)

...I went into hospital late Saturday evening and they kept me there for the next five days. They sent me to the Isolation Ward and they put me in a room by myself and I didn't see any other patients for the next five days. I wasn't allowed visitors. Your throat just absolutely kills; you can't swallow - you can't even swallow water; your temperature gets so high that you end up vomiting because of the fever; you can't keep anything down. Everything tastes absolutely disgusting because of the spots inside your mouth; your temperature just shoots up and mine didn't come down for about two days; your heart beat just goes sky high as well so basically you're in a kind of semi-sleep state for most of the day.

...NEWS...NEWS...NEWS...NEWS...NEWS...NEWS...NEWS...NEWS...NEWS

MEASLES ALERT! CAMPAIGN

LAUNCH DATE: 29 SEPTEMBER 1994

DEPARTMENT OF HEALTH LAUNCH MASS MEASLES IMMUNISATION CAMPAIGN

PRESENTER CUE:

BRITAIN COULD BE IN THE GRIP OF A MAJOR MEASLES EPIDEMIC EARLY NEXT YEAR. ALTHOUGH CONSIDERED AS A MILD DISEASE MEASLES CAN BE SEVERE AND EVEN FATAL.

TO COMBAT THE EPIDEMIC ALL 5 TO 16 YEAR OLDS WILL BE IMMUNISED AGAINST THE DISEASE.

DR. DAVID SALISBURY, THE DEPARTMENT OF HEALTH'S PRINCIPAL MEDICAL OFFICER EXPLAINS WHY MASS IMMUNISATION IS VITAL...

DR. DAVID SALISBURY:

MEASLES KILLS MORE CHILDREN WORLDWIDE THAN ANY OTHER INFECTIOUS DISEASE. OUR CHILDREN FACE THE PROBABILITY OF A MEASLES EPIDEMIC EARLY NEXT YEAR. THE PROBLEM IS THAT YOU CAN'T TELL BY LOOKING AT CHILDREN WHICH ONES ARE IMMUNE AND WHICH ONES ARE SUSCEPTIBLE. THE ONLY SAFE WAY IS TO IMMUNISE ALL OF THEM.

HEA Immunisation Campaign 1994

References for newspaper cuttings on measles

(all numbers in this section refer to page numbers in the Immunisation Part 1 files. It includes references to all immunisation stories from May to November apart from the stories concerning rubella)

newspaper/date	+ve or -ve report	quote from DoH/HEA/HA	letter/mention of DoH/HEA/DHA	inaccuracies	points to note
Birm EM 8.10	+ve	HA	-	-	GPs refuse to chase
Oxford Mail 2.10 9.731	-ve		letter/DoH		'How many young men will be left sterile because the govt was too short- sighted or tight fisted to give them the (mumps) injection'
Bracknell news 10	+ve	HA	HA	-	-
Daily Mail 11 708,208	=	-	-	-	vaccination leaflet available
Sunday Mercury 10.10. 1,983	+ve	DoH; HA			
Dorset Eve Echo 5.10 2,276	+ve	-	HA		Local helpline given
Guardian 9	+ve	-			'Flu jab
Maldon Standard 10 832	+ve		HEA, HA		
West Briton 9. 819	+ve	-	-		MP Matthew Taylor wants immunisation for Under 5s
Best 10 5,687	+ve	-	HEA (pic);DoH		
Halstead Gazette 10 337	+ve		HA, HEA,DoH	-	
Western Gaz. 10 392	+ve	HA	HA		Helpline numbers given
Jersey EP 10 174	+ve	HA			'Definite no from 4.4 per cent parents; no response from 3.6 per cent'

10					2
Dartford Times 10. 390	+ve	HA	HA		
E. Kent Gaz. 10.94 411	+ve	DoH			
EKGaz. 10	-ve	DoH/Informed Parent/HEA			Informed parent to hold anti imm talk: "In the US where vaccination has been compulsory since 1975..measles has increased"
Warrington Merc 10	+ve	HA			
Nuneaton Ev Tel 10. 051	+ve	HA			
Bucks Free Press 10 418	+ve				
Bucks FP 10	+ve	HA			Wycombe School Matron expects 80 per cent take up from girls
Tudmorton News 10.94 33	+ve	HA	HEA		
Devon Herald Ex 10 48	+ve				mention of Hib as success story
W London Rec 10	+ve	HA			
Campaign 10 512	-ve	HEA			ITC gets 36 complaints
Coulsdon Ad 10	+ve				Doctor's column soothes fears
Bangor Mail 10	+ve	Welsh Office			
Wrexham Mail 10	+ve		HA		
Essex Chronicle 10. 66	+ve	HA			Warning against jab for ME victims

1. Shifnal Star 5.10 6,499	+ve				Q&A - is immunisation necessary 3
2. Cleveland Mail 6.10. 9,153	+ve	HA			
3. Western Morning News 7.10 7,780	+ve		DoH	£2m campaign	Call for two stage MMR vaccine
4. Epsom news 10.10.	+ve		HA, HEA		
5. Yorks EP 10.10	+ve	HA			
6. Folkestone Her 13.10. 7,957	+ve		HA		
7. Universe 13.10 106,104	-ve		letter		Attack on HEA for lack of moral responsibility and for failing to admit the 'High failure rate' of vaccines. HEA 'doing a dismally poor job'.
8. Gravesend Extra 14.10.	+ve		HA		
9. Bath Chronicle 17.10 10,126	+ve		letter		I caught measles as an adult - get your children immunised
10. Faversham News 18.10. 849	+ve	HA	HEA pic		
11. Newbury News 18.10 9,112	+ve				Nurses prepare for jabs. Helpline no.
12. Cornish Guard 18.10 4,531	+ve	HA, HEA, DoH			
13. The Citizen 18.10 3,888	+ve		Letter		defence of immunisation (by director of public health - could be worth taking up)
14. Grimsby ET 18.10 3,840	+ve	HA			
15. Halifax Ev. Cour. 17.10 5,471	+ve	HA			Up to 90 per cent of children in Calderdale and Kirklees will have jab
16. North Devon Her 18.10 9,225	+ve	HEA	DoH	confusion over HEA and DoH	

10 (0)					Teachers and for jabs needed 4
Surrey Advertiser 0 804	+ve	HA			
Dorking News (0)	+ve	HA	HEA		
Truro Packet 10 594	-ve	MP Matthew Taylor, HA, Homeopath			Rising fives debate/ homeopath debate
Cambridge EN 10. 056	+ve		Letter		defence of jabs
Gloucs Echo 10 349	+ve				meningitis
Gloucs Echo 10	+ve	HA			
Liverpool Echo 10	-ve		letter		more openness and information needed.
Mail on Sunday 0 02,000	-ve	Notts Consultant			16-18 year olds immunised in Scotland, why not England/Wales
Crodon Ad 0.	+ve		letter/Column response		
Guernsey EP 0 883	-ve	HA/GPs			Flood of enquiries on measles campaign (not that neg)
Western Gaz. 0 92	-ve	Yeovil mum Diane Evans; HA	What the Doctors Don't Tell you		Evans mentions new type of measles, also that epilepsy and other diseases have increased since imm.
Hebden Bridge T. 0 31	-ve	letter from Homeopath and Medial herbalist	letter		As above; also looks at US outbreaks
The Citizen Gloucs 0 888	+ve		Help the Aged		Flu jab
Doncaster Star 0. 058	+ve	HA	DoH		
Daily Mirror 32,000	-ve	Mother Emma Lewis.			Girls as young as 14 tricked into jab despite GPs advice. Note: A Health official insisted children of 12 and up are able to decide for themselves.

74. FOLKS POST 2.11 91,475	+ve				5
76. Liv Echo 21.10	-ve				urgent appeal for more help to cope with jabs
77. Liv Daily Post 21.10. 75,36	+ve				
79. Top Sante Nov	+ve				Search for all in one vaccine
80. Cambs E News 7.10 46,056	-ve		DoH/letter from Homeopath		leaflet from DoH (?) garish, frightening and unprofessional
81. Cambs EN 7.10	+ve	HA	DoH		local helpline
82. Exeter Express 11.10 34,754	+ve				
83. Bath Chron 11.10. 50,126	+ve	HA/GP/Mother of asthma sufferer			health pro's reassure asthma sufferers. Note: 'I feel the govt should have put something in the leaflet about asthma. GPs backed by National Asthma Campaign
84. Bucks Free Press 11.10. 34,814	+ve	HA			
85. Northampton Chronicle 20.10 36,310	+ve	HA			
86. Deptford Merc 13.10 3,472	+ve	HA			
87. The Star 20.10 911,761	-ve		letter		Why does my toddler need another jab?
88. The Cornishman 13.10 17,468	+ve				
89. Plymouth Extra 5.10	+ve		HEA		
90. Cambs EN 10.10	+ve		Letter from consultants backing measles campaign		response to previous letter
91 Leics Merc 15.10 141,297	+ve	HA			Helpline set up
92. The Friend 21.10	+ve		letter		beware of anti campaign which is misinformed.

1. 4,124					comparative risks of disease and jab 6
Hamps Chronicle 10 843	+ve	HA			
Cov ET 10	+ve		letter		
Yorks EP 1	+ve	HA; Ampleforth; DoH; School nurse			
Portsm'th News 10 752	+ve	HA			Helpline set up
Yorks Post 1	-ve		letters page backing campaign; Ampleforth reference		
Bucks Advertiser 10	+ve	HA			
Hammersmith rd 10	+ve	HA			
Pontefract Ex 0 522	+ve	HA			Helpline set up
NWestern EM 07	+ve	DoH			Mention of Hib success
Yorks Post 0	+ve	DoH/family whose son died of measles/Catholic Church			Feature on the danger of measles and surrounding issues. Helpline given.
BMJ 0 1647	-ve		Letter		Why not immunise 16+ year olds as in Scotland
Liverpool Echo 236	+ve				Helpline given; plea for more prof health
Cov ET 0	+ve		Letter		
Cleveland Mail	+ve		Ampleforth		
Daily Record 897	+ve				
SWales EP 55	+ve	Welsh Office	DoH		High cost of vaccine
SW Echo 0 78	+ve		Catholic Schools		Comment
S Wales Echo 0	+ve	Welsh Office			

18. Whitby Gaz. 8.10 3,195	-ve		Letter		Vaccination does not mean immunisation 7
19. Bolton EN 8.10 3,331	+ve		Letter		response to previous letter
20. BMJ 9.10 3,167	+ve		Liz Miller (author)		
21. Leeds Exp 4.10 4,233	+ve	HA			
22. Times 7.10 20,000	+ve				A doctor writes
23. Sunderland Eco 11 3,525	+ve	HA			
24 Cornish Times 1.10	+ve				
25. Mirror 11	+ve				mention of hib success
26 Mirror 11		Int with mother of child with immune deficiency			
27. Birm Post 11	-ve				Catholic, muslim, homeopath objections
28. Turrock Gaz 8.10 1,108	+ve	HA			
29 W Morn News 8.10	+ve				letter asking for info
31. Brighouse Echo 11 388	+ve	HA	DoH		nat helpline given
32. Yorks EP 11	+ve	In Catholic GP			
33. Rotherham Ad 8.10 0,381	+ve		HA		
34 Islington Chron 1.10	+ve	HA			local helpline
35 Cornish guard 10.10 4,531	+ve	HA, MP Matthew Taylor			Rising 5s to get immunisation
36 Finchley Ad 7.10	+ve	HA			
37. Kent Today 11	+ve	DoH	Ampleforth/Stonyhur st		
38. Cornishman 7.10	+ve		HA/ M. Taylor MP		

					Of's getting 30+ calls a day
0. Derby ET 1 994	+ve		DoH		8
1. Hornsey Journal 1	+ve	HA	DoH		
2. Berks EP 10 272	+ve	HA	DoH		
3. Basildon E Ech 10 064	+ve		Action Research		AR backs campaign
4. Keighly News 1.	+ve				
5. Keighly News 1	+ve				
6 Rochdale Ex 10	+ve	HA			NW RHA helpline given (but could be wrong)
8 Guardian 1	+ve				how a virus reproduces
9. Mirror 1	+ve	DoH/Int with mother of liver infected child			
1. Brad Tel 1	+ve	HA			poor response; Nat helpline
2 Wolverhampton ES 10 1,478	+ve	HA			
3 Shields Gaz. 1 499	+ve				
4 Daily Tel 11	+ve				Immunisation abroad
5. Northern Echo	+ve	HA	Roman Catholics		
6. Burton Mail 1 478	+ve	Schools;HA			Of 1,000 forms returned only 25 refusals; only one on ethical grounds
7. SWales Echo 1	+ve	HA			
8. Stratford Upon on Herald 10 650	+ve	HA/Rosemary Fox mother of vaccine damaged child			Call for more infor from Mrs Fox
9. Swindon Ad 1 930	+ve				
0. Newc Journal 1	+ve	Teacher	DoH		Jabs postpone due to 11+ foul up
1 Peterborough ET 10	+ve				

162. Daily Mail 18.10	+ve	medical experts	DoH		Can we eliminate measles
163. News Ex Chron 15.11 14,274	-ve				comments - parents need to have their fears addressed
164 Sunday Tel	-				new immunisation
165-6. Guardian 1.11	+ve		DoH		
167. D Tel 15.10 1,708,280	-ve	Rosemary Fox, DoH; Jabs			
168 Cochester EGaz 1.11 10,655	+ve	HA	Catholic/moslem fears		local helpline
169. Marlbro' EN 1.11. 8,785	+ve		DoH		Q&A session
171 Nothern Echo 13.10	+ve	Mother who lost son to measles			Woman raises £5,000 for measles
172 Peibro'ET 10.10	+ve	measles case study	HEA (Pic)		
173 Western EHer 13.10	+ve				student to set up information centre about immunisation
174 Wigan EP 10.10 9,928	-ve	JABS	DoH		plea for more information (son was victim of Jab)
175. Western EH 10.10	+ve		Action Research		AR supports campaign
176. News Journal 1.11	+ve	case study of measles death;	Ampleforth		
177. Leics Mercury 2.10	-ve	Homoeopath; Vaccination Choice			lack of information
178. Kent Messenger 1.10 1,379	+ve				
179. Birm Ev Mail 1.10	-ve	JABS	HA	confused story	anti shock treatments for children with side effects
180. South Sheids G 1.10	+ve	HA	DoH		
181. Woking Rev 1.10	+ve	HA			
189 Folkestone Her 1.10	-ve	letter			why the panic?
190. Wolverhampton p&Star 1.10	-ve	HA			parents hold up campaign
191 Berks EP 1.10	+ve	letter from HA			
195. Redditch Ad 1.10 1,422	-ve	HA/Parent			Parent worried about lack of choice
198 The Irish Times 1.10	-ve				

9. Middlesbrough LG 5.10 2,945	-ve	HA/Teachers			chaos in schools tea
11 Addlestone Rev 2.10	+ve		HA;		10
17. E Anglian T 11 2,465	-ve	Teachers; DoH			Chaos in schools. ME caused by jab
19. Guardian 11	-ve	Letter			Schools not paid for campaign costs
1 Ipswich E Star 5.10 1,837	+ve	HA			
14. Huddersfield Daily Examiner 11	+ve				vox pop
11. Stroud News 5.10 1,084	-ve	Letters			we need our illness
13. Birm Post 5.10	-ve	JABS:HA			Doctors reject jab fears
13 Cotswold 5.10	+ve		HA		local Helpline
11 Doncaster Star 5.10 14,058	-ve		Letter	66 per cent of all measles cases were in vaccinated children	
12. Leics Merc 5.10	+ve	Letter backing campaign			
19 Daily Mirror 11	-ve				Children collapse after jabs
16. BMJ 9.10	-ve				measles campaign mismanaged - GPs innundated with queries - one received 250 letters
17 Newc Journ 11	+ve	HA, religious leaders	Ampleforth		
19. Wrexham EL 1.10	+ve	letter (should I have my six year done)			
13 Lancs EP 9.10	-ve	JABS			Mum with damaged child boycotts campaign
10 Daily Tel 11	-ve		HEA;DoH		measles is not serious
13 Coventry ET 9.10	-ve				
19 Portsmouth News 11	+ve	Dr Michael Von Stratten		If your child is under five it should have the MR	Interesting and balanced piece
51 Repeat					
55 Shields Gaz. 11	-ve	religious & school leaders			"A total of 476 parents are refusing to...have jabs"
56 Repeat					

57 Daily Record 11 77,897	-ve	Scottish Office; What the Doctors Don't tell you; HA			Jab is more dangerous than disease 11
58 Rochford Rec 11	-ve	letter			more chance of getting struck by lightning than death by measles
61 Harlow Star 0.10	+ve	Int with mother of child with measles/HA			
62 Sunday Tel 11	-ve	Editor of Bulletin of Medial Ethics	Religious leaders		'The Health Dept has a bad record in interesting itself in the ethics of research on humans'
64 Western Mail 11	+ve	HA; religious leaders; DoH			'alarmist campaign'
67 Daily Tel 10	-ve				DoH scare mongering
69 Leics Mercury	+ve	HA			
70 Basildon Echo 10	-ve	HA/anti-jab mum			homeopathy fears
74 Stratford Midwk 10	-ve	Assoc for Vaccine Damaged Children			campaign in breach of patients charter
75 Torbay Wkender 10	-ve	letter			ref to Danish study on harm
76 Rochford Rec 1	-ve	Homeopaths			
77 Sunday Times 10	-ve	Alternative Health Information Bureau; DoH;	What the Doctors Don't Tell You		
78 Guradian 1	-ve	letters			Diphtheria has vanished in Sweden without imm.
79 Western DP 10	-ve	letter			MMR jab banned in Japan
80 Whitby Gaz	-ve	letter			
81 Keighly News 18	+ve	letter (from Bradford HA)			return of measles consent form is slow
82 Moton Ex 0	+ve	HA			
83 Newc Even Chr	-ve	letter	DoH		
84 Sheff Star	-ve	NUT; HA			teachers rebel against 'nursing'
85 Independent 1	-ve		What the Drs Don't Tell You		natural immunity boosters
86 2 Independent 1	-ve	Homeopath; DoH			Measles party register
87 Today	-ve	local schools; HA	DoH		panic sweeps schools

Daily Star	-ve	as above			as above 12
Daily Tel	-ve	as above	DoH		as above
Sunday Ex	-ve	as above	HA		
Independent	-ve				injections cause distress to children
repeat					
Daily Star	-ve	mother			Girl conned into jab
repeat					
Dilay Mail	-ve	HA;School			jab panic - note this occurred in Scotland
Daily Express	-ve	as above			In Sussex
The Star	-ve				mass hysteria
Sunday Mirror	+ve				
repeat					
Wolves Ex&Star	-ve				'Someone's got to be on the make'
Liverpool Ech	+ve	letter			Immunisation Co-ord replies to anti jab letter. Inc local helpline
Ind/Times/Guard	+ve		DoH;religious leaders		DoH backs search for new jabs
Mail, Express, graph	-ve	letters			Ampleforth is right
Guardian	-ve	DoH; Roald Dahl; Edwina Currie	Jabs		Currie promised measles would offer life long protection
Repeat					
Cornish Times	-ve	letter			anti jab letter
Bradford Tel	-ve	HA;moslem leaders			only half parents return form. Hlepline set up
Loughborough E	-ve		homeopath/HA		local helpline set up
Daily tel	-ve	Health Boards			mass hysteria
Devon Herald Ex	-ve	What the Doctors Don't Tell You		Encephalitis risk is one per million	
Halesowen News	+ve	HA			
Doncaster Star	-ve	letter		£200 million spent on campaign	look at responses to letters
e - repeated in (Held Star)					

518 Donc Stat 1.11	-ve	Muslims; DoH			Muslims refuse jabs (look at quotes)
519. Western Mail 7.11	-ve		DoH		DoH to write to companies to ask for different jabs (note - is this defensive)
524 Notts EP 1.11	-ve	HA; Muslim groups			Consultant calls for immunisations for up to 18 year olds
525 Halifax EC 3.11	-ve	Catholic Groups			note badly written story which adds to negativity
526 The Times 5.11	-ve	letters (inc Liz Miller; Metters (CMO)			
527 Belfast News 1.11 3,839	-ve	SPUC			
548 Daily Tel 5.11	-ve				Urdu translation mistake
549 Liverpool DP 2.11	-ve	Welsh minister			Jabs more expensive than thought
550 Royston WN 27.10	-ve	HA; Nat Assoc of Head Teachers			Handling of measles inept
551 BMJ 22.10	-ve		HEA		HEA fails to attack myths (by Begg)
552 The Economist 29.10 80,924	-ve	DoH	Jabs		Link with Crohns, Mumps and damage (good article)
564 Oxford Mail 27.22	+ve	letter (from HA)			
545 Lincs Mercury 5.11	+ve	HA			measles outbreak - call for immunisation

Note:

529 - Hep B in Jail

530 - I caught polio by changing a nappy

531-4 - Flu jabs

535-6 - irrelevant

537 - Pertussis jab linked to Asthma+ Indian plague; meningitis; TB

HEA Immunisation Campaign 1994

References for newspaper cuttings on rubella

(all numbers in this section refer to page numbers in the Immunisation Part 1 files. It includes references to all rubella immunisation stories collected in these files)

89. Daily Express 26.10. 1,585,495	-ve	Ampleforth;DoH;HA			10 3
92. Sheff Star 27.10	-ve	Ampleforth/Bishop/ LIFE			Bishop raps vaccine ban
93. Halifax E Cour 27.10	+ve	HA/Catholic Media Offices			support for campaign
94. Daily Tel 27.10	-ve	RCN/DoH	Ampleforth/Church bio ethics group		no opt out for nurses
95 Daily Tel 27.10	+ve	SENSE	Ampleforth		
96 Edinburgh EN 25.10 105,873	-ve	Ampleforth			
97 Glasgow ET 26.10	-ve	Catholic Media;HA	SPUC;Scottish office		
98 Guradian 25.10	+ve		Anne Winterton;DOH		
99 Loughbro' Echo 21.10 1,664	-ve	Letter from Dr			refuses to immunise children because of abortion
100. Yorks Post 25.10	-ve	DoH;AMpleforth;HA			DoH response to Ampleforth
101. Daily Expres 27.10	-ve	RCN/Ampleforth			Nurses must give jab
102. Leics Mercury 27.10	-ve	Vaccination Choice			more info wanted. HA Helplines given
103 Northern Echo 26.10	-ve	Ampleforth	DoH; HA		
104. Irish Times 27.10	-ve				
105. Glasgow Record 27.10	-ve	RCN/Ampleforth			
106. Newc Journal 26.10	-ve		Ampleforth		
107. Yorks EP 26.10	+ve		Ampleforth/ethics committee/DoH		
108. Liecs Merc 26.10	-ve		ampleforth		Health officials denied vaccine used tissue from aborted fetus(!)
109 Liverpool Echo 26.10	-ve	HA			pregnant teenagers warned not to have Rubella jab by 'health experts'
110 Yorks EN 26.10	-ve	Ampleforth	DoH		
111 Liverpool Echo 27.10	-ve	HA			warning about rubella jab to girls
112. Derby ET 27.10	-ve				Health officials deny fetus used for jab
113. Independent 27.10	-ve	DoH/Ampleforth	Stonyhurst		2nd catholic school bans jab
114-3. The Times 27.10	-ve	Ampleforth;Sense; RCN	DoH		Ampleforth

4. The Times 10	-ve	Ampleforth	DoH		Jab ban
5. Daily Mail 10	-ve		Stonyhurst/Ampleforth/DoH		4
5. Yorks Post 10	-ve	DoH/Ampleforth	Stonyhurst		
8. Liverpool DP 10	-ve	Ampleforth.DoH			
2 Daily Mail 10	-ve	Ampleforth/Catholic Media Service/DoH			
3. Daily Mail 10	-ve	AmpleforthDoH	RCN		
5. Yorks Post 10	-ve	Islamic Party	Ampleforth/DoH		
7. Basildon E Ech 10	+ve		DoH		No reason not to have jab
8. Independent 10	-ve	Ampleforth;	SPUC; DoH		
9. Independent 10	+ve				editorial
9. Edinburgh EN 10	-ve	DoH	Muslim Parliament		Muslims to join vaccine snub
10. The Observer 10 475	-ve		DoH Catholics		
10. Evening Stand. 10 624	+ve		letter ampleforth		attacking priests
10. The Universe 10 104	-ve		Ampleforth		parents free to choose
10. The Universe 10	-ve		Letter;HEA;		lack of informatin
10. Yorks Post 10	-ve	Ampleforth	DoH		school fights back
10. Anglian Times 10	-ve	Ampleforth	DoH		
10. The Tablet 1 X04	-ve		Ampleforth; Muslims;DOH		Editorial
10. Sunday Tel 10 223	-ve	DoH; anti protestors; Muslim Parl	Ampleforth		
10. Leics Mercury 1	+ve	Muslim Organisations			Muslims back jab
10. The Times 10	-ve	Muslim Parl			Muslims threat to campaign
10. Manchester EN 10 400	-ve	RCN	Ampleforth		Nurses must give vaccine
10. Yorks E Press 10 513	-ve	Sandhurst	Ampleforth;DoH		
10. Guardian 1	+ve				Muslims back jabs

54 Daily Tel 8.10	+ve		Ampleforth		Editorial backs campaign
55 Daily Tel 8.10	-ve	Stonyhurst	DoH		5
56. Glasgow ET 7.10	-ve	Stonyhurst	Ampleforth		
57 Catholic Herald 8.10 5,000	-ve	Dept of Christian Responsibility; Ampleforth	DoH		
58. The Universe 7.10	-ve	Vaccine Damaged Children orgs; Church leaders; DoH; Evans Medical; Doctors who Respect Human Life			Patients Charter being breached
59 Daily Tel .10	+ve	Letter			
60. The Tablet .10	-ve	Ampleforth; Bio Ethics Committee	Evans Medical		
62 The Times .10	-ve	Letter from Ampleforth			
64 Church Times .10 437	-ve		Ampleforth; DoH		
65. Daily Tel .10	-ve	Muslim Parl	DoH; Catholic Orgs		
65. Sunday Times .10 65,474	-ve		Muslim Parl; DoH		
67. Yorks Ev Pr .10	-ve		Ampleforth, Muslim		
68 Yorks Ev Pr .10	-ve		Muslim Parl		
69 Yorks on Sun .10	-ve	DoH; Bradford Council of Mosques; HA			
70. Birm Ev Mail .10	-ve		Mosl Parl		
71. Glasgow Her .10	-ve	Ampleforth DoH			School stands by decision
72. Northern Echo .10	-ve	DoH; Bio Ethic C'tee; RCN	Ampleforth		
73. Middlesbro' EG .10	-ve	HA; DoH Religious groups	Ampleforth		
74 Daily Express .10	+ve				defending jab
75. Liverpool DP .10	-ve	Ampleforth/Schools	DoH		
76. Liverpool DP .10	-ve	DoH; Ampleforth			School 'murder' jab row goes on
77. Liverpool DP .10	-ve	Stonyhurst; DoH			
78. New Jour (1)	-ve		Stonyhurst; Ampleforth		
79. Catholic Times (1)	-ve				parents not obliged

3. News Ex Chron 1	-ve		Muslim; DoH		
4. Manc Eve News 10	-ve	Catholic group			backing for jabs ⁶
5 The Times 10	-ve	letters			
6 The Times 10	-ve	Stonyhurst	Ampleforth		
7 Hartlepool Mail 10	+ve	Catholics; HA	Muslim		Vaccine ethical
8 The Guardian 10	-ve	Islamic Council; DoH: Rabbis of the Reform Synagogue			Discussions continue
9. Gloucs Echo 10	-ve	Bishop of Clifton: * HA	Ampleforth; DoH		
10. Cov Even Tel 10	-ve	Catholic orgs	Ampleforth		Church says fetus theory not proven
11-3. Daily Tel 10	-ve	JABS; Vaccine Damaged Children; DOH; Dr Begg			adverse effects- case histories. More info wanted.
14-8 repeat series					
15 Guardian 10	+ve	Letter; SENSE			
16 Guardian 10	+ve	Sense; parents of rubella damaged children	Ampleforth		
17 (no name of paper)	-ve	HA; DoH; local education and religious leaders			
18 Yorks Post 1.94	+ve	Editorial			note - hollowness of backing immunisation for girls but not boys
19 Yorks EP 1					as above
20. Times Ed Supp 10.94 5,8490	-ve				Q&A session: 'One would hope that a way can be found to ensure that (a pregnant girl) can reveal the fact in confidence to a nurse'
21. Notts EP 10	-ve	Stonyhurst	stonyhurst		
22 Liverpool DP 10	-ve		DoH		Islamic boycott threat
23. Yorks Post 1	+ve	Moslem leaders			Muslims lift ban
24. Yorks EP 10	+ve	Moslem leaders			as above (note - 'the foetuses may have been aborted because of the danger to the health of the mother'
25 Daily Mail 10	-ve	Muslims; DoH, Jewish leaders			As above

10. Western gaz/27.10/15,392	-ve	local religious leaders/DoH				8 7
11. Halifax E Cour/1.11	+ve					moslems back jabs
12 Doncaster Star/28.10/34,050	-ve	letter				why didn't we know about the abortion/more information etc
13 Huddersfield Ex/1.10/2,857	+ve	Moslem HA, religious leaders	Ampleforth			
14 Donc Star/9.10	-ve	Moslem objections*				
15 The Guardian/27.10	-ve					more infor
18 Yorks Gaz/27.10	-ve	Ampleforth				
19 Yorks Gaz/27.10	-ve	Ampleforth				
20 Huddersfield DA/9.10	-ve	DoH Ampelforth				
21 Wigan EP/8.10	-ve	Stonyhurst				
22 Shields Gaz/9.10/6,499	+ve	Catholic leaders				Catholics back jabs
23 Sunderland Echo/9.10/8,525	-ve	Moslem leaders, DoH				
24 The Guardian/2.11	-ve	DoH				new vaccine sought
25 Notts EP/26.10	-ve	DoH; Ampleforth				
26 Norwich EN/1.11/9,789	-ve	HA; local moslem leaders				Catholics support jabs, Moslems rebel
27 Guardian/27.10	-ve	DOH; Ampleforth				
28 Liverpool Echo/1.11	+ve		DoH Ampleforth			
30. Lanes ET/1.11/55,625	+ve	Moslem leaders				
31. Yorks EP/3.11.	+ve	letter				
32 Catholic Times/13.1	-ve	letters page				Catholics unclear on jabs
34 Wigan EP/31.10	-ve	Sense				Urges Moslems not to boycott
35 Times/2.11	+ve	DoH	Moslem, Jewish, Catholic, Evangelical			search for new jab
36 Manch EN/31.10	-ve	Moslem leaders	Ampleforth			Moslems back jabs; Catholics refuse jabs

Manchester Evening News	-ve	Muslims leaders; DoH	HA; DoH		
Manchester Daily Telegraph	+ve	Muslim leaders; DoH			Muslims back jobs
Manchester Daily Telegraph	-ve	Letters			Support for Ampleforth
Bolton Evening News	-ve		Ampleforth DoH		
Sheffield Star	-ve	HA	Muslims		
Portsmouth news	+ve	letters			
Daily Mail	+ve				Why doesn't the Catholic church pay for research into alternative jobs
Yorks Gaz.	+ve	HA	Ampleforth; Muslims		HA give reassurance
Huddersfield DE			muslims; catholics		backing for jobs
Sutton Herald	+ve	local schools, religious leaders			backing for jobs
Wallasey news	-ve	HA	HEA		Girls urged to tell nurses if they are pregnant; local helpline no.
Coventry ET	-ve	DoH; Muslims			Look at quote from Muslim leaders
Birmingham Post	-ve	Ampleforth DoH			
London ES	+ve	Health Minister Maone			
NW Evening Mail	+ve	Catholic leaders			
Chemist and Druggist	-ve		DoH		Industry not looking to alternative vaccinations
Brent Recorder	+ve	Muslim leaders	DoH		
Swindon E. Ad	-ve	DoH; HA			
Daily Tel	- (focuses on religion)	religious leaders			
Newcastle Ev. Chron	+ve	Religious leaders			
Scotland on Sun	-ve	religious leaders			Church in quandry
Northern Echo	-ve	SPUC; DoH	Ampleforth		
Glasgow Herald	-ve		Ampleforth		"secrets"

73 Western Morn N 29.10 57,780	-ve	Moslem leaders	DoH		boycott fear
77 Shropshire Star 27.10 100,152	-ve	DoH; Ampleforth; Bio-ethics committee			
78 Middlesb'gh EG 28.10 2,945	+ve	Michael Van Straten			See above - Syndicated article
79 Evening Stand. .11	-ve	letter			Israel has developed rubella jab without fetal tissue - Is this true
80 Standard 8.10	-ve				
81 Hudd DE .11	+ve				
83 E Anglian DT 9.10	+ve	Moslem Groups	DoH; Ampleforth		
84 Derby ET .11	-ve	Religious leaders			No HA, school authority or anyone else has a right to pressurise them against such a conscientious objection'
85 Guardian .11	- religious issues	letter			
86 South Wales Ec .11	-ve	letter			more infor
87 Dials Mail .11	-ve	letter			against abortion, but concerned about children
88 Colchester EG 1.10	-ve	Religious; Education leaders	HEA/ DoH		
90 Western EH 5.10	-ve		DoH Ampleforth		
92 The Independent 1.9.	-ve	RCOG; HVA; Brooke Advisory Centre	DoH		Girls could have babies damaged by vaccine
93 Western Eve H 3.10	+ve	Editorial			
94 Times .11	+/-ve	letters			Robert Blomfield, 7 Crossley Terrace, Hebden Bridge, West Yorks
95 Redditch epo2.11	+ve	LEd			
96 Coventry ET 8.10	+ve	Birm Religious groups; HA	DoH		not proven that jabs taken from fetus
97 Southern EX28.10	+ve	Editorial			
98 Wolve Ex&S 8.10	-ve	Ampleforth; DoH	DoH		

1 Wembley Record 11	+ve	Moslem leaders			
2 Rydale Merc 9.10	-ve	Ampleforth;HA			10
3 Dudley News 8.10	+ve	HA			
4 Rochdale Exp 8.10	+ve	Religious leaders			
6 Western M/N 8.10	-ve	religious groups	DoH; GP		GP says parents should object
7 Western MN	-ve (as in evening standard				
8 Lancs ET 1.10	+ve	letter			
9 Bolton EN 11	+ve	Moslem leaders; Doh			
10 Derby ET date	+ve	editorial			
1 Times 11	-ve		DoH		
2 The Citizen 1.10	-ve		DoH		
3 Health Service J 11. 518	-ve	DoH			
4 Glasgow Herald 11	+ve	letter	Ampleforth		
5 Chester Eve Ech 1.10	+ve	Editorial			
6 Lancs Ev Tel 11	-ve	Moslem leaders			
8 Sunday Sun 11 5,126	+ve	letter			
3 Northern Echo 11	+ve	moslem groups			
7 Today 11	+ve		Ampleforth		
8 Times 11	+ve	letters (inc from deputy chief Med officer			
10 Lancs EP 1.10	-ve	Moslem	DoH		
12-3 Repeat					
4 Times 11	-ve	letter			Richard Nicholson, Ed Bulletin of Medical Ethics
5 Repeat					
6 Bolton Met N 11	+ve	HA			
8 Birkenhead News 9.10	ve	HA; School nursing service; Brook Advisory			Brook advisory line for pregnant girls
9 Church Times 11	-ve	Church Leaders; DoH			DoH urged to develop vaccine

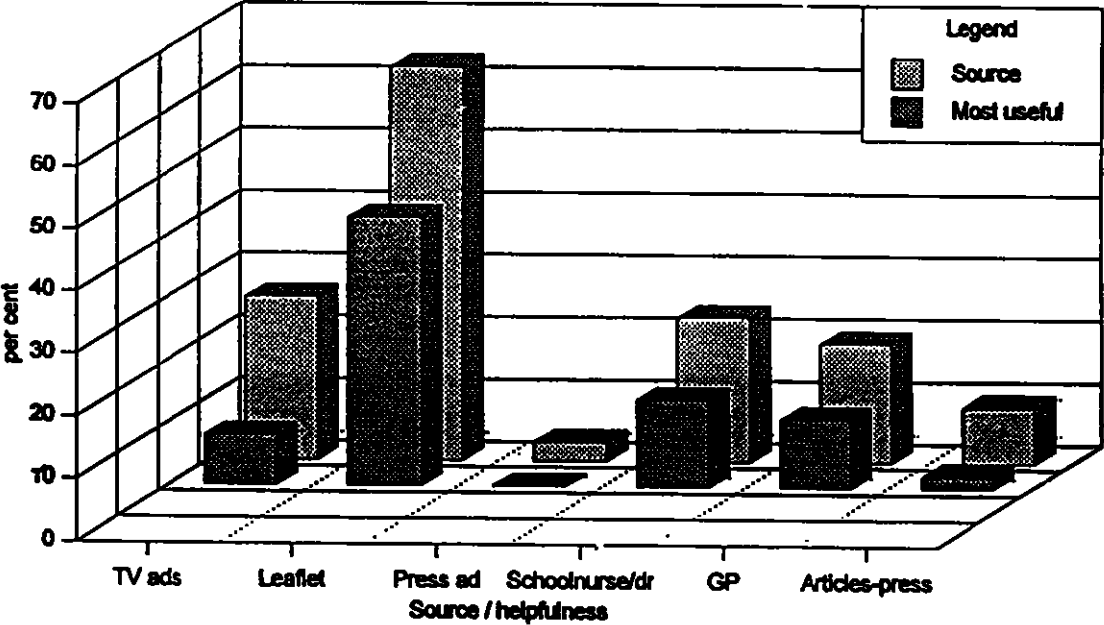
40 Repeat					
41 Chester Ev Ec 1.10	-ve	letter	RCN; Ampleforth		'science isn't always right' 11
48 Today 8.10	-ve		Stonyhurst		
49 The Sun 8.10	-ve		as above		
51 The Universe 11	-ve	LEJA;			Teachers call for end of mass immunisation
52 Clwyd E Leader 11	-ve	LEA			
53. Clwyd EL 11	+ve	DoH	Moslem leaders		
57 Sunday Times, Times, Mail on Sunday, Daily Tel, Daily Express	-ve/+ve				
58 Independent 1.10	-ve/+ve	letters			
59 Wolves Ex&Star 1.10	-ve	Moslem leaders/DoH			
60. Observer, Ind Sunday; S Times	-ve	Moslem leaders DoH			
61 Sunday Tel 1.10	-ve	Moslem leaders; RC groups;			
62 repeat					
63 Liverpool Ech 1	+ve	David ALton MP			Alton supports jabs
64 Independent/ Guardian	+ve	Moslem Groups	DoH		
65-6 repeat					
67 Wigan EP 1	+ve	Moslem leaders	DoH, RC schools		
68-5 repeat					
69 Leics Mail 1	+ve		Moslem leaders		
70 Northampton Chronicle&Echo 1	+ve	religious leaders			
71 Brentford and Swick Times 1	-ve	HA/SmithKline Beckham			HA misinforms public over fetus
72 Oldham Ev Ch 10	-ve	Ampleforth; DoH			
73 The Scotsman 1	-ve	Scottish Office;HA			fainting fits
74 Swindon Eve Ad 10	+ve	Editorial			
75 Wolves Ex&Star 10	-ve	Ampleforth;DH			
76 Daily Record 1	+ve	letter			
77 Daily Record 10	-ve	Scottish Office/ mother who refuses			

The Scotsman	-ve		religious groups		boycott of jab ruled out
Northern Echo 0	-ve		Religious groups; DoH; Ampleforth		12
4 Repeats					
Daily Tel 0	+ve	Editorial			
The Times 0	-ve	Stonyhurst	Ampleforth		
Guardian 0	+ve	Ints with families of Rubella damaged children	Ampleforth; Stonyhurst: religious groups		
repeat					
Basildon Ev Ech	+ve	LEA			
Shropshire Star 0	-ve	DoH			plea for measles jab
Lances ET 0	+ve	Sense Stonyhurst;HA; religious groups			see quotes from religious groups
Glasgow Her 0	-ve		Stonyhurst, Ampleforth		
repeat					
Peterbrough Cit	-ve	letter (SPUC)			not enough info
repeat					
Bolton EN 0	-ve		moslem groups		
Bolton EN 0	+ve	HA			Excellent example of news management by Bolton (think about local response - lack of trust of authorities, HEA, DoH and drug companies)
Halesowen News	-ve	HA Catholic groups			cf above
Southern DE 0	-ve	DoH	Catholic; Moslem groups		
Shropshire Star 0	-ve	Moslem groups: Doh			
Portsmouth N 10	-ve		moslem groups		
Western Morn N 10	-ve	Ampleforth	DoH		
Done Star	+ve	Moslem groups			
Daily Mail	-ve				panic story

521 Nursing Times 2.11 88,061	-ve	HVA; Catholic support	RCN;		Note HVA - all along we have backed the campaign - but true
522 Colchester Ex 3.11	-ve	LEA	Religious groups		
523 Times Ed Supp 3.11	-ve		Dof; religious groups		
53 Glasgow EI 1.10	+ve				
54 Wolves Ex&Star 7.10	-ve	RCN			
56 Liverpool DP 1.10	-ve	HA			Pressure on parents. GPs demure from campaign - see quotes

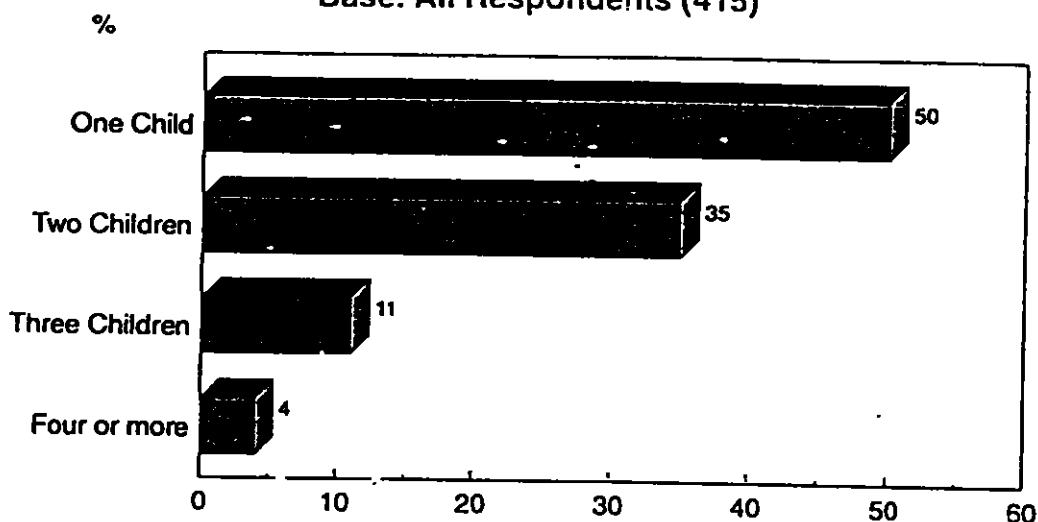
Information source x most helpful

Bolton



NUMBER OF CHILDREN 5-15

Base: All Respondents (415)

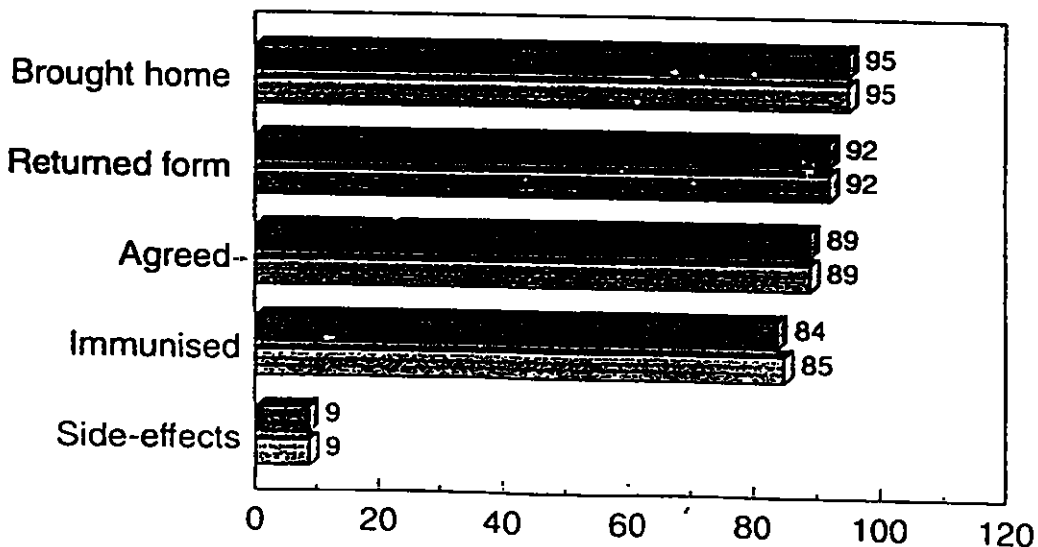


7% of DEs have four or more children

41% of Asian mothers have three or more children

LEAFLETS / CONSENT

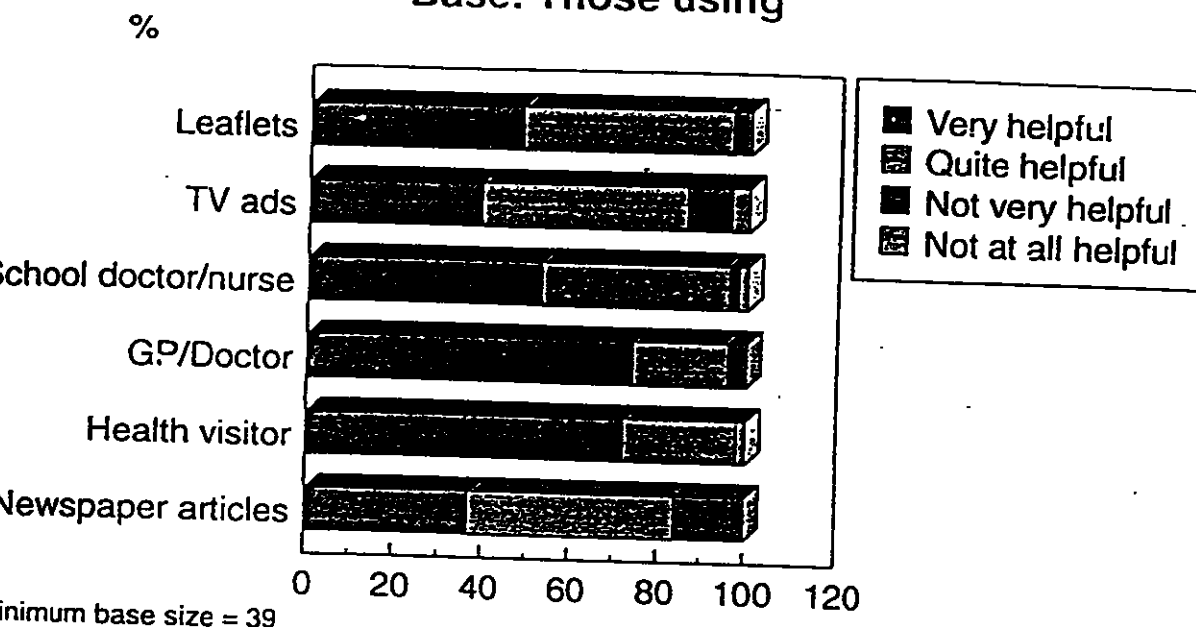
% Yes



■ Youngest Child (Base= 415) ■ Total Children (Base= 685)

HELPPFULNESS OF INFORMATION

Base: Those using



WHETHER AWARE OF ANY ADVERTISING INFORMATION OR PUBLICATION ABOUT IMMUNISATION IN THE LAST 12 MONTHS

	%	Base:
TOTAL	91	415
16-34	91	229
35+	90	186
ABC1	92	110
C2	95	123
DE	87	182
Married/partner	90	323
Single	92	92
White	92	370
Asian	81	37

SUMMARY - INFORMATION

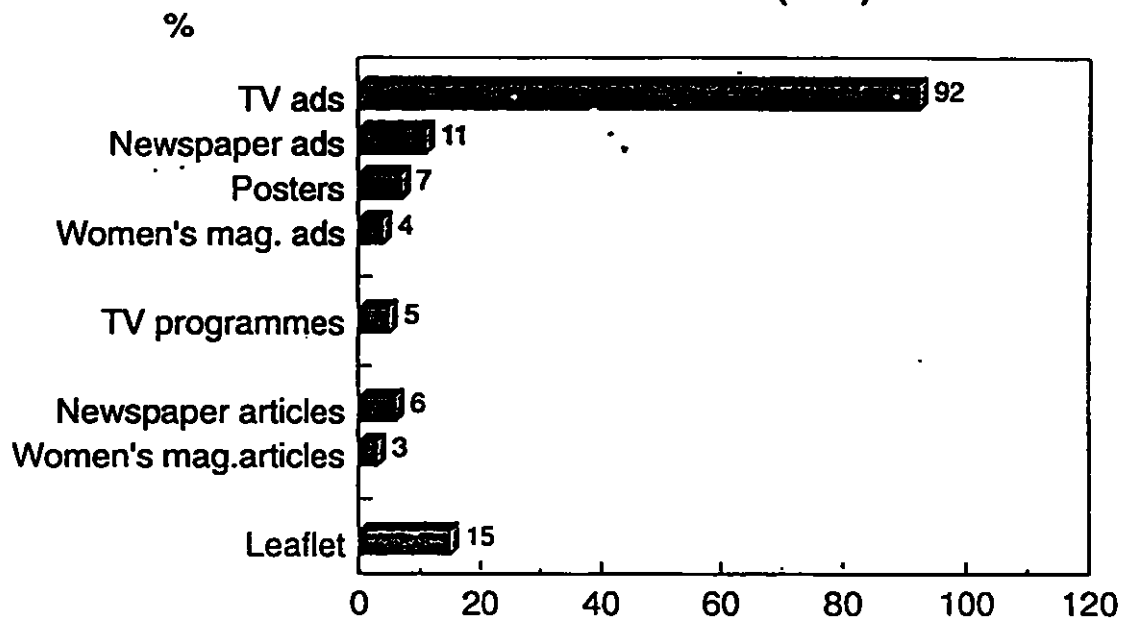
- Leaflet main source, and single most helpful source of information.
- Health professionals (where contacted) rated most helpful source.
- Over nine in ten aware of publicity, and same proportion recall seeing TV ad.
- Three quarters spontaneously linked campaign to measles.
- TV main source of 'advertising, information or publicity' seen.

SUMMARY - ATTITUDE

- Measles immunisation thought to offer less protection than tetanus, polio, and diphtheria immunisations.
- Four in five agree strongly that they would fully immunise their children against all childhood diseases.
- Two thirds agree to some extent that doctors do not give enough information about side-effects.
- Two-fifths disagree strongly that immunisation weakens the child's natural immune system.

WHERE ADVERTISING INFORMATION OR PUBLICITY SEEN (SPONTANEOUS)

Base: Those heard / seen (377)

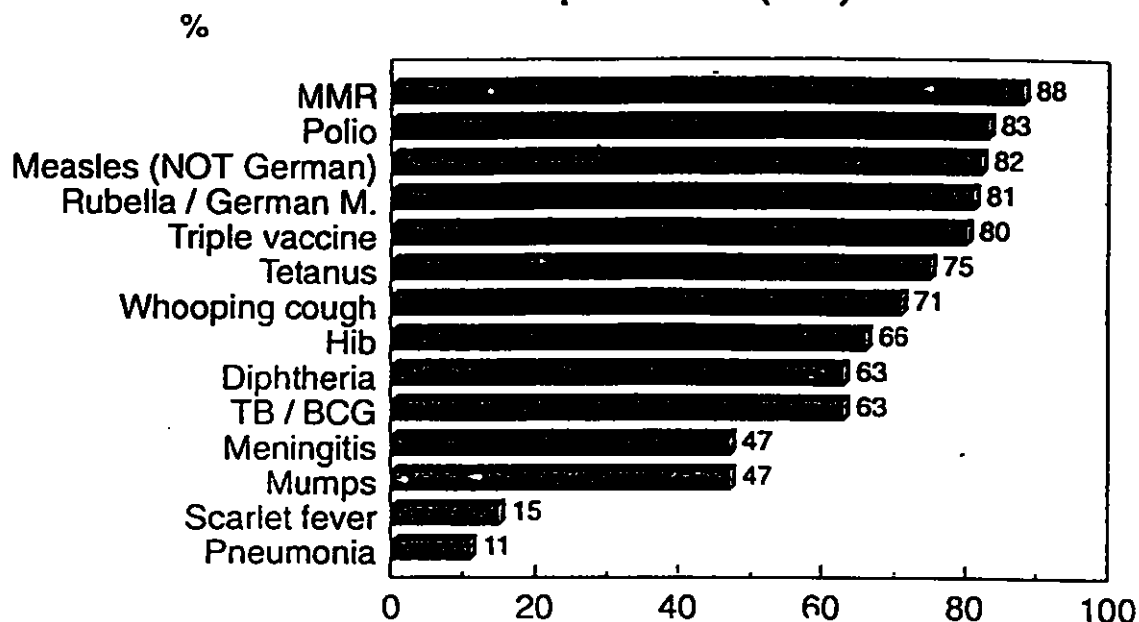


WHETHER REMEMBER SEEING TV AD (SHOWN PHOTO PROMPT)

	%	Base:
TOTAL	91	415
16-34	93	229
35+	88	186
ABC1	94	110
C2	92	123
DE	89	182
Married/partner	91	323
Single	90	92
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WHAT IMMUNISATIONS ARE CURRENTLY AVAILABLE FOR CHILDREN (PROMPTED)

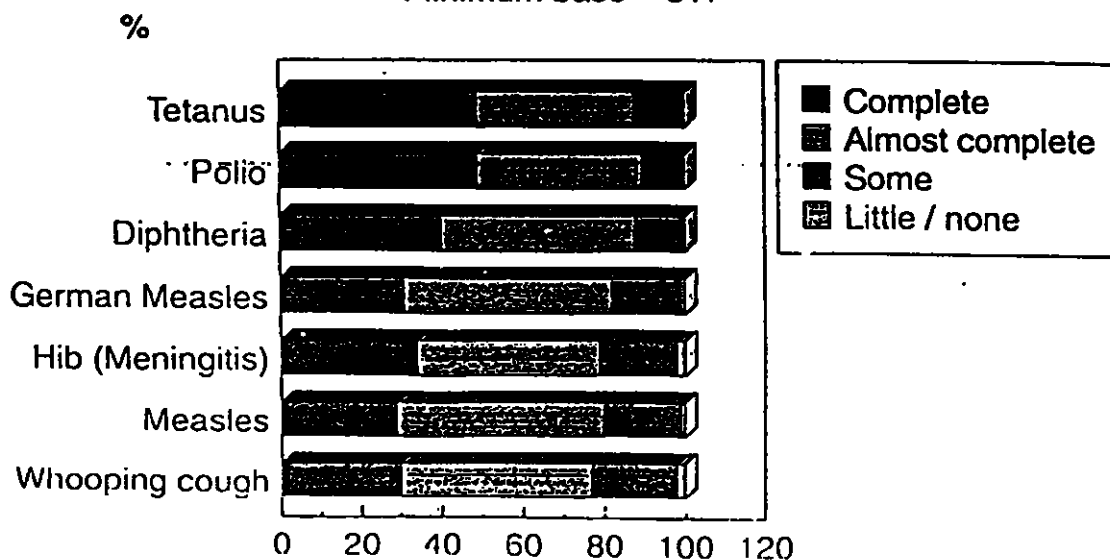
Base: All respondents (415)



AMOUNT OF PROTECTION THOUGHT TO BE GIVEN BY IMMUNISATIONS

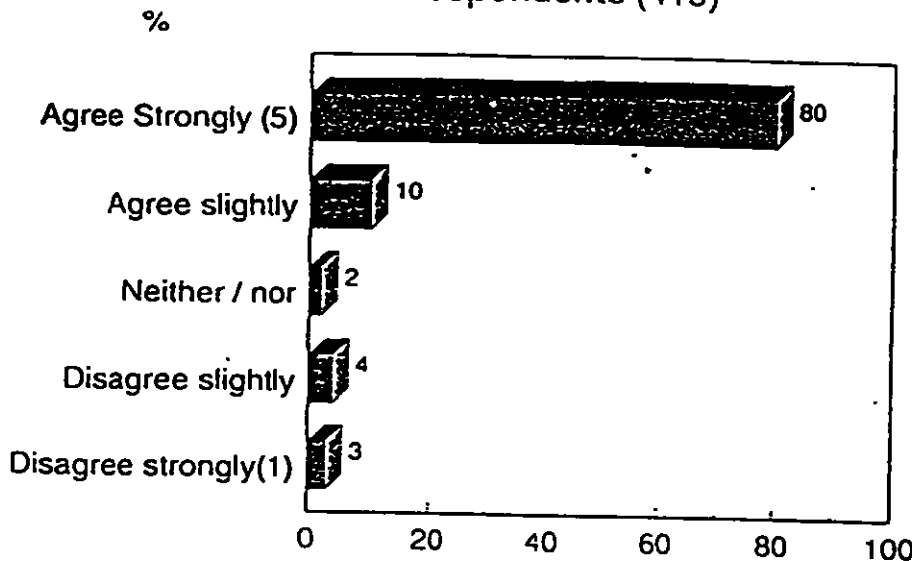
Base: Those giving answer ('don't knows' excluded)

Minimum base = 311



"IF I HAD A CHILD I WOULD HAVE THEM FULLY IMMUNISED AGAINST ALL CHILDHOOD DISEASES"

Base: All respondents (415)



Mean scores:

Total = 4.6

16-34 = 4.7

35+ = 4.6

ABC1 = 4.7

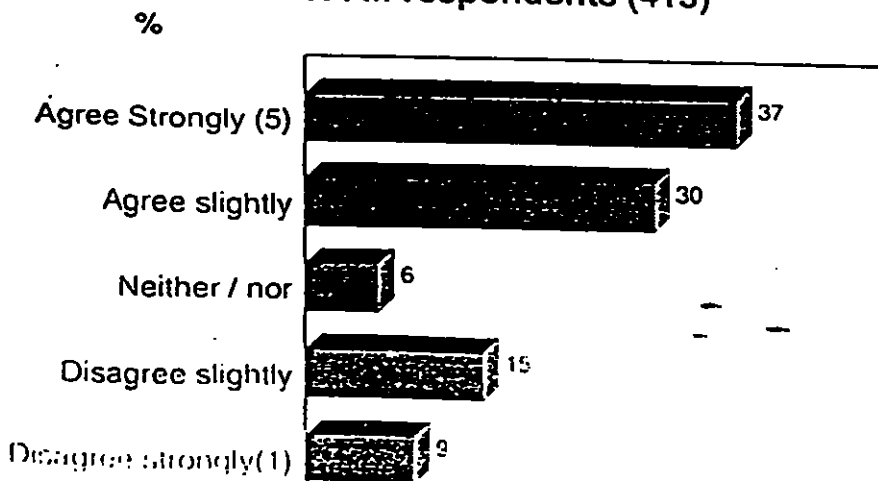
C2 = 4.6

DE = 4.6

Asian = 4.9

"DOCTORS DON'T GIVE ENOUGH INFORMATION ABOUT THE POSSIBLE SIDE EFFECTS OF IMMUNISATION"

Base: All respondents (415)



Mean scores:

Total = 3.7

16-34 = 3.7

35+ = 3.7

ABC1 = 3.7

C2 = 3.7

DE = 3.8

Asian = 3.4

HEA

L113

580

120