

# MDA No.: 1848

## Title: Health Committee – Measles Outbreak in London

### 1. Executive Summary

- 1.1 At the Health Committee Meeting on 9 March 2026, the Health Committee discussed the measles outbreak in London and resolved:

*That authority be delegated to the Chairman, in consultation with party Group Lead Members, to agree any output from the discussion.*

- 1.2 Following consultation with party Group Lead Members, the Chairman of the Health Committee agreed the Committee's letter to the Mayor of London and Secretary of State for Health and Social Care regarding the measles outbreak in London, as attached at **Appendix 1**.

### 2. Decision

- 2.1 **That the Chairman of the Health Committee, in consultation with the party Group Lead Members, agree the Committee's letter to the Mayor of London and the Secretary of State for Health and Social Care regarding the measles outbreak in London, as attached at Appendices 1 and 2.**

#### Assembly Member

I confirm that I do not have any disclosable pecuniary interests in the proposed decision and take the decision in compliance with the Code of Conduct for elected Members of the Authority.

The above request has my approval.

**Signature:**



**Printed Name:** Emma Best AM, Chairman of the Health Committee

**Date:** 26 March 2026

### 3. Decision by an Assembly Member under Delegated Authority

#### Background and proposed next steps:

- 3.1 The exercise of delegated authority approving the letters will be formally noted at the Health Committees' next appropriate meeting.
- 3.2 The terms of reference for this investigation were agreed by the Chair, in consultation with relevant party Group Lead Members, on 24 November 2025 under the standing authority granted to Chairs of Committees and Sub-Committees. Officers confirm that the response falls within these terms of reference.

#### Confirmation that appropriate delegated authority exists for this decision:

Signature (Committee Services):



Printed Name: Diane Richards

Date: 26 March 2026

#### Financial Implications: NOT REQUIRED

Note: Finance comments and signature are required only where there are financial implications arising or the potential for financial implications.


Signature (Finance): Not Required

Printed Name:

Date:

#### Legal Implications:

The Chair of the Health Committee has the power to make the decision set out in this report.

Signature (Legal): 

Printed Name: Rory Mckenna, Monitoring Officer

Date: 26 March 2026

Email: [rory.mckenna@london.gov.uk](mailto:rory.mckenna@london.gov.uk)

#### Supporting Detail / List of Consultees:

- *Krupesh Hirani AM, Caroline Russell AM and Alex Wilson AM*

#### 4. Public Access to Information

- 4.1 Information in this form (Part 1) is subject to the FoIA, or the EIR and will be made available on the GLA Website, usually within one working day of approval.
- 4.2 If immediate publication risks compromising the implementation of the decision (for example, to complete a procurement process), it can be deferred until a specific date. Deferral periods should be kept to the shortest length strictly necessary.
- 4.3 **Note:** this form (Part 1) will either be published within one working day after it has been approved or on the defer date.

##### **Part 1 - Deferral:**

Is the publication of Part 1 of this approval to be deferred? NO

If yes, until what date:

##### **Part 2 – Sensitive Information:**

Only the facts or advice that would be exempt from disclosure under FoIA or EIR should be included in the separate Part 2 form, together with the legal rationale for non-publication.

Is there a part 2 form? NO

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#### **Lead Officer / Author**

Signature: Tim Gallagher

Printed Name: Tim Gallagher

Job Title: Senior Policy Adviser

Date: 26 March 2026

#### **Countersigned by Executive Director:**

Signature:



Printed Name: Helen Ewen

Date: 26 March 2026



**Emma Best AM**

**Chairman of the Health Committee**

Rt Hon Wes Streeting MP  
Secretary of State for Health and Social Care  
Department of Health and Social Care

Sir Sadiq Khan  
Mayor of London  
City Hall

(Sent by email)

27 March 2026

Dear Mayor and Secretary of State,

I am writing to you as Chairman of the London Assembly Health Committee, regarding the recent measles outbreak in London.

On the 9 March, the Committee held an urgent evidence-gathering session in response to a measles outbreak in North London. The Committee heard from representatives from Enfield Council, North Central London Integrated Care System, the UK Health Security Agency, NHSE

London and the Greater London Authority.<sup>1</sup> We would like to thank guests for providing the Committee with a valuable insight into the local and regional response to this outbreak.

This letter outlines some of the issues raised in the meeting and makes several suggestions to improve vaccination rates across London.

Measles is a highly infectious virus which can cause serious complications and even death.<sup>2</sup> There is no treatment for measles, however vaccination provides excellent lifelong protection; after one dose, 95 per cent of people are protected, rising to 99 per cent after two doses.<sup>3</sup> Children are offered two doses of the vaccine when they are 12 months and 18 months old.<sup>4</sup> Average vaccination rates in London (70 per cent) are significantly lower than the rest of England (84 per cent)<sup>5</sup>, with significant variation across boroughs.<sup>6</sup>

Since the beginning of 2026, the UK Health Security Agency has recorded 299 confirmed measles cases, with 178 of these recorded in London and 89 in Enfield.<sup>7</sup> Enfield has one of the lowest uptake rates of the vaccine in the country (64 per cent).<sup>8</sup> The outbreak is primarily affecting unvaccinated children, with around one in five infections requiring hospital treatment.<sup>9</sup>

### The response in Enfield and London

The Committee was pleased to hear from guests that a range of coordinated, multi-agency work was occurring across the borough to contain the outbreak and raise vaccination rates.

Dudu Sher-Arami, Director of Public Health at Enfield Council, told the Committee that agencies had been working closely with schools at the start of the outbreak, to ensure they could respond effectively. Other activities included engaging with the Enfield Faith Forum and setting up catch-up vaccination clinics in community settings.<sup>10</sup>

The Committee were reassured to hear that compliance with containment advice was high. Nalini Iyanger, Consultant in Health Protection for the UK Health Security Agency told us:

“Yes, in general, the compliance with our advice is great. Schools are very helpful in trying to minimise the disruption to individual children and to parents.”<sup>11</sup>

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<sup>1</sup> London Assembly, [Health Committee meeting](#), 9 March 2026

<sup>2</sup> World Health Organisation, [Measles](#), 28 November 2025

<sup>3</sup> NHS, [Measles guidance for healthcare services](#), Updated 9 December 2025

<sup>4</sup> NHS, [MMR Vaccine](#), Updated 8 March 2024

<sup>5</sup> BBC News, [More measles cases in London amid outbreak](#), 19 February 2026

<sup>6</sup> The Standard, [Mapped: London's MMR vaccination rates as measles outbreak hits London](#), 16 February 2026

<sup>7</sup> UK Health Security Agency, [Confirmed cases of measles in England by month, age, region and upper tier local authority: 2026](#), 5 March 2026

<sup>8</sup> BBC News, [More measles cases in London amid outbreak](#), 19 February 2026

<sup>9</sup> BBC News, ['Fast-spreading' measles outbreak hits several schools in London](#), 15 February 2026

<sup>10</sup> Dudu Sher-Arami, [Health Committee meeting](#), Panel 1, 9 March 2026, p.15

<sup>11</sup> [Health Committee meeting](#), Panel 1, 9 March 2026, p.6

The Committee also heard about the preventative actions taken prior to the outbreak, by partners at a London-wide level to improve vaccination rates. This included a measles vaccination catch-up campaign in all schools in London as part of routine flu vaccinations.<sup>12</sup>

However, despite best efforts to contain this outbreak, guests emphasised that it was not unexpected and sustained efforts to improve vaccination rates were needed to prevent future outbreaks. As Dr Yimmy Chow, Regional Deputy Director London, UK Health Security Agency told us:

“We cannot keep on just having a lot of catch-up campaigns and not concentrating on getting that fundamental universal programme in.”<sup>13</sup>

### Vaccination rates

Evidence suggests there are several complex reasons for low vaccination uptake. The Committee heard from the panel that deprivation and inequality are key drivers of low vaccination rates in Enfield. Dudu Sher-Arami told us:

“The outbreak at the moment is not specific to specific communities. It is more based on a geography of the communities that are living within our areas of highest deprivation.”<sup>14</sup>

The panel also emphasised it only took small pockets of significantly low vaccination rates to cause outbreaks, given the highly infectious nature of measles. As Susan Elden, Consultant in Public Health, NHS England warned:

“In a big school environment, you can go from zero to 30 cases quite quickly... There is an element of unpredictability with measles that creates a bigger challenge.”<sup>15</sup>

The Committee heard that vaccination services needed to be ‘flexible’ and meet the needs of London’s increasingly ‘fluid’ population which may not always engage with the traditional GP model. Guests also emphasised the need for vaccinations to be promoted in a variety of settings, with schools identified as presenting a key opportunity to improve vaccination rates. As Susan Elden told us:

“This is very much about working differently. How can we use every opportunity for access? For these kids coming into school, put MMR on that consent form and make sure that MMR gets checked.”<sup>16</sup>

When asked about what would help to improve vaccination rates guests consistently told us tailored community campaigns were most effective. For example, Dudu Sher-Arami stated:

“We know that very localised community engagement is a really effective way of opening those conversations about vaccination and developing the trust ... What we have learned

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<sup>12</sup> Dr Yimmy Chow, [Health Committee meeting](#), Panel 1, 9 March 2026, p.17

<sup>13</sup> [Health Committee meeting](#), Panel 2, 9 March 2026, p.5

<sup>14</sup> [Health Committee meeting](#), Panel 1, 9 March 2026, p.13

<sup>15</sup> [Health Committee meeting](#), Panel 2, 9 March 2026, p.7

<sup>16</sup> [Health Committee meeting](#), Panel 2, 9 March 2026, p.3

is that it is really important to work with those faith organisations and community settings.”<sup>17</sup>

### Data sharing

The Committee heard from guests about the importance of data sharing between agencies in order to effectively monitor and address areas of low vaccination uptake.

Susan Elden told the Committee that there were certain areas of London, such as Kensington and Chelsea, with large numbers of private GPs or international schools which did not record or share measles vaccination status.<sup>18</sup> Therefore, ensuring there is consistent data sharing practices for vaccination status between agencies in London is essential to understand and improve vaccination rates.

**The Committee were pleased to hear about the rapid and coordinated response of partners in Enfield and across London to address the current measles outbreak. However, as we heard from our guests, this outbreak was not unexpected, and without long-term, community-led engagement to improve vaccination rates, outbreaks will continue to occur.**

**The Committee is therefore asking the Mayor and Secretary of State to consider how they can support London boroughs with low vaccination uptake to deliver sustained, localised vaccination campaigns. The Committee heard that targeted engagement with communities is the most effective way to address low vaccination rates and is calling on the Mayor and Secretary of State to explore how they can support these efforts.**

**The Committee also encourages the Mayor to work with London boroughs to improve the consistency of vaccination-status data collection and sharing practices. The Mayor should advocate more resource so a catch-up programme for measles vaccinations can happen without creating further gaps in ‘business as usual’ vaccine provision.**

Thank you for considering the Committee’s findings on this important issue. I hope that these can be addressed in your ongoing efforts to improve vaccination rates and reduce the incidence of measles in London.

Yours sincerely,

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<sup>17</sup> [Health Committee meeting](#), Panel 1, 9 March 2026, p.13-14

<sup>18</sup> [Health Committee meeting](#), Panel 2, 9 March 2026, p.10

A handwritten signature in black ink, appearing to read 'EMMA BEST'.

**Emma Best AM**

**Chairman of the Health Committee**