



## Health Sector Measles Management Update

Tēnā koutou

There is a significant outbreak of measles in Auckland and a number of cases occurring around the country. Toi Te Ora Public Health (Toi Te Ora) is currently coordinating a public health response to cases of measles within the Bay of Plenty and Lakes DHB areas. The following is a review of current information for Medical Practices, Primary Health Organisations and other health care facilities.

### Current case numbers

Up to date information on confirmed case numbers can be found on our website: <https://www.toiteora.govt.nz/measles>.

### Local outbreak management objectives

The national focus is on controlling spread in the Auckland outbreak. We do not as yet have uncontrolled spread locally, so are focussing on case and contact management.

### Infection control/clinic signage

Please ensure all your staff have confirmed immunity to measles and review your procedures to reduce infection risk in your clinic.

- Please display a poster at all entrances to your clinic. Signage can be found and printed from our website: [https://www.toiteora.govt.nz/gp\\_resources\\_measles](https://www.toiteora.govt.nz/gp_resources_measles).
- If measles is a possibility, immediately place the patient in isolation to avoid exposure of others in the waiting room
- If a patient phones ahead concerned about measles, we suggest that the patient could be reviewed in their car in the car park, or brought into the clinic via a separate entrance and placed in isolation, or seen at the end of the day after other patients have left
- A room remains infectious for one hour after a person with measles has left
- If the patient requires transfer to hospital, please advise hospital staff of your concerns about measles prior to transfer.

### Suspected measles management

**If you suspect a case of measles, please notify the Medical Officer of Health promptly on 07 579 8000.** Alternatively, you can phone 0800 221 555 to speak to other communicable disease staff (select option 3 during business hours, or option 5 after hours).

### Do not wait for laboratory results before notifying.

Measles typically begins with prodromal symptoms such as fever, coryza, cough and conjunctivitis. A maculopapular rash typically appears on day three to day seven of the illness. Koplik spots may be present. In this outbreak, several patients have initially presented with diarrhoea and vomiting and significant dehydration.

Apart from the clinical picture, other factors which should raise clinical suspicion include:

- Possible contact/exposure with a known or possible case eg: school, preschool, playmates, friends, relatives with above symptoms

- Increased community risk – if individuals were born between 1969 and 1975, they may not have a good measles immunity
- Susceptible individuals – those who do not have documented immunity to measles or who have not received two doses of MMR vaccine or, for those aged < four years, have not received one dose after 12 months of age
- Immunocompromised individuals – may be considered for immunoglobulin
- Recent overseas travel
- Recent travel to Auckland.

The notifying clinician should also:

- Arrange urgent laboratory tests
- Exclude the case from work, kura, school, kohanga reo or preschool for at least five days after the appearance of the rash
- Discuss contact tracing with the Medical Officer of Health.

Toi Te Ora will discuss the presentation and collect further details direct from the suspected case, but it would be useful to have information to hand if possible on:

- Immunisation status
- Overseas travel
- Any likely contact with known or suspected cases
- Occupation or educational attendance
- What testing has been arranged
- What infection control measures were in place at presentation.

Toi Te Ora will:

- Ensure appropriate lab tests have been ordered
- Review case management and immunisation status
- Assist with contact tracing and management:
  - Check immunisation status and risk factors
  - Refer at-risk contacts to GP for vaccination
  - Exclude susceptible contacts where appropriate
- Follow up with any involved kohanga reo, preschool, schools, kura, etc.
- Collect data for national statistics.

### **Laboratory testing**

The choice of suitable laboratory tests can be discussed with the on-call Medical Officer of Health or the Clinical Microbiologist. The following can be used as a guide:

- Take a nasopharyngeal or throat swab for measles PCR pre-rash or day 0-3 of rash (rash onset is day 0). Please put the swab in viral transport media
- Days 4-6 of the rash please do a PCR swab (in viral transport media) and blood test for IgM and IgG serology (SST tube)
- >seven (7) days from rash onset: Blood for measles IgM and IgG serology (SST tube).

If possible, specimens are to be collected by the GP to minimise risk of infection. If a patient is to have a specimen collected at Pathlab, please phone ahead so that the laboratory can ensure appropriate infection control.

Serology testing capacity is limited. To minimise laboratory impact at present, please limit serology testing to suspected cases and contacts only.

For further information on which swabs to use, please phone Pathlab on 07 578 7073 or visit [www.pathlab.co.nz/providers](http://www.pathlab.co.nz/providers) and click on swab charts.

### **Help ensure MMR vaccine is used to protect the most vulnerable populations**

MMR availability in the Bay of Plenty and Lakes areas will be limited over the coming weeks, whilst vaccine is prioritised for targeted community outreach in Auckland. Most of our local cases so far have been linked to the Auckland outbreak in some way, so controlling spread there is important for reducing risk across the country.

Whilst vaccine supply is limited locally, our local priorities are to maintain the Childhood Immunisation Schedule and provide vaccination to susceptible close contacts of confirmed cases.

- MMR1 should continue to be given at 15 months and actively recalled
- MMR2 should continue to be offered at four years old with active recall, up to five years
- Infants travelling to Auckland can be given MMR1 from 12 months. This should happen at least two weeks before travel
- Infants aged six to 15 months who are travelling to areas where there are serious measles outbreaks should have MMR before leaving
- Provide MMR to susceptible close contacts within 72 hours of first exposure to measles when possible.

The Ministry of Health is requesting support to ensure that MMR vaccine is used to protect the most vulnerable populations by only vaccinating people from the groups listed above.

For patients booked in to receive MMR or who are eligible but do not meet the above priorities, the Ministry of Health is recommending general practice to include them on a recall list for when vaccine distribution returns to normal. When stocks are secure, general practices should be offering two documented doses of MMR vaccine to those who need it at no cost, as per the New Zealand Pharmaceutical Schedule.

If you have queries relating to vaccine stock, please contact:

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|--------------------|----------------|--|--------------|
| • Bay of Plenty    | Kerri Lawrence | <a href="mailto:kerri.lawrence@ebpha.org.nz">kerri.lawrence@ebpha.org.nz</a>         | 022 023 3244 |
| • Lakes (RAPHs)    | Sue Taft       | <a href="mailto:sue.taft@raphs.org.nz">sue.taft@raphs.org.nz</a>                     | 027 525 8238 |
| • Lakes (Pinnacle) | Helen Thomas   | <a href="mailto:helen.thomas@pinnacle.health.nz">helen.thomas@pinnacle.health.nz</a> | 021 241 7301 |

### **Other information**

Other resources are available on our website: [https://www.toiteora.govt.nz/gp\\_resources\\_measles](https://www.toiteora.govt.nz/gp_resources_measles).

Toi Te Ora will follow this correspondence with regular updates on the measles situation within the Bay of Plenty and Lakes DHB areas. Thank you for your ongoing support in this response work.

Janet Hanvey  
**Incident Controller**