

Auckland Regional Public Health Service

Rātonga Hauora ā Iwi o Tamaki Makaurau



Working with the people of Auckland, Counties Manukau and Waitemata

Measles Outbreak Update

Health Professional Advice for the Auckland Region

Version: 14th September, 1200hrs
Please disregard previous versions

1.0 CURRENT SITUATION

- Measles notifications to Auckland Regional Public Health Service for the period 4th July 2009 to 11th September 2009 are as follows: 19 confirmed cases, 1 probable case and 7 cases currently under investigation.
 - A **confirmed case** is defined as a case with definitive laboratory evidence of measles OR a case that meets clinical criteria and has an epidemiological link to a confirmed case.
 - A **probable case** is one that meets clinical criteria but does not meet the definition of a confirmed case.
- In order to prevent a sustained measles epidemic in the community, at least 90% immunisation coverage is required.
- Current immunisation coverage at 18 months of age is: WDHB 74%, CMDHB 71% and ADHB 76 %.
- Coverage rates for Māori and Pacific children are lower and these populations are particularly at risk.

2.0 NATIONAL RECOMMENDATIONS: GROUPS WITH PRIORITY FOR MMR

- Patients aged 12 months to 20 years who have not had one MMR immunisation should be actively recalled and receive this as soon as possible.
- Continue to deliver MMR vaccination to children due to receive their second MMR vaccination according to the immunisation schedule (i.e. at 4 years of age).
- Children aged over 4 years who have not received a second dose of MMR should be scheduled for the vaccination, which can be given as early as one month after the first dose.
- It is important that health care workers and those working with children, with pregnant women, or with immunocompromised people are immunised against measles.
- We advise opportunistic vaccination of non-immune adults aged 21-40 years with one dose of MMR.
- Note that people who are not otherwise eligible for publicly funded health care in New Zealand can be given free measles immunisation and this can be claimed in the usual way.

3.0 SUSPECT CASES (SEE FLOWCHART PAGE 3)

- Please phone or fax notification of suspect cases to Auckland Regional Public Health Service (ph 09 623 4600 ext 27132# or ext 27134# or ext 27136#, fax 09 630 7431)
- Please collect:
 1. a nasopharyngeal swab OR throat swab OR clean catch urine for PCR, and
 2. a blood sample for measles serology.
- Exclude case from work, school, or pre-school until the end of the infectious period (which is usually 4 days after the onset of the rash). When a case is isolated it is important that he/she does not mix with people who may be susceptible to measles.

4.0 CONTACTS OF MEASLES CASES (SEE FLOWCHART PAGE 4)

- Exclusion of non-immune contacts from school/pre-school/work is extremely important. In general, non-immune contacts should be excluded until 14 days after last contact with a case during their infectious period. Please contact ARPHS for further advice.
- Non-immune and partially-immune contacts of measles cases should be offered MMR (unless contraindicated) if aged between 12 months and 40 years.
- Consider offering MMR to infants between 6 and 12 months of age who are contacts of measles cases. Note that these infants will still require two further doses of MMR after the age of 12 months.
- High risk non-immune or partially-immune contacts (such as pregnant women and immunocompromised people) can be considered for immunoglobulin, and should be discussed on a case by case basis with an Infectious Diseases Physician or Paediatrician. MMR is contraindicated in these patients, but it is important to ensure that those in contact with high risk non-immune patients are immunised.

5.0 FLOWCHART FOR MANAGEMENT OF CASES OF MEASLES



