

**PUBLIC HEALTH BULLETIN**

**It is all about measles**

As you will know the massive outbreak in Auckland is already affecting multiple other regions, including ours. Not only are we getting cases, both locals and people visiting while infectious, but our public health and clinical services (including primary care) are severely impacted by those presenting with symptoms, seeking immune status information or testing, and wanting catch up or early MMR. There is a wealth of information on our website and linked national sites. In this bulletin we try to summarise the current approach (do note though that this is subject to change and will only be correct at the date of publication).

**Epidemiology**

There are currently 21 confirmed cases that reside in the Waikato since the start of August (cases earlier in the year are not related to the current outbreaks), and we've had 8 known "incursions" where visitors from other regions are here while infectious. The main known risk of transmission locations are mostly household contacts and those from waiting rooms (both EDs and GP). The majority of these are Māori, Pacific, children, and/or unimmunised.

**Immunisation schedule and supply**

Usually MMR is given at 15 months and 4 years, or as fully funded catch up for people born after 1/1/69 with no evidence of 2 MMRs (or immunity from previous documented measles or reactive measles IgG). People born before 1/1/69 are assumed immune. Currently because of the measles epidemiology and priorities for vaccine supply, in Waikato:

- Babies from 12 months on can have all their 15 month immunisations early, if requested by parents/carers.
- Catch up immunisation for adults is not available.

The Ministry of Health is prioritising national supply based on current outbreak situations and availability. It is urgently attempting to procure increased supply. DHBs are managing local supply, this is currently one of the major activities of the Waikato DHB "CIMS team" (more on that later).

**Investigations**

When you call to notify on suspicion, and if you think it is worth testing you must always do that, we'll ensure you get the right test for the timing of rash onset. It is almost always PCR from a nasopharyngeal swab. We let the lab know it is coming, which expedites processing, so if you don't notify not only are you

failing in your legislated responsibilities but you are also delaying results!

Serology for diagnosis is very rarely indicated, usually only if it's four or more days from rash onset. So, a retrospective diagnosis. As lab capacity for IgG for measles immunity is limited, these will only be processed if part of ascertaining the immune status of contacts of confirmed measles, which means the Medical Officer of Health has requested it (directly or in consultation with GP).

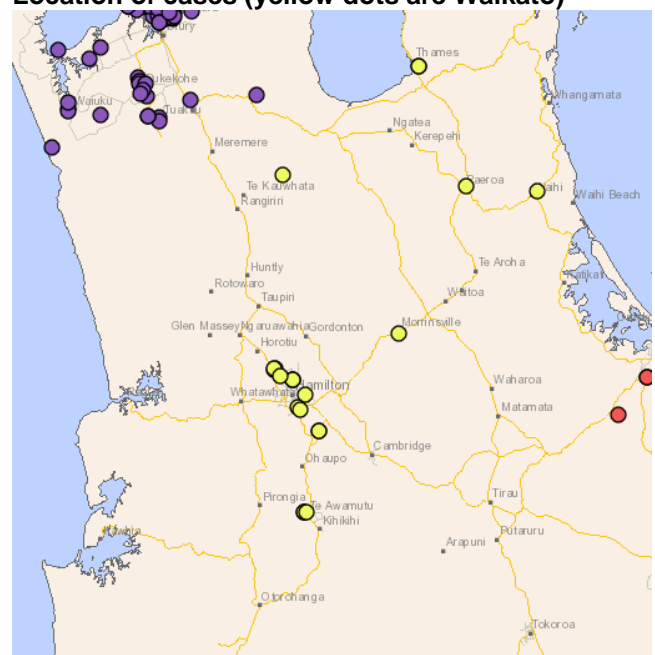
**Co-ordinated Incident Management System (CIMS)**

Waikato DHB activated a CIMS response (the common framework all services in NZ use for major incidents/disasters) on 9<sup>th</sup> September.

Currently it has 3 main objectives for the measles response:

1. Prioritising limited vaccine supply
2. Managing communications – public and health professionals
3. Planning a measles immunity gap closing programme for when there is sufficient resource (funding and vaccine). Aim of this will be to stop this situation arising again by ensuring enough people that missed out on vaccine (biggest gap is in young adults) get catch up.

**Location of cases (yellow dots are Waikato)**



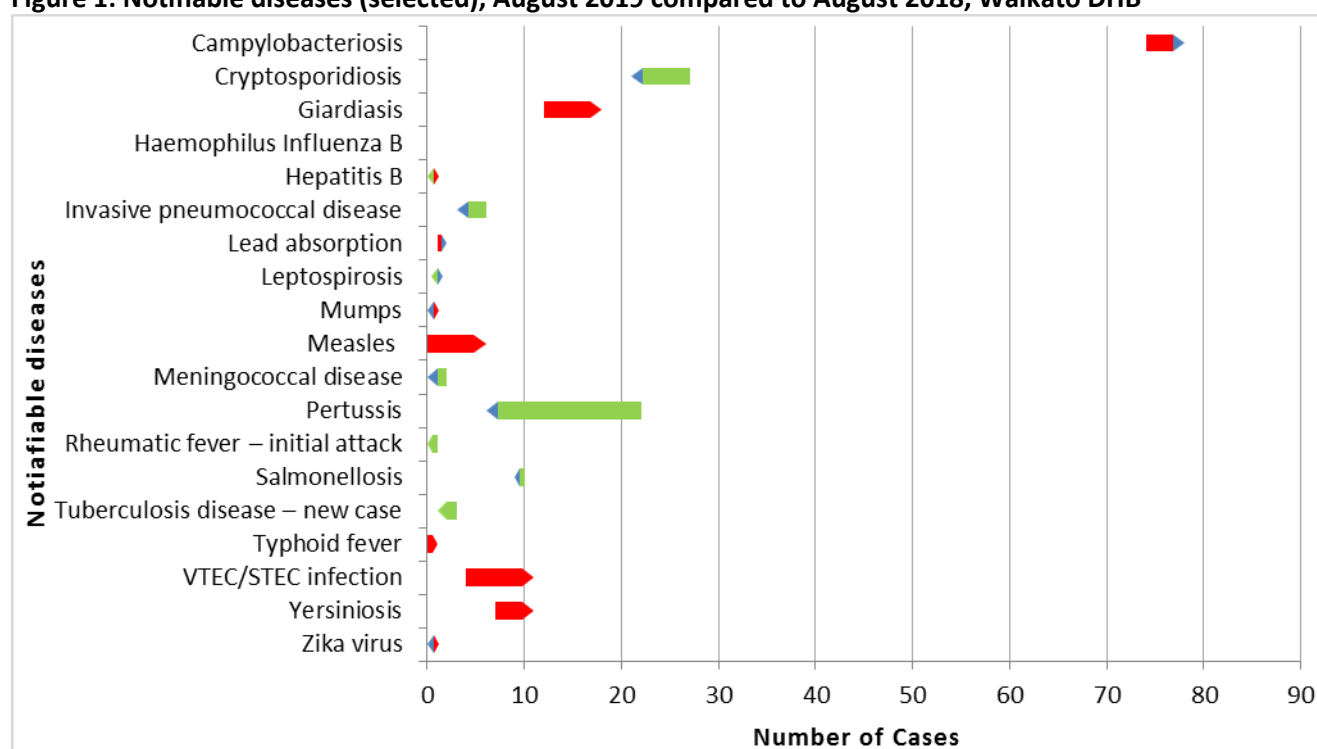
**Ethnicity of Waikato cases**

European or Other	Maori	Pacific Peoples	Total
6	8	7	21

## Communicable diseases notified August 2019

Disease name	August 2018	August 2019	YTD	Disease name	August 2018	August 2019	YTD
Campylobacteriosis	74	78	380	Malaria	0	0	1
Chikungunya fever	0	1	2	Measles	0	6	22
Cryptosporidiosis	27	21	49	Meningococcal disease	2	0	8
Dengue fever	2	1	27	Mumps	0	0	4
Gastroenteritis - unknown cause	1	2	4	Murine Typhus	0	1	1
Gastroenteritis / foodborne intoxication	2	10	82	Pertussis	22	6	125
Giardiasis	12	18	137	Rheumatic fever - initial attack	1	0	9
Hepatitis A	0	0	6	Rheumatic fever - recurrent attack	0	0	3
Hepatitis B	0	0	2	Rickettsial disease	1	0	0
Invasive pneumococcal disease	6	3	26	Salmonellosis	10	9	60
Latent tuberculosis infection	3	2	14	Shigellosis	0	3	11
Legionellosis	0	1	2	Tuberculosis disease - new case	3	1	16
Leprosy	0	0	1	Tuberculosis disease - relapse or reactivation	0	0	1
Leptospirosis	1	1	8	Typhoid fever	0	1	4
Listeriosis	0	0	1	VTEC/STEC infection	4	11	80
Listeriosis - perinatal	0	1	1	Yersiniosis	7	11	47
Lead absorption	1	2	13	Zika virus	0	0	2

**Figure 1: Notifiable diseases (selected), August 2019 compared to August 2018, Waikato DHB**



**Medical Officers of Health:** Felicity Dumble -- Richard Wall – Richard Vipond – Richard Hoskins

**After hours:**

MOoH 021 359 650

HPO 021 999 521

If there is no answer, please contact Waikato Hospital's switchboard 07 839 8899 and ask for the on-call MOoH.

**During office hours:**

Population Health (MOoH or HPO) (07) 838 2569

Notifications 07 838 2569 ext. 22065 or 22020

Notifications outside Hamilton: 0800 800 977

Fax: 07 838 2382

Email: [notifiablediseases@waikatodhb.health.nz](mailto:notifiablediseases@waikatodhb.health.nz)