



# PUBLIC HEALTH ADVISORY TO PRIMARY & SECONDARY CARE

**28 August 2019**

## **Measles - Updated Public Health Advisory to Primary and Secondary Care**

This is an updated advisory following an earlier advisory sent on 19 July 2019 when we had one confirmed case of Measles. Since then we have had only 2 further cases, i.e. a total of three cases; all who had recently travelled to Auckland.

Thank you for your continued efforts to promote MMR immunisation, to ensure your staff are fully immune and for notifying any possible measles cases on suspicion.

### **Measles situation nationally and locally**

In Auckland the risk of catching measles is currently much higher than elsewhere with high numbers of new cases presenting daily and limited contact tracing able to occur whilst they are in the 'manage it' phase.

In Hawke's Bay whilst the risk of catching measles is lower, we are likely to get cases related to contact with Auckland cases who present with infection, which will limit our ability to 'keep it out'. Our public health services will initially attempt to 'stamp it out' but will need to move to 'manage it' phase requiring primary and secondary care to manage their own contact tracing through sending pro forma letters out, should our numbers rise too quickly.

Please be aware of the latest (27 August) national advisory from the Ministry of Health which advises that babies who are travelling to Auckland should have their first measles vaccine earlier than the usual 15 months, at 12 months of age. Vaccination should be done at least two weeks before travelling to allow their immunity to develop.

### **Reminder: Prepare your practice**

1. Please, we cannot emphasise enough to ensure your practice staff are immune to measles. If in doubt immunise (unless pregnant or over 50 years old).
2. Please familiarise yourself with the clinical features. Clinical description is an illness characterised by all of the following:
  - 1) Generalised maculopapular rash, starting on the head and neck
  - 2) Fever (at least 38°C if measured) present at time of rash onset
  - 3) Cough or coryza or conjunctivitis or Koplik spots present at the time of rash
3. If all 3 categories of symptoms/signs identified - please notify on suspicion and take a nasopharyngeal swab for PCR measles testing. Advise of any recent travel and / or contact

with a case of measles, date of rash onset and immunisation status – indicate on PCR request form and notify.

4. If 2 out of 3 categories of symptoms/signs identified AND have history of recent travel or contact with a case, please notify on suspicion. Then, if public health recommend, take a nasopharyngeal swab for PCR measles testing. Please advise us date of rash onset and immunisation status – also indicate on PCR request form.

### **Isolation and follow-up advice**

Anyone with suspected measles should be sent home and advised strict isolation until measles laboratory results are known or at least until 5 days after the rash. All patients should be advised that if their health condition deteriorates they should not hesitate to ring their practice (or ED if where they were first seen) and ask for arrangements to be seen by a doctor. Those who first see a patient have a duty of care to arrange any necessary follow-up medical care whilst ensuring the safety of others.

Other family members or contacts do not need to remain in isolation unless it has been more than 6 days since their first contact with the case during a time when the patient would have been infectious. If in doubt consult the Medical Officer of Health for advice about contacts.

Suspected cases should NOT be sent automatically to hospital, and if Primary Care staff do think hospital review/care is required they must make sure to notify Paediatrics and/or ED of the suspicion before the patient arrives to ensure appropriate isolation, to avoid infecting others in the waiting room.

Thank you for your cooperation and support.

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