

Measles

1. From 1 January to 14 August 2019, there were 556 confirmed cases of measles notified in 13 DHBs. The current situation is linked to importations of measles from overseas and a high incidence of measles worldwide, with concentrations in India, the Philippines and the United States of America.
2. The only current significant measles outbreak is centred in Auckland. Despite intense efforts by the Auckland Regional Public Health Service (ARPHS) and the DHBs to control the spread of measles, the number of new confirmed cases has accelerated over recent weeks with most new cases being Pacific people and children under two in South Auckland.
3. The Ministry is working with ARPHS and the DHBs in the Auckland region with efforts focusing on reducing the impact of measles by improving measles, mumps and rubella (MMR) vaccine coverage.
4. Failure to close the measles immunity gap and address the current outbreak will mean the current 'Elimination' status could be lost in April 2020 (such status means that New Zealand had interrupted transmission of the endemic strain of circulating measles virus for a period of 36 months; it will be lost if circulation of an imported strain is not interrupted within 12 months of the importation). The Ministry will continue to update you regularly on progress, including actions being undertaken to respond to the outbreak, until it is contained.

Measles

Current status

5. From 1 January to 14 August 2019, there were 556 confirmed cases of measles notified in 13 DHBs. These are outlined in the table below:

	DHB	Cumulative cases reported 2019 to date	New cases reported in the last 2 weeks ending 14 th August 2019
DHBs with active measles cases	Northland	22	0
	Auckland	426	75
	Waikato	16	0
	Bay of Plenty & Lakes	25	0
	Taranaki	2	1
	Hawkes Bay	2	0
	Mid-Central	1	0
	Wellington	19	3
	Canterbury	41	0
DHBs with no recent measles cases	Southern	2	No confirmed cases since March 2019
		Cumulative Total: 556	New cases reported in the last 2 weeks, Total : 79

6. The current situation in New Zealand is linked to importations of measles from outbreaks overseas, and a high incidence of measles worldwide, with concentrations in India, the Philippines and the United States of America.
7. The only current significant measles outbreak is centred in Auckland. Sporadic cases are occurring around the country (recently these have all been linked to Auckland) and effective public health intervention mechanisms by the local Public Health Units have prevented the spread in these regions.

Auckland

8. Despite intense efforts by ARPHS and the three DHBs to control the spread of measles, the number of new confirmed cases has accelerated.
9. Most new cases are being notified in South Auckland with an ongoing predominance of cases in Pacific people and children under two.
10. The Ministry is working with ARPHS and the DHBs in the Auckland region. Efforts are focusing on reducing the impact of measles by improving measles, mumps and rubella (MMR) vaccine coverage.
11. General awareness has increased MMR vaccination uptake, particularly in Auckland. Across Auckland, Waitemata and Counties Manukau DHBs, 35,000 doses of MMR vaccine were given between 1 February and 5 July 2019 compared to 24,000 during the same period in 2018. Primary care services across the Auckland region have been actively recalling all children under four that are not up to date with their MMR vaccinations and the date of first vaccination has been brought forward from 15 months to 12 months to protect these at-risk age groups.
12. Counties Manukau DHB, ARPHS and the Ministry are working together to develop a vaccination strategy to target harder to reach at-risk population groups.

Canterbury

13. At the beginning of this year, there was an outbreak of measles in Canterbury with a total of 39 cases. While the outbreak was declared officially over in March 2019, a further case has recently been reported, linked to the Auckland outbreak.
14. Community Public Health in Canterbury worked with primary care services to deliver a vaccination programme during the outbreak. 22,000 additional MMR vaccines were delivered during this period.
15. Evidence suggests that vaccination programmes are not typically effective at managing a current outbreak, however in this case, Canterbury was able to utilise the heightened awareness of measles to improve coverage across the region, which will assist in preventing the spread of any future outbreak.

MMR Vaccine Supply

16. PHARMAC is the agency responsible for purchasing vaccines and has no concerns with the supply of MMR vaccine given the current outbreak.

17. The Ministry will continue to work closely with PHARMAC and relevant DHBs when discussing potential vaccination approaches to ensure that there will be adequate supply of MMR vaccine.

Parliament Questions (PQs) and Official Information Act Requests

18. In 2019 to date, there have been two written PQs asking about measles case numbers and immunisation rates in Auckland. There have been two oral PQs asking about what steps were being taken to manage the measles outbreak in Canterbury and about the supply of the MMR vaccine.
19. The Ministry has received a number of OIA requests relating to measles. While there has been increased interest in this topic, the requests have not changed significantly from normal expectations. Most queries relate to concerns around the safety of MMR vaccination.

Advice provided by the Measles National Elimination Verification Committee

20. The National Verification Committee for Measles and Rubella Elimination (NVC) was established in 2016 as part of the global effort to eliminate measles and rubella. The purpose of the NVC is to review and validate the annual progress reports on the elimination of measles and rubella, and maintenance of that status, before the Ministry submits them to the Regional Verification Commission hosted by the WHO Western Pacific Regional Office (WPRO). The NVC also provides advice to the Director of Public Health on matters related to the prevention and control of measles and rubella, including the verification of their elimination.
21. In September 2017 the NVC advised the Ministry on how to address immunity gaps, including paying GPs and pharmacies for each MMR vaccination, establishing immunisation registers in schools and universities, funding an awareness-raising campaign and measles-specific vaccination clinics, and offering MMR with HPV in school vaccination programmes.
22. Work on developing a vaccine preventable disease strategy is ongoing and the Ministry is considering a range of options for achieving measles population immunity and closing immunisation gaps, particularly in at-risk population groups.
23. The Ministry is considering the latest advice from the NVC, following a meeting on the 19th of July, and has released a media statement on its response and approach. The NVC advised that targeted immunisation be implemented to close immunity gaps, to bring down the age for the first and second doses of MMR, to take steps to prevent measles spreading to Pacific Island nations, and to raise awareness amongst travellers to and from New Zealand of the need to be vaccinated.
24. There is media interest in the advice of the NVC. A media request from Cate Broughton at Stuff was made for the NVC's report to the WHO, meeting minutes, and information on the Ministry's work to close immunisation gaps. That article is at the link below (Cate Broughton, "Ministry ignored advice to boost measles immunisation of teens, young adults, Stuff 15 July 2019).

<https://www.stuff.co.nz/national/health/114239802/ministry-ignored-advice-to-boost-measles-immunisation-of-teens-young-adults>