Minutes of Expert Advisory Group Teleconference on measles

Tuesday 3 September 2019

8am-9.30am

Members:

Dr Anja Werno, Dr Ayesha Verrall, Prof Cameron Grant, Prof Karen Hoare, Assoc Prof Lance Jennings, Prof Michael Baker, Assoc Prof Nikki Turner, Dr Peter McIntyre, Dr Ramon Pink, Dr Sally Talbot, Prof Stuart Dalziel, Dr Osman Mansoor.

In Attendance:

PHARMAC: Andrew Oliver, Lindsay Ancelet

ESR: Dr Jill Sherwood

MOH: Dr Tomasz Kiedrzynski, Dr Caroline McElnay (Chair), Dr Niki Stefanogiannis, Dr Natasha White

Apologies:

Dr Edwin Reynolds, Dr Elizabeth Wilson, Dr Sean Hanna, Dr Tony Walls, Dr Andrea McNeill, Kath Blair, Laurence Holding, Dr Michael Tatley, Dr Stephen Munn

Purpose:

The purpose of the Expert Advisory Group is to provide advice on:

a. Any additional activities that need to be undertaken as part of the acute response to the measles outbreak in the Auckland region, and
b. Any immediate activities that need to be undertaken at a national level to manage the spread of measles.

Recommendations:

Auckland Region

1. MMR vaccine should be offered to 6-11 month old infants residing in Auckland.
    - The justification for this is the disease burden in this age group in Auckland, with disease in this age group accounting for approximately 10% of cases. 67% of cases in this age group have been hospitalised.
    - It was noted that the best way to protect this age group was to ensure others around them were vaccinated.
    - There was discussion on whether this should be only in South Auckland but it was noted that this policy would be difficult to implement given the high degree of mobility of infants in Auckland.

- There was discussion as to whether or not infants in this age group should be actively called in from 6 months. There was majority support for active call of infants from 6 months for MMR0 with subsequent MMR vaccines given at 12 months and 4 years. The objection was based on high resource use and limited, if any, impact on stopping measles transmission, while probably providing personal protection to the infants vaccinated.
- PHARMAC advised that stock volumes needed to be estimated and a coordinated approach developed before this could be implemented.
- It was noted that criteria for discontinuing MMR0 needed to be developed and consideration of triggers for instituting this in other regions.

2. General practices in Auckland should actively recall all children under 5 years who have not had 1 MMR using the NIR and practice management systems.
    - It was noted that this will require additional resources in primary care to assist with identifying patients for recall.
    - It was noted that this could be extended to children under 14 years as their details are on the NIR but this is subject to resources including vaccine supply
    - It was suggested that the NIR could also be used to message the parents and caregivers on their need for vaccination with at least 1 MMR vaccine.

3. Provide specific and appropriate support for Samoan community to regain confidence in MMR and vaccinations.
    - It was noted that there were anecdotal reports of a recent drop in uptake of MMR amongst some Samoan communities in Auckland as a result of lingering concern after the MMR incident in Samoa in 2018.

Outside Auckland

4. MMR1 should be brought forward to 12 months across New Zealand with active call and recall if overdue.
    - MMR2 should remain at 4 years with a key focus being on MMR1.
    - It was noted that clear messaging was required to emphasise the protection afforded by MMR1 and that focusing on MMR1 was appropriate in an outbreak situation.
    - It was noted that supply of vaccine needed to be adequate to support implementation of this recommendation.

5. MMR0 should be offered to infants aged 6-11 months traveling to Auckland.
    - A request was made for the rate of disease in Auckland compared to other outbreak areas.
    - Measles incidence rates in Auckland region and Counties Manukau DHB in 2019 are 46 and 98 per 100,000 population respectively as of 30 August 2019. For comparison Measles incidence rates in the last 12 months in the Philippines were 44 per 100,000 population, Yemen 43 per 100,000, Israel 48 per 100,000 or Georgia 126 per 100,000.

- Current recommendations are that infants aged 6–15 months traveling to countries with serious outbreaks such as these ones should be given MMR before their travel.

6. Continue messaging on the importance of at least 1 MMR for those under 50 years with particular emphasis on improving immunity in the 15-29 year old age group
    - It was noted that the current outbreak was an opportunity to address the lower immunity in this age group

General

7. DHBs should be requested to ensure their outbreak response plans are up to date and should ensure that their staff vaccination policies ensure clinical staff and public facing employees are measles immune.

8. Triggers for escalation of response suggested include sustained spread in other regions of NZ, sustained spread of cases in early child care centres in a region, an increase in hospitalisation rates, or a fatality.
    - It was noted that there are no international or consistent guidelines on triggers for response in relation to outbreaks of measles.
    - It was noted that there is an opportunity at the moment to maximise the uptake of MMR vaccination as a consequent of the current outbreak. This will provide better protection for any future outbreak situations.

9. Consideration should be given to what a national outbreak response could be and any supplementary immunisation activities as a component of that.
    - It was noted that vaccine supply was a critical component in any response, both in terms of amount available in the country as well as ability to get supply to local areas as needed.

10. Ongoing and up-to-date epidemiology is required to monitor how the outbreak is evolving so that appropriate response decisions can be made quickly.