## Section 1: Key Priorities

### 1.1 Death Related to Meningococcal Meningitis Disease, Taranaki

<table>
<thead>
<tr>
<th>Contacts</th>
<th>Dr Stewart Jessamine, Director Protection Regulation and Assurance.</th>
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<td>Laurence Holding, Manager Communicable Diseases.</td>
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| Situation | On 10 March 2018 Taranaki District Health Board (TDHB) was notified of the death of a Laboratory results have confirmed meningococcal bacterial infection. Given the rapid spread of the illness, the deceased did not attend a medical facility. The case was referred to the Coroner. |

| Action | TDHB is following all relevant protocols and has developed key messages and issued a media statement. Contact tracing has been completed and chemoprophylaxis has been provided to the household contacts to minimise the risk of any disease communication. The secondary school that the case had attended, has been notified and messages are being developed for their use. St John Ambulance staff who had provided resuscitation have also been provided with information. |
1.2 Meningococcal Outbreak

Contact Dr Stewart Jessamine, Director Protection Regulation and Assurance,

Situation
Meningococcal numbers this year are higher than previous years, and higher numbers of the more dangerous group W strain have been reported, which aligns with an international trend.

A second case of meningococcal disease has been confirmed in a within two months of the first.

As of 30 May 2018 there have been 40 cases of meningococcal disease in 2018 in New Zealand. Of those 40, nine have been of the W strain.

By comparison, there were 20 cases in the first five months of 2017.

Public Health South and Medical Officers of Health have been involved providing contact follow-up, holding meetings, providing information and antibiotics. The Ministry is monitoring the situation and will report to you as required.

Action For noting only.
5.1 Fatal Meningococcal W Case

Contact: Stewart Jessemime, Director Protection Regulation and Assurance, 9(2)(a)

Situation: A death from meningococcal disease was reported last week. Genomic testing confirmed the grouping result for this case as W.

Meningococcal disease is caused by the bacterium Neisseria meningitidis. There are several different groups of meningococcal bacteria, including groups A, B, C, Y and W, each of these strains has the potential to cause Meningococcal disease which can be fatal. Most cases in New Zealand are caused by group B. Cases of meningococcal disease caused by group W are rare in New Zealand.

The table below details the total number of reported meningococcal disease cases (confirmed and probable) and total deaths in New Zealand over a three year period:

<table>
<thead>
<tr>
<th>Year</th>
<th>Cases</th>
<th>Total deaths</th>
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<tr>
<td>2016</td>
<td>75</td>
<td>2</td>
</tr>
<tr>
<td>2017</td>
<td>112</td>
<td>9</td>
</tr>
<tr>
<td>2018</td>
<td>73</td>
<td>4</td>
</tr>
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Next steps
The Ministry has been monitoring this situation closely through surveillance systems (nationally and internationally). Routine public health response by PHUs includes contact tracing and prophylactic treatment and immunisation of contacts.

Vaccines against strains A, C, Y and W are available in New Zealand, however a vaccine against strain B will only become available later this year. Vaccines against meningococcal diseases are not currently part of the Immunisation schedule, however they are funded for contacts of cases and outbreak situations.

Action: No action required. This information is for noting only.
5.1 Meningococcal Case in Auckland

Contact: Dr William Rainier, Acting Deputy Director-General, Population Health and Prevention, s9(2)(a)

Situation: A contact died of meningococcal disease after falling ill on Auckland's Motutapu Island. The patient became unwell with flu-like symptoms on 19 October 2018 while taking part in a St Johns Youth Group trip to Motutapu Outdoor Education Centre (MOEC). On falling ill, he was evacuated from the Centre and treated in Auckland Hospital, but unfortunately passed away on 20 October 2018.

Meningococcal disease is a bacterial infection that causes two very serious illnesses: meningitis (an infection of the membranes that cover the brain) and sepsicaemia (blood poisoning). Up to 15 percent of people carry the bacteria that cause meningococcal disease in their nose and throat with no symptoms. In some people, for reasons we don't fully understand, these bacteria sometimes go on to cause disease.

Response
People onsite at MOEC have been provided with information sheets containing contact information for Auckland Regional Public Health Service (ARPHS) and Healthline. The Ministry is awaiting further typing information from the labs and continues to monitor the situation.

Contacts
It is very unlikely that other people attending the camp will become sick with the disease, as infection requires prolonged and close contact with the person. ARPHS had assessed the risk of others at MOEC, and a public health nurse and doctor were dispatched to the island to give antibiotics those who shared the same sleeping quarters, as well as three other contacts.

New Zealand context
- in 2016, there were 75 cases of meningococcal disease reported, of which two were fatal
- in 2017, there were 112 cases, of which nine were fatal
- in 2018, there have been 73 cases with four confirmed fatalities. There were a further three cases where the cause of fatality was unclear
- in Auckland, an average of 29 cases of meningococcal disease are diagnosed annually.

Action: No action required. This information is for noting only.
5.2 Meningococcal W in Northland

Contact: Dr William Rainier, Acting Deputy Director-General, Population Health and Prevention, and Dr William Rainier, Acting Deputy Director-General, Population Health and Prevention.

Situation: There has been a significant increase in group W meningococcal disease in New Zealand since the second half of 2017. Prior to 2017, there were no more than six cases each year. In 2017, 12 cases were reported including three deaths, and in 2018 (as of 1 November) there have been 24 reported cases, including four deaths.

Northland's population has been the most affected, with seven cases of group W meningococcal disease reported in 2018, including three deaths. Northland had four reported cases in September and October 2018.

A similar increase in cases of group W meningococcal disease have been seen in other countries, including the United Kingdom and Australia. The particular strain of group W meningococcal disease causing this spread is associated with a high mortality and affects all age groups.

Ministry Actions
The Ministry has developed an action plan for addressing the community outbreak of group W meningococcal disease in Northland. Actions include:

- a media release highlighting the increased rates of meningococcal disease, the risks associated with the disease, the signs and symptoms of meningococcal and advice on seeking urgent medical treatment was distributed on 6 November 2018

- communications were sent to all general practitioners and emergency department health care professionals advising on the increasing rates of meningococcal disease, in particular the group W strain, and increasing awareness of the high case fatality rate associated with group W meningococcal disease and the atypical presentation of the disease, on 6 November 2018

- a technical advisory group (TAG) was formed and met on 8 November to generate advice and recommendations on the most effective and cost-effective intervention strategies to address the community outbreak in Northland. The TAG agreed that there was a community outbreak of group W meningococcal disease in Northland and recommended that a response is required.

The TAG recommended that ideally a Northland-wide community outbreak immunisation response programme would be implemented. In terms of prioritisation, the target groups would be based on age rather than ethnicity or geographical location. Priority groups (from highest to lowest):

- ages 14 to 19

- ages 9 months to 4 years (2 doses optimal in 9 months to 2 years but some protection still provided by a single dose)

- all others under 20 years of age.

Doses of the vaccine would be required for a community immunisation response programme to immunise all Northlanders under 20 years. It is unlikely that obtaining this amount of doses in a short period would be feasible given international production constraints and manufacturing lead times. If only a smaller amount can be procured, the Ministry will work with Northland DHB to determine if a more targeted approach to immunise the most at-risk groups identified by the TAG is appropriate.

The Ministry, Northland DHB and PHARMAC are continuing to investigate vaccine procurement options and implementation options for the delivery of a potential outbreak response immunisation programme in Northland.

Action: No action required. This information is for noting only.
5.7 Meningococcal W in Northland

Contact: Dr William Rainier, Acting Deputy-Director, Population Health and Prevention,

Situation: As previously advised, the Ministry, Northland DHB and PHARMAC have been working closely to develop a response to the Meningococcal W outbreak currently affecting the Northland DHB population. The operational response agreed by the Ministry and Northland DHB comprises:

- providing vaccinations to children under the age of five and between ages 13 to 19 (ie, the groups most at risk of contracting or carrying the disease)
- supporting vaccination delivery through targeted public health outreach

Australia will be available for use before 30 November 2018, and an additional 10,000 doses from the US would be available for use approximately mid-December 2018. This is the greatest amount of vaccine that could be obtained at short notice given constraints on the international market.

Based on similar responses to previous outbreaks, the Ministry estimates the remaining cost of implementing the proposed response at approximately $600,000 to 700,000.

Next steps
Northland DHB is liaising with potential service providers to plan implementation, with a target launch date of 5 December 2018. Delivery of the vaccine will initially occur through primary care and community outreach clinics, followed by other DHB services (such as a school-based programme).

The Ministry has provided your office with draft communications material to support your announcement about the response.

Action: No action required. This information is for noting only.