

## Auckland measles update | 10 May 2019

### *A weekly summary of measles cases in the Auckland region*

- The number of confirmed measles cases is now **47**, up from 36 on Friday 3 May
- ARPHS has followed up, or is following up, more than **2417 contacts**
- ARPHS is moving to **Phase 2 Focused Control on Thursday**, reducing intensive contact tracing
- Lower risk contacts will be sent information on their exposure, symptoms and quarantine
- ARPHS will still actively manage household and high risk contacts, as well as ECEs and schools
- There may be an increase in demand for MMR vaccination due to measles publicity and the possibility of school and ECE exclusions.

### More to Phase 2 on Thursday 16 May

- ARPHS has been working with stakeholders in the primary and education sectors on managing increasing cases of measles in the region.
- **In Phase 2**, low risk contacts exposed to measles in waiting rooms or workplaces will be texted or sent information about what action they should take if they are not immune. ARPHS will ask them to check symptoms themselves and stay in quarantine.
- There is little change to the management of measles cases in primary care. ARPHS will be asking practices for mobile phone numbers to text people exposed to the virus in waiting rooms.
- ARPHS will be informing schools and ECES that we will be quarantine unvaccinated classroom contacts and non-immune staff.
- Primary care and education providers will receive guides to managing measles in this new phase, explaining any changes to contact tracing. These will be available on the measles page of our website, and the links will be sent next week.

**Auckland Regional Public Health Service's single point of contact for stakeholders is Keith Suddes –** [ksuddes@adhb.govt.nz](mailto:ksuddes@adhb.govt.nz), mobile 021 546 266.

For ALL of our measles information, including links to information for health professionals and our latest media releases, visit the [measles page of our website](http://www.arphs.health.nz/public-health-topics/disease-and-illness/measles/) (<http://www.arphs.health.nz/public-health-topics/disease-and-illness/measles/>).

## SUMMARY

### **What are the source of cases and the nature of the epidemic curve?**

The first case occurred on the 22 February 2019. The total number of confirmed or probable cases is now **47**. The majority of these cases are apparently sporadic, and reside in West Auckland with a small group of cases now in central Auckland.

Six (13%) cases were imported from local or overseas travel, with 16 epidemiologically linked to earlier cases.

In terms of ethnicity (more than one response possible per individual), 17 cases identify as Pacific, 17 as European, 8 as Māori, and 5 as Asian.

Of these cases, 26 cases reside in Waitemata District Health Board area, 14 in Auckland and six in Counties Manukau. One has not been geo-coded.

A further 16 notified cases are currently under investigation, but are not yet confirmed.

### **Can vaccine efficacy be estimated?**

Two out of 47 (4%) of cases have had two documented MMR vaccines. The generally low rate of vaccination among cases, coupled with relatively high rates of vaccine coverage in the community indicates that the vaccine is very effective at protecting against infection.

### **Which age groups are high risk?**

The highest risk age group is children and infants aged under 4 years (37%; 17/47). The next highest risk age group are those aged 15 to 29 years, making up 35% (11/32) of confirmed cases. The proportion of cases in the under two year group continues to increase substantially.

### **What proportion of notified cases are confirmed cases?**

At present, only 13% (47/368) of the total notified cases are confirmed as cases.

### **Where is the majority of contact tracing occurring?**

The majority of contact tracing is related to health care settings (1559/2336; 67%). The next most frequent source of contacts is 'other' (350/2336; 15%).

### **Which settings are most likely to lead to secondary cases?**

10/195 (5%) of household contacts have become cases. It is clear that this is the highest risk setting for disease propagation.

### **What are the clinical features of cases and what proportion is being hospitalised?**

57% (27/47) of cases have been hospitalised, none have died. All cases except three so far have presented with rash, with two thirds having fever and coryza.

