
To:	General Practitioners, Hospital Specialists, After-Hours Centres and Emergency Departments, Pharmacists, Urgent Care, Medical Officers of Health, Clinical Microbiologists, Maori and Pacific Health.
From:	Dr Susan Jack, National Clinical Director Medical Officer of Health, NPHS
Date:	20/11/2024
Title:	Recent measles case highlights importance of ongoing vigilance

Please share the following information with relevant staff in your organisation.

Public health alert – recent measles case highlights importance of ongoing vigilance

Summary

A measles case identified in Auckland 12 November 2024 had recently returned from Southeast Asia, where there have been ongoing outbreaks of measles in several countries. Whilst infectious, the case had visited three healthcare settings and a local Four Square on Waiheke Island, prior to being advised to isolate. [See [here](#) for a list of Locations of Interest].

All known close contacts have been contacted, and a small number are now in quarantine. While the risk of transmission to the wider community is considered low, the National Public Health Service is asking healthcare professionals to please remain vigilant and take precautions.

Please remain alert for measles

As travel in and out of New Zealand has returned to pre-COVID levels, clinicians are reminded that measles could enter Aotearoa New Zealand at any time. Our low vaccination rates mean this could lead to a severe outbreak.

Key Messages

- Consider measles in **anyone of any age** who presents with measles-like symptoms, particularly if they have links to recent overseas travel.
- Notify your local public health service **immediately** of **all** suspected cases – do not wait for test results. If you are testing for measles, then please notify public health. Early notification increases our ability to prevent an outbreak.
- Advise all suspected cases to **isolate** at home until their PCR result is known.
- **Do not send** suspected measles cases to community testing labs without prior discussion and appropriate PPE.
- Promote MMR vaccination to staff and patients planning to travel overseas. Babies from 4-12 months old can receive an MMR vaccine prior to overseas travel.
- Continue to focus on vaccination of children aged < 2 years.

New Zealand remains at very high risk of a measles outbreak

Measles cases are increasing globally, with ongoing measles outbreaks in many countries currently, including Vietnam, the Philippines, Thailand, Indonesia, India, China, Europe and the USA. People travelling to any of these countries are at risk if they do not have immunity to the measles virus. [See [here](#) for more information about safe travel to countries with measles].

New Zealand is also at risk because our current childhood MMR vaccination rates are well below the 95% coverage required to prevent an outbreak - and are substantially lower than during our last major outbreak in 2019. This fact, combined with ongoing immunity gaps in adults, means we could experience a larger and more devastating outbreak than in 2019, when we had more than 2000 cases and more than a third of people affected required hospital care.

Key actions for healthcare professionals

Think 'measles'

- Consider measles in anyone presenting with measles-like symptoms including fever, cough, coryza, conjunctivitis and rash (fever must be present at time of rash onset), particularly if they describe recent overseas travel or contact with unwell overseas visitors.
- Check the person's vaccination status. Measles is very unlikely in individuals who have received two MMR vaccinations, as 99% of people in this case will be fully protected.
- Ensure patients presenting with fever and rash are provided a mask and immediately isolated in a room away from other patients - consultation rooms used in the assessment of patients with suspected measles should be left vacant for at least an hour after the consultation.
- Anyone can become severely unwell with measles, but babies, non-immune children, pregnant and postpartum people, and those with a weakened immune system are the most at risk of becoming seriously ill.

Notification, Testing and Isolation

- Notify suspected cases to your local medical officer of health (MOoH). Where there is a high index of suspicion for measles, consider discussing with the medical officer of health. This enables public health services to do a rapid risk assessment to determine if immediate action is required to prevent an outbreak. The MOoH can also advise on appropriate testing and can help to expedite urgent testing. Contact details for local public health services can be found [here](#). Visit your local Health Pathways for local notification processes.
- The recommended laboratory test for diagnosis of acute measles is a nasopharyngeal or throat swab for PCR. Discuss with the on-call clinical microbiologist (or lab) if unsure how to take samples safely. Ensure you include relevant clinical details, travel history, and the date of rash onset and known measles vaccination history on the laboratory request form.

- Do NOT send patients to a community laboratory for any testing without prior discussion as this puts others at risk. Advising the lab in advance enables action to be taken to prevent transmission to others.
- Advise patients to stay home in isolation until their PCR result is known.
- Inform patients they will receive a phone call from the NPHS if their swab tests positive for measles.

Preventing measles through vaccination

- Offer MMR vaccination to anyone whose vaccination status is unknown, or unable to be proven (if no contraindications). There are no concerns with receiving an MMR vaccination even if already immune. Encourage MMR vaccination (and other vaccinations) for anyone planning overseas travel.
- Pēpi between the ages of 4-12 months should be considered for an additional free dose of the MMR vaccine early (MMR0) before overseas travel. This dose will need to be given under prescription. Pēpi will still require their scheduled two doses at 12 and 15 months old for long-term protection.
- Check measles vaccination status for hapū māmā. While the MMR vaccine should NOT be administered during pregnancy, it can be offered immediately post-delivery, noting there are no contra-indications for breast-feeding people.
- Ensure patients who have had their childhood immunisations overseas have had both MMR vaccines after the age of 12 months, as some countries offer the first vaccine around 8-10 months of age, and they would require an additional dose to provide long-term protection.
- Update AIR with overseas vaccination records.
- Please continue to focus on recalling and immunising children under 2 years.
- MMR vaccination is free to anyone aged 18 and under, and adults over the age of 18, if eligible for free New Zealand healthcare. It is also currently free for RSE workers.

Further information

- [Health Pathways](#)
- Te Whatu Ora [Measles Guidance](#)
- Healthify – [Measles](#)
- Immunisation Advisory Centre – [Measles Resources](#) Downloadable immunisation collateral for providers about measles is available from the following sources:
 - [Dropbox – National Immunisation Programme – vaccine resources](#)
 - [HealthEd](#)
 - [Bluestar portal](#)