



Facsimile Cover Sheet /Wharangi Nama Waea

Date/Te Ra: **28 October 2011**

To/Kia: GPs, Practice nurses at Primary Care Centres, After-hours Centres, Wellington Free Ambulance staff, Pharmacists, Emergency Department and Hospital Staff in the greater Wellington and Wairarapa regions.	From/Na: Dr Annette Nesdale Medical Officer of Health Regional Public Health
Name of Agency/Wahi Mahi:	Fax Number/Nama Waea:

Update on Measles and Whooping Cough

I would be grateful if you could **distribute** the following Public Health Alert regarding measles to relevant staff in your organisation.

Note there is specific information related to **laboratory testing in the Wairarapa** that was not included in last weeks alert.

There may be changes in our advice in response to the changing situation and case numbers, please check that you are referring to the most up to date Public Health Advice. A copy of the most recent Public Health Alert can be found on our website: <http://www.rph.org.nz>.

If you would also like to receive this by email for ease of distribution, storage and retrieval please advise RPH of your email on rph@huttvalleydhd.org.nz.

Kind regards

Dr Annette Nesdale
Medical Officer of Health

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He ture no nga korero katoa kei roto o tenei karere, no reira, kia tupato. Mehemea kaore matau kua e mau. Me whakamohiotia atu ki to Tari, me te mea nana i tono mai. E Tika Hoki.



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From: Dr Annette Nesdale, Medical Officer of Health, Regional Public Health

Public Health Alert

Measles Update

There are no new cases of measles in the Wellington region this week.

We are very pleased to hear about the increase in MMR immunisation that is occurring across the region. Increasing the proportion of people in our region protected by MMR immunisation is crucial to stop sporadic cases generating local or widespread outbreaks.

A reminder that **all suspected cases who fit the case definition and you are testing for acute measles** must be notified to Regional Public Health. During working hours telephone the notifications line on (04) 570 9267 and after hours notify the on-call Medical Officer of Health via (04) 570 9002.

Recommended testing for measles

A naso-pharyngeal or good throat swab put in to viral transport media for PCR is the **currently** recommended test. Serology is not currently recommended for diagnostic purposes or prior to vaccination. Regional Public Health may carry out serology on close contacts who are unsure of their measles immunity, of a confirmed case if indicated.

Primary care doctors can request PCR testing if the person with suspected measles **meets the following criteria;**

1. - Person born after 1st January 1969 **and**
- Presence of morbilliform rash **and**
- Fever (38 C or higher) **and**
- One of cough, coryza, sore red eyes or Koplik spots
2. Or any febrile illness and rash in a known contact of a confirmed case of measles within 14 days of contact.

For PCR testing outside of these criteria please contact the on-call Microbiologist or on-call Medical Officer of Health to discuss the clinical situation. Measles rarely occurs in people older than 42 years.

Please note testing criteria may change in response to case numbers.

Check you have a **small** number of viral transport media and swabs available for measles testing in advance of needing these. Check the expiry date on existing swabs and they have a shelf life of approximately 6 months.

Laboratory Advice and Logistics

	Wellington, Hutt, Porirua and Kapiti District Medical Centres	Wairarapa Medical Centres
Laboratory name	Aotea Pathology	MedLab
Laboratory can collect throat swabs	Discuss with lab first. Throat swab may be done at Courtenay Place, Porirua, Lower and Upper Hutt collection rooms.	No
Ordering swabs and VTM	Aotea Stores Dept 04 381 5900	MedLab Stores Dept. 06 952 3180 - Can also use “green top” swabs in transport media
Specimen transport	Usual Aotea transport system	Usual MedLab transport system
Measles PCR testing done at	CCDHB laboratory	Canterbury Health Laboratories
Additional Laboratory advice	www.apath.co.nz	www.cdhb.govt.nz/measles/Specimen_Collection_and_Transport.htm

Please call ahead!

If you have advised any ill person with suspected measles to be clinically assessed in another healthcare facility, please advise that facility so that they can prepare for the arrival of a potentially infectious person. At least 20 minutes will be needed to prepare infection control measures.

Hutt ED: Call Hutt Hospital on (04) 566 6999 and ask to speak to the ED triage nurse

Wellington ED: Call Wellington ED reception on (04) 385 5432 and ask to be put through to the consultant on call, or call the Associate Charge Nurse Manager on 027 208 9272

Wairarapa ED: Call Masterton Hospital on (06) 946 9800, ask to speak to the Duty Nurse Manager or the ED Charge Nurse

Most people with measles or suspected measles can be managed in primary care.

Immunisation

The first MMR is the highest priority. It is recommended because of the current outbreak that infants in the Greater Wellington region are recalled to get their first MMR at 12 months, instead of 15 months. All the 15 month vaccinations should be given at this visit.

The second MMR usually given at 4 years of age can be given one month after the 1st. These children will have their 4 year old DTaP-IPV at 4 years. They do **not** need a 3rd MMR.

Anyone born after January 1969 who has not had two measles vaccinations is being advised to get an MMR. Where primary care capacity and an electronic database is available, please recall all patients up to the age of 42 who are not up-to-date with MMR vaccinations.

MMR should not be given to pregnant women.

Serology is not routinely indicated prior to vaccination and delays the person getting protection. Unnecessary serology requests will overwhelm laboratory services.

Many people develop a mild fever and rash 10-14 days after MMR vaccination and should not be tested because both IgM serology and throat PCR will predictably be positive. Vaccine strains are not transmitted and contacts are not at risk.

You may wish to advise parents that unimmunised schoolchildren who are contacts of a confirmed case of measles may be excluded from school for two weeks from the time of contact with the case. This date may be extended if further cases occur.

This advice is equally important for all healthcare staff and their families.

Increase in cases of whooping cough

There are outbreaks of whooping cough (pertussis) in the West Coast and Nelson Marlborough districts. We are also seeing an increase in whooping cough in the greater Wellington region with 22 cases of whooping cough notified in the last 2 weeks. The cases have been from all areas except the Wairarapa. 50% of the cases have been in adults aged over 20 years. The age range of ill people is from 0 to 59 years.

Key points:

- Babies are at highest risk of infection as there is negligible maternal transplacental or breast milk antibodies
- Pertussis infection is often diagnosed late or not at all in adults as they usually don't have the classic 'inspiratory whoop'. Teenagers and adults do get whooping cough as protection from vaccination or natural infection is not life long.
- Cases should be excluded from school, Early Childhood Education Centre (ECEC) or work until they are well enough to return **and** they have completed 5 days of a 14 day course of Erythromycin or until 3 weeks have elapsed from the onset of paroxysmal coughing. See page 147 Immunisation Handbook 2011 for further detail.
- Treatment of infants less than 3 months of age with erythromycin is associated with an increased risk of pyloric stenosis. Parents should be advised of the risks of this potential complication and the signs of pyloric stenosis.
- The cough can go on for 100 days
- Accepted procedure for diagnosis and case confirmation is PCR. Serology may be useful when symptoms have been present for greater than 6 weeks.
- During a pertussis epidemic even vaccinated children may become infected as the vaccine is effective in preventing illness in greater than 80% of people. To stop pertussis circulating in the community we need a very high level of vaccination.
- Vaccinated children will get a **milder** infection and will recover more quickly.

Chemoprophylaxis of close contacts is indicated

- When pertussis is diagnosed in a household where there is an infant less than 12 months of age (who is not the case). All household members should receive erythromycin especially if the infant has not had 3 doses of pertussis vaccine. See page 147 Immunisation Handbook 2011 for further detail.
- When pertussis is diagnosed in a household with a woman in the late stages of pregnancy.
- Public Health will advise when contacts attending an ECEC should have chemoprophylaxis

Adult pertussis immunisation Tdap is recommended but not funded for:

- Lead maternity carers (LMC's) and other health care personnel who work with babies and young children. DHB staff should discuss immunisation with their Occupational Health service as it may be funded.
- Household contacts of newborns e.g. grandparents. Maternal immunisation can occur shortly after delivery
- Early childhood education staff

Further detail is on page 142 Immunisation Handbook 2011.