



Facsimile Cover Sheet /Wharangi Nama Waea

Date/Te Ra: **15 December 2011**

To/Kia: GP's, Practice nurses at Primary Care Centres, After-hours Centres, Wellington Free Ambulance staff, Pharmacists, the 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 Whooping Cough and Measles

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

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@huttvalleydhb.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 kaua 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

Highest number of Whooping cough notifications in a single month

During November there were 149 notification of confirmed or probable whooping cough in the greater Wellington region. This is the highest number of notifications in a single month in the last 15 years. There have been 47 notifications since the start of December. The ill people have been from across Wellington, Hutt Valley, Porirua and Kapiti and one confirmed case from the Wairarapa. The age range is from 0 to 80 years of age. Adults are often the source of infection for young babies.

Immunisation

Pertussis vaccine is fully funded for all children up to the age of 16 years who have not yet completed the full schedule.

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
- Household contacts of newborns eg grandparents. Maternal immunisation can occur shortly after delivery
- Early childhood education staff

DHB staff should discuss immunisation with their Occupational health service as staff immunisation may be funded.

We recommend that primary care staff get a Tdap (Boostrix) vaccination to protect themselves given the high community rate.

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Testing

Recommended testing is by PCR using Viral Transport Medium (same as measles and influenza swab) and good throat swab is sufficient. Please do not test family members with pertussis symptoms if there are other confirmed cases in the family, or other close contacts. In this situation they can be notified to Regional Public Health as a probable case, and managed clinically as a case. Too many swabs will overwhelm the laboratory capacity. Testing remains important for high-risk people such as midwives, hospital workers, ECC workers where pertussis is not known to be circulating.

Public Health Follow up of cases

Given the extent of ongoing community cases RPH are now in a 'management' phase. All notified cases will be contacted by RPH but only young babies and other contacts at highest risk of severe infection or complications will be actively followed up.

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

Measles Update

There have been no new cases of confirmed measles in the Wellington region since 28 November. Measles continues at a high rate in the Auckland region with 43 new cases between 25 November to 2nd December. Other regions with a confirmed measles case in the last two weeks include Canterbury and Tairāwhiti.

Notification

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 570 9267 and after hours notify the on-call medical officer of health via 04 570 9002.

Please refer to the public health alert of 28 October regarding recommended testing for measles : <http://www.rph.org.nz> (Information for health practitioners)

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Immunisation

Thank for the great work (re-call and opportunistic immunisations) you are all doing at this busy time of year. High measles coverage from 12 months of age to adults will continue to reduce the likelihood of ongoing measles in the region.

- Continue to recall infants 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 1st 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. The first MMR is the highest priority.
- MMR should not be given in pregnancy.

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

Posters

Posters promoting measles immunisation are available from our RPH website.

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