



Facsimile Cover Sheet /Wharangi Nama Waea

Date/Te Ra: **14 October 2011**

To/Kia: GP's, 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

I would be grateful if you could distribute the following Public Health Alert regarding measles to relevant staff in your organisation. A copy of this update 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@huttvalleydhs.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.



Date: 14 October 2011

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

Public Health Alert

Measles Update

There has been a second confirmed case of measles in a young adult in Wellington. Prior to diagnosis of measles the ill person went to the following locations, where he may have unknowingly passed the infection on to others.

Les Mills Extreme Gym on Taranaki Street

- Wednesday 5 October between 6.00pm - 7.30pm
- Thursday 6 October between 4.00pm - 6.00pm

Kaffee Eis at Frank Kitts park (waterfront location)

- Wednesday 5 October between 7.00am - 6.00pm
- Saturday 8 October between 9.00am - 6.00pm
- Sunday 9 October between 9.00am - 7.00pm

Kaffee Eis on Courtenay Place

- Thursday 6 October between 7am - 4pm

Kaffee Eis on Cable Car Lane

- Friday 7 October between 7.30am - 9.00am

Regional Public Health (RPH) are contact tracing household contacts and the staff at these locations. These venues are very popular and there is the potential that large numbers of people have been exposed the infection.

RPH have put out a media release to advise the large number of customers and gym members about the potential risk. Patients may contact your medical centre to find out if they have been fully immunised for measles or present with early symptoms of measles.

To be protected, people need to have either had doctor diagnosed measles or two measles containing vaccines after 12 months of age. If you are contacted by someone who has been to the above venues at those times who has;

- Only had one vaccine and works in high risk area such as with young children or sick people, or contact with large number of people, please check their measles serology (IgG) before they return to work or have contact with new people
- **Not** been vaccinated, please advise them to stay at home and contact the Public Health nurse at Regional Public Health on 04 570 9002 for advice.

Please use every opportunity to enquire about measles status in your patients and offer opportunistic immunisation to any non pregnant non immune people born after 1969. Serology is not routinely indicated prior to vaccination and will overwhelm laboratory services if over-requested.

The following resources may be useful:

- IMAC Measles Information for health professionals www.immune.org.nz/?t=753
- Quick answers to frequent MMR questions
www.immune.org.nz/site_resources/2011%20resources%20USE%20THIS/AdministrationMMRQA20110801V03Final.pdf

Appendix 1

Measles Information

Incubation Period

Eight to 12 days from exposure to onset of prodromal symptoms, and 14 days to appearance of rash.

Mode of Transmission

Airborne by droplet spread or by direct contact with nasal or throat secretions of infected persons. Measles is highly infectious.

Infectious Period

Patients are infectious from one day before the onset of prodromal symptoms (three to five days before the onset of rash) and until four days after the appearance of rash.

Factors that increase the likelihood of measles

When assessing a person with a morbilliform rash, fever, and either cough or conjunctivitis or coryza the following factors increase the likelihood of measles:

- The person appears miserable
- Prodromal illness 3-4 days prior to the onset of the rash
- Fever is still present when the rash develops
- Person has not been immunised or previously had measles illness
- Has come from an area with confirmed measles within the incubation period (usually 14 days to onset of rash but can be up to 21 days). In New Zealand, measles is now widespread in Auckland. France, Italy and England have reported ongoing measles cases.
- Had contact with a confirmed case of measles

Notification of suspected cases to Regional Public Health

- **Notify** Regional Public Health of **any cases of suspected measles**. The notifications line is 570-9267 during office hours. After hours contact the Medical Officer of Health on call, via HealthLine 570-9007.

Primary care management of case and household

- Provide advice to the ill person and their family about possible complications and when to seek further medical attention if the illness worsens. Confirmed and suspected cases should be advised to stay in isolation until 4 days after the onset of the rash.
- Offering MMR immunisation to unimmunised household members can be effective in preventing measles if it is given within 3 days of contact with the infectious person. Please note MMR is a live vaccine and should not be given to pregnant women and people who are severely immunocompromised (Immunisation Handbook 2006 pg 214 or Immunisation Handbook 2011 pg 219 also accessible at [www.moh.govt.nz/moh.nsf/Files/immunise-handbook/\\$file/10Measles.pdf](http://www.moh.govt.nz/moh.nsf/Files/immunise-handbook/$file/10Measles.pdf)).
- Immunoglobulin should be considered for unimmunised pregnant women, young babies and severely immunocompromised people at risk of severe illness who have had close contact with a person with measles and it is within six days of exposure. The use of immunoglobulin for post exposure prophylaxis should be discussed with a Paediatrician or ID/ Microbiologist (adults) and the on-call Medical Officer of Health.