CANTERBURY PRIMARY RESPONSE GROUP **MEASLES** UPDATE **Wednesday 17th April 2019 1500hrs**



Important information for all GP teams, Community Pharmacists, Community Nursing and Aged Care Facilities – Please share this with everyone in your team

Current Situation

- The measles outbreak in Canterbury is slowing. Currently there are 38 confirmed cases (plus 1 from a Melbourne flight of a different serotype). There have been no new confirmed cases over the last 15 days. The outbreak would not be deemed officially over until two incubation periods (42 days) have passed following the infectious period of the last confirmed case.
- The rationale for the current vaccination programme and criteria have not changed since the last update.
- MMR vaccination uptake data have been copied below.

	elivery in C			March to A	pril 13 (inc	lusive)			2		
IMR Vaccination de	Gender	Canterbury	y from 4	March to A	pril 13 (inc	lusive)					
Ethnicity and G	Gender		-			,					
Ethnicity and c											
		***	NULL	Total							
		Male	NULL	Total							
European	7,371 1,293	5,368 1,054	1	12,740 2,348							
Asian	811	732	1	1,543							
Maori	1	/34	781	782							
Null, Not Stated, Un Pacific	287	252	701	539							
Residual Categories	215	244		459							
MELAA	179	162		341							
Other Ethnicity	5	13		18							
Grand Total	10,162	7,825	783	18,770							
16.05%	11.95%	9.77%	4.92%	3.55%	13.07%			16.86	5%		
0.62%				3.55%		1.87%			1	.31%	0.31
0 1	2	3	4	5-13	14-28	29	30-39	40-4	19 5	0-59	60-6

Current Recommendations

- CDHB continues a four week MMR vaccination campaign from 28 March to 26 April with an extended target group.
- MMR remains targeted at the five priority groups
 - **Priority 1:** Children aged 12 months to 13 years who have <u>never</u> been vaccinated.
 - Priority 2: Children and adults aged 14 years to 28 years who have never been vaccinated.
 - **Priority 3:** Ring-fencing children who cannot be vaccinated, such as the very young or for whom vaccination is contra-indicated. (This means caregivers and close contacts of children aged less than 12 months or those who cannot be vaccinated. This needs to be determined on a case by case basis. This should include ensuring 2 doses of MMR have been given as we need very high levels of protection for these very vulnerable children. Refer to the Immunisation Handbook for additional advice.)
 - **Priority 4:** Continue with the routine immunisation programme. (Where the 15 month vaccine is given between 12 and 15 months, please reschedule the second dose at 4 years as per the Schedule)
 - **Priority 5**: Occupational groups aged under 50 who have frequent contact with children such as EEC, primary and secondary school teachers; residential care managers, healthcare workers etc., who have never been vaccinated.
- Additional targets are second MMR (for those who have had one) for:
 - All those aged 12 mths to 28yrs
 - o Caregivers of infants aged up to 12 months
 - o Those aged between 29 and 50 who work with children (teachers or healthcare workers)
- When you need to order more vaccines please email your own immunisation coordinator by 3pm each day, to either jayne@canterburyimms.co.nz or immunisation@pegasus.org.nz
- Please exercise caution when delivering MMR vaccination that it does not coincide closely with any other live vaccination. There have been instances when BCG or Zostavax have been administered without the four week gap required.
- A screening checklist tool has been developed by the infectious diseases team to avoid inappropriate use of live vaccine (such as MMR) to immunocompromised individuals. We have attached this for your perusal along with the healthpathways link:
 - $\frac{https://admin.healthpathways.org.nz/Secure/Uploads/Feedback/HealthPathways/1/1118/ScreeningtoolHPforM}{MRvaccines 201945-125607.pdf}$
- There are a number of vaccinations being dispensed without being recorded on the National Immunisation Register. Please remember to **record all vaccines delivered on NIR** as well as making an immunisation claim. If in any doubt the immunisation coordinators will provide advice on how to load these correctly.
- Again we appreciate the extreme effort required in general practice to see out this MMR vaccination programme while under pressure to also deliver influenza vaccination clinics.

Kind regards,
Dr Phil Schroeder
Canterbury Primary Response Group

www.primaryhealthresponse.org.nz