

## Canterbury Primary Response Group (CPRG)

### Incident Action Plan

<p><b>Incident Name:</b> Measles 2019</p> <p><b>Location:</b> Canterbury Wide.</p> <p><b>Date:</b> 15 March 2019</p> <p><b>Time:</b> 1200hrs</p> <p><b>High Priority</b></p> <p><b>ECC Location:</b> Virtual</p> <p><b>Contact Details:</b> <a href="mailto:eoc@cprg.org.nz">eoc@cprg.org.nz</a></p> <p><b>Tel:</b> 03 375 7199</p>	<p><b>Situation Summary:</b></p> <ul style="list-style-type: none"><li>▪ First case was confirmed on 16<sup>th</sup> February and early cases centred around the hospital and in Rangiora</li><li>▪ The index case was not identified but serology indicated came from overseas</li><li>▪ <b>28 confirmed cases so far with about 20 cases under review</b></li><li>▪ A number of institutions that have been affected</li><li>▪ Public Health is only tracing household contacts. Letters are being provided by CPH to be sent out to contacts in institutions (including schools and GP waiting rooms) advising of which dates under-immunised people need to isolate themselves.</li><li>▪ Most practices have protocols in place to ensure that suspect cases are not kept in the waiting rooms however there can still be situations where someone slips through the net.</li><li>▪ Messaging is under-vaccinated are the priority, then people aged between 29 and 50 years of age.</li><li>▪ The number of cases is relatively stable but not likely to decline until the vaccination programme is well under way. Sustained and efficient vaccine delivery is essential to bring the outbreak under control.</li><li>▪ The objective is to prevent spread to the rest of New Zealand by bringing the Canterbury outbreak under control. This must not be done at the expense of the National Vaccination programme.</li><li>▪ The influenza season has begun, with 18 cases presenting to Christchurch Hospital last week.</li><li>▪ There are workplace implications for the 29-50 year olds, as immunity cannot be assured in this age group.</li><li>▪ PCR testing for suspect cases is still recommended at this stage. Should the incidence of notified measles increase confirmation of cases may move to a clinical diagnosis only.</li><li>▪ Serology demand high as people wanting to know if immune or not. Phlebotomy for contacts should only take place in isolation (eg in cars, as for manging suspect cases)</li><li>▪ It takes 2 weeks after vaccination for immunity to be generated.</li><li>▪ Vaccination of a contact within 72 hours of exposure can generate immunity before infection occurs. However this is for personal benefit only. However, contacts receiving immunisation should still remain in isolation between days 7 and 14, as they can still be infectious.</li></ul>
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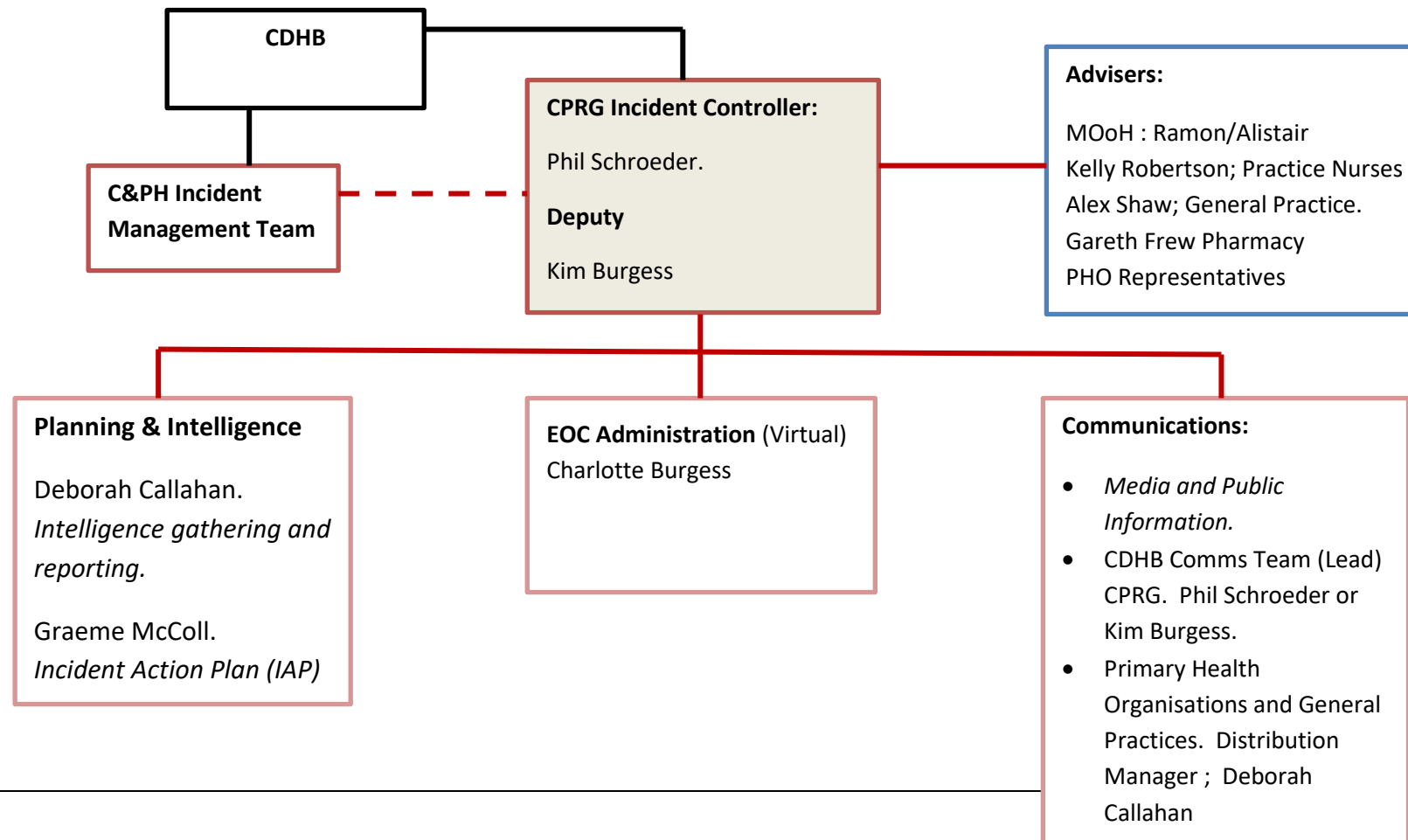
	<p><b>Overall Objective:</b> To control and contain the measles outbreak in Canterbury and prevent the spread to other parts of New Zealand.</p>		
<p><b>Outline Strategy to Achieve Objective:</b></p> <ul style="list-style-type: none"> <li>To trace household/family contacts of those infected and provide measles advice. (C&amp;PH)</li> <li>Provide information for distribution for those likely have been in contact in a wider situation (Schools, workplaces, General Practice waiting areas etc) (C&amp;PH to provide information material, Schools, workplaces and practices to distribute)</li> </ul> <p>Identify those in the community at most risk and prioritise vaccinations. Latest advice listed in <b>Appendix A.</b></p>	<p><b>Critical Elements/Limitations:</b></p> <ul style="list-style-type: none"> <li>Limited supply of vaccine.</li> <li>(Consequent) confusion over messaging in public</li> <li>Contacts of institutions are not receiving individual follow-up.</li> <li>Many in the community have not been vaccinated.</li> <li><i>Morbillivirus</i> vaccine delivered in 1970s was not as immunogenic as current schedule.</li> <li>Difficult to model the exact number of vaccines required.</li> <li>Patients not enrolled are at risk.</li> <li>Difficulty in Practices prioritising and arranging capacity for vaccination clinics.</li> <li>Public anxiousness over lack of vaccine/vaccination.</li> </ul>	<p><b>Specific Tasks:</b></p> <ul style="list-style-type: none"> <li>CPRG does not have an operational function in this response. (The CPRG organisational structure is outlined below)</li> <li>Operational functions and plans are part of the response process of <ul style="list-style-type: none"> <li>C&amp;PH (Contact Tracing)</li> <li>General Practices (treating patients and vaccinations)</li> </ul> </li> <li>CPRG providing Planning and Intelligence functions in liaison with C&amp;PH.</li> <li>Tasks: <ul style="list-style-type: none"> <li>Gather intelligence on spread of measles.</li> <li>Analyse information received and research those in the community most at risk.</li> </ul> </li> </ul>	<p><b>Resources Needed:</b></p> <ul style="list-style-type: none"> <li>Maintenance of vaccine supply and delivery as allowed by MoH.</li> <li>Homecare Medical will support Practices by providing a functional telephone advice call centre.</li> <li>Provide support staff for practices if/as required. (Under consideration)</li> </ul> <p>A working group has been formed to manage the Primary Health response. Membership of this Group is listed in Appendix B.</p>

		<ul style="list-style-type: none"> <li>○ Recommend vaccination priorities to practices</li> <li>○ Provide regular situation reports to practices and others as required providing measles information and recommend vaccination priorities.</li> <li>○ Liaise with MoH, CDHB and suppliers regarding vaccine supplies.</li> <li>● Record action points from working group meetings and allocate responsibilities for same.</li> </ul>	
<p><b>Information Flow:</b></p> <p>Appropriate CPRG planning information, Policies and Patient Priorities will be distributed as appropriate and placed on the CPRG Website: <a href="http://www.primaryhealthresponse.org.nz">www.primaryhealthresponse.org.nz</a></p> <p>Intel information shall be received from:</p> <ul style="list-style-type: none"> <li>C&amp;PH</li> <li>PHOs</li> <li>GP Practices</li> <li>CDHB</li> <li>MoH</li> </ul>		<p><b>Communication Plan:</b></p> <p>CPRG response team can be contacted on Tel (03) 375 7199 Email: <a href="mailto:eoc@cprg.org.nz">eoc@cprg.org.nz</a></p> <p>Media Communications: CPRG communications will be in line with the CDHB and C &amp;PH led communications plan. Members of the CPRG Management team will be available for media interviews and statements as required. Public and Media communications will be managed by C&amp;PH and CDHB Comms team.</p>	

Copies of any media releases and a summary of any interview shall be recorded to ensure consistency and for sharing with CDHB Communications team.

**CPRG Organisational Structure:**

*NOTE: CDHB have the overall responsibility for managing the response to the measles outbreak. C&PH are the lead agency as delegated by CDHB. CPRG provide coordination between C&PH and Primary Health.*



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<b>Appendices:</b>  A. Recommended Priorities for Vaccination. B. Members of Measles Working Group. D. Action point tasks from Measles Working Group Meetings and those allocated responsibility.		
<b>Plan Update:</b>  Date: 15/3/19                      Time 1200 hrs	<b>Prepared By</b> <i>Graeme McColl</i> <b>Signature:</b>	<b>Approved By:</b> <i>Phil Schroeder</i> <b>Signature</b>