

Guide to Managing Measles in Primary Care – Updated 21 October 2019

IMPORTANT NOTE - October 2019

Temporary management of MMR vaccine in metropolitan Auckland

The supply of MMR vaccine (Measles Mumps Rubella) has been limited in Auckland since 20 September 2019. This is the result of high demand for MMR during the current measles outbreak.

To ensure current vaccine supply is available to protect the most vulnerable in our community, the three District Health Boards (Waitematā, Auckland and Counties Manukau) and seven Primary Health Organisations in Auckland have agreed temporary priorities for vaccine delivery.

These priorities are updated as new supplies of MMR0 become available.

As at 21 October 2019, the current priorities for MMR vaccine in Auckland are -

- Babies between 6 and 11 months can be vaccinated.
- Vaccinating children at 12 months and at 4 years is also a priority
- Anyone under the age of 30 years without any recorded MMR vaccinations, with priority within this age group given to -
 - Pacific and Māori people
 - School and tertiary students
 - New mothers and family members of newborn babies (up to 6 months)
 - Teachers and early childhood educators
- People aged 30-49 can also have their first MMR vaccination if they
 - Work in a high risk institution, such as a prison
 - Are in one of the priority groups above – teachers or new mothers.
- Anyone who is aged over 30 and is not in one of these priority groups (above) is currently **not** a priority for vaccination.
- If you are 50 years of age or older, you are very likely to have natural immunity to measles.

We know that having to wait for an MMR vaccination may cause concern for people outside of these priority groups. As more vaccine arrives in New Zealand we will be able to vaccinate a wider group of people.

These priorities replace all previous advice around vaccination in this document (including in previous versions).

ARPHS has modified case and contact management given the large number of notifications in this outbreak.

ARPHS will -

- Receive and triage notifications

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- Request information from confirmed cases about school or early learning service (ELS) attendance, or travel outside of Auckland
- Answer questions from health professionals, cases and institutions.

ARPHS will no longer -

- Proactively contact each case or confirm measles with their GP
- Actively contact trace in other settings – eg primary care, EDs, workplaces.

Primary care's role -

- Continue to notify ARPHS of suspected cases via FAX – see [Measles Clinical Pathway](#)
- Provide information to the case – give the [Measles Whānau Pack](#) or direct them to the [measles page on the ARPHS website](#).
- Tell the case when they are confirmed with measles and ask them to give their contacts information from the [Measles Whānau Pack](#) or from the ARPHS website.

1. Managing suspected measles cases

Isolate any suspected cases in your practice

Set up a process to screen patients for suspected measles when they phone, encourage them to ring from their car when they arrive, and keep them isolated from others in your clinic. Please use a separate area for assessing suspected cases. There is signage for your entrance '[STOP - do you think you have measles?](#)'

Test for suspected measles with urgent PCR - [see Measles Clinical Pathway](#)

- Take a nasopharyngeal or throat swab for measles PCR pre-rash or day 0 -3 of rash (rash onset is day 0). After that do a PCR swab and blood test for IgM and IgG serology.
- Please urgent courier tests to the laboratory and mark 'Urgent: possible measles.'

Notify on suspicion

- Notify ARPHS of all suspected cases. Do not wait for investigations to be completed.
- **To notify ARPHS** complete and fax the [measles notification form](#) to fax 09 6307431.
- People meet **clinical criteria for measles** if they have -
 - fever (at least 38°C if measured); **and**
 - maculopapular rash; **and**
 - one or more of the following: cough, coryza, conjunctivitis or Koplik's spots.

Provide advice to suspected cases

- Suspected cases should be told to stay home, and away from non-immune people (including visitors). **Isolation is required until the end of day 4 (day 0 is when the rash appears).**
- Print off the [Measles Whānau Pack](#) and enter the dates of isolation and the infectious period.
- Give copies of the [Information for Close Contacts](#) fact sheet so the case has these if measles is confirmed. Copies of the pdf could be printed off in advance.

Practices should call suspected cases who return a negative PCR to release them from isolation.

2. Managing confirmed measles cases

- Inform the case of the positive PCR result and advise them to continue isolation
- Advise the case to inform contacts using information in the [Measles Whānau Pack](#).
- Assist the case to work out the **quarantine period for their contacts (from 7 days after first contact with the case during the infectious period, to 14 days after the last contact)**. See the [Measles Quarantine Calculator](#) or refer to the [Information for Close Contacts](#) fact sheet.
- Ask the case to inform any schools or early learning services (ELS) of their infectious period, and refer the school or ELS to the ARPHS website for specific information.
- Ask the case to call ARPHS if they travelled outside of Auckland during their infectious period.
- Ask the case to inform any **contacts at high risk** of severe disease – children too young to be vaccinated, non-immune pregnant women and those who are immune-compromised - that they may wish to seek their own medical advice.

3. Establishing immunity

<p><i>People are immune and not at risk of measles if they...</i></p>	<ul style="list-style-type: none"> • Have had one (ideally two) doses of <u>Measles, Mumps, Rubella (MMR) vaccine</u> documented in a Wellchild/Tamariki Ora book or at a doctor's practice. • Were born before 1969, as they would have had measles as a child in New Zealand or overseas • Have been previously diagnosed with measles • Have had a blood test confirming immunity
<p><i>People are not immune and are at risk of measles if they...</i></p>	<ul style="list-style-type: none"> • Have had no doses of MMR vaccine • Have never had measles • Their first MMR was less than two weeks before their exposure to measles

MMR vaccination

- Please recall babies aged 6 to 11 months in Auckland for MMR 0.
- Administer MMR 1 at 12 months (and include the other 15 month vaccinations at the same time). Provide the second MMR as scheduled at 4 years.
- Recall any child under 5 years who has not had one MMR vaccination.
- See the note at the front of this Guide for the current priorities for vaccination.
- When there are sufficient supplies, vaccinate anyone who requires proof of immunity, provided there are no contraindications. This is preferred to requesting serology, where there may be a charge.
- When there are sufficient supplies of MMR vaccine, offer catch up MMR vaccination to anyone 5 to 50 years who has not had one dose.