

Te Aka Whai Ora hui - measles case in Aotearoa

Held on 14 February 2023

Q&A

Tracing is underway.....how well is this going in terms of containing possible spread?

Contact tracing has been undertaken for high risk exposures. Please note that the exposure events that have been made public are only those where the number of people exposed was not immediately manageable – a small number of other exposure events occur but are not publicised because the contacts can all be identified and traced.

The contact tracing is proceeding well, some people are providing evidence of vaccination, some are having blood tests to determine their immune status, and some are isolating.

What ethnicity is the confirmed case in Aotearoa?

Non- Maori - for confidentiality we are not able to give the ethnicity, and we prefer that gender neutral terms apply.

I have heard there are multiple points of possible contact between the positive case and the community?

Yes there are multiple points of contact and these are listed on the [Ministry of Health website](#). However, these are all seen as low-moderate risk areas except for the bus which is a high risk area. This person normally works from home so has spent quite a bit of time at home apart from the travel to the festival and associated places.

We have a number of whānau living in communal situations at the moment, due to weather emergencies. What are we doing to support them?

Our focus for now should be to keep those whānau safe and well through the weather events. If whānau are safe from the cyclone's impact, we can take the opportunity to protect them through raising awareness and supporting immunisation.

Is there a Māori plan if there is an outbreak in our communities?

There is a Measles Outbreak Plan – it is joined up across the health entities – MoH, National Public Health Services, Public Health Units and Te Aka Whai Ora. Te Aka Whai Ora is active in enacting the plan as needed.

At the moment we are focusing on containing the exposure of this one case – the Stamp It Out phase.

At the same time we are quickly making plans for activity to bring up immunisation rates to protect whānau and communities against any future outbreaks.

How many whānau members are not vaccinated for measles and is this info available to Māori Providers?

Immunisation rates are low for Māori and Pasifika in general are below

1 Annual childhood immunisation coverage by milestone age and ethnicity, Q1 22-23 (1 Oct 2021 - 30 Sep 2022)

2

3 As reported at 10 Oct 2022

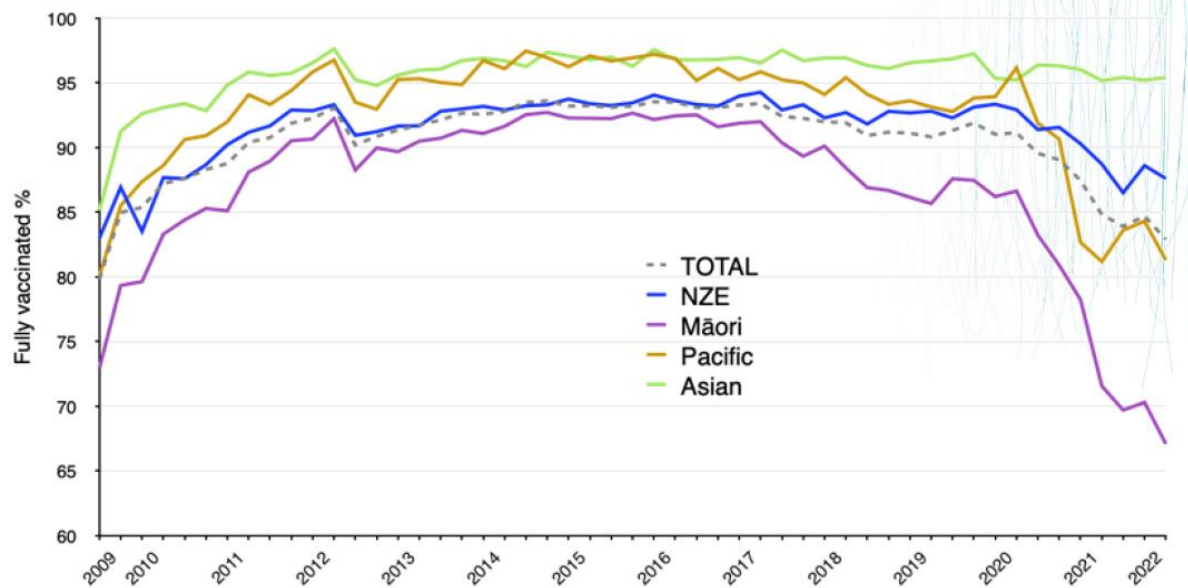
Milestone age	DHB of residence	District	Ethnicity																		
			Total			NZ European			Māori			Pacific			Asian			Other			
			# Eligible	# Fully Immunised	% Fully Immunised	# Eligible	# Fully Immunised	% Fully Immunised	# Eligible	# Fully Immunised	% Fully Immunised	# Eligible	# Fully Immunised	% Fully Immunised	# Eligible	# Fully Immunised	% Fully Immunised	# Eligible	# Fully Immunised	% Fully Immunised	
6 months	National Total	National total	62,271	43,533	69.9%	26,551	20,141	75.9%	15,991	7,784	48.7%	6,116	3,788	61.9%	11,712	10,358	88.4%	1,901	1,462	76.9%	
8 months	National Total	National total	62,838	53,337	84.9%	27,006	23,892	88.5%	16,021	11,331	70.7%	6,056	5,078	83.9%	11,828	11,326	95.8%	1,927	1,710	88.7%	
12 months	National Total	National total	61,887	55,033	88.9%	26,482	24,150	91.2%	15,662	12,341	78.8%	5,935	5,245	88.4%	11,938	11,597	97.1%	1,870	1,700	90.9%	
18 months	National Total	National total	59,826	40,873	68.3%	25,409	19,145	75.3%	15,149	6,934	45.8%	5,939	3,379	56.9%	11,565	10,123	87.5%	1,764	1,292	73.2%	
24 months	National Total	National total	59,616	49,695	83.4%	25,213	21,977	87.2%	15,068	10,340	68.6%	6,026	4,964	82.4%	11,509	10,896	94.7%	1,800	1,518	84.3%	
54 months	National Total	National total	62,501	42,353	67.8%	26,442	19,654	74.3%	16,393	8,412	51.3%	6,139	3,654	59.5%	11,635	9,346	80.3%	1,892	1,287	68.0%	
133	5 years	National Total	National total	62,892	51,742	82.3%	26,241	22,543	85.9%	16,791	12,202	72.7%	5,954	4,851	81.5%	12,025	10,631	88.4%	1,881	1,515	80.5%

155: KEY

156: # Eligible

The number of children who turned the milestone age during reporting period.

Annual immunisation rates for tamariki, by ethnicity (%) aged 2 years.



Vaccinations important - age start?

The schedule is two MMR vaccinations at 12 months and 18 months old

How do we test for measles?

Test is only done for people with symptoms of measles infection (such as fever and rash) and is usually a nasal swab for PCR

Are our current Covid provisional vaccinators and CVWUS under supervision able to vaccinate for measles. If not is IMAC able to provide these modules to upskill?

Current provisional vaccinators and CVWUS are not able to vaccinate for measles. We understand that IMAC is looking at that urgently, but that is unlikely to include CVWUS. Some providers have experience of using Standing Orders for vaccination and Te Aka Whai Ora can provide advice on this if your provider is interested.

Would we be considering the approach made by iwi and Māori similar to the Covid campaign? Understanding this was an expensive approach but it did capture a lot of our whānau.

Yes we are keen to incorporate the lessons from the Covid response. We are currently working with Te Whatu Ora to ensure we are able to access funding to support providers to mobilise. Low immunisation rates have been a concern for some time and so we are taking this opportunity to increase these rates with approaches that we already know work.

We are having ongoing issues with access to the MMR data (via TWO) which would support targeted approaches by iwi and Māori providers. Could TAWO support with this barrier?

We have been advocating for access to MMR data for communities and will keep raising this and pushing for access to this data. We have a team working on getting 'heatmaps' of unvaccinated or partially vaccinated populations in specific locations, and we will bring you updates on this. Any providers who would like this product should contact us directly.

Can you reiterate the issue around NIR and CIR and access to vax status doing outreach?

We need clarification please on whether this question is related to funding or to being able to identify someone's immunisation status – that is to know if they need to be vaccinated.

With the roll out AIR, can we ensure access for iwi and Māori providers is prioritised following pharmacies

The AIR access may be too many months in the future – but we'll advocate for this.

What support will Māori Hauora Providers receive to prevent or contain MMR in their hapori?

Prevention of measles will be achieved through vaccination so we are working with Te Whatu Ora to promote this and mobilise hauora Māori providers to provide this.

The message for containing measles if there are other positive cases in the communities, is to isolate. We are also working with Te Whatu Ora and there have been discussions with MSD to ensure there are resources available to support whanau to do this.

Urgent mobilisation of outreach services for childhood imms and learnings from covid vax push. Our whanau had to attend a clinic at manukau super clinic, and the public health nurse had been stopped from doing household visits. Outreach service is only from 9.30am-2.30pm Mon-Friday. That is not fit for purpose.

Agreed that is not fit for purpose and we are working with Te Whatu Ora to mobilise outreach services

Given we in Rotorua, and no doubt other rohe, have an issue with our whanau not being able to register with a GP service can we consider the options we need to think about to get access to vaccination for those not registered with a GP service.

Agreed, this issue has been raised with Te Whatu Ora and we are meeting with them in the morning to raise these issues and advocate for accessibility and outreach approaches.

We are also keen to hear from Māori providers who are prepared to immunise infants, children and adolescents who are not enrolled with them (and does this include non-Māori – because the benefit comes from having everyone possible vaccinated)

What's our public health comms plan?

The National Public Health Service at Te Whatu Ora has a measles communications plan and we are working with them to develop a communications plan specifically for Māori in the event of an outbreak.

For the current situation we have developed the key messages that follow and these have been shared with iwi communications leads who are developing collateral for iwi (and other) channels. In the medium term (part of our preparation and protection) we are also working with the communications and campaign team at the National Immunisation Programme at Te Whatu Ora on developing comms promoting immunisation to whānau.

Key messages for whānau

Context

- Cyclone Gabrielle has caused some significant damage – and our shared priority is to protect whānau and keep them safe
- We also have a case of measles present in Aotearoa which means it *may* become a significant health threat – so if whānau are safe from the cyclone's impact, take the opportunity to protect them through raising awareness and supporting immunisation.

General messaging

- He Kupu Ohiti - watch out for your loved ones
- Are you and your tamariki protected against measles?

- Measles is a serious illness and there is now a confirmed measles case in Aotearoa for the first time since 2019.
- In the 2019 measles outbreak in Tāmaki Makarau we saw tamariki hospitalised with measles and extremely ill.
- It's a good time to get prepared and it's easy to protect your whānau/loved ones – get your free measles vaccine today from your doctor or pharmacist.
- Not sure if you've had the measles, mumps, rubella (MMR) vaccine? It's safe to have get it again from your doctor. (If you were born before 1 Jan 1969 when there was a lot of measles circulating in New Zealand you're considered immune.)

The symptoms of measles

- The symptoms of measles can include a fever, cough, runny nose and sore and watery 'pink' eyes. These are followed by a blotchy rash.
- If you or your whānau have any of these symptoms call Healthline for free advice 24/7 on 0800 611 116. If you need to visit your doctor call them before visiting.
- If you catch measles you're infectious four days before and until four days after the rash appears and so you need to isolate.
- ***Suggest adding local info on where to get support to help you isolate*

For clear communication can we safely say to our communities that funded MMR is available for those born before 1968 if no documented vaccination or illness?. There was a pānui advising aged less than 32years which could be confusing.

Agreed. The final general key message in the set above includes the following:

If you were born before 1 Jan 1969 when there was a lot of measles circulating in New Zealand you're considered immune.

Can we please have some Q&As prepped and shared so we can develop our comms messages relevant for our community and staff?

Yes, now that we have sent out the key messages, we'll work on Q&As that are relevant for our communities.

Have we included plans for comms to whānau haua communities?

Yes, Te Aka Whai Ora comms met with Whaikaha last week and they provided advice on comms for whānau haua which we will action as part of this measles comms mahi. We'll keep you updated.