

This report summarises confirmed measles notifications for the previous surveillance week (Week 22: 25–31 May 2019) and cumulative cases for 2019. The case classification used in this report is specified on the last page.

Information is based on data recorded on EpiSurv by public health service staff as at 1015, 4 June 2019. Changes made to EpiSurv data after this time will not be reflected in this report. The results presented may be updated and should be regarded as provisional.

Figure 1 and Tables 1–4 show data for 2019. Figure 2 shows historical notifications of confirmed cases from 2009 to the end of the previous surveillance week.

Figure 1. Number of confirmed measles notifications by week and district health board, 1 January–31 May 2019

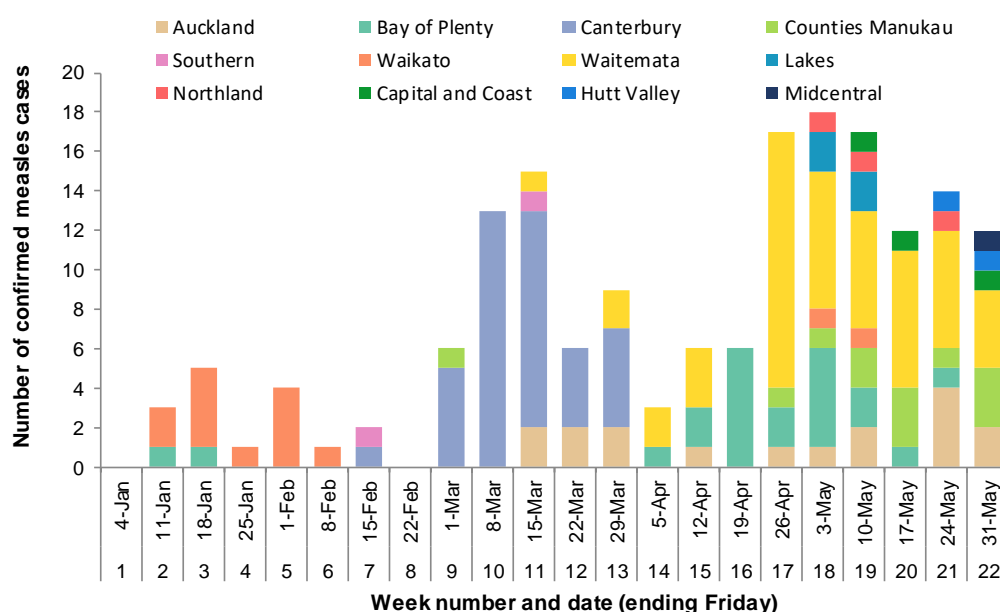


Table 1. Number of confirmed measles cases for week 22/2019 and cumulative number of cases and hospitalisations for 2019 by age group

Age group	Surveillance Week 22	Cumulative total 2019	Number of hospitalisations 2019
<15 months	1	27	21
15 months–3 years	4	18	10
4–9 years	0	8	0
10–19 years	2	39	11
20–29 years	3	41	19
30–49 years	2	33	11
50+ years	0	4	4
Total	12	170	76

Table 2. Number of confirmed measles cases for week 22/2019 and cumulative number of cases and hospitalisations for 2019 by ethnic group

Ethnic group (prioritised)	Surveillance Week 22	Cumulative total 2019	Number of hospitalisations 2019
Māori	2	24	15
Pacific peoples	4	21	15
Asian	1	12	7
MELAA ¹	0	0	0
European or Other	5	106	39
Unknown	0	7	0
Total	12	170	76

¹ Middle Eastern/Latin American/African

Table 3. Number of confirmed measles cases for week 22/2019 and cumulative number of cases for 2019 by district health board

District health board	Surveillance Week 22	Cumulative total 2019
Northland	0	3
Waitemata	4	51
Auckland	2	17
Counties Manukau	3	12
Waikato	0	14
Lakes	0	4
Bay of Plenty	0	22
MidCentral	1	1
Hutt Valley	1	2
Capital and Coast	1	3
Canterbury	0	39
Southern	0	2
Total	12	170

Table 4. Immunisation status* of confirmed cases of measles, 1 January–31 May 2019

Age group	Not vaccinated ¹	Partially vaccinated ²	Fully vaccinated ³	Unknown	Total number of cases
<15 months	27	0	0	0	27
15 months–3 years	15	0	1	2	18
4–9 years	7	0	1	0	8
10–19 years	33	0	1	5	39
20–29 years	14	3	7	17	41
30–49 years	9	5	1	18	33
50+ years	2	0	0	2	4
Total	107	8	11	44	170

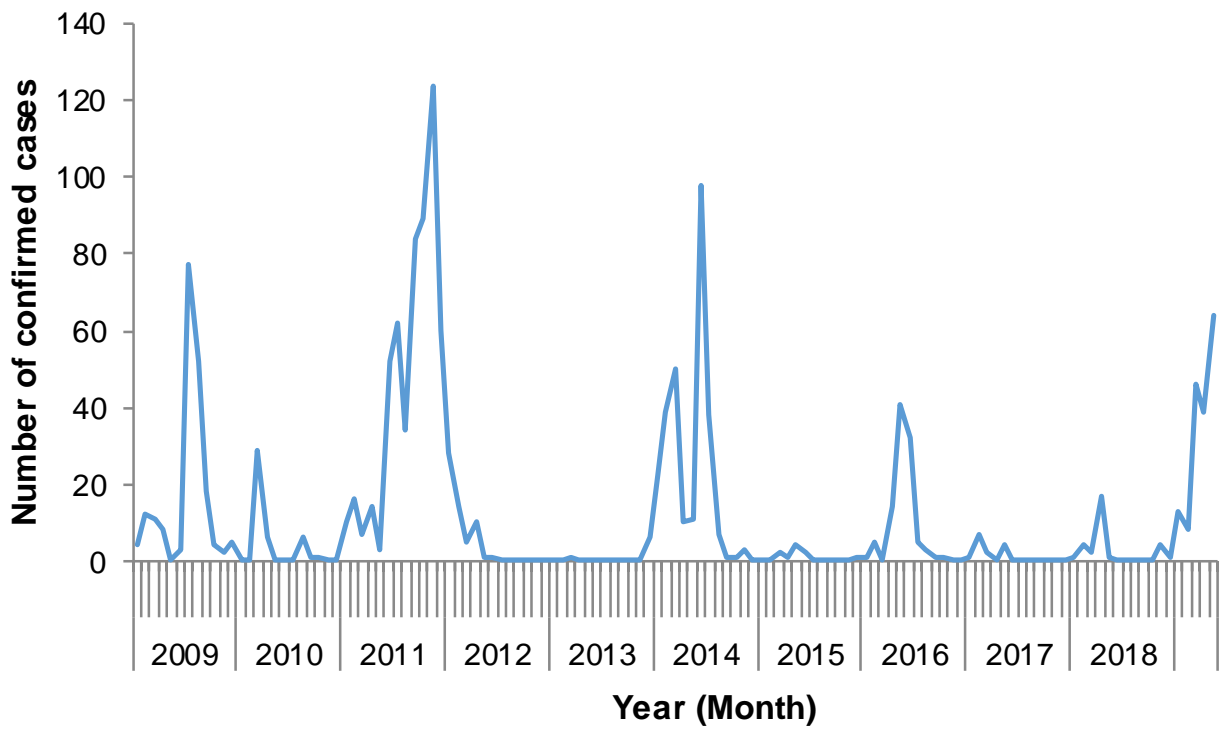
*Note: Immunisation status in EpiSurv is based on either documentation or patient/caregiver recall.

¹ **Not vaccinated:** A person who was reported not to have received any doses of vaccine, or a person who was reported to have received one dose of vaccine within 14 days of the onset of disease. (Includes 3 cases in the 15 months–3 years age group who received one dose of vaccine in the 14 days prior to onset.)

² **Partially vaccinated:** A person aged over 4 years who was reported to have received one dose of vaccine.

³ **Fully vaccinated:** A child aged between 12 months and 4 years who was reported to have received one dose of vaccine or a person aged over 4 years who was reported to have received two doses of vaccine.

Figure 2. Number of measles notifications by month reported, January 2009 to May 2019



Case classification for measles notification in New Zealand

Confirmed A clinically compatible illness that is laboratory-confirmed or epidemiologically-linked to a confirmed case.

Probable A clinically compatible illness.

Under investigation A case that has been notified, but information is not yet available to classify it as probable or confirmed.

Note: Any notifications that are found to be due to a vaccine strain are considered not to be measles cases and are removed from the analysis.

Clinical description

An illness characterised by **all** of the following:

1. generalised maculopapular rash, starting on the head and neck
2. fever (at least 38°C if measured) present at the time of rash onset
3. cough or coryza or conjunctivitis or Koplik's spots present at the time of rash onset.

Laboratory test for diagnosis

If the case **received a vaccine** containing the measles virus in the 6 weeks prior to symptom onset then **laboratory confirmation requires**:

- evidence of infection with a wild-type virus strain obtained through genetic characterisation.

If the case **did not receive a vaccine** containing the measles virus in the 6 weeks prior to symptom onset, then **laboratory confirmation requires** at least one of the following:

- detection of IgM antibody specific to the virus
- IgG seroconversion or a significant rise (four-fold or greater) in antibody level for the virus between paired sera tested in parallel where the convalescent serum was collected 10 to 14 days after the acute serum
- isolation of measles virus by culture
- detection of measles virus nucleic acid.

See: <https://www.health.govt.nz/our-work/diseases-and-conditions/communicable-disease-control-manual/measles>