

Measles weekly report

This report summarises confirmed measles notifications for the previous week (2–8 July 2016) and cumulative cases for 2016. 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 1000hrs, 12 July 2016. Changes made to EpiSurv data after this date will not be reflected in this report. The results presented may be updated and should be regarded as provisional.

Figure 1 and Tables 1–3 show data for 2016. Figure 2 shows historical notifications of confirmed cases from 2006 to the current week in 2016.

Figure 1. Number of confirmed measles notifications by week and district health board, 2 January to 8 July 2016

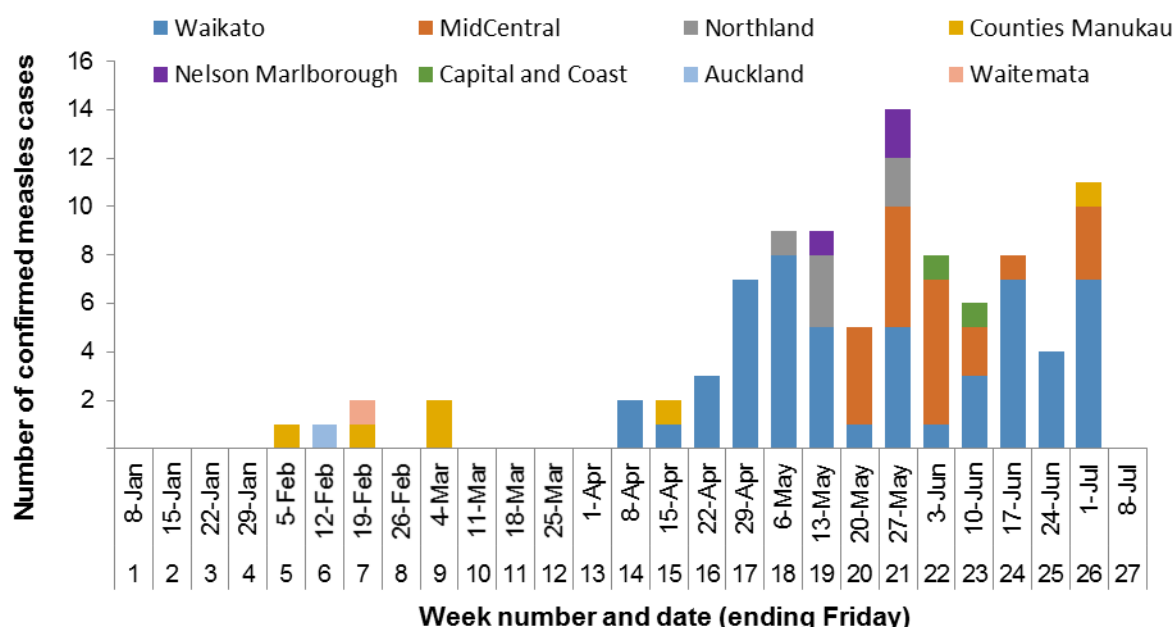


Table 1. Age distribution of confirmed measles cases for week 27/2016 and cumulative number of cases and hospitalisations for 2016

Age group (years)	2-8 July 2016	Cumulative total 2016	Number of hospitalisations 2016
<15 months	0	15	4
15 months–3 years	0	8	0
4–9 years	0	8	0
10–19 years	0	44	5
20+ years	0	19	9
Total	0	94	18

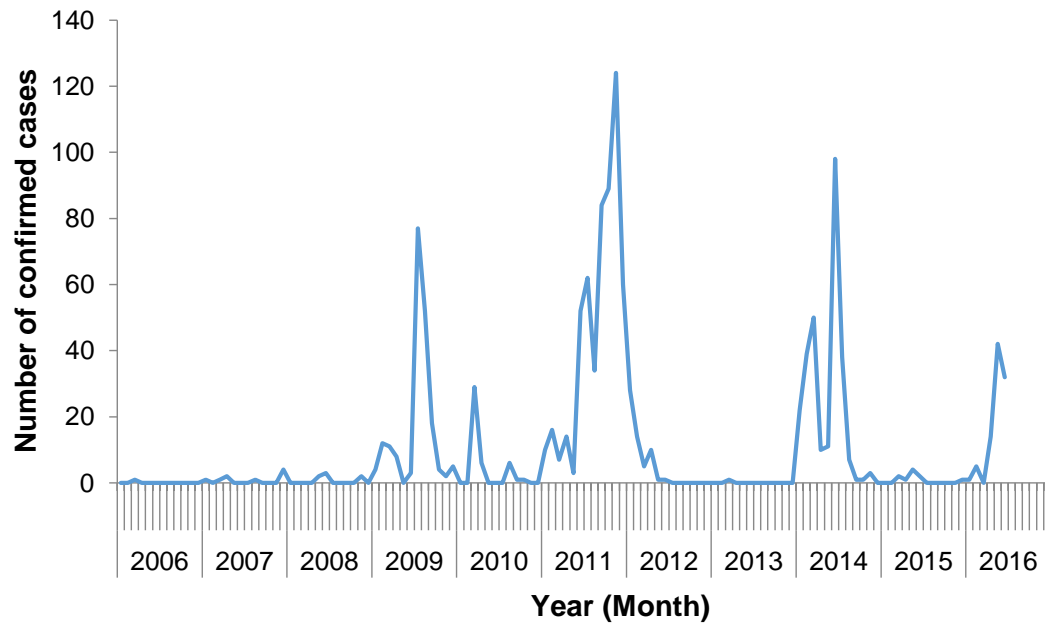
Table 2. Number of confirmed measles cases for week 27/2016 and cumulative number of cases and hospitalisations for 2016 by ethnic group

Ethnic group (prioritised)	2-8 July 2016	Cumulative total 2016	Number of hospitalisations 2016
Māori	0	46	6
Pacific peoples	0	6	2
Asian	0	2	1
MELAA ¹	0	0	0
European or Other	0	34	8
Unknown	0	6	1
Total	0	94	18

Table 3. Number of confirmed measles cases by district health board, 1 January to 8 July 2016

District health board	Number of confirmed cases
Northland	6
Waitemata	1
Auckland	1
Counties Manukau	6
Waikato	54
Lakes	0
Bay of Plenty	0
Tairāwhiti	0
Taranaki	0
Hawke's Bay	0
Whanganui	0
MidCentral	21
Wairarapa	0
Hutt Valley	0
Capital & Coast	2
Nelson Marlborough	3
West Coast	0
Canterbury	0
South Canterbury	0
Southern	0
Total	94

Figure 2. Number of measles notifications by month reported, 1 January 2006 to 8 July 2016



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.

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: <http://www.health.govt.nz/system/files/documents/publications/cd-manual-measles-may2012.pdf>