

Measles Outbreaks: Dublin and Meath

Volume 14 Issue 4

December 2017

DEPARTMENT OF PUBLIC HEALTH, HSE SOUTH
(CORK & KERRY)

IMMUNISATION FOCUS

There have been 17 confirmed cases of measles in the recent outbreaks in Dublin (12 cases) and Meath (5 cases). At this time the relevant Departments of Public Health have not been able to identify any links between these two outbreaks. Therefore, the assumption has to be made that measles is circulating in the community both in Dublin, and in Meath. To date there have been no confirmed cases of measles in Cork and Kerry in 2017.

However, it is important to remain vigilant and to remember the possibility of measles in children or adults presenting with fever, cough, coryza, conjunctivitis +/- rash at time of presentation, especially if they report history of possible exposure to measles case.

Measles is highly infectious. **Immediate triage and isolation of all suspect measles** cases upon arrival at any health facility is needed to prevent spread. Possible/suspect measles cases who contact the GP practice or out of hours service:

- should be advised not to attend the practice when other patients are present in order to prevent transmission.
- should be seen at the end of surgery clinic or be seen outside the clinic (in patient's home) if immediate isolation in surgery is not possible.
- If referral to hospital is required please contact the Emergency Department in advance to ensure that the patient can be isolated immediately upon arrival.
- notify the Department of Public Health of any suspect measles cases.

We can provide advice to the suspected case/parents on isolation and can advise on management of contacts, which is very important to prevent further spread. In addition, if indicated, we can arrange testing by salivary swab to confirm or exclude the diagnosis of measles. In some cases HNIG or MMR may be indicated for contacts, on public health advice.

The best way to prevent measles is to be vaccinated with the MMR vaccine. Please continue to take every opportunity to check the MMR status of all children and encourage parents to appropriately vaccinate their children. The most recent uptake figures for MMR vaccine for Cork and Kerry show that only 93% of children are vaccinated by the age of 2 years. We are still not reaching the target of 95% uptake required to prevent outbreaks.

Measles prevention and identification information materials are available on line <http://www.hpsc.ie/a-z/vaccinepreventable/measles/>

The measles chapter in the National Immunisation Advisory Committee (NIAC) Guidelines has recently been updated with new guidance on the prophylactic use of immunoglobulin and MMR in infants exposed to measles cases. The updated chapter is available at <http://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/chapter12.pdf>

Not too late for flu vaccine

December is often the month when we begin to see a significant increase in flu cases. It is still not too late to give flu vaccine to your at-risk patients. Vaccination is also recommended for all healthcare workers and this would include all staff in GP surgeries.

Are we in for a bad flu season?

There has been considerable media coverage of reports of the recent severe flu season in Australia, where influenza A H3N2 predominated. This is the same strain as was circulating in Europe last year, including in Ireland.

The H3N2 strain tends to disproportionately affect the elderly in our population. For the 2016/17 season there were nearly 100 deaths and around 1,400 hospital admissions reported due to confirmed influenza infection. It is too early to tell what influenza strains will be circulating this season. It could again be the AH3N2 or it could be another strain.

How effective is the current vaccine?

Our current vaccine contains 3 influenza strains (AH3N2, AH1N1 and B/Phuket) in line with the WHO recommendation. It is only when influenza viruses are circulating that we can determine whether circulating flu strains match the 2017/2018 northern hemisphere flu vaccine. Influenza vaccine effectiveness data are usually not available at European or global level until mid-to-late-season.

In general, a vaccine effectiveness of approximately 40-60% has been estimated for the three different influenza strains, A (H1N1, H3N2) and B. The US Centers for Disease Control and Prevention (CDC) state that recent studies show that flu vaccination reduces the risk of flu illness by between 40% and 60% among the overall population during seasons when most circulating flu viruses are well-matched to the flu vaccine. Influenza associated morbidity and mortality are significantly reduced in older people who have been vaccinated. The CDC states that the influenza vaccine is 50-60% effective in preventing hospitalisation among elderly persons and 80% effective in preventing death among elderly persons.

Please keep vaccinating!

Flu vaccination for cancer patients

There have been ongoing queries about the number of doses of influenza vaccine for cancer patients so NIAC has now updated the Influenza chapter of the Immunisation Guidelines and clarified the recommendations.

Influenza vaccination is strongly recommended annually for all cancer patients.

- If a person receiving chemotherapy has not received influenza vaccine 2 weeks or more before commencing treatment, the vaccine (one dose) should be given during chemotherapy.
- If a person given the vaccine during chemotherapy (when they may have been immunosuppressed) finishes their treatment during the same influenza season, they should be given a second dose at least 4 weeks after the first dose **regardless of whether they have received influenza vaccine in previous seasons.**

The new chapter is available at <http://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/chapter11.pdf>

Pertussis vaccine in pregnancy – promotional video

So far this year 8 cases of pertussis have been notified in infants less than 6 months (too young to have completed their primary vaccinations). None of the mothers had received pertussis vaccine in pregnancy.

A UCC medical student produced a very good short video on the need for pertussis vaccination in pregnancy. The video features consultant paediatricians and obstetricians in CUH. It is a useful resource for your pregnant patients and is available on the National Immunisation Office website at <http://www.hse.ie/eng/health/immunisation/hcpinfo/OtherVaccines/pertussis/>

Please continue to encourage mothers to have Tdap in pregnancy.

- Tdap should be offered as early as possible after **16 weeks and up to 36 weeks gestation in each pregnancy**, to protect pregnant women and their infants.
- Tdap can also be given at any time in pregnancy after 36 weeks gestation although it may be less effective in providing passive protection to the infant.
- Tdap should be offered in the week after delivery to those women who were not vaccinated during their pregnancy.