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# Measles is coming, ready or not: Worn-out sector faces need to renew MMR vaccination efforts



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No one wants the spots that signal a case of potentially deadly measles [Image: TaiChesco on iStock]



National Hauora Coalition clinical director Ranche Johnson [Image: Supplied]

With every incoming international flight being a potential vector for measles, New Zealand's defence against a potentially deadly outbreak can best be described as crossed fingers.

"It's hard not to get overwhelmed by the prospect of what might eventuate," says National Hauora Coalition clinical director and specialist GP Ranche Johnson.

Dr Johnson says a series of viral and weather-related disasters has eroded childhood immunisation rates, especially for Māori, to historic lows. The rate for tamariki Māori aged up to 18 months fell to just 36.3 per cent in the last quarter of 2022, compared with 49.3 per cent a year earlier. "Every time we get rates up a bit, something else happens," she says. "We had the COVID surge at Christmas and now the floods.

"It's not that parents don't want to vaccinate their children, but whānau have lost their homes and that makes it difficult to prioritise immunisations. And we know practices are struggling hard with workforce problems, they just don't have the capacity for the work required."

Dr Johnson's anxiety levels only rose when New Zealand's first imported measles case since 2019 was confirmed on 13 February.

A further alert followed on 22 February relating to passengers on a Jakarta to Sydney flight who may have then flown on to New Zealand after being close contacts. At the time of the alert, Te Whatu Ora clinical lead, National Public Health Service, William Rainger said six contacts had been contacted and a further 29 identified.

"It's a time bomb, absolutely, and we are really fortunate we haven't had an outbreak already. I just hope we don't have to wait until we've had deaths for people to start taking the risk seriously," Dr Johnson says.

A Papakura-based GP and member of the northern region Immunisation Programme Governance Group, Dr Johnson says the coalition is considering how to provide practices with administrative and call-centre support, and services such as block texting. Mobile outreach services, which were prioritising patients with long-term conditions, are now offering MMR shots and the Mana Kidz programme is promoting vaccination in schools.

Dr Johnson says the Best Care Immunisation Catch Up tool will soon be available for practices. An online platform, this uses National Immunisation Register data to highlight those aged three months to nine years in need of childhood vaccinations, and which vaccines to administer.

The tool is to be expanded to provide the MMR status of another at-risk cohort, 18 to 35-year-olds.

But to get more people vaccinated requires workforce and Dr Johnson says the Ministry of Health may have missed the boat on repurposing the unregulated COVID workers who have been providing Pfizer vaccinations. She says efforts are being made to upskill such workers to administer childhood vaccinations, but it remains a slow process with too many barriers in place and many workers are now leaving the system.

Te Puea Winiata, chief executive of Māngere-based Turuki Healthcare, is similarly concerned.

“We are keen and motivated to do something about measles, but the reality is we will get to whānau when they are ready to see us,” Ms Winiata says. Communities in south Auckland most at risk of measles are struggling to recover from the January floods after having already been hit again and again during the COVID response.

## **Community outreach**



Nick Chamberlain, national director of the National Public Health Service [Image: NZD]

A mobile outreach response will work best, Ms Winiata says, but it will require a “light touch”.

“It is about visibility, and supporting MMR vaccinations, while not making it a single stream of work. We will look to provide welfare checks, asking about the stuff that’s on top of people’s lists, like housing, kai and financial support, and if we can take some of that stuff off their list, then we can get to the point where they might listen to us about measles.

“Because, let’s face it, with COVID we had a group that was sitting on the fence waiting to see what happened before making a decision [about vaccination] and some who were adamant they just weren’t going to do it. So, we started with the lowhanging fruit, those who wanted a vaccination, then when that was done, we paused, thought about what did and didn’t work, then switched our approach and started again.

“We’ll have to do the same thing with measles.”

Ms Winiata says this flexibility must be accommodated by Te Whatu Ora commissioning processes: “You have to be able to do whatever it takes to get the right outcomes. The way some of our contracts, even during COVID, were so prescriptive, made it very difficult to move and change.

“Commissioning in future must be more flexible.”

Other providers with high numbers of enrolled patients in need of vaccinations are also kicking off their own bespoke programmes.

Monica Nua-George, clinical director of Christchurch’s Etu Pasifika, says COVID showed the limitations of fixed sites, so they are now targeting community events with high Pacific attendance, while west and south Auckland Pacific provider The Fono is offering opportunistic MMR shots at flood evacuation centres.

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Nationally, the MMR rollout will be run by the National Public Health Service. Via email, national director and former Northland DHB chief executive Nick Chamberlain says his agency has several initiatives to boost vaccination rates.

Dr Chamberlain says Te Whatu Ora has approved a childhood immunisation boost to increase vaccination funding for providers to \$36.05 per vaccination. The previous rate was \$27.84 for vaccinations provided generally and \$30.16 for those administered to Māori and Pacific patients.

There will also be an additional payment for after-hours vaccinations. The increases will expire on 30 June.

Asked why the equity loading was not retained in the increased fee, Dr Chamberlain, via email, says the temporary increase provides an opportunity to assess whether the funding boost causes an increase in provider vaccinations and whether such an increase should be prioritised in the long term.

“While we recognise that providers’ key motivation for increasing vaccination levels is their commitment to protecting their patients and whānau from measles and other vaccine preventable diseases, we hope that this funding increase will help encourage a renewed effort to lift their vaccination rates and prevent a measles outbreak when so many of our communities around the motu are facing such difficult times,” he says in the written reply.

Dr Chamberlain adds that Te Aka Whai Ora and the Pacific Directorate will also be commissioning their own outreach and community vaccination events with the support of the National Public Health Service.

A Measles Action Group is to be established to oversee “an urgent and equity-focused” MMR campaign. Membership of the group had not been announced at press time. Dr Chamberlain says the group will look to strengthen the vaccinating workforce while expanding and strengthening services.

He gives examples such as “providing teenage and adult immunisations at pharmacies, partnering with Māori and Pacific partners on new programmes, and replacing the ageing National Immunisation Register with the Aotearoa Immunisation Register to better capture and hold immunisation records”.

With international travel returning and measles outbreaks now in South Africa, India and the Philippines, Dr Chamberlain says importations of new cases is likely.

Te Whatu Ora last year established an immunisation taskforce, chaired by paediatrician Owen Sinclair and former Nelson Marlborough DHB general manager Cathy O’Malley, to look at how vaccination rates could be lifted and then sustained.

It is understood the report has been submitted to Te Whatu Ora, but it is not yet known when the report will be released or if it will be applied to the MMR rollout.

Porirua specialist GP and newly elected chair of General Practice NZ Bryan Betty says the need to boost immunisation rates before such cases arrive is unquestionably urgent, but he is concerned by previous failures.

A \$40 million campaign launched in 2021 was an early victim of the pandemic and resulted in 320,000 expired doses having to be destroyed.

A rebooted attempt aiming to administer 104,000 MMR vaccines followed in June 2022, only to fail to gain traction due to COVID.

“I think [boosting vaccination rates] is still going to be very difficult,” says Dr Betty.

“We need a focused and targeted campaign, which hasn’t happened yet, from Te Whatu Ora and the ministry, that doesn’t last a few weeks, but is consistent over a year.

## **Trusted community voices**

“We have to use trusted community voices and keep hammering away at the message because there is considerable immunisation fatigue and misinformation to overcome.”

And Dr Betty worries about the capacity of general practice to respond: “I really hope there is an appreciation of the fatigue in primary care, which has been under constant pressure to keep responding, and we know [boosting immunisation rates] is incredibly difficult and complex.”

Immunisation Advisory Centre director and specialist GP Nikki Turner agrees health sector fatigue is an issue, but says the effort still has to be made because New Zealand is a “sitting duck for measles”.

“Speaking as someone on the front line, we are all exhausted still,” Professor Turner says. “We had very limited resilience before COVID, and we might have even less when it really matters. [The measles response] is going to be a real scramble for us.”

Professor Turner also hopes the new MMR campaign heeds some hard-won lessons from COVID.

“We need more outreach services, and they have been underfunded for a very, very long time, because we know we have some historical gaps, especially the young, unvaccinated adults, and we know reaching them is particularly hard.

“Everyone is feeling tired and stretched, but [if this is going to work] it is going to require a lot of legwork and some creative thinking.”

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