AUCKLAND
DISTRICT HEALTH BOARD
Te Toka Tumai

Auckland DHB
Chief Executive's Office
Level 1
Building 37
Auckland City Hospital
PO Box 92189
Victoria Street West
Auckland 1142
[redacted]

11 November 2019

[redacted]

Re: Official Information Act request Notification of CEO of measles outbreak

I refer to your Official Information Act request dated 7 October 2019 to the MoH and transferred from the MoH and Waitematā DHB to Auckland DHB on 30 October 2019 requesting the following information.

Under section 12 of the Official Information Act 1982 I request all communications including briefings, reports, memos, aides memoirs, cabinet papers and texts regarding the following information:

- **The email notification to DHB CEOs in the 9 measles outbreak regions notifying them of a measles outbreak on the dates and as described below in written parliamentary question 32819 (2019).**

I am responding from Auckland District Health Board (ADHB) as the DHB responsible for Auckland Regional Public Health Service (ARPHS).

ARPHS provides public health services to all three metro Auckland District Health Boards – Waitematā District Heath Board, Counties Manukau Health and Auckland District Health Board, and the populations they serve. ARPHS's core role is to protect and promote public health.

Please find attached the following communication notifying the DHB CEO of the measles outbreak:

Outbreak no.	DHB CEO notified	Communications to DHB CEO
Outbreak 4 (ADHB)	28 March 2019	*Measles cases in Auckland* briefing paper for the ADHB quarterly review meeting
Outbreak 6 (WDHB)	15 May 2019	*Auckland Regional Public Health Service (ARPHS) update* for the WDHB/ADHB Community and Public Health Advisory Committee (CPHAC) (Also published online (Section 4.1, page 20) of https://www.adhb.health.nz/assets/Uploads/CPHAC-Meeting-Pack-15-May-2019.pdf)

You are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act. Information about how to make a complaint is available at www.ombudsman.parliament.nz or freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the Auckland DHB website.

Yours faithfully

Ailsa Claire, OBE
Chief Executive

Auckland Regional Public Health Service (ARPHS) update

Recommendation:

That the Community and Public Health Advisory Committee:

- **(a) receives this update from Auckland Regional Public Health Service**
- **(b) notes the key pieces of work that are underway and/or completed since the last update in November 2018, through to mid-April 2019, and**
- **(c) notes the additional information provided in Appendix 1: Overview of ARPHS and its role**

Prepared and submitted by: Jane McEntee (General Manager, Auckland Regional Public Health Service (ARPHS))
Endorsed by: Dr Margaret Wilsher (ADHB Chief Medical Officer)

Purpose

ARPHS is providing this update to Waitemata and Auckland CPHAC on key pieces of work that are underway or have been completed since the last update in November 2018 through to mid-April 2019. The report contains the following updates:

1. Disease notifications and management
2. BCG vaccine update
3. Ill traveller exercise
4. Drinking water standards
5. Speed management bylaw
6. Healthy Auckland Together (HAT)
7. Wai Auckland update
8. Smokefree
9. Alcohol
10. Local board health planning
11. Refugee health
12. Policy submissions.

1. Disease notifications and management

ARPHS receives notifications of 48 notifiable diseases as defined under the Health Act, 1956. ARPHS role includes receiving the disease notifications, case confirmation, risk assessment and ensuring appropriate public health actions is undertaken, daily and weekly monitoring and surveillance of these notifications, and investigation and follow up of any disease outbreaks. Below is a summary of disease notifications received between Nov 2018 – April 2019 which have varied from the normal disease pattern with accompanying tables showing confirmed, probable and suspected cases (red), cases under investigation (yellow) compared with the historical three yearly average for that week (grey shaded bar).

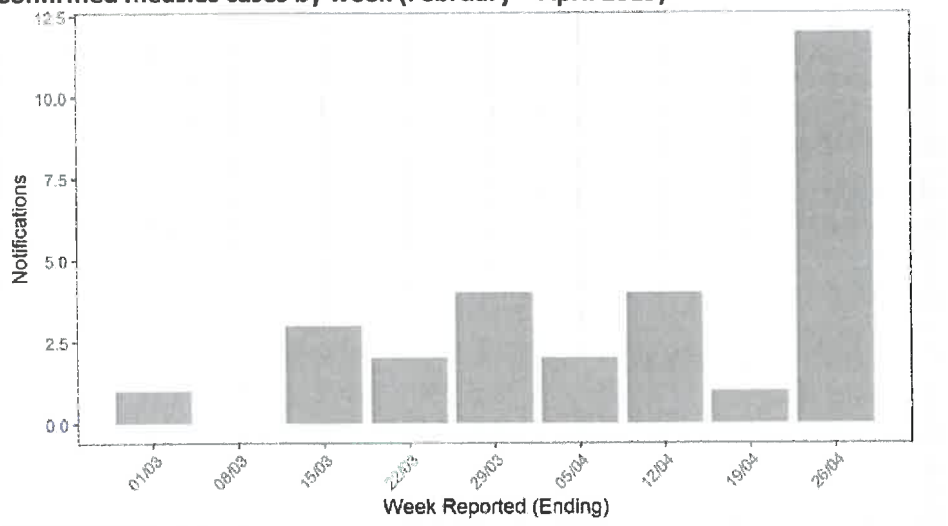
1.1 *Measles*

ARPHS is managing an increase in measles cases across the Auckland region. As at 26 April 2019, there have been 27 confirmed measles cases in this calendar year. The 27 cases have generated over 1,800 contacts which require individual follow up and management. Of the 27 cases, four are overseas acquired, three are sporadic cases and the rest are confirmed or suspected links to existing cases. Of the 2019 cases, sixteen are in Waitemata DHB, ten in Auckland DHB and one in Counties Manukau Health. The table below provides a summary of the situation.

Status of measles cases as at 26/04/19, 0830 hours:

Case type	Number
Confirmed	27
Under active management	11
Under investigation	11
Awaiting serology	7
Currently hospitalised	7
Hospitalised YTD	17
Current contacts under active management	1808
Current contacts under quarantine	16
Fatalities	0

Confirmed measles cases by week (February – April 2019)



In 2018 there were five confirmed cases in Auckland, all overseas acquired. The last large scale outbreak with sustained person to person transmission in Auckland was in 2014 with 112 confirmed cases and 26 hospitalised.

Measles is a serious disease, notifiable under the Health Act 1956. There are currently outbreaks of measles in different parts of the world and in Christchurch. The best protection from measles is two vaccinations with the combined Measles, Mumps, Rubella vaccine (MMR) – but current coverage levels of MMR2 are lower than the 95% considered necessary to prevent community spread.

Current operational response management

The operational response to measles cases is resource intensive therefore ARPHS has established an internal incident management structure to ensure a coordinated approach. ARPHS' current approach is intensive management of cases and contacts to prevent further cases (known as the 'stamp it out' response phase). Key activities include:

- assessment and management of suspected cases (i.e. isolation and contact management); according to likely risk of case being confirmed
- advice on isolation and public health management of confirmed cases
- advice on quarantine, treatment and management (including immunisation) of contacts
- monitoring and surveillance
- advice to laboratories and clinical services to notify all measles cases on suspicion

- advice to facilities such as emergency departments, early childhood education centres, schools, urgent care centres, and general practices where cases have been during the infectious period
- public information messaging especially in regard to symptoms, advance notice when attending medical facilities and immunisation advice
- weekly stakeholder updates.

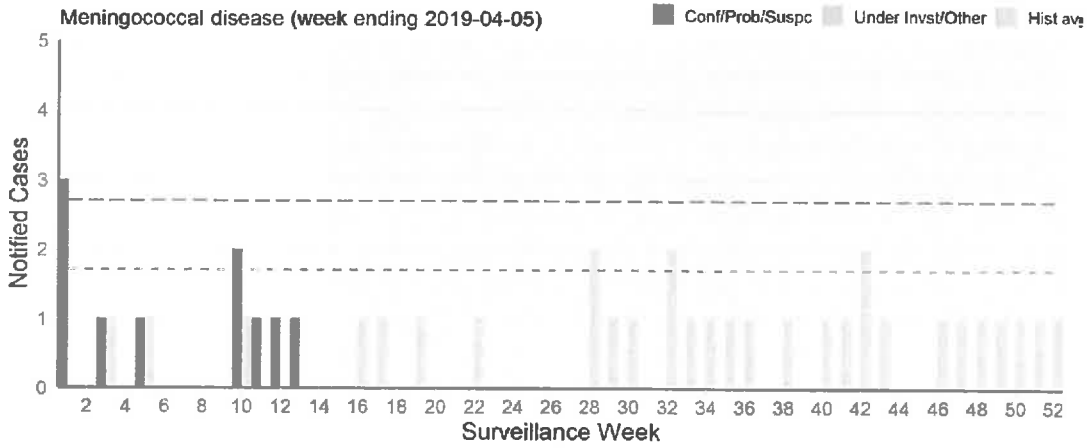
ARPHS is working closely with clinical services, Pacific Health, DHBs' Funding and Planning teams and the Ministry of Health to provide updates and inform future activities. As the situation progresses increased liaison with PHOs will be required.

1.2 *Meningococcal*

The Ministry of Health issued a national advisory on 6 November 2018 regarding a significant increase in *Neisseria meningitidis* serogroup W (MenW) in New Zealand since mid-2017. MenW can present atypically with gastro-intestinal symptoms, as well as pneumonia, septic arthritis, endocarditis or epi/supraglottitis. The advisory identified Northland as the region most affected in 2018. A targeted vaccination programme was subsequently implemented in Northland. ARPHS provided some public health nursing and communications resources to support Northland DHB.

While the total number of meningococcal cases in the Auckland region has remained relatively stable over 2017 and 2018 (42 and 38 cases respectively), the proportion of these cases identified as MenW has markedly increased over this time from 7% to 29%. In 2019, the Auckland region has had a total of five meningococcal cases as at 31 March, which is typical for this time of the year. Of these five cases, four were identified as serogroup B and one was MenW.

The overall rates of meningococcal disease and MenW disease in the Auckland region are consistent with national figures, unlike Northland where higher rates have been observed. A targeted vaccination programme in the Auckland region is not considered necessary at this stage. However, ARPHS is conducting ongoing surveillance of this issue based on regional and national data, as well as continuing to provide public health management of meningococcal cases and their contacts.

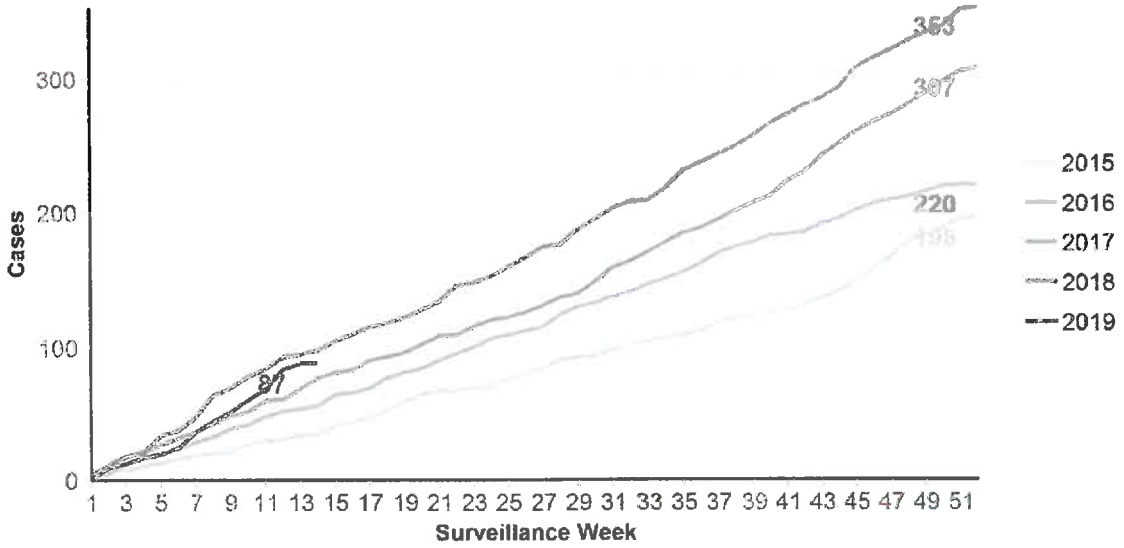


1.3 *Syphilis outbreak*

As at 31 March 2019, 87 syphilis cases have been reported to Auckland Regional Sexual Health Services (ARSHS) for this calendar year. Although cumulatively lower than last year, the six weeks (mid-February to end of March) has seen an increase in cases similar to this period in 2018.

ARPHS and ARSHS are working in partnership to manage the outbreak. Strategy and outbreak management plans have been developed, along with a communications plan. These have been shared with the national Public Health Clinical Network.

Syphilis weekly cumulative case chart (2015-2019)

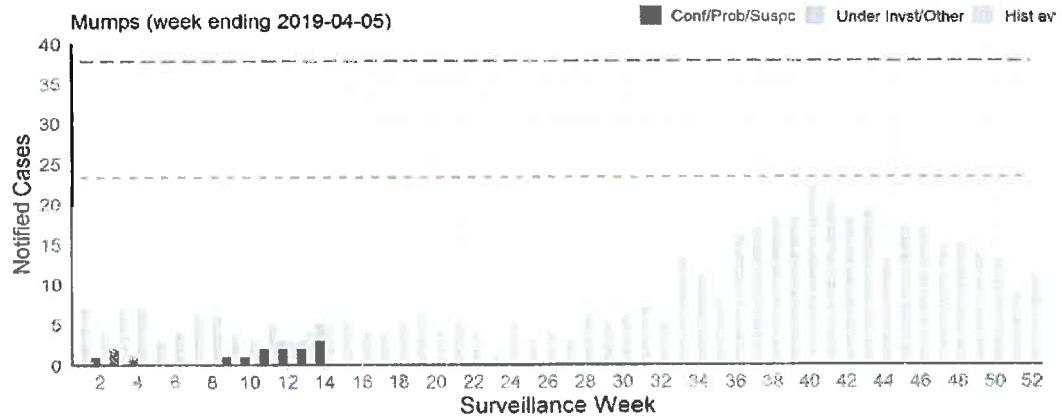


Key activities in place include:

- an enhanced surveillance system and reporting
- prioritisation of case finding and management
- enhanced contact tracing of sexual partners of those who have been diagnosed with syphilis
- increased initial health screening in prisons
- increased opportunistic testing in high risk primary care settings such as some health and community alcohol and drug services.

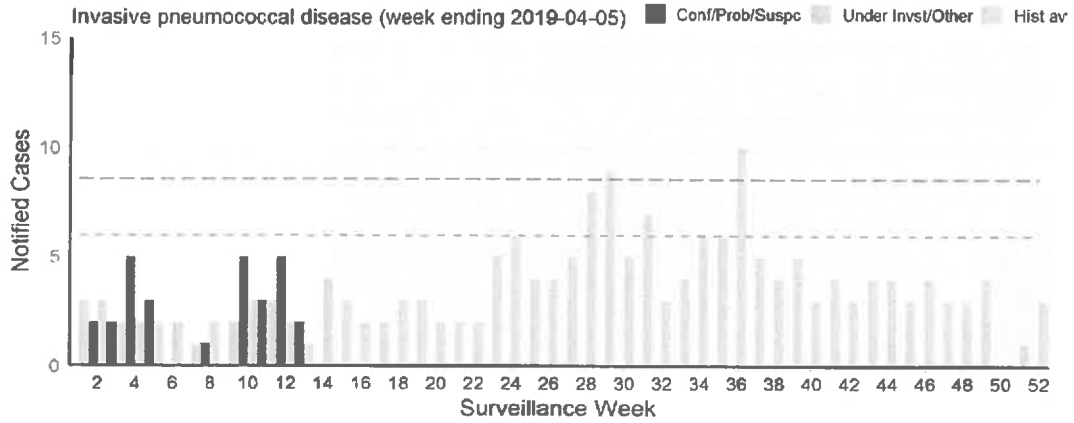
1.4 *Mumps*

The mumps epidemic has significantly reduced over the last six months from 100 - 200 cases per month to an average of four cases per month.



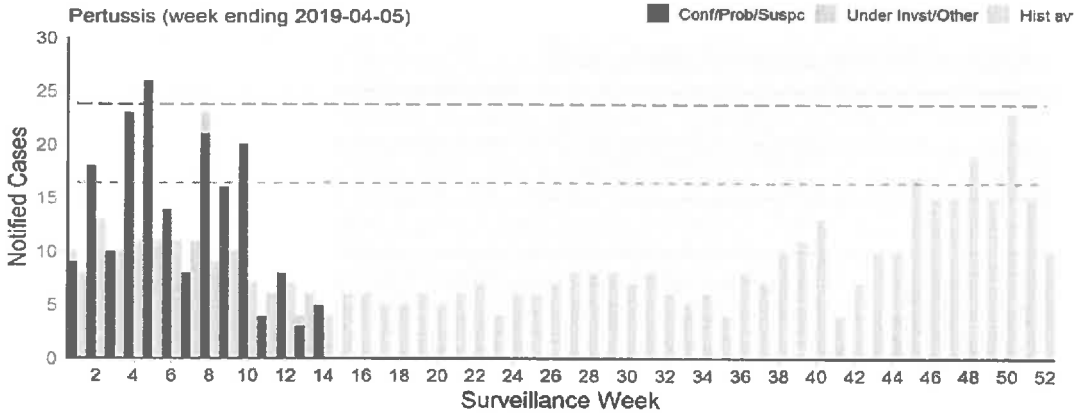
1.5 *Invasive pneumococcal disease*

Invasive pneumococcal disease (IPD) is a seasonal disease with the 2019 notifications similar to the same period last year (2018).



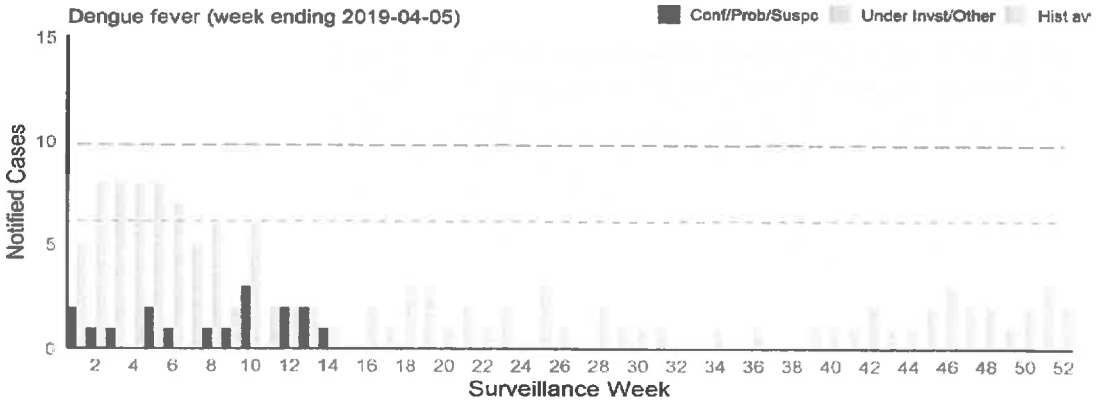
1.6 *Pertussis*

There was a second wave of pertussis in Spring 2018 after tailing off gradually over last winter. This has been a biphasic outbreak with 447 cases in October 2017- February 2018 compared with 353 during October 2018 – February 2019. The proportion of pertussis cases aged under one year has decreased from 17% in 2009 to 8% in 2018, suggesting the focused strategy of protecting the under one year old infants is working despite nearly 1,200 notifications over the past two years.



1.7 Dengue fever

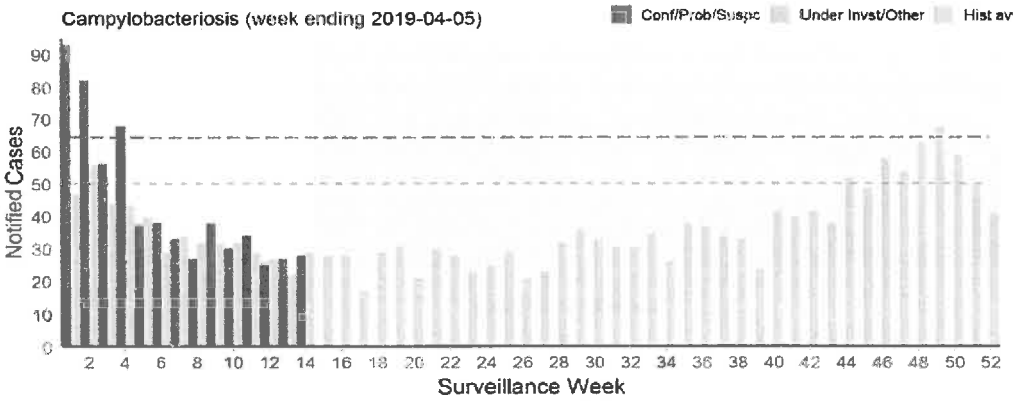
During the months of summer 2018-19 there were 19 dengue cases compared with 197 in 2017-18. These were all overseas acquired from Fiji [5], India [3] and Indonesia [3] with the remaining cases from South East Asia.



1.8 Campylobacteriosis

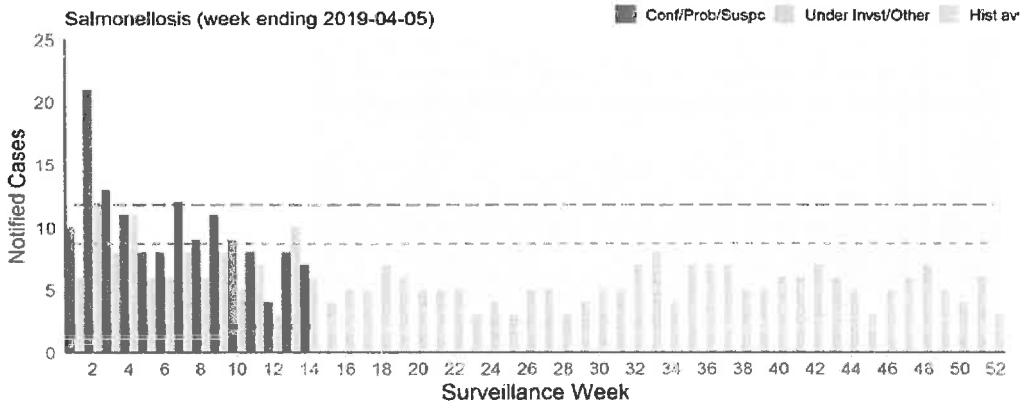
The Auckland region experienced an increase in campylobacteriosis over the summer. Rates increased over the five month period from October 2018 - February 2019 with 1,210 notifications compared with 928 during October 2017- February 2018. An increase in notifications is normally expected during this period but generally not of this scale. There were no risk factor(s) identified

that could support a dispersed common source outbreak. In response to the increase, ARPHS actively promoted public health advice in social media, focussing on how to hygienically prepare, cook and store food.



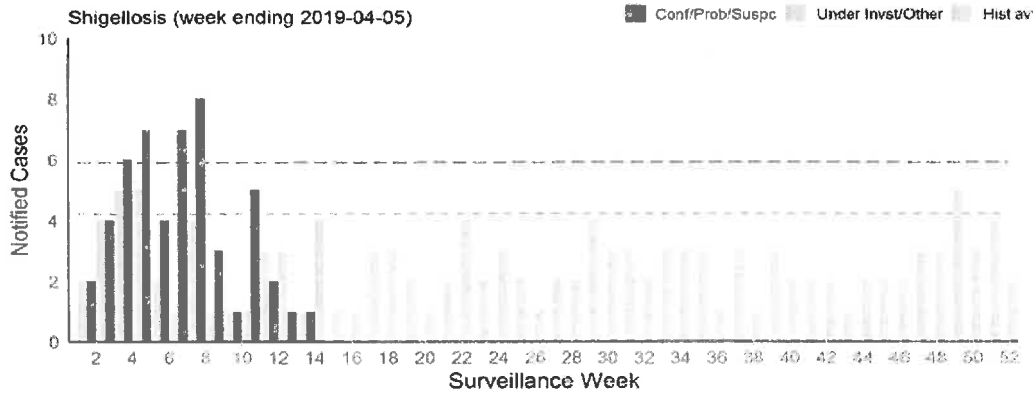
1.9 Salmonellosis

Rates of salmonellosis in 2019 have increased 31% compared to the same period in 2018. This was largely attributable to Salmonella Typhimurium phage type 108/170 of which there were 23 cases. Case investigation found a range of risk factors and serotypes. ARPHS informed and liaised with ESR and MPI which is responsible for leading investigation in food related outbreaks to undertake further analysis of potential causes related to specific foods.



1.10 Shigellosis

Rates of shigellosis decreased for the period October 2018 – February 2019 from 73 to 64 cases. Two thirds of cases were overseas acquired; Tonga [25%], India [25%], Samoa [19%], Indonesia [9%] and Fiji [4%]. Of the locally acquired cases consumption of raw fish was a common risk factor. Relevant public health messaging and advice has been circulated.



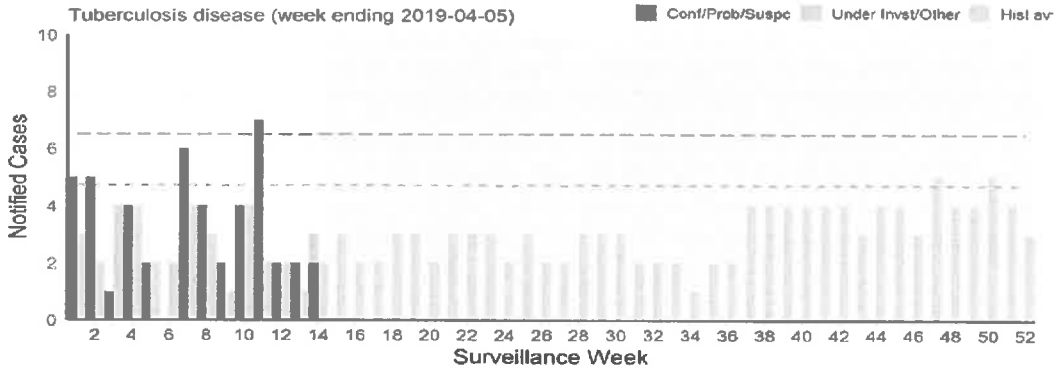
1.11 VTEC

There were no changes in VTEC/STEC notifications between October 2018 - February 2019 (100) compared to the same period in 2017-18 (101).

There has, however, been a revision to the response to cases of confirmed VTEC in line with the revision of the Ministry of Health's Communicable Disease Control Manual. ARPHS has implemented a change in the response to confirmed cases of VTEC by reducing the level at which people cannot attend childcare or return to work, for both cases and close contacts. The new exclusion recommendation reflects the evidence which shows that while the illness has the potential to be very serious (especially in children under five), there is very little person-to-person transmission. This change provides a better balance between the previously known and often significant burden to cases/contacts from public health interventions, versus the risk to public health from the spread of disease.

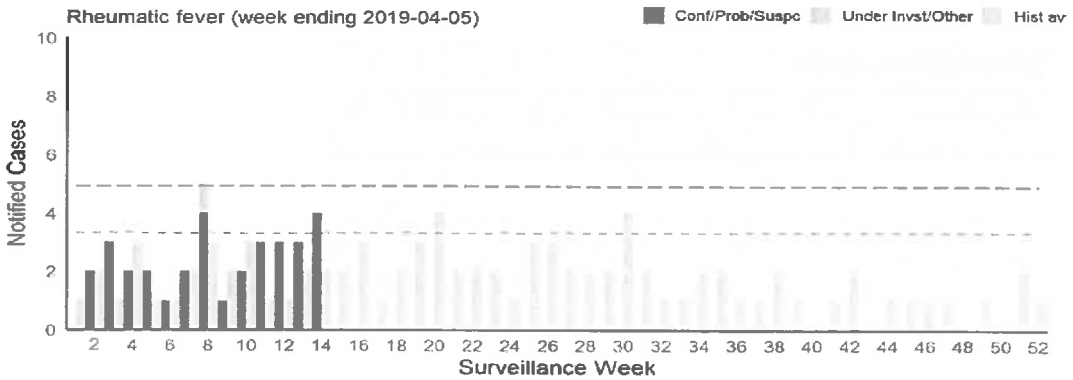
1.11 Tuberculosis (TB)

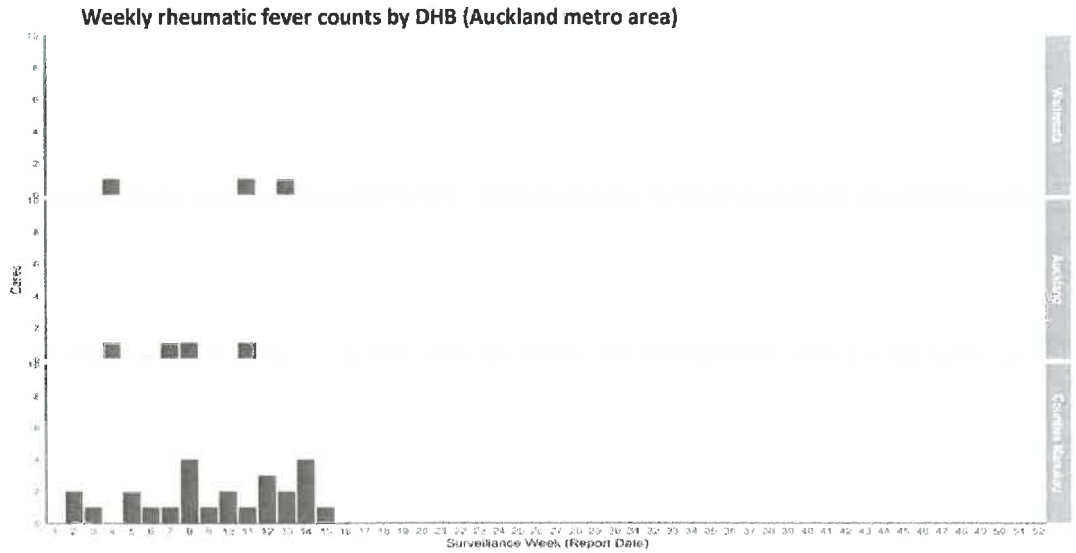
TB notifications increased approximately 20% in October 2018 – February 2019 compared to the same period in 2017-18. Of the 155 cases notified in 2018, 129 (83%) of new TB cases were born outside of New Zealand. The probable source countries were India (43%), China (13%), Philippines (8%), Tonga (5%), South Africa and Samoa (4%) respectively, and Fiji (3%). The average duration of time between arrival in NZ and onset date was 12 years.



1.12 Acute rheumatic fever

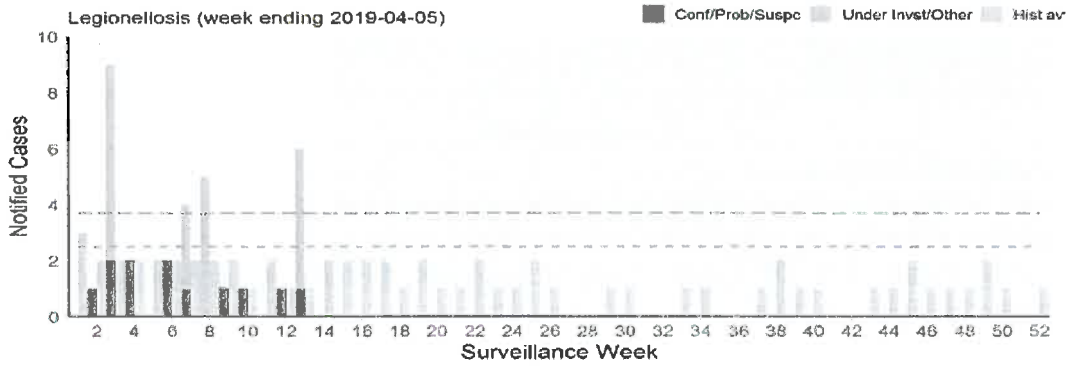
Acute rheumatic fever notifications are stable compared with the same period last year. The largest burden of disease in 2018 was in the Counties Manukau DHB region with very high rates in Pacific children under the age of 19. Of all acute rheumatic fever cases, 84% occurred in Auckland's most deprived areas (NZDEP 8, 9, 10).





1.13 Legionellosis

Legionellosis notifications increased 48% (25 to 37) during the October 2018 - February 2019 reporting period compared with the same period in 2017-18. The predominant serotype for 2018 was L. pneumophila serogroup 1 (54%), which is typically associated with aerosolised water and man-made warm water systems, especially cooling towers. The second was L. longbeachae (29%), typically associated with soil and soil and landscaping products. In February, Auckland Council following a request from ARPHS, asked owners of all known cooling towers to proactively shock dose (i.e. disinfect) their installations, in anticipation of the usual autumnal increase of L. pneumophila notifications. The results of the additional dosing and any changes to legionella statistics are yet to be confirmed.



2 Update on BCG vaccine

The Bacille Calmette Guerin (BCG) programme (free to eligible children under five years to protect them from TB) re-commenced in August 2018. The demand for the vaccine has exceeded expectations. For the seven months from August 2018 to February 2019, over 170 clinics have been held and around 3,700 children vaccinated. Currently around 2,100 children are waiting for clinic appointments. Children aged six months and under are being prioritised on this waitlist with an average wait time of approximately one month. Additional clinics have been set up to manage the demand.

In early December, following consultation with IMAC and Ministry of Health, a change in approach to mantoux testing was implemented. Previously all children under six months old required mantoux testing and clinics were jointly conducted by ARPHS PHNs and Labtests staff in community clinics. The requirement now is only children who may have been exposed to TB should be offered this test.

Mantoux testing for BCG is now undertaken at Labtests community laboratories. This change has assisted ARPHS to increase the clinics offered to children requiring BCG vaccinations.

3 Ill traveller exercise

A full-scale ill air traveller exercise was held at RNZAF Base at Whenuapai on 23 November 2018. The ARPHS Emergency Management team was involved in exercise planning with the RNZAF. The exercise scenario was based on civilians being evacuated from a country with a circulating communicable disease of concern and involved passengers who were asymptomatic, moderately unwell, severely unwell, as well as a death. The exercise was led by an ARPHS Medical Officer of Health in collaboration with the RNZAF and other partners such as St John, and NZ Police. The exercise highlighted the importance of a coordinated response in which all partner agencies utilised the Coordinated Incident Management System (CIMS).

4 Drinking Water Standards

Revisions approved in 2018 to New Zealand drinking water standards came into effect on 1 March 2019. These standards now require water suppliers to monitor an additional indicator 'total coliforms', and conduct enumeration testing for E.coli and total coliforms. "Enumeration" means that the bacterial colonies are counted rather than just reported on a presence/absence basis. Monitoring total coliforms may provide an early indication to water suppliers that water quality is changing to give an early warning of potential contamination events. Adverse results would alert suppliers to consider further testing and assessment, and if necessary, to implement follow up actions in their water safety plans.

The new standards mean there is a need for ARPHS drinking water assessors to carry out more in-depth risk assessment when determining drinking water standard compliance and when responding to notifications.

Other changes as a result of the revisions are:

(i) changed protozoal (giardia and cryptosporidium) treatment requirements for surface water sources
(ii) deletion of the section on tankered drinking water carriers
(iii) removal of requirements relating to rural agricultural drinking water supplies.

Further review of the Standards is underway, led by an independent Drinking-Water Advisory Committee reporting to the Minister of Health. The proposed changes are expected to be released for consultation in mid-2019.

4.1 *Three Waters Review*

The Government is currently reviewing how to improve the regulation and supply arrangements of drinking water, wastewater and stormwater (three waters). The review was prompted by the Havelock North drinking water contamination incident but "three waters" recognises that there are interactions between these different water streams.

Policy work is underway on the shape and form of proposed new regulatory arrangements to ensure drinking water safety has been identified as an immediate priority, along with improved environmental performance of wastewater and stormwater systems. The review is being led by the Minister of Local Government with a review team including representatives from the Ministry of Health, the Ministry for the Environment and the Department of Internal Affairs. A targeted engagement process is underway on high-level policy proposals in which ARPHS is participating.

5 Speed management bylaw

Reducing speed limits is an important public health issue because slowing traffic significantly reduces traffic crashes, serious injuries, and deaths. In 2017, 64 people died and 771 were seriously injured on Auckland's roads. As well as injury prevention, there are also potential co-benefits through reduced harm from air pollution, noise pollution and greenhouse gas emissions. Lower speeds also increase perceptions of safety and the likelihood that adults and children will cycle, walk or take public transport.

Auckland Transport (AT) has been working on the implementation of a Safe Speeds programme and has been consulting on its Draft Speed Limits Bylaw 2019 during March. If successful, AT will reduce speed in the Auckland CBD to 30km/h first, and then introduce new limits in some town centres and on 770km of high-risk rural and urban roads.

ARPHS has been working proactively with AT in this area in the lead up to, and following, the release of the draft bylaw by:

- sharing ARPHS submission and brief of evidence with key stakeholders on the impacts of speed limit reduction on road crashes, injuries and deaths, road safety risk in Auckland, the impact on sustainable transport modes and other public health co-benefits
- providing a media spokesperson, Medical Officer of Health Dr Michael Hale, and contributing opinion pieces and media releases, and posts on social media.
- participating in a panel discussion on speed management organised by AT at Auckland City Hospital, which was followed up by Auckland Council with an article outlining the link between public health and speed, published on the Our Auckland – Auckland Council news website
- co-ordinating with the ADHB Communications team and Safekids to offer public statements and spokespeople on the harm from Auckland road accidents, including DHB trauma specialists and Starship clinical staff. Children, especially those in high deprivation areas, are disproportionately killed or injured as a result of current speed limits.
- presenting on the ARPHS Speed Limits Bylaw 2019 submission at the public hearings in April 2019.

6 Healthy Auckland Together (HAT)

Healthy Auckland Together (HAT) is a coalition of 27 partners committed to making it easier for Aucklanders to eat better, be physically active and maintain a healthy weight. HAT partners include health entities, local government, iwi-based organisations and non-governmental organisations. During November 2018 - March 2019, HAT has undertaken the following:

6.1 *Meeting with Minister Genter*

The Hon Julie Anne Genter asked to meet with HAT to better understand how the coalition works. At the 18 December meeting ARPHS represented HAT, joined by ADHB Board Chair Pat Snedden and CE Ailsa Claire. HAT representatives (Drs Michael Hale and Julia Peters, and Jane McEntee) talked with the Minister about what policy change might be possible in transport planning and in the food environment around advertising of unhealthy food and zoning of fast food outlets. The Minister expressed support for the coalition's work, encouraging the public health voice to be heard in the debate around cycling and active transport.

6.2 *Marketing to children*

HAT is submitting complaints to the Advertising Standards Authority (ASA) to identify inconsistences with the way the current self-regulatory code is being considered. Complaints that are upheld help create a new standard for the industry, whereas complaints that are not upheld help build the case for policy/regulatory changes. HAT is also role modelling and encouraging communities to make complaints. HAT has lodged two recent complaints with the ASA.

- One complaint related to a Kinder Surprise Advertisement. This has not been upheld. Although the ASA panel determined that Kinder Surprise is an occasional food and the advertisement was aimed at children, the panel ruled that a significant proportion of children would not see it, as the advertisement was not shown in children's YouTube content.

- The second complaint in March 2019 was on a digital advertisement by Cookie Time due to breaches of the general Advertising Standards Code and the Children and Young People's Code. The advertisement promotes the consumption of a large quantity of cookies as a breakfast meal through the image of milk and cookies in bowls, as well as the corresponding wording of the post. HAT is awaiting the complaint decision from the ASA board.

The HAT marketing to children working group has revised its action plan, with priorities for the next 12 months including:

- developing a unified and clear set of recommendations for policy and regulatory changes in relation to marketing of unhealthy food and beverages
- continuing to reframe the conversation and build and demonstrate public support for restricting the marketing of unhealthy food and beverages by developing and promoting communication/advocacy tools.

6.3 *Food Environments*

The 'Good Food Kai Pai' initiative to strengthen healthy food environments at events has been extended beyond ATEED major cultural festivals (Lantern, Pasifika, Diwali) to include Auckland Council events such as Pacific in the Park, Christmas in the Park and Waitangi Day events, and most recently Polyfest. ARPHS has made significant progress in working with events teams to implement no-sugary drink policies at events and workshops with stallholders. HAT partners Healthy Families Waitakere and Healthy Families South worked with local boards in the south and west Auckland areas to mandate the 'Good Food Kai Pai' guidelines at their funded events.

HAT has continued to support the implementation of the National Food and Drink Policy at the Auckland metropolitan DHBs via chairing the metropolitan DHBs network, participating in national teleconferences and supporting evaluation of policy implementation. A joint workshop is planned for May 2019 with the Ministry of Health, Heart Foundation and Health Promotion Agency, to create national resources and guidelines to support workplaces to implement the Food and Drink Policy for Organisations.

6.4 *Research, Monitoring & Evaluation*

A successful research event was hosted by the University of Auckland in October 2019 to highlight progress and develop shared research agendas between HAT partners and the University. This included looking at ways research can be used and translated in policy, and developing evaluation skills that can be used by HAT partners. A debrief was conducted and next steps were identified for the research platform, including exploring tools and a format to keep researchers and stakeholders connected.

The 2019 HAT monitoring report is under development, with contributions from partners from University of Auckland, WDHB, ADHB, CM Health, Aktive and Hapai te Hauora. The report is expected to be released in June.

6.5 *Nutrition and Physical Activity*

HAT and the Heart Foundation co-hosted a meeting for school providers including frontline staff who deliver nutritional and physical support in Auckland schools to increase the opportunities for collaboration. The meeting concluded with a presentation of Wai Auckland.

7 Wai Auckland

The "Wai Auckland" programme aims to displace sugar sweetened beverage with tap water. The programme includes the ADHB, Counties Manukau Health, ARPHS, Auckland Council, Auckland Transport and Watercare. This programme will include increased access to public drinking water fountains.

A University of Auckland summer student has completed an audit of a large sample of public drinking fountains to assess their quality, including features, accessibility and cleanliness. 282 fountains were sampled. This included 17 new fountains found during the field survey. The survey results included the following:

- 96% of fountains sampled were functioning
- only 70% all fountains were drinkable (this takes in account flow of water, water height enough to drink, and also accessibility to the fountain)
- only 62% fountains were classed as clean (no significant discolouration or mould within 1 cm of the spout and no rubbish found in the fountain).
- there were three fountains with vandalism which was very minor
- a number of public areas did not have water fountains.

Key partners (Auckland Council and Auckland Transport) are addressing the identified cleanliness and drinkability issues and the findings will be used to inform future infrastructure activities. An overall baseline evaluation report for the project is also being finalised with the University.

8 Smokefree update

A Smokefree court hearing against The Longroom in Ponsonby took place on 25 February 2019. ARPHS compliance officers had observed the premises allowing smoking in an area which was assessed as an 'internal area' by ARPHS compliance officers, as defined under the Smokefree Environments Act. ARPHS compliance officers gave evidence at the hearing, with technical support from Professor Nick Wilson, a second hand smoke expert. There are multiple factors that must be considered in defining an internal vs outdoor area where smoking may be permitted. Due to these factors and in considering the design of the premises, the judge decided that he could not prove beyond reasonable doubt that the premises was an internal area, and therefore acquitted the defendant. The judgement on this case will provide a useful example for the Ministry of Health when reviewing the Smokefree Environments Act later this year.

On 9 April 2019 ARPHS made a public submission to the Auckland Council Environment and Community Committee meeting on the Auahi Kore Hapori Whanui Action Plan – a plan that derives from Auckland Council's smokefree policy ARPHS has previously advocated for. ARPHS' submission recommended that the action plan be strongly connected to the wider council smokefree implementation plan and that both receive sufficient implementation funding. This was to support a systems approach to achieving the goal of a Smokefree Auckland by 2025. ARPHS requested the plan be amended so that vaping was promoted as one of a suite of smoking cessation tools, rather than

the main cessation method, and this was adopted. ARPHS offered expertise to further collaborate with Council on the development of the detailed activities.

9 Alcohol update

9.1 *Judicial Review of the Provisional Local Alcohol Policy*

On behalf of the Medical Officer of Health, ARPHS has led the submission for the Judicial Review of the Provisional Local Alcohol Policy (PLAP). Early indications suggest that the appellants may lose the appeal on the Judicial Review at the High Court hearing held on 20 February 2019. If this is the case, only the Council would have the right to appeal due to ARPHS appearing only as an interested party. This could represent a positive development in setting the "alcohol" agenda in Tāmaki Makaurau.

9.2 *ADHB Health Excellence Awards*

In November, the ARPHS Alcohol team won the ADHB Health Excellence Team Living our Values Award for their collaborative work with the Maori Wardens Ki Otara Trust. This work has enabled the Maori community to have more voice in the alcohol licence process.

9.5 *West Auckland Trusts*

On 3 December 2019 ARPHS met with the West Auckland Action group in regards to their posting of misleading information in the debate for removing the Trust's monopoly. It was agreed the post would be removed. On 11 December ARPHS met with the West Auckland Trusts CEO to communicate ARPHS priorities in alcohol licensing and conveyed the density level at which ARPHS would oppose new alcohol outlets within the Trusts area. The Trusts had indicated they were interested to do more to be a good community enterprise so ARPHS provided information on the WHO Alcohol Best Buys strategies to reduce alcohol harm.

10 Local board health planning

Auckland Council's 21 local boards produce plans every three years that set out each Board's strategic direction and priorities. As a Healthy Auckland Together (HAT) partner, ARPHS has worked with Council to seek opportunities for wellbeing promotion at the local board level. In 2017, Puketāpapa Local Board committed to a new priority, the Healthy Puketāpapa Action Plan, which the local board will work with other agencies and the community to develop. The plan will identify ways to promote access to water, healthy food and active transport like walking and cycling.

An ARPHS employee has been seconded by Auckland Council to coordinate the Plan, which will be supported by Wai Auckland and HAT. It is anticipated that the Healthy Puketāpapa Action Plan will model work that can be replicated by other local boards in the 2020 planning cycle. Puketāpapa also serves as a demonstration project to showcase some of the wellbeing outcomes that might be achieved through the Government's commitment to a broad agenda of wellbeing and specifically the focus on wellbeing in Budget 2019.

11 Refugee Health

From June 2020 New Zealand's refugee quota will increase from 1,000 to 1,500 people per year and the time newly arrived refugees spend at the Mangere Refugee Resettlement Centre (MRCC) will be reduced from six weeks to five weeks. In preparation for this, MBIE and Ministry of Health are leading a project to develop a new model of care for refugee health services. ARPHS and Counties Manukau Health are represented on the project steering group.

Under the new model of care health screening will be completed off shore and only refugees identified with high health needs will be seen at MRCC. A continuum of care will be provided by primary care on resettlement in the regions. Due to the change in focus at MRCC it is unlikely ARPHS will be providing the screening or related health service from 1 July 2020.

12 Policy submissions

ARPHS has completed and submitted seven policy submissions between November 2018 -April 2019.

Date	Subject
5 December	*Public Safety and Nuisance Bylaw 2013 review* Auckland Council proposed changes to its Public Safety and Nuisance Bylaw 2013, which seeks to protect people from nuisance or unsafe behaviours and activities in public places. ARPHS recommended the insertion of a smokefree provision in the bylaw to strengthen existing smokefree policies for Council run events and public transport hubs. ARPHS also recommended that the existing public health purpose of the bylaw be retained.
7 December	*Child and Youth Wellbeing Strategy* A key requirement of the child poverty reduction legislation, passed in 2018, is the creation of New Zealand's first Child and Youth Wellbeing Strategy. It is proposed that the Strategy will provide a framework to drive government policy and action on child wellbeing. ARPHS supported the framework's principles and provided the following considerations: • strengthening the emphasis on Te Tiriti o Waitangi and Te Ao Māori; • increased emphasis on the drivers and determinants of health and wellbeing; • the inclusion of a systems approach; • co-designing the Strategy's indicators with Māori; • inclusion of a strength based approach; • focus on addressing inequities in the justice system; • strengthening of the data collection and information sharing across agencies, to inform service delivery and measurement of the Strategy's effectiveness; • investment in the Māori and Pacific workforce; • the Strategy to come with a full implementation plan to maximise its impact.
13 December	*Submission on the Regional Public Transport Plan* The Regional Public Transport Plan (RPTP) describes the public transport network that Auckland Transport (AT) proposes for the Auckland region, identifies the services that are integral to that network over a 10-year period, and sets out the policies and procedures that apply to those services. Two focus areas in the plan relevant to public health are: • expanding and enhancing the Rapid and Frequent Networks; • improving customer access to public transport (walking, cycling, park and ride) ARPHS supported the actions in the RPTP that create a shift towards public and active transport modes.

20 December	*Submission on Health (Drinking Water) Amendment Bill* The Amendment Bill follows the Government's Havelock North Drinking Water Inquiry – Stage 2 report with the objectives of improving the effectiveness and efficiency of Part 2A of the Health Act 1956, without materially affecting any party or imposing new or additional costs. The proposed amendments will have a direct impact on the operation of Auckland's Drinking Water Assessment Unit (DWAU). ARPHS supported the policy objectives of the Bill noting a number of areas that could be strengthened. *ARPHS also supported the Public Health Clinical Network Submission on Health (Drinking Water) Amendment Bill* In December 2018, ARPHS led the development of a joint submission on the Health (Drinking Water) Amendment Bill, on behalf of the Public Health Clinical Network (PHCN). The PHCN submission supported the policy objectives of the Bill noting that the Bill could be strengthened in a number of areas including strengthening of the provision around Water Safety Plans through management and control of critical points, the provision of an alternative national quality management system, inclusion of an additional section which requires specified self-suppliers to comply with the Drinking Water Standards, and the strengthening of Water Safety Plans implementation and compliance processes.
5 February	*MARPOL Annex VI: treaty to reduce air pollution in ports and harbours* This International Maritime Organisation treaty, Annex VI of the International Convention for the Prevention of Pollution from Ships (MARPOL), regulates emissions that are harmful to public health, deplete the ozone layer and contribute to climate change. This has not been regulated in the past. Sulphur emissions from ships at the Auckland port drift across the central city, and Auckland Council data shows elevated sulphur levels around the port area. ARPHS supported New Zealand's accession to Annex VI.
8 March	*Submission on Watercare Services Limited application: Army Bay Wastewater Treatment Reconsenting Project* Watercare Services Limited are seeking resource consent to discharge contaminants to the Coastal Marine Area in the Whangaparaoa Passage (Tiri Channel) and to discharge contaminants to air from the Army Bay wastewater treatment plant to enable future upgrades of the wastewater treatment plant (and increased capacity required for future growth). ARPHS submitted in support of the reconsenting project and made a number of general comments on effluent quality, volume and impact; treatment plant design and capacity; population pressures and the need to respond; disease transmission risk and prevention; and plant resilience and emergency management risks. ARPHS subsequently met with Watercare representatives to discuss the matters raised in its submission. Additional information was provided by Watercare, including the proposed consent conditions and the draft receiving environment monitoring plan.
11 March	*Submission on Speed Limits Bylaw 2019* ARPHS made a submission in support of the draft bylaw – see item 5 in the report for more information.

Appendix 1: Overview of ARPHS and its role

ARPHS is one of New Zealand's 12 public health unit's (PHU). ARPHS provides regional public health services to people residing in Counties Manukau, Waitematā and Auckland District Health Boards (DHBs) through health protection and promotion, and disease prevention. A key role for ARPHS is provision of regulatory public health services and work to improve population health outcomes for the people of Tamaki Makaurau. ARPHS is funded via a direct contract from the Ministry of Health to ADHB.

ARPHS' vision is Te Ora ō Tāmaki Makaurau. ARPHS' strategic long term outcomes are:

- People are protected from the harm of notifiable infectious disease
- People are protected from the impact of environmental hazard
- People live free from the harms associated with harmful commodities
- The environments in which people live, learn, work and play promote health and wellbeing.

ARPHS strategic priorities include:

1. Reduce the harm of notifiable infectious diseases, in particular:
    - Reduce the spread of Tuberculosis through TB case and contact management
    - Actively manage infectious diseases and pursue an 'up stream' approach to infectious disease prevention
2. Build healthy and resilient environments and communities, in particular:
    - Early identification and active management of enteric diseases
    - Active support and management of waters and wastes
3. Reduce obesity, improve nutrition and physical activity
4. Support Smokefree 2025
5. Enhance surveillance of communicable and non-communicable diseases and risk factors for public health action and reporting
6. Enhance and build stakeholder relationships with organisations and communities to continuously improve public health for Tāmaki Makaurau.

The work of ARPHS

ARPHS' work includes management of notifiable infectious and environmental diseases, including operational management of the regional tuberculosis control programme. ARPHS provides advice and support on actual/potential environmental hazards such as drinking and recreational water quality, air quality, border health protection, and hazardous substances. Much of ARPHS work involves working with other agencies, including work on liquor licensing, smokefree, emergency response, physical activity and nutrition and obesity prevention activities. These other agencies include central government agencies, Auckland Council, non-government organisations and workplaces. ARPHS is also responsible for refugee health screening undertaken at the Māngere Refugee Resettlement Centre.

Intersections between the work of ARPHS and the three Auckland metro DHB

Key points of intersection for ARPHS with DHB activities are interfaces with primary and secondary services in sharing surveillance information, managing communicable disease outbreaks, policy engagement and submissions and improving physical and social environments to support reduced harm from tobacco, alcohol and unhealthy food. For example ARPHS provides the backbone support team for the Healthy Auckland Together (HAT) coalition, of which the three DHBs are partners. The recent measles cases is an example of where strong collaboration between ARPHS and DHBs is critical.

Challenges

A key risk for ARPHS is managing service demands and ongoing financial sustainability. The lack of an annual funding increase for the past four years being applied to the public health appropriation means ARPHS needs to review its ability to manage the day to day demands on the service, as well as operational priorities, whilst responding to reactive work including outbreaks. The ongoing financial uncertainty means ARPHS has been unable to afford to recruit to additional positions to support the public health demands that are experienced with the increase in size and complexity of Auckland's population. This funding uncertainty also leads to challenges in maintaining and upgrading current infrastructure. ARPHS, with the support of ADHB's CEO and CMO, is negotiating a funding increase with the Ministry of Health.

SUBJECT	Measles Cases in Auckland
TO	ADHB Executive Leadership Team – Quarterly Review
REVIEWED BY	Jane McEntee, General Manager, ARPHS
PREPARED BY	Dr William Rainger, Acting Clinical Director, ARPHS Dr Maria Poynter, Senior Medical Officer, ARPHS
DATE	25/03/2019

1. Purpose

The purpose of this paper is to update the ADHB ELT on measles cases notified in the Auckland region, and inform it of the actions the Auckland Regional Public Health Service (ARPHS) is taking.

2. Executive summary

Measles is a serious disease, notifiable under the Health Act 1958. There are currently outbreaks of measles in different parts of the world and in Christchurch. The best protection from measles is immunisation with the combined Measles, Mumps, Rubella vaccine (MMR) – but current coverage levels are lower than the 95% considered necessary to prevent community spread.

As at 25/03/19, 1000 hours, there have been 7 confirmed measles cases in Auckland this calendar year. In 2018 there were 5 confirmed cases in Auckland, all overseas acquired. The 7 cases this year have mainly been overseas acquired but there has been person-to-person in one quarantined family group with 1 confirmed and 2 probable secondary cases to date.

The public health response to sporadic cases is early confirmation and isolation of cases as well as quarantine, advice and treatment of contacts. Provision of information to health services and the public is also a priority. The operational response to measles cases is resource intensive therefore ARPHS has established an internal incident management structure to ensure a coordinated approach.

The current response strategy is to prevent the spread of measles ('stamp it out'). Should an outbreak occur (sustained person-to-person transmission in the community) the strategy would move to focused outbreak control. This would involve ARPHS targeting control activities to those at highest risk of the consequences of illness or highest risk of spreading the disease. Generic advice for self-management of contacts would be provided on-line and via primary care.

3. Background

ARPHS is receiving an increased number of measles notifications. Cases to date indicate most are overseas acquired, usually related to an outbreak in the Philippines. To date there has been one secondary case, and this was in a close household contact. There is also an outbreak in Christchurch. Resources are significantly stretched, with over 600 contacts across four cases, and we are expecting further confirmed cases.

During 2018 there were 5 confirmed cases in Auckland. The last large scale outbreak with sustained person to person transmission outbreak in Auckland was in 2014 with 112 confirmed cases and 26 hospitilised.

As at 25/03/19, 1000 hours:

Confirmed cases YTD = 6
Cases under active management = 6
Probable cases = 2
Cases under investigation = 12
Awaiting Serology = 47
Cases currently hospitalised = 1
Case hospitalised YTD = 4
Current contacts under active management = 909
Current contacts under quarantine = 84
Deaths = 0

4. Current response management

ARPHS' role in the current phase (multiple sporadic cases) is intensive management of cases and contacts to prevent further cases (known as the 'stamp it out' response phase). Key activities include:

- advice to laboratories and clinical services to notify all measles cases on suspicion,
- assessment and management of suspected cases (ie isolation and contact management) according to likely risk of case being confirmed,
- advice on isolation and public health management of confirmed cases,
- advice on quarantine, treatment and management (including immunisation) of contacts,
- advice to facilities such as EDs, ECECs, schools, A&Ms, general practices where cases have been during the infectious period, and
- public information messaging especially in regard to symptoms, advance notice when attending medical facilities and immunisation advice.

The operational response required in this phase is resource intensive therefore ARPHS has established an internal incident management structure to ensure a coordinated approach. Internally staff have been redeployed to the measles response and some business as usual work deferred. Additional staff have been out-sourced. Liaison has been established with clinical services, ADHB emergency management, the three DHBs' Funding and Planning (F&P) teams and the Ministry of Health (MoH). A key aspect to mounting an effective response is clear and coordinated communication to clinical services (for instance around access to vaccine) and to the public (for instance around symptoms and contacting health services in advance of contact to prevent spread).

5. Enhanced outbreak management approach

Current childhood immunisation coverage is known to be lower than the 95% required to prevent outbreaks of measles. In addition it is known that there is a cohort of adults younger than 50 years which has insufficient immunisation coverage (those vaccinated prior to 2 dose MMR being introduced to the immunisation schedule). With outbreaks overseas and in Christchurch we can expect new, introduced cases. Accordingly there are two likely scenarios for how this incident will develop:

- ongoing sporadic cases with occasional localised outbreaks (limited person-to person spread) with a gradual increase in the number of cases, and
- sustained and widespread person-to-person spread with a rapid increase in the number of cases.

Depending on the epidemiological progression outbreak control will have two overlapping phases.

i. Cluster control phase, where the aim is to curtail spread by reducing the average number of secondary cases from each case to less than 1. The limit to this phase is likely to be outbreak epidemiology and number of "community sporadic cases" (where no epilink to known cases is apparent, indicating spread through unknown cases in the community) – as case, contact and community sporadic case numbers rise, higher risk contacts and settings need to take priority.

ii. Management phase, where the aim is to limit spread by providing information on contact management less directly (through personal health care provider and mass communications), improving immunisation coverage. Case finding and contact tracing decrease as ARPHS' resources focus on high risk contacts and working with DHBs to improve immunisation coverage. Primary care services are supported to more directly engage with lower risk contact groups through provision of information (often via the case).

While maintaining the current level of response ARPHS is working with stakeholders (primarily DHB F&P and the MoH) to develop an outbreak strategy with clear triggers for moving from one response phase to another.

6. Conclusion

ARPHS is currently responding to increased notifications of measles. The exact progression of this event cannot be predicted with certainty, but it is most likely that we will see increasing numbers of confirmed cases. While the response is currently in the 'stamp it out' phase with intensive public health follow-up of all cases and contacts, as the event progresses it will likely move to the 'manage it' phase characterised by improving immunisation coverage and public health focussing only on high risk contacts.