



27 September 2019

Dear [REDACTED]

Re: OIA request – memos to staff regarding measles management

Thank you for your Official Information Act request received 12 September seeking the following of Waitematā District Health Board (DHB):

Copies of all internal memos to staff surrounding the management and recording of measles cases within North Shore & Waitakere hospitals in 2019.

In response, we have interpreted your request as relating to internal information provided directly to clinical staff. Please find the relevant information attached as follows:

1. **Measles Tracking Flowchart** - provided to Emergency Department staff and Duty Managers.
2. **Contact Tracing** – presented to and discussed with Charge Nurse Managers.
3. **Notifiable Diseases Policy** – available via our staff intranet.
4. **Patient Triage prevent spread measles poster.**

Please note that internal contact information intended for clinical staff only has been redacted on Page 2 of the Notifiable Diseases policy under 9(2)(c) of the Official Information Act.

You have the right to seek an independent review of any of the decisions taken in providing this response by contacting the Office of the Ombudsman via www.ombudsman.parliament.nz.

I trust that this information meets your requirements. Waitematā DHB, like other agencies across the state sector, supports the open disclosure of information to assist the public's understanding of how we are delivering publicly-funded healthcare.

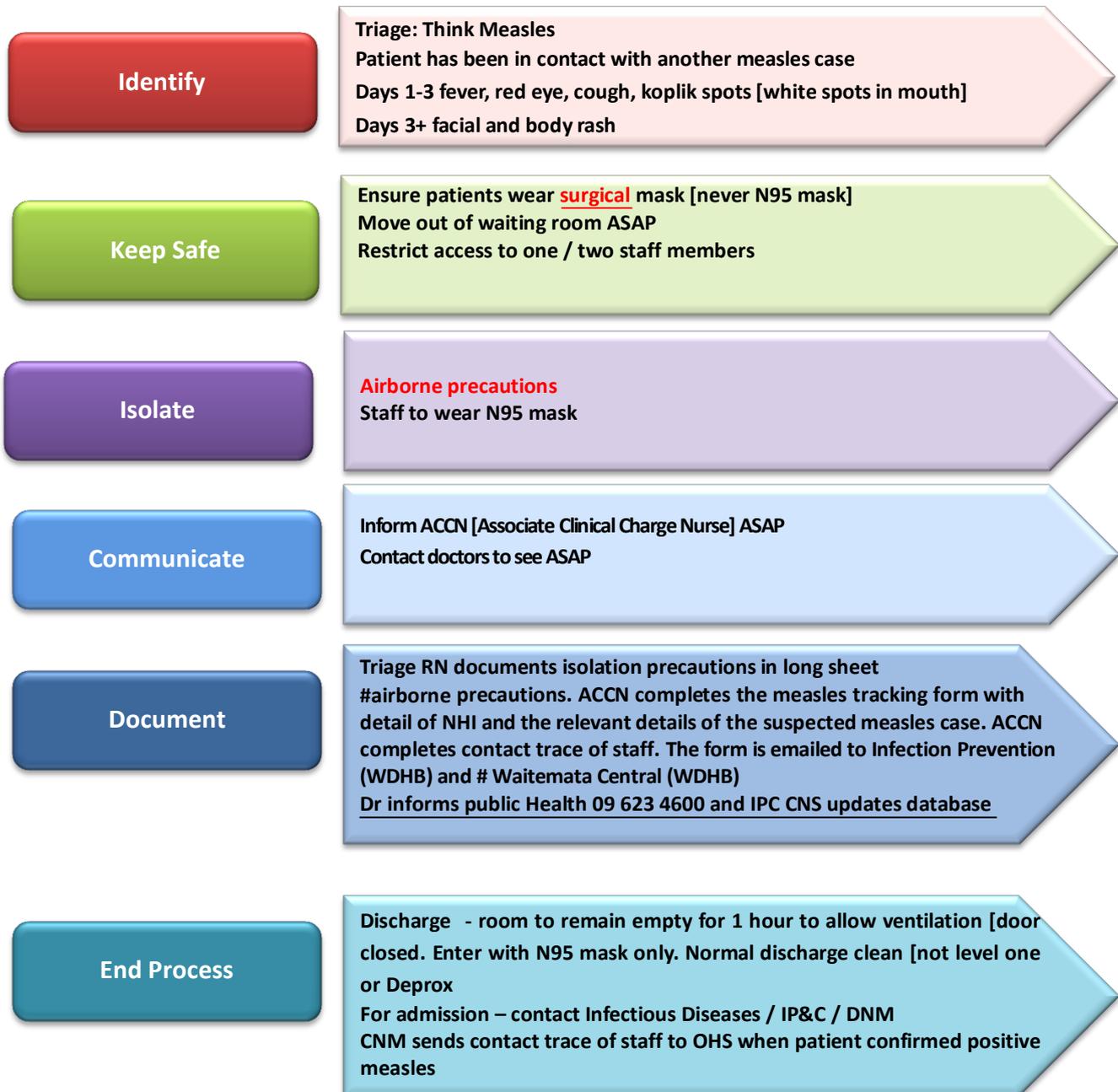
This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released.

If you feel that there are good reasons why your response should not be made publicly available, we will be happy to consider this.

Yours sincerely

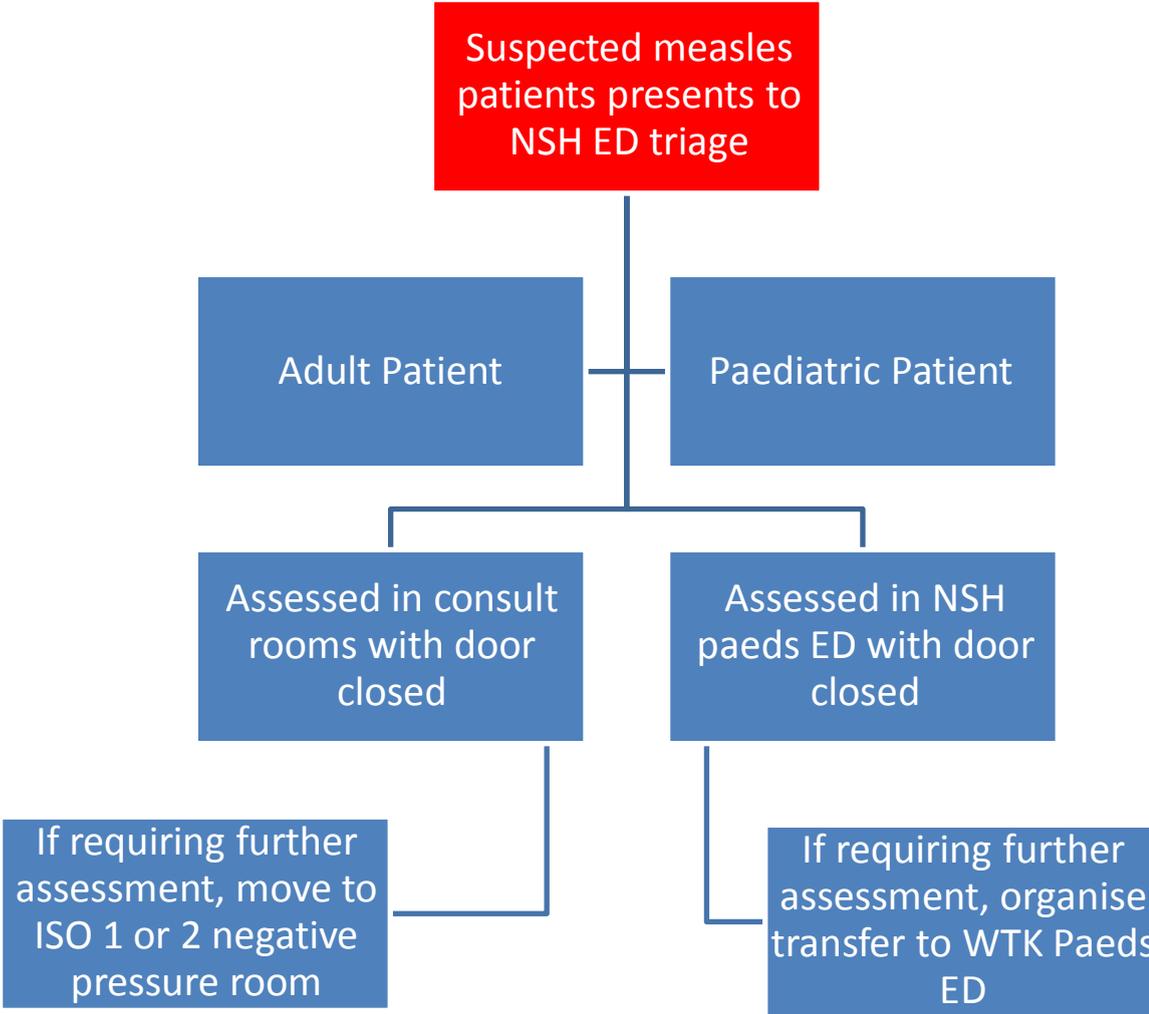
Dr Jocelyn Peach, RGON
Director of Nursing/ Emergency Systems Planner
Waitematā District Health Board

Process for patient with suspected measles presenting at North Shore Hospital Emergency Department V2

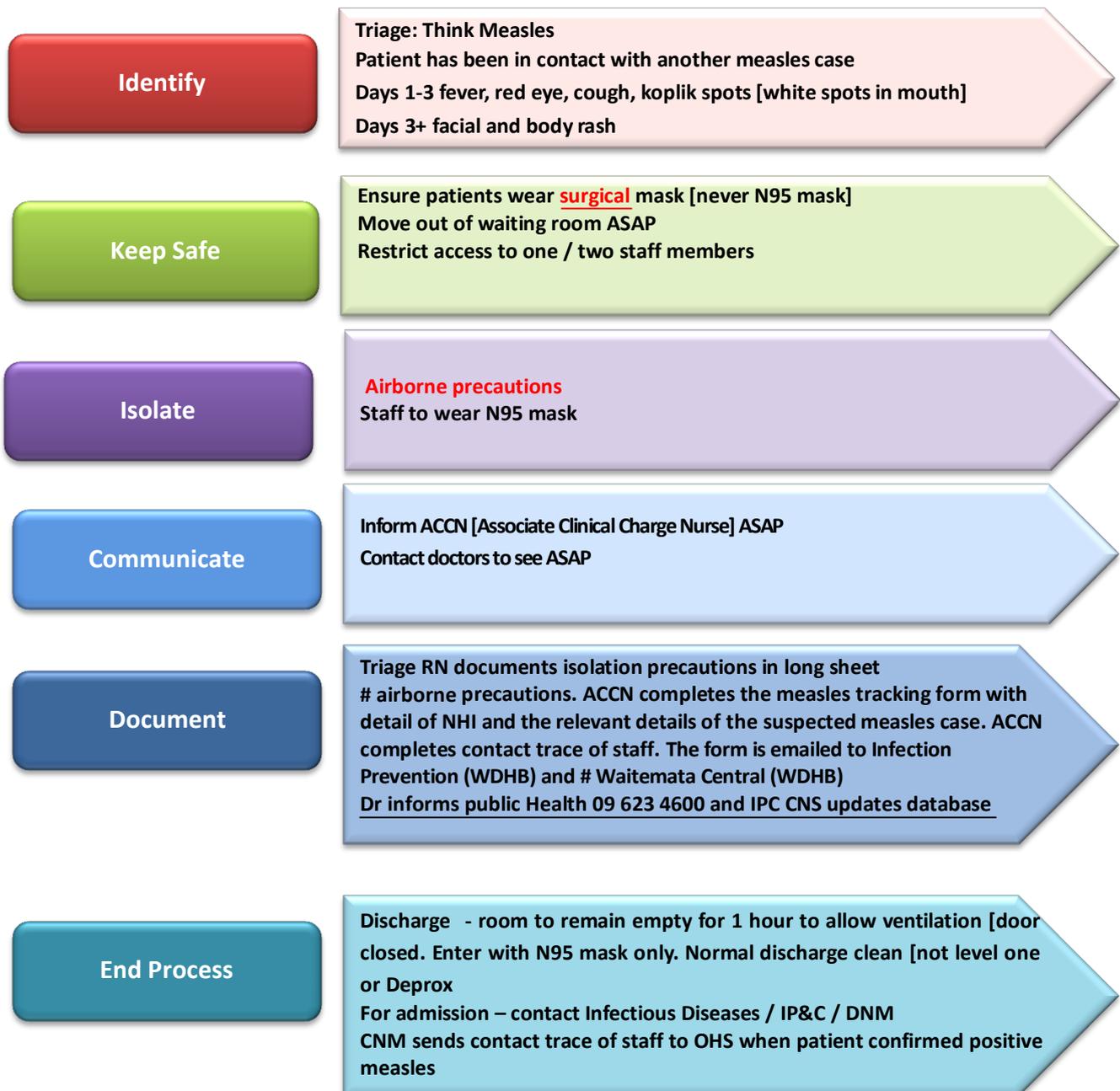


Process for patient with suspected measles presenting at North Shore
Hospital Emergency Department

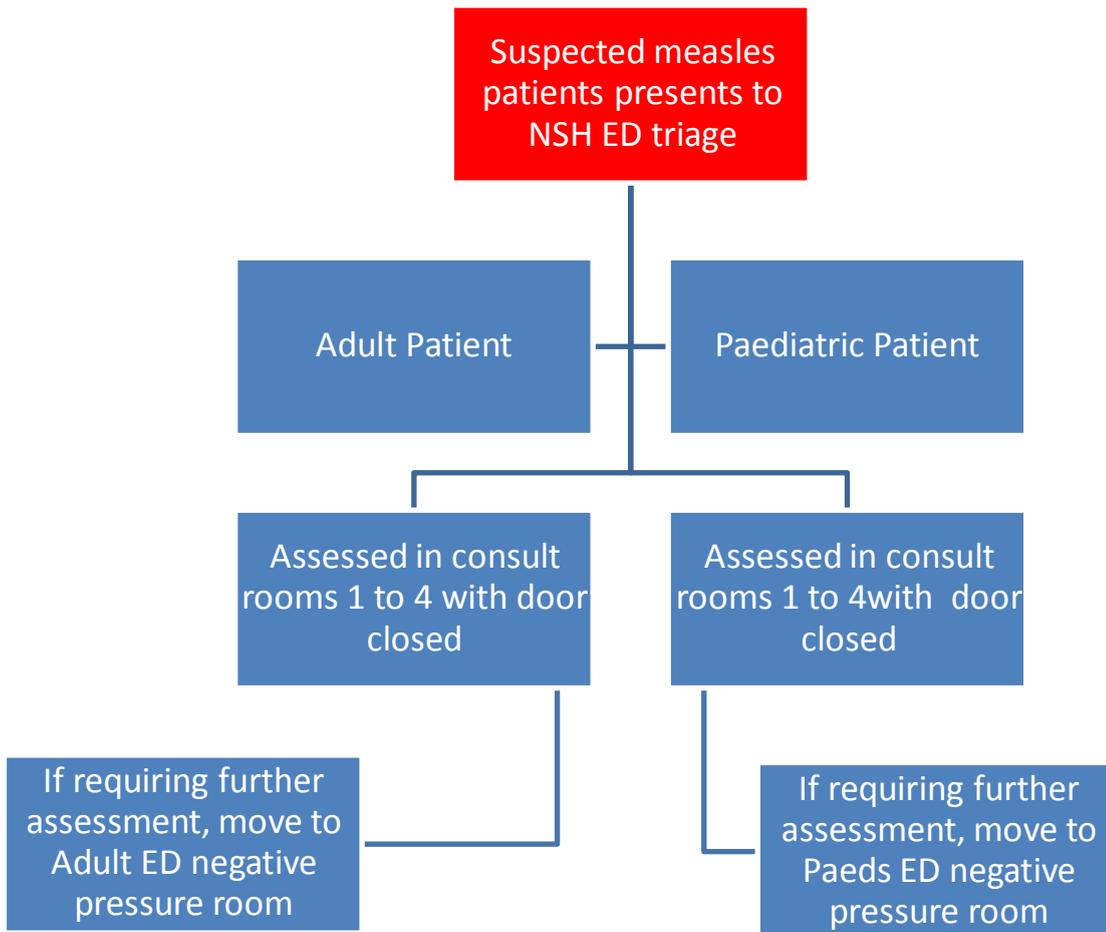
North Shore ED



Process for patient with suspected measles presenting at Waitakere Hospital Emergency Department



**Process for patient with suspected measles presenting at
Waitakere Hospital Emergency Department**



Contact Tracing



Waitemata
District Health Board

Best Care for Everyone

Who is involved?

- Occupational Health & Safety Service (OH&SS)
 - Staff contact Tracing
- Infection Prevention & Control (IP&C)
 - Patient contact tracing
- Auckland Regional Public Health (ARPHS)



Contact Trace Diseases

- Measles
- Meningococcal
- Pertussis (Whooping Cough)
- Mumps
- Tuberculosis (TB)
- Varicella (Chicken Pox)



Process

- IP&C receive notification from ARPHS or from lab to indicate positive index case
- IP&C contact the department involved and send a copy of the Contact Trace form
- Department performs assessment and returns completed form to OH&SS



Completing the Contact Trace

- It is the responsibility of the department/ area manager, or someone to whom they delegate responsibility, to complete the contact trace in a timely manner
- Contact tracing is time sensitive, as depending on the disease involved, staff may need to receive prophylaxis or be stood down from duty



Documentation

Contact Trace Measles Worker Contact List

Worker exposure - definition for close contact.

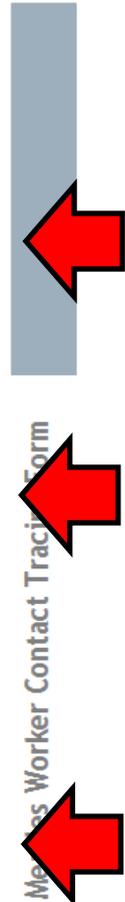
- 5 minutes face to face contact or
- 1 hour in the same room as index case or
- 1 hour in the room after the index case has left the room.
- Immunity status unknown, immune-compromised or pregnant.

Period of communicability

Contagious 5 days before rash appears. Incubation average 8-12 days. The rash usually appears about day 14. (Cannot work depending on contact date from day 5-21 after exposure if no immunity.)

Index Case:		Admission History: (This refers to the patient journey throughout their stay in hospital to include all departments visited. (E.g. X-Ray, gastro, short stay))
NHI:	DOB:	
Ward:		
OH&SS Nurse:		

Staff ID	Name	Ward/ Dept	Phone	<i>To be completed once the 'Exposure Assessment Form' has been completed</i>	
				Close Contact/ Immune-compromised/ Pregnant	Comments / Prophylaxis



Close Contact

Contact Trace Measles Worker Contact List

Worker exposure - definition for close contact.

- 5 minutes face to face contact or
- 1 hour in the same room as index case or
- 1 hour in the room after the index case has left the room.
- Immunity status unknown, immune-compromised or pregnant.

Period of communicability

Contagious 5 days before rash appears. Incubation average 8-12 days. The rash usually appears about day 14. (Cannot work depending on contact date from day 5-21 after exposure if no immunity.)

- OH&SS only need to be notified about staff who have been in close contact with the index case
- OH&SS **DO NOT** require a list of all staff on duty



Index Case Details

Index Case:	MOUSE, Mickey		Admission History: (This refers to the patient journey throughout their stay in hospital to include all departments visited. (E.g. X-Ray, gastro, short stay) Patient was not isolated during his admission to ED 1 st August 2019 @1300- 2 nd August 2019 1100 @ 1100 Please provide name and contact details of staff that had contact with Mickey while he was not isolated on the above date Measles PCR positive on 5th August
NHI:	MOU2512	DOB: 25/12/2000	
Ward:	WTH ED		
OH&SS Nurse:			

- Completed by IP&C (with the exception of OH&SS nurse details)



Staff Information

Staff ID	Name	Ward/ Dept	Phone	<i>To be completed once the 'Exposure Assessment Form' has been completed</i>	
				Close Contact/ Immune-compromised/ Pregnant	Comments / Prophylaxis
12345	Minnie Mouse	WTH ED	09123456	Close	
12346	Donald Duck	WTH ED	09456851	Close	
12789	Marge Simpson	WTH ED	09784511	Pregnant / Close	
12389	Fred <u>Flintsone</u>	WTH ED	09554477	Immune-compromised	
	Barney – don't know their last name		?	likely	
	<u>Lisa ?</u>				AUT Student Nurse

- **ALL** columns to be completed

(with the exception of comments/prophylaxis)

- Highlighted columns are not adequate



Please remember ...

- Contact tracing involves ALL staff in the department/ area
- Any incomplete contact trace forms WILL be returned
- Contact trace forms to be returned in a timely manner
- Staff information will only be accepted on a contact trace form





Notifiable Diseases

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1. Introduction

Health practitioners are required by Section 74 of the Health Act 1956 to report to the medical officer of health any patient they have 'reasonable suspicion' is suffering from a notifiable disease. Notification allows for appropriate public health control measures to be taken to reduce the risk of further spread, for disease surveillance and for monitoring of the effectiveness of control measures.

1.1 Purpose

The purpose of this policy is to outline requirements for notifying specific infectious diseases to the Medical Officer of Health (MOH).

The purpose of disease surveillance notification is to assist the Public Health Service to:

- Identify in a timely way diseases or conditions that may require immediate public health intervention and follow up
- Detect changing patterns or trends in disease occurrence
- Provide assessment and evaluation for control interventions

In response to a notification we may:

- offer disease and infection control advice
- arrange isolation from work, early childhood education, school etc
- organise clearance sampling for cases (people with the disease) or their close contacts.



For Meningococcal disease, suspected and confirmed, contact Public Health immediately, day or night.

1.2 Responsibility

- This procedure applies to the RMO/SMO directly responsible for the patients care and interventions. It also applies to all RMO's, SMO's part time, full time and casual.
- Laboratory staff must also have a mechanism for notifying the MOH of laboratory results that indicate the possibility of a notifiable disease.
- Direct laboratory notification is required in addition to clinical notifications.

1.3 Frequency

As required.

- Check if the disease requires **urgent or non-urgent notification.**

Issued by	Infection Control Executive	Issued Date	September 2019	Classification	013-001-03-007
Authorised by	Director of Nursing & Midwifery	Review Period	36 months	Page	1 of 4

Notifiable Diseases

- Notify these diseases on clinical **suspicion**, before lab confirmation
- Make sure you have relevant case details available when calling
 - Patient's occupation
 - Place of work, school, or preschool
 - Date of illness onset
 - Recent countries visited and date of arrival in New Zealand
 - Whether the patient has been informed that they have a notifiable disease
 - Vaccination status (if relevant)
 - Suspected source of infection (e.g. functions attended).

NOTE: Please ensure you have patient's clinical documentation (including medication charts) with you when notifying the Medical Officer of Health /Public Health.

1.4 Associated Documents

Type	Title
Legislation	<ul style="list-style-type: none"> • Notifiable Diseases under Tuberculosis Act 1948 • Notifiable Infectious Diseases Under the Health Act 1956 • Health and Safety in Employment Act 1992 • Epidemic Preparedness Act 2006
WDHB	<ul style="list-style-type: none"> • Disease Specific Isolation Precautions – Table of Diseases • Hazard Management (Occ Health)
NZ Standards	<ul style="list-style-type: none"> • Health and Disability Services Infection Prevention &Control Standards NZS8134:3:2008

2. Notifiable Diseases in New Zealand (including suspected cases)*

Public Health Telephone [REDACTED] **Ext:** [REDACTED]
Fax [REDACTED]



Meningococcal disease for both suspected and confirmed cases 24hr/day. This is written above ? needs it again???

MOH reviewed 8.4.13 Notifiable Infectious Diseases Under the Health Act 1956

Section A – Infectious Diseases Notifiable to a Medical Officer of Health and Local Authority

Acute gastroenteritis **	Campylobacteriosis
Cholera	Cryptosporidiosis
Giardiasis	Hepatitis A
Legionellosis	Listeriosis
Meningoencephalitis – primary amoebic	Salmonellosis
Shigellosis	Typhoid and paratyphoid fever
Yersiniosis	

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Notifiable Diseases

Section B – Infectious Diseases Notifiable to Medical Officer of Health

Anthrax	Arboviral diseases
Brucellosis	Creutzfeldt-Jakob disease (CJD) and other spongiform encephalopathies
<i>Cronobacter</i> species	Diphtheria
Haemophilus influenzae b	Hepatitis B
Hepatitis C	Hepatitis (viral) not otherwise specified
Hydatid disease	Highly Pathogenic Avian Influenza (including HPAI subtype H5N1)
Invasive pneumococcal disease	Leprosy
Leptospirosis	Malaria
Measles	Middle East Respiratory Syndrome (MERS)
Mumps	<i>Neisseria meningitidis</i> invasive disease
Non-seasonal influenza (capable of being transmitted between human beings)	Pertussis
Plague	Poliomyelitis
Q fever	Rabies and other lyssaviruses
Rheumatic fever	Rickettsial diseases
Rubella	Severe Acute Respiratory Syndrome (SARS)
Tetanus	Tuberculosis (all forms)
Verotoxin-producing or Shiga toxin-producing <i>Escherichia coli</i>	Yellow fever
Viral haemorrhagic fevers	

Section C- Infectious Diseases Notifiable to Medical Officer of Health without Identifying Information of Patient or Deceased Person

Acquired Immunodeficiency Syndrome (AIDS)
Gonorrhoeal infection
Human Immunodeficiency Virus (HIV) infection
Syphilis

Diseases Notifiable to Medical Officer of Health (Other than Notifiable Infectious Diseases)

Notifiable to the Medical Officer of Health

Cysticercosis
Taeniasis
Trichinosis
Decompression sickness
Lead absorption equal to or in excess of 10µg/dl (0.48µ mol/l) ***
Poisoning arising from chemical contamination of the environment

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Notifiable Diseases

Notifiable Diseases Under Tuberculosis Act 1948

Notifiable to the Medical Officer of Health

Tuberculosis (all forms)

- * During times of increased incidence practitioners may be requested to report, with informed consent, to their local Medical Officer of Health cases of communicable diseases not on this list.
- ** Not every case of acute gastroenteritis is necessarily notifiable – only those where there is a suspected common source or from a person in a high risk category (eg, food handler, early childhood service worker, etc) *or* single cases of chemical, bacterial, or toxic food poisoning such as botulism, toxic shellfish poisoning (any type) and disease caused by verocytotoxic *E. coli*.
- *** Blood lead levels to be reported to the Medical Officer of Health (10µg/dl or 0.48µ mol/l) are for environmental exposure. Where occupational exposure is suspected, please notify OSH through the NODS network.

3. Legal Responsibilities

3.1 Communicable diseases not on the listing

Section B is a list of legally Notifiable Diseases. If a communicable disease is not on the list you are required to gain the patient's consent prior to notifying the Medical Officer of Health (MOH).

3.2 Communicable diseases listed

If a communicable disease is on the list, you do not require the patient's consent prior to notifying the MOH. It is important that the Medical Staff inform the patient that they are notifying the MOH and provide rationale for doing so. This is a courtesy that will prevent undue stress when a patient is approached by the Public Health Service.

4. References

1	MOH Notifiable Diseases Publication January 2017
2	Ministry of Health (MOH) 2010 Guidelines for Tuberculosis control in New Zealand 2010

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STOP!

Prevent the spread of
Measles

Do you, or the person you are with, think you have **measles** or have you been in contact with someone who has **measles**?

If so, put on a mask before entering ED and inform the triage nurse immediately on arrival.

“everyone matters”

“with compassion”

“connected”

“better, best, brilliant”



Waitematā
District Health Board
Best Care for Everyone