

Event	Three new measles cases confirmed in the Wairarapa: Be alert for measles in returned overseas travellers
Notified by	Clinical Team, Protection, National Public Health Service (NPHS).
Authorised by	Dr Susan Jack, National Clinical Director, Protection, NPHS.
To	Chief Medical Officers, Hospital Specialists, After-Hours Centres, Emergency Departments, Primary Care providers, Urgent Care providers, Primary Care sector representatives, Pharmacy providers, regional Infection Prevention and Control teams, regional Occupational Health teams, IMAC, NZ College of Midwives, NZ Microbiology Network, Diagnostic Laboratories, HealthPathways, Healthline, Ka Ora, Healthify, NPHS national and regional services, Medical Officers of Health, regional Comms Leads including Hauora Māori & Pacific Health, Office of the Director of Public Health (Manatū Hauora).

Please share this public health advisory with your kaimahi networks for their information.

## Three new measles cases confirmed in the Wairarapa. Be alert for measles in returned travellers.

### Summary

Three measles cases have been identified in the Wairarapa since 7 July 2025. All three cases are connected and are linked to overseas travel. Close contacts for these cases have also been identified, and locations of interest for casual contacts can be found here: [Measles: Locations of interest in Aotearoa New Zealand](#)

The National Public Health Service (NPHS) is asking healthcare professionals to remain vigilant for measles— particularly in individuals who have recently travelled overseas. With travel in and out of Aotearoa New Zealand currently high due to the school holiday period, measles could enter Aotearoa at any time.

Outbreaks of measles are occurring in many countries which New Zealanders travel to frequently. These countries include the US, Canada, the UK and many countries in Europe and Southeast Asia including Vietnam. Australia is also experiencing frequent incursions of measles with some limited local transmission.

Aotearoa remains at very high risk of a large measles outbreak as our childhood vaccination rates are well below the 95% required to prevent outbreaks, and we have significant immunity gaps in adults. Early identification of measles cases enables a rapid public health response and increases our ability to prevent or control an outbreak.

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**Key messages for healthcare professionals**

- Be alert for measles in anyone presenting with measles-like symptoms within 21 days of their return from overseas travel, particularly if they are unvaccinated or have only received one measles vaccine.
- Notify your local public health service immediately of all suspected cases – do not wait for test results. Please check your local [HealthPathways](#) page for details.
- Promote Measles Mumps and Rubella (MMR) vaccination to anyone who is not immune to measles including staff and patients planning to travel overseas. Be aware of potential immunity gaps in adults born between 1969 and 2004.
- Consider offering a dose of MMR 0 for infants aged 4 months to 11 months before overseas travel. These infants will still need two doses of MMR after they have turned 12 months old.
  - See IMAC for further information [www.immune.org.nz/factsheets/mmr-dose-zero-pre-vaccination-screening-tool](http://www.immune.org.nz/factsheets/mmr-dose-zero-pre-vaccination-screening-tool)
- Continue to focus on delivering on-time MMR vaccination of children aged <2 years and any other children who have missed out on MMR.

**Key actions for healthcare professionals****Identify**

- Measles symptoms include fever, cough, coryza, conjunctivitis and rash (fever must be present at time of rash onset). See [Measles | Healthify](#) and [Measles | Info.health](#) for more information.
- Consider measles in anyone with measles-like symptoms, particularly if they confirm recent overseas travel, contact with unwell overseas visitors, or they have visited a location of interest.

**Isolate**

- Ensure patients presenting with fever and rash are given a mask and immediately isolated in a room away from other patients. Keep the door closed.
- Ensure all staff who enter the room are immune to measles and wearing an appropriate mask (ideally fitted sealed N95, but if not available, then medical mask as a minimum).
- After the consultation, leave the room vacant with the door closed for at least an hour (or a timeframe directed by the local IPC team based on air handling).
- Advise all suspected cases to isolate at home until their PCR result is known. If they need to access healthcare while waiting for their result, they should be advised to phone ahead and wear a mask.

**Communicate**

- Notify suspected cases of measles to your local Medical Officer of Health (MOoH).
- See here for [contact details for local public health services](#) and visit your local HealthPathways for local notification processes.
- Discuss patients with a high index of suspicion with the MOoH – this will enable public health services to do a rapid risk assessment to determine if immediate action is required to

prevent an outbreak.

**Test**

- Test all suspected cases of measles by doing a PCR test via a nasopharyngeal or throat swab. Discuss with the on-call clinical microbiologist if you are unsure how to take samples safely.
- Do not send patients to laboratory collection centres for a measles PCR or any other tests if they are showing symptoms consistent with measles infection (fever, rash, with cough/coryza/conjunctivitis).
- Do not take a measles serology sample for diagnosis of a suspected measles case unless specifically advised by the MOoH.
- Mark all samples as URGENT and ensure you include relevant clinical details, travel history, the date of rash onset and known measles vaccination history on the laboratory request form.
- Inform patients they will receive a phone call from the NPHS if their swab test result is positive for measles.

**Prevent**

- Offer the MMR vaccine to anyone without confirmed immunity to measles (if no contraindications). There are no concerns with receiving the MMR vaccine if already immune.
- Offer MMR to people born between 1969 and 2004 (now aged between 21 and 56 years) as due to changes in the Immunisation schedule, many in this group may have only had one MMR vaccine. Also advise anyone intending to travel internationally to ensure they have had two MMR vaccines.
- MMR vaccination is free to anyone aged 18 and under, and adults over the age of 18 who are eligible for free New Zealand healthcare. It is also currently free for RSE workers. There may be a charge when MMRO is given as part of a travel vaccine consultation.
- See the [Immunisation Handbook - Measles](#), [checking measles immunity](#) and [Immunisation Advisory Centre - Measles resources](#) pages for more information.

**Further information**

- [Health Pathways](#)
- [Measles | info.health](#)
- [Measles | Healthify](#)
- Immunisation Advisory Centre – [Measles resources](#)
- Downloadable immunisation collateral for providers about measles is available from the following sources:
  - [Dropbox — National Immunisation Programme - vaccine resources](#)
  - [HealthEd](#)
  - [Bluestar portal](#)