

Measles epidemic spreads from New Zealand to Pacific Islands

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Nearly 3,000 people across the southwestern Pacific, where poverty and poor health are endemic, have so far fallen victim to an outbreak of measles, a highly contagious and life-threatening disease.

New Zealand is in the midst of its worst outbreak in 20 years, with 2,014 notified cases from January until November 8. Of these, 1,631 are in the Auckland region, with over two-thirds in the economically-deprived suburbs of South Auckland. Some babies admitted to hospital have almost died and two pregnant women lost their unborn children due to complications related to the disease.

In late September, children were reportedly being turned away from pop-up clinics and GP (general practitioner) offices due to a shortage of vaccines. Papakura GP Jacqueline Allan criticised health officials on Radio NZ for poor planning, saying many practices could not meet vaccination targets because of a nurse shortage. As an emergency measure, the Labour-led government has now authorised 450 pharmacies nationwide to administer the vaccine.

With New Zealand's population just five million, the measles outbreak ranks among the worst in the developed world. As of September, the measles infection rates were the second-highest in the western Pacific at 152.4 per million, with only the Philippines higher at 612.1 per million. New Zealand's total has surpassed the 1,250 cases in the US from January to October 3, 2019 as reported by the Centers for Disease Control and Prevention.

In an unimmunised population the infection spreads rapidly. A single case can infect a further 12 to 18 others. The only way to prevent that is to have at least 95 percent of the population immunised. Measles also does ongoing damage to the immune system, with children particularly vulnerable to consequent

infections and severe illnesses.

In September, the New Zealand ministry of health warned that the "most vulnerable" were missing out on vaccinations. These included children under 4 years of age, those aged 15–29 years, and Pacific Islanders in NZ. While previous outbreaks saw hospitalisation rates of 10 percent they are currently up to 40 percent. More than half of children aged 4 and under with measles have been hospitalised.

Some hospital staff are catching measles at work, with at least 20 people working at five District Health Boards (DHBs) infected. At one point, the virus was being transmitted inside Christchurch Hospital. Seven Counties Manukau staff in south Auckland have been infected.

The outbreak is another indictment of the Labour-NZ First-Green Party government, which has amassed a budget surplus of \$ NZ7.5 billion while starving essential public services of funds. In August, a budget blow-out across the 20 DHBs left all but one in the red with a total deficit set to top \$508 million. According to the Association of Salaried Medical Specialists, an extra \$2.5 billion is urgently needed to restore the value of funding to that of 2009.

The measles crisis was entirely preventable. The Immunisation Advisory Centre emphasised that scientists had been predicting outbreaks "for years" but requests for a campaign to plug immunisation gaps were ignored. The National Verification Committee for Measles and Rubella Elimination warned in mid-2018 that without "a systematic, programmatic approach," immunity gaps would not close and the risk of measles, mumps and rubella (MMR) remained high. Yet funding for immunisation awareness initiatives was reduced between 2012 and 2019.

The Ministry of Health warned in August that "the

current situation in New Zealand could become a threat for other countries in the Pacific region.” This has proved to be the case. Dr Helen Petousis-Harris, an immunologist at Auckland University, told Radio NZ on November 1 she was furious that New Zealand had “exported” measles to Samoa.

Samoa’s government declared a measles epidemic in mid-October. As of November 7, the number of suspected cases had reached 513 and was expected to keep rising. Three babies and an adult are now thought to have died from the disease. Seven people were hospitalised from the recent batch of cases. An early case is understood to have resulted from contact with an Auckland attending a church conference in Samoa, not realising he had the illness.

Last month Samoa’s health ministry urged New Zealand to control the rampant outbreak before it made things worse. Petousis-Harris said given New Zealand’s direct responsibility for the 1918 influenza epidemic reaching Samoa, which wiped out 22 percent of the population, the country should have done more to protect Samoa. “It was inevitable that we would export this to Samoa... [It] is well known that they have very low levels of immunity there,” she said.

Successive New Zealand governments had failed their closest neighbour, Petousis-Harris added. “We’ve had 20 years to do something about this. This is something we could have done a lot better on.” Her comments underscore the total indifference and contempt with which the local imperialist powers, Australia and New Zealand, treat the impoverished populations of the Pacific. Samoa was an NZ colony from 1914–1962.

Samoaans are flocking to hospitals and clinics for vaccination. Following last year’s MMR vaccine crisis, in which two infants died, immunity levels have plummeted to 30 percent. Two senior nurses were sentenced in August to five years imprisonment after pleading guilty to negligence causing manslaughter. They administered doses of vaccine incorrectly mixed with another substance. Prosecutors had not sought prison terms for the nurses, an indication they were likely scapegoated.

The Samoa head of public health, Robert Thomsen, said New Zealand had been asked for medical supplies and for nurses who were competent to vaccinate and had experience caring for children. The government has

closed all pre-schools as a precaution while primary and high schools will be closed this month after exams.

Tonga now has a measles outbreak after 13 high school rugby players contracted the virus on a trip to Auckland. The tiny kingdom has 107 suspected cases as of the beginning of this month, but the government claims the outbreak has peaked. Three people have been hospitalised. The outbreak spread to Tonga even though the country previously achieved immunity to measles with over 95 percent vaccination rates.

On November 7, the Fiji ministry of health declared a measles outbreak in the Serua and Namosi areas. Authorities said there were two confirmed cases and two suspected cases at the Wailali Settlement in Wainadoi. One person was in hospital. The outbreak occurred despite an earlier decision to make measles vaccines free.

The Solomon Islands health ministry is moving to vaccinate 90,000 children. Vaccination posts will be set up in towns and villages, with parents encouraged to bring children aged between six months and five years for injections. The Solomons are highly vulnerable, with an outbreak in 2009 killing nine people and affecting more than 4,000.

Authorities in New Caledonia are also on alert after a member of the Tongan futsal team was diagnosed with measles during a tournament in New Zealand. The remainder of the team was travelling on to New Caledonia from Auckland.

UNICEF Pacific warned in late October that while island governments were being “aggressive” in their attempts to limit the virus’s impact, the outbreaks were not yet under control. A representative for the UN children’s agency, Sheldon Yett, said the spread of measles across the region was a “very dynamic” situation. “Diseases don’t know borders,” Yett noted.



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