
Event	Two new measles cases confirmed in Auckland linked to international travel
Notified by	Clinical Team, Protection, NPHS
Authorised by	Dr Susan Jack, National Clinical Director, Protection, NPHS
To	Chief Medical Officers of Health, Hospital Specialists, After-Hours Centres, Emergency Departments, Primary Care Providers, Urgent Care providers, Pharmacists, Regional Infection Prevention and Control teams, Regional Occupational Health teams, Immunisation coordinators, HealthPathways, Healthline, Ka Ora, HealthEd, 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), PHF-Science.

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Summary

Two measles cases have been confirmed in Auckland on 23 February, linked to overseas travel. Both cases are from the same household.

Locations of interest include international flight SQ281 from Singapore to Auckland on 17.02.2026, Auckland International Airport, and Waitakere Emergency Department. Advice for anyone at these locations is published [here](#).

Contacts are likely to be distributed across the country. Please be alert to people presenting with measles symptoms.

Key messages for healthcare professionals

- Be alert for people presenting with measles symptoms, particularly if they have been present at [Measles locations of interest](#) or have returned from overseas in the last 21 days.
- Healthcare settings are considered high risk for the transmission of measles – wherever possible, triage and review people with measles-like symptoms through a **red stream**.
- Test anyone presenting with compatible symptoms with a nasopharyngeal PCR swab. **Do not send anyone with suspected measles to a community testing facility** for any tests.
- Notify your local Medical Officer of Health of all suspected cases. Do not wait for test results. Contact them **urgently** as per your usual notification process if there is a high index of suspicion for measles (see criteria below).
- Advise anyone that has been tested for measles to **isolate at home** until their results are known – public health will contact them if they have a positive test result. If measles is not detected, their healthcare provider should inform them and advise that they can leave isolation.

Key actions for healthcare professionals

Triage

- Minimise the risk of measles exposure in primary care by displaying measles alert messages and supplying masks at entrances and in waiting rooms. Measles alert resources are available on [Health Ed](#).
- Wherever possible, triage and review people with measles-like symptoms (including respiratory symptoms) through a red stream. Triage anyone, including anyone arriving from overseas, with a febrile illness as potentially infectious.

Identify

- Remain vigilant for anyone with measles symptoms, including a **runny nose, fever, cough, sore watery pink eyes (conjunctivitis) and a rash** that develops a few days after fever. Fever (>38°C) is still present at the time of rash onset.
- Prioritise assessment of possible measles in anyone who was at a [Measles locations of interest](#) (including those classified as casual contacts) or who has recently been overseas.
- Note that people who have received one or two MMR vaccines or are presumed immune due to age (born and lived in Aotearoa before 1969) may present with modified and attenuated clinical symptoms compared to unvaccinated individuals.

Isolate

- If measles is suspected, provide a medical mask, isolate the patient immediately and keep the door closed.
- Ensure all staff who enter the room are immune to measles and wearing a fitted seal check N95/P2 face mask (if not available then a medical mask as a minimum).
- After the consultation, leave the room vacant with the door closed and windows open where possible for at least an hour.
- Advise any patients with suspected measles to go **directly home and isolate** without stopping on the way (e.g. at a pharmacy or supermarket)
 - If the test confirms measles, public health will contact the case.
 - If measles is not detected, the person's health provider should inform them of this negative result and release them from isolation.
- Community pharmacies should advise people presenting any measles-like symptoms to go directly home and to Healthline or their healthcare provider for advice.

Test

- Test all suspected cases of measles using a nasopharyngeal (preferred) or throat swab PCR for measles and include relevant clinical details, travel history, the date of rash onset and known measles vaccination history on the laboratory request form see [Health Pathways](#) for guidance.
- **Do not** send patients to laboratory collection centres for any other tests if they have any measles symptoms.
- Inform patients they will receive a phone call from the National Public Health Service if their swab tests positive for measles and they will be asked about their movements, contact with others, and vaccination history.

Notify

- Notify your local Medical Officer of Health **urgently** as per your usual notification process for urgent referrals (i.e. by eReferral for Northern region, and phone call for all other regions) of anyone for whom you have a high index of suspicion for measles. This is someone who has a clinically compatible illness and **at least one** of the following:
 - Is not immune, partially vaccinated, or has unknown immunity to measles.
 - Is a known contact of a measles case or has had contact with someone with measles-like symptoms?
 - Was present at a [Measles locations of interest](#)
 - Has travelled overseas or has had contact with overseas travellers.
- See here for [contact details for local public health services](#).

Prevent

- Ensure primary care and pharmacy staff (including non-clinical and admin) have [evidence of immunity to measles](#). Please note that MMR doses given prior to 12 months (MMR0) such as in overseas schedules are not considered sufficient evidence of long-term immunity.
- Staff without documented MMR2 will be excluded from working in a healthcare setting for an extended period (from day 5 after their first exposure to someone with measles to 21 days after their last exposure)
- MMR vaccination is free to anyone aged under 18, regardless of immigration status. Those who are 18 years and over and are not [eligible for free healthcare](#) in New Zealand, may access free MMR vaccination during an outbreak (further information is available [here](#)). Check your local [Health Pathways](#) for more local information.
- See the [Immunisation Handbook - Measles](#), and [Immunisation Advisory Centre - Measles resources](#) pages for more information.
- Guidance for preparing your clinic and managing suspected measles cases can be found [here](#).

Further information

Information sheet to share with patients if you suspect measles – [Measles - Information for people who may have measles \(suspected\)](#) or via QR code: [Measles information for people with suspected measles - QR code](#)

[Measles | Info.health](#)

[Measles | Healthify](#)