

31 March 2020



Re **Official Information Request – Measles epidemic data and costs**

I refer to your official information request dated 27 February 2020 requesting the following information.

I am requesting the following information under the Official Information Act:

1. **The total cost to the DHB from the measles epidemic, between January 1 and December 31, 2019, broken down by the reasons for the costs**

Measles Outbreak Costs 1st January 2019 to 31st December 2019	
	Total
Auckland Regional Public Health Service	
Employment cost	841,359
Petty cash payments for meals, transport and parking	1,947
Travel and Accommodation	4,573
Bureau Nursing Charges	168,707
Contractors cost	176,455
Total	1,193,041

NHCC cost	
Salaries for ADHB employees NHCC	85,256
Catering	1,870
Postage	79
Printing and photocopy	3,246
Total	90,450
Hospitalisation	
WIES (use revenue as cost estimate)	890,929
ED Attendance (use revenue as cost estimate)	32,600
Total	923,529
Lab Plus	
Anti Measles IgG	86,697
Measles RNA PCR	528,443
Staff Overtime	12,600
Total	627,740
Other Provider Costs	
Staff costs to manage response	24,628
Clinical supplies - infection control in hospital / PPE	26,644
IVIg	121,824
Additional staff for patient unable to leave negative pressure room	5,383
Total	178,479
TOTAL	3,013,239

2. The total number of measles-related presentations between January 1 and December 31, 2019, broken down by month
3. The total number of measles-related admissions between January 1 and December 31, 2019, broken down by month
4. The total number of measles-related ICU admissions and average bed days in ICU between January 1 and December 31, 2019, broken down by month
5. The total of bed days recorded by the DHB due to measles-related illness, broken down by month.

The measles outbreak began in metro Auckland with the first case on the 22 February 2019.

Table 1 provides a breakdown of the number of cases by calendar month for 2019 as context.

Auckland Regional Public Health Service (ARPHS) is responsible for public health unit activities across the Auckland metro region which includes Auckland DHB, Waitematā DHB and Counties Manukau DHB. As the outbreak moved into *manage it* phase, a metro Auckland Incident Management Team (IMT) was established.

Table 2 provides the data for questions 2-5 for each of the three metro Auckland DHBs. Please note that this data was generated for a specific requested report, and it has not been updated with December data because of the amount of time required to do so and the available resource presently directed at the COVID-19 response. The *Hospitalisations and Complications* report released on 1 October 2019 will be updated with all available data after the end of the outbreak is declared.

The data in **Table 2** may differ from previous reports as it is presented by DHB of service (hospital facility) rather than numbers or rates by DHB of domicile (where people live).

The data for **Question 2** is provided as total ED presentations. Please note that this includes all ED presentations, of both under and over 3 hours duration that relate to those cases confirmed as having measles (notified cases). ED presentations under 3 hours are not coded, so there is a small possibility that these ED presentations were not measles related.

In relation to **Question 3**, admissions data is provided, please note that this includes patients already counted under ED admissions.

For **Question 4**, the data provided is ICU hours rather than admissions as this better reflects the utilisation of ICU in the outbreak. The actual number of admissions to ICU and bed days (stays of more than 24 hours) is very small. Therefore, data on ICU hours has been provided as this gives a more accurate picture of the ICU resources used. Total bed days and average bed days are provided.

Table 1. Cases of measles in metro Auckland 2019 by month

Month	Measles cases (confirmed / probable)
January	0
February	1
March	11
April	23
May	47

June	67
July	157
August	508
September	547
October	257
November	110
December	27
Total	1,755

Table 2. Ed presentations, admissions, total bed days, total ICU hours and average bed days for measles cases for metro Auckland hospitals between March – November 2019; by DHB of service.

Month	Total ED presentations (with and without admission)	Admissions (also counted under ED presentations)	Total bed days	Total ICU hours	Average bed days per admission
Auckland DHB facilities (Auckland City Hospital and Starship)					
March	3	2	14	35	6.9
April	3	1	3		3.3
May	2	2	7		3.5
June	4	2	3		1.4
July	11	10	48	294	4.8
August	44	30	117	306	3.9
September	73	52	118	219	2.3
October	19	9	36	355	3.9
November	16	6	9		1.5
Total	175	114	355	1,209	3.1
Waitematā DHB facilities (North Shore and Waitakere Hospitals)					
March	4	3	6	-	2.0
April	23	16	59	-	3.7
May	23	14	35	-	2.5
June	16	11	24	-	2.2
July	28	14	23	-	1.6
August	47	26	74	-	2.8
September	36	13	24	116	1.8
October	14	10	23	-	2.3
November	16	11	17	-	1.5
Total	207	118	285	116	2.4
Counties Manukau DHB facilities (Middlemore Hospital)					
March	-	-	-	-	
April	1	1	7	-	7.0
May	4	4	3	-	0.8
June	34	20	40	-	2.0
July	74	45	109	-	2.4
August	227	124	224	136	1.8

Month	Total ED presentations (with and without admission)	Admissions (also counted under ED presentations)	Total bed days	Total ICU hours	Average bed days per admission
September	193	103	209	50	2.0
October	93	56	99	-	1.8
November	41	13	28	-	2.2
Total	667	366	719	186	2.0

Please note that this data was generated for a specific requested report. We have been unable to update this table with the data from December as this would require substantial collation and research under section 18(f) in the context of Auckland DHB needing to divert resources to the COVID-19 response.

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

