

2023 Measles Campaign

Direct Channels Campaign Brief – response to reported measles case

February 2023

Version Control

Version	Date	Author	Notes
0.1	14 Feb	[REDACTED]	Initial draft for stakeholder circulation and feedback.
0.2	16 Feb	[REDACTED]	Updated inclusive of Strategic Comms feedback and corrections.
0.3	21 Feb	[REDACTED]	Updated inclusive of revised send approach (two sends consecutive weeks) that exclude communities impacted by Cyclone Gabrielle from the first send. Revised send dates. Confirmed targeting – inclusions and exclusions.
0.4	23 Feb	[REDACTED]	Updated to include updated timings and final approved copy.
0.5	27 Feb	[REDACTED]	Discussion to agree outreach management via: Whakarongorau, District-own call centre and Whānau Ora Commissioning Agency for Māori.
0.6	28 Feb	[REDACTED]	Revert back to 0.4 version – WOCA will not be completing outreach.

Background and Context

Following confirmation of a measles case in Auckland, new key messages have been developed to inform and support outbreak response and increasing MMR uptake, particularly in the affected areas of Auckland, Bay of Plenty and Waikato.

The MMR vaccine is free for every citizen and resident in New Zealand born from 1 January 1969 onwards, to ensure that people without natural immunity are able to access protection. Two doses are needed for full protection, with the first now scheduled to be given at 12 months and the second at 15 months.

Since the introduction of vaccination for measles, the vaccination schedule has changed a number of times. Due to this, there are several age cohorts who were caught in the middle of changes who may be lacking protection.

Exacerbating this, prior to the recent launch of the Aotearoa Immunisation Register there was no centralised national system for recording immunisation, with individual vaccination records held by the family GP and potentially noted in Plunket/Well Child Tamariki Ora books. People who have moved to New Zealand from other countries may also not have easily accessible vaccination records.

Since the beginning of the COVID-19 pandemic, uptake for the second dose has dropped, for a variety of reasons, including primary care capacity, change in focus, lack of willingness to attend primary care due to perceived risk, and vaccination fatigue.

Purpose of this document

This brief details the proposed campaign activity across direct channels including email, SMS and outreach calls.

It includes objectives, audience selection (and exclusions), timelines, stakeholders and copy.

Scope of this brief

In scope

- Direct channels campaign via CPIR and Whakarongorau to agreed audience and locations – including email, SMS and outreach calls.
- Reference to district/region led activity to align to NIP Comms lead activity.

Out of scope

- Specific district/region lead activity via their own channels
- Outbreak response communications
- All other marketing channels will be covered in a separate plan

Objectives

Overall Programme Objectives

1. Raise population immunity and prevent possible outbreak of measles
2. Vaccinate 95 percent of the population against measles
3. Deliver a catch-up campaign for those born between 1989 and 2004
4. Address the equity gap in MMR rates for Māori and Pacific people.

Direct Marketing Campaign Objectives

- Raise awareness to a selected audience within areas of Northland, Auckland, Waikato, Bay of Plenty born between 1989-2004 who may have missed their childhood measles immunisation
- Make it easy for this cohort to understand the risks of measles and why it is so important to get fully immunised against the measles
- Direct these people (and their children) to get their measles vaccination at their doctor, health provider or selected pharmacies
- Deliver messages and information that resonates (with particular focus on Māori and Pacific people) and in a way that is easily understood
- Achieve an engagement rate in line with average open and delivery rates of other immunisation direct programmes - ~40% open rate
- Achieve 1% uptake rate of vaccinated to those contacted. Assess uptake of vaccines by additional people residing at the same address (e.g. children).

Direct messaging is one part of the overall communications and engagement plans across Te Whatu Ora. Following initial ‘national’ awareness comms, regional and partner driven activity (e.g. alignment to local events, follow up activity) will reinforce messages and help support localised vaccination uptake.

Campaign Approach and Detail

- **Email, SMS and outreach calls are selected channels for this campaign.**
Due to the amount of information needed to communicate with this audience, email is the most appropriate channel to lead with. It is recommended to follow with an outbound call to those contactable commencing at least 2 days following the email send. 1 week following, an SMS reminder message may be sent to non-responders.
 - Te Whatu Ora NIP Campaign team will lead with email (or SMS where no email address) for all regions.
- Outreach call programme
 - Bay of Plenty will complete its own outreach calls using its own call centre team and develop own SMS messaging to target 1969 to 1988 cohort as well as unenrolled population.
 - Whakarongorau (via Te Whatu Ora NIP team) will manage outreach for Auckland, Waikato (and Northland when communicated to).
 - Te Whatu Ora NIP Campaign team will complete email and SMS activity for Northland.
 - Data files to be extracted for each region/call centre as described above.

The channel management matrix outlines who is managing each aspect of the campaign by region.

Region/Channel	Waikato	Bay of Plenty	Auckland Metro	Northland (send 2)

Email	NIP to manage	NIP to manage	NIP to manage	NIP to manage
Outreach calls	<ul style="list-style-type: none"> NIP / Whakarongora u to manage all cohorts 	<ul style="list-style-type: none"> Bay of Plenty district to manage all cohorts 	<ul style="list-style-type: none"> NIP / Whakarongora u to manage all cohorts 	<ul style="list-style-type: none"> NIP / Whakarongora u to manage all cohorts.
SMS (follow up)	NIP to manage	Bay of Plenty to manage	NIP to manage	NIP to manage

- Cyclone Gabrielle has impacted many areas within our 4 target regions, therefore three send dates are confirmed where impacted locations whose priority will be on recovery, will be excluded from the first two sends. A follow up campaign will be deployed from 9 March that includes those areas excluded.
- Where no email address exists, an SMS will be sent.
- The send address (email domain) and 'signatory' for this campaign is Te Whatu Ora.
- The call to action will direct people to participating pharmacies, or their GP or health provider. For more information, people may click the link included that will land at the measles page at www.moh.govt.nz/measles. Alternatively, people may call Healthline on 0800 611 116.
- The template will include the existing header banner created in 2022 – specs 800 pixel wide (high resolution) and image to connect the audience with the communication. Banners and images have already been set up to be hosted. Alt text will to be set up for image.
- URL links to be provided and tested once call to action criteria is confirmed.
- Please include the following stakeholders as a seed group to receive the email:
 - [Redacted]
 - [Redacted]

Approved Key Messages

Note: key messages are not email/SMS copy – please do not change.

- New Zealanders should ensure they are fully protected against measles following a confirmed case of the highly infectious disease in Aotearoa.
- Any person born during or since 1969 and who does not have documented evidence of receiving two doses of a measles vaccine and has not had measles previously is at risk.

- Unvaccinated infants are at particularly high risk of serious illness from measles.
- Measles spreads more easily than almost any other disease, and can cause serious illness including pneumonia, brain infection and death.
- MMR is given as two doses. If you're not sure that you've had two doses, play it safe and get vaccinated. There are no safety concerns with having an extra dose.
- MMR vaccines are free for everyone born after 1 January 1969. Visit your local pharmacy or call your doctor or health provider today.
- Two doses of the MMR vaccine provide lifelong protection against measles in 99 out of 100 vaccinated people.

Supporting messages

- The MMR vaccine protects against measles, mumps and rubella. All three can be very serious illnesses.
- If you have been exposed to measles, getting the MMR vaccine within 72 hours can prevent you from getting the disease.

Supporting messages – rangatahi and adults

- Measles, Mumps and Rubella can affect your chances of getting pregnant or having a healthy baby
 - Measles can increase the risk of miscarriage and premature labour
 - Mumps can affect fertility for both men and women
 - Rubella can increase the risk of major birth defects
- These days two MMR vaccinations are given to you as a child but people born before 2004 may have missed having one or both doses.
- We're encouraging everyone born before 2004 to check with a parent, caregiver or family doctor to see whether you had both MMR vaccinations as a child.
- If you're not sure that you've had two doses, play it safe and get vaccinated. MMR vaccines are free at your GP, other local health providers and many pharmacies. There are no safety concerns with having an extra dose.

Target Audience (people we will contact)

- Eligible and registered people born between 1 January 1989 and 31 December 2004 inclusive, who are eligible for free healthcare in New Zealand
- Target domiciles: Northland, Auckland, Waikato, Bay of Plenty.
- Send 1: Weds 22 Feb: Auckland, Waikato, Bay of Plenty – Māori and Pacific people (128k) (Specified locations will be removed as detailed in exclusions section)
- Send 2: Fri 24 Feb: Auckland, Waikato, Bay of Plenty – all other groups (approx. 338k)
- Send 3: From Thurs 9 March: Northland, Coromandel and additional areas that were excluded from send 1
- Must have a valid email address, or phone number. Where no email address exists, mobile phone number will be used to send SMS.
- Outreach calls will follow email (or SMS) commencing **at least** 2 days following the email send. SMS to be sent to non-responders **at least** 1 week following initial contact.
- Where no email or mobile phone exists, include landlines in outreach programme.

- Daily data feeds accessed by Whakarongorau/or regions who will complete their own call programme, to remove those people who have responded and ensure they do not receive a call.

Total eligible people (exclusions not applied).

	Asian	Maori	Other	Pacific Peoples	Unknown	Grand Total
Auckland	37,110	8,967	53,734	12,233	1,061	113,105
Bay of Plenty	5,056	11,732	24,199	1,029	77	42,093
Counties Manukau	33,294	16,058	26,732	29,828	422	106,334
Northland	1,464	11,548	13,154	687	48	26,901
Waikato	10,625	19,940	42,195	3,006	552	76,318
Waitemata	29,869	11,193	57,595	9,441	478	108,576
Grand Total	117,418	79,438	217,609	56,224	2,638	473,327

Exclusion criteria (to remove from the data extract)

- Send 1 and 2: All of Coromandel, All Northland, Kaipara, Hauraki, and all Western Beaches of Auckland
- Send 3: All individuals included in send 1 and send 2
- People who have had two doses recorded
- Deceased people
- Invalid contact details
- Email addresses that have 'bounced' from other email campaigns
- Opted out of all communications
- Opted out of receiving messages via email or SMS channel
- Anyone born before 1989 or after 2004
- Has a Medical Exemption
- Other reasons i.e. The Cold Chain Failure in the Southern DHB
- Any person who has received an email/SMS/outbound call from Te Whatu Ora within the last 7 days (starting at day 0)
- Remove people where the same email address is being used by more than 3 people
- Remove people where the same mobile number is used by more than one person i.e. if two people are linked to same mobile neither will be sent an SMS
- Individuals residing outside of New Zealand / addresses outside of NZ.

Campaign Measurement

- The campaign will be measured by uptake of vaccinations and assessment of channel engagement metrics (open rate, click rate, delivery rate, unsubscribe rate), plus any anecdotal feedback captured through Healthline or via external partners
- Tracking links to be included on URLs to assess traffic via google analytics
- Assessment of uptake from people residing at the same address as primary contact (to assess if children were vaccinated at the same time)
- Kim Rousell, Direct Marketing Lead will circulate results. All requests for information should go to Kim Rousell to coordinate across stakeholders.

Timings

Task	Date	Completed	Responsible
Circulate brief	Thurs 16 Feb	✓	[REDACTED]
Stakeholders complete review of brief. Confirm key information including audience selection, call to action and delivery date. Kim to update brief as feedback received.	Mon 20 Feb	✓	[REDACTED]
Brief Whakarongorau, update scripts and FAQs	Fri 17 Feb	✓	[REDACTED]
Drafted email copy circulated and approved by Comms stakeholders	Weds 15 Feb	✓	[REDACTED]
Email, SMS copy circulated to broader stakeholders for feedback (including Clinical, Operations and Data Leads)	Thurs 16 Feb	✓	[REDACTED]
Feedback and confirmed details updated. Final brief circulated.	Mon 20 Feb	✓	[REDACTED]
Template set up (using existing design assets)	Mon 20 Feb	✓	[REDACTED]
Data extracted, HTML/template built and tested Links checks QA completed	Tues 21 Feb	✓	[REDACTED]
Stakeholder check-in to confirm production set up, checks completed, appropriate stakeholders informed and ready.	Tues 21 Feb	✓	[REDACTED]
Engagement team to brief external stakeholders/partners	Tues 21 Feb	✓	[REDACTED]
Final approval received to send	Send 1: Weds 22 Feb	✓	[REDACTED]
Email (and SMS) sent	Send 1: Weds 22 Feb – 128k (Māori and Pacific groups) Send 2: Fri 24 Feb – 338k (non-Maori and non-Pacific groups) Send 3: Thurs 9 March – all other groups excluded from send 1 and 2.	✓	[REDACTED]

Data files to Whakarongorau or district call centres	Mon 25 Feb		
Begin outreach calls. Data updated daily to remove responses.	Following send 1 and 2 commence calls from Weds 1 March – commence with Waikato followed by Auckland Bay of Plenty using their own call centre From Mon 13 March – call individuals in send 2 file (Northland, Coromandel and other excluded ares from send 1&2).		
Campaign analysis	Engagement stats – 27 Feb Uptake rates – from Weds 1 March		

Stakeholder responsibility

Name and role	Business Unit	Responsibility
Direct Marketing Lead	Communications & Engagement	Campaign Manager
Interim Director, Prevention	Prevention	Overall approval confirmed approval not required by in this instance as key messages signed off by).
General Manager	Communications & Engagement	Approve
General Manager	Operations	Approve
Manager, Regional Accounts, SROs and Logistics	Operations	Approve Share brief with RAMs
Manager Immunisation	Operations	Approve
Programme Manager	Operations	Inform, feedback
NIP Campaign Manager	Communications & Engagement	Approve
Programme Manager Katherine Wisnewski	Operations (CPIR and Whakarongorau lense)	Approve Manage set up of outreach programme with Whakarongorau
Co-Clinical Lead, NIP	Operations	Review and approve copy

██████████ Manager	Senior Comms	Communications & Engagement	Review and ensure activity is in line with Strategic Comms plan. Confirm with Ops that participating pharmacies are set up and ready and have vaccine stock. Liaison / coordination with stakeholders/partners as required.
██████████	Campaign Lead	Communications & Engagement	Inform Align with digital activity
██████████		Communications & Engagement	Inform and communicate to internal and external stakeholders / partners
██████████	, Analyst	Data & Digital, Operations	Data extraction, QA, Production, Test and Deployment Review/feedback/Inform
██████████	, Manager, Data Analysts	Data & Digital, Operations	Inform/feedback Approve data process followed and accurate
██████████		CPIR team	Inform Prep for broader use of CPIR by districts/partners
██████████	, Māori Lead	Communications and Engagement	Inform Review and approve copy / equity lens
██████████	Pacific Comms Lead	Communications and Engagement	Inform Review and approve copy / equity lens
██████████	Te Aka Whai Ora	Communications	Inform / provide feedback
██████████ Data Partnerships	Operations Manager,	Operations	Inform / advise data partnership team.

Appendices - Email copy (final approved version)

Kia ora <name>

Did you know we've recently had a case of measles in New Zealand? Measles is a serious disease which is highly infectious.

Why worry about measles?

Measles is a virus that spreads more easily than almost any other disease and can make you very sick. About 1 in every 10 people with measles needs to go to hospital. <Māori are 4 times more likely and Pacific people are 14 times more likely to need hospital admission.> In serious cases measles can be fatal. Symptoms may include a fever, cough, a runny nose and sore, watery 'pink' eyes. A rash could follow that may start on the face then behind the ears before moving down the body.

Immunisation can help protect you

Immunisation can help protect you against measles and other diseases. If you're not sure that you're fully immunised against measles, check with your doctor or your Plunket or Well Child book to make sure you've had both doses. And if you have <children/tamariki>, check they are up to date for measles and their other regular immunisations.

If you don't know if you've have had two doses, play it safe and get immunised. There's no risk with getting an extra dose.

Getting immunised is easy and it's FREE

You can get protected by visiting a pharmacy that provides this service (check out www.healthpoint.co.nz - then type 'MMR vaccine' into the search box) or through your GP or healthcare provider. It might also be a great time for everyone who is eligible in your <family/whanau> to get immunised.

Need more information?

Call Healthline on 0800 611 116 or visit the Te Whatu Ora Health New Zealand website.

Keep safe and well.

Ngā mihi

Te Whatu Ora Health New Zealand

SMS Copy

To be used for both follow up to email/outreach call or as lead communication (where no email address is listed)

Kia ora <name>

Did you know we've recently had a case of measles in New Zealand? Measles is a serious disease which is highly infectious.

If you're not sure if you're fully immunised, check with your doctor or your Plunket or Well Child book to check you've had both doses. And if you have <children/tamariki>, check they are also up to date for measles and their other immunisations.

You can get protected by visiting a pharmacy that provides this service (check out www.healthpoint.co.nz - then type 'MMR vaccine' into the search box) or through your GP or healthcare provider. It might also be a great time to get everyone who is eligible in your <family/whanau> immunised.

If you need more information call Healthline on 0800 611 166 or visit www.moh.govt.nz/measles.

Noho ora mai
Te Whatu Ora Health New Zealand

Outreach Script

Note – script and FAQs will be adjusted according to Whakarongorau/District-own call centre process.

Kia ora my name is [name] a Health Advisor calling from Healthline. Kei te pēhea (koe)?/how are you? Can I confirm that I am talking to [first name]? Can I confirm this is the best number to contact you on in case we get disconnected?

Tēnā koe/thanks for that, I'm calling to talk about getting vaccinated against the measles virus. You may be aware through the news that a person in Auckland recently caught the disease. It is highly infectious and now is a reminder of the importance of checking your protection

My call is to encourage you to protect yourself against the spread of measles by getting you and your whānau fully immunised.

Do you know if you and if you have tamariki have all had your two-dose immunisation against Measles, also known as MMR? **If yes.** Thank you for the korero/chat today and it's great to hear that you are all protected. Move to close here. **If no.** We can help with that, there are a number of ways to get immunised.

Call your doctor or healthcare provider and make a booking for yourself and whānau. Also, there are a number of participating pharmacies who provide MMR immunisations. Let me check those closest to your home. Do you have your own transport to get to the nearest centre? [\(drop in standard responses from here\)](#)

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