

Public Health Bulletin

Tēnā koutou katoa. Apologies for the delay in releasing the February bulletin. We hope you enjoy this edition of the Waikato Public Health Bulletin and we welcome your feedback :)



Te Whare Tapa Whā

Pertussis (Whooping Cough)

As we approach the winter season, it is important to advocate for protection against respiratory illnesses, including Pertussis which is again circulating in the community. Historically, NZ has a low level of Pertussis at all times and larger outbreaks every 3-5 years. The last large outbreak was in 2018 so the next outbreak is due.

Vaccination should be offered and promoted as per the National Immunisation schedule:

- Pregnant women: 2nd or 3rd trimester from 16 weeks during each pregnancy.
 - Babies: 6 weeks, 3 months and 5 months of age.
 - Children: 4 years and 11 years of age.
 - Adults: 45 years and 65 years of age.
- Public Health also recommends people with contact with young babies consider additional boosters every 6-10 years.

Please refer to Immunisation Advisory Centre for more information and resources for patients, including video on the importance of immunisation during pregnancy:

<https://www.immune.org.nz/resources/videos>

Please consider appropriate testing for anyone presenting with symptoms suggestive of Pertussis. Any child less than 3 months of age with respiratory symptoms should be offered an in-person assessment. Red flag symptoms for babies under 3 months of age include: apnoeas, dehydration, lethargy, cyanosis, fever.

Patients can also call Healthline on 0800 611 116 if they have any questions.

Acute Rheumatic Fever (ARF) & Rheumatic Heart Disease (RHD)

We have had two new confirmed cases of ARF in the last 4 weeks in the Waikato region, a serious but preventable illness. A reminder that ARF and RHD are inequitable conditions involving multi-sectorial issues concerning health, housing and social sectors. In Aotearoa, Māori children are 36 times more likely and children of Pacific descent 80 times more likely to develop ARF compared to children of European/other descent.

ARF is caused by Group A Streptococcus (GAS) infection of throat or skin, which can lead to an autoimmune response and result in RHD. RHD is a chronic condition with severe long term consequences including premature death.

As part of primary prevention, there was a big push to provide free sore throat management across Waikato for high risk patients with sore throats, including free drop in services in pathlabs and pharmacies. Any door should be the right door when rangatahi present with a sore throat. Please continue to consider group A Strep and swab/treat any high risk presentations, and note some pharmacies are no longer providing this service.

Community Authority Forms: Please complete these annually so patients receive their Bicillin in timely manner, imperative for secondary prevention of RHD. Cessation of Bicillin will commonly be after 10 years, on decision of the cardiologist at outpatient clinic.

In addition, there is increasing evidence that skin infections elevate the risk of ARF and greater emphasis should be placed on managing skin infections in ARF prevention. Please read the case-control study by Professor Michael Baker for further information:

The Lancet Regional Health – Western Pacific, Volume 26, September 2022.

Currently, a lot of work is being done nationally in developing a National Register for patients with ARF and RHD to better coordinate care and improve health outcomes.

Cyclone Gabrielle

Earlier this month, Aotearoa declared a National State of Emergency (14th Feb to 7th March), only the third time in NZ history. The devastating cyclone and floods ravaged much of the North Island and caused significant damage with the official national death toll standing at 11. We extend our deepest condolences to all those who have been affected.

530 kaimahi across Te Whatu Ora and Te Aka Whai Ora offered to lend a hand through the national deployment service. More than 30 kaimahi have already been deployed to Hawke's Bay and Tairāwhiti, and there are plans for more deployment. We would like to acknowledge the great efforts of all emergency/relief workers and volunteers throughout the country to help the affected communities.

Hotuhotu kau ana te tangi o te
ngākau mo ngā mate tārūrū nui o te
wā, kua ngaro i te ao kikokiko nei.

Koutou e aupēhingia e ngā
whakamatakutanga o Tāwhiri, o
Tangaroa, tēnei te whakaaro nui me
te aroha mutunga kore, e rērere atu
ana ki a koutou!

Te Matatini

The significant cultural festival of Te Matatini (the many faces) happened in Auckland on 22nd-25th February 2023, a pinnacle event for Māori performing arts. The Kapa Haka is a culmination of years of hard work, passionate commitment and unswerving dedication to bring their best to the national stage. We would like to congratulate 5 of our esteemed colleagues from the Public Health Unit who took part this year, showcasing their incredible talent and passion: **Arapeta Paea, Awatea Kake, Kimaia Kopua White, Mia Kolo and Mark Waitai (Waikato Maniapoto, Hauraki Ngaati Apa, Te iwi Morehu Ngaati Kurii, Te Aupouri).**



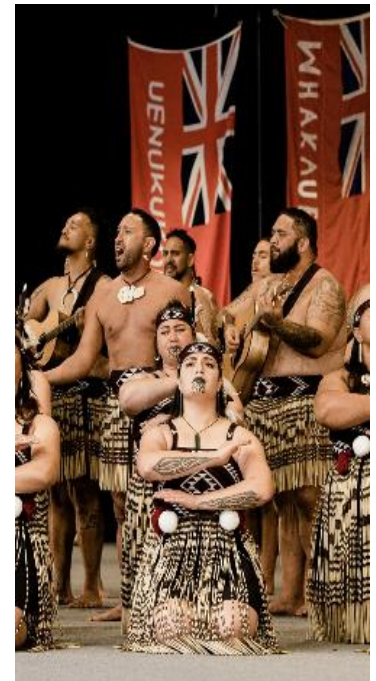
Arapeta Paea,
Te Pikikōtuku o Ngāti
Rongomai



Awatea Kake,
Hātea Kapa Haka



Kimaia Kopua White.
Whangara Mai Tawhiti



Mia Kolo,
Te Kapa Haka o Ngāti
Whakaue

Visit by Api Poutasi and Graham Cameron

We were delighted to welcome the National Māori Public Health Director, Graham Cameron and the National Pacific Public Health Director, Api Poutasi to the Waikato Public Health Unit on 16th February 2023. Graham and Api forms part of the leadership team within Te Whatu Ora’s National Public Health Service. We look forward to working with them closely and strengthening our partnership to achieve better and equitable health outcomes for our whaanau in Waikato.



Graham and Api with Te Whatu Ora Public Health Waikato leadership team

Te Tiriti Workshops

Waikato Public Health Service is hosting a series of 5 workshops designed to enhance our active engagement with Te Tiriti O Waitangi in our everyday work to improve health equity and wellbeing outcomes for Māori and other priority populations. We extend a special thank you to **Areta Ranginui Charlton and Nicola Birch** (members of Te Rōpū Rautaki) and **Rose Black** (Public Health Researcher) who are facilitating these pertinent educational workshops.

Welcome to New Staff!

We have 3 new staff members who have joined the Public Health Unit – **Nau mai, Haere mai!**

Dr Leah Porima
Public Health House Officer



Pita Shelford
Senior Public Health Advisor



Dr Raisa Ahmed,
Public Health Registrar



Public Health Quote of the Month

“In Aotearoa, New Zealand, people have differences in health that are not only avoidable but unfair and unjust. **Equity** recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes.”

- *The Ministry of Health definition of Equity*

Notifiable Diseases Trends

*Stats NZ estimated 8.69% of the population resided in Waikato in 2021

Disease name	Waikato cases per month			Cases per month over the last year (mean)		
	January	February	Trend	Waikato	National	% Waikato*
Botulism	0	0	-	0.0	0.0	-
Brucellosis	0	0	-	0.0	0.1	0
Campylobacteriosis	70	56	▼	12.1	116.4	10
COVID-19	5,674	2,822	▼	776.8	9,653.6	8
Cryptosporidiosis	0	2	▲	0.3	7.4	4
Decompression sickness	0	0	-	0.0	0.0	-
Dengue fever	0	0	-	0.0	0.4	0
Diphtheria	0	0	-	0.0	0.1	0
Gastroenteritis - unknown cause	0	1	▲	0.1	2.9	3
Gastroenteritis/ foodborne intoxication	5	5	-	0.9	2.7	33
Giardiasis	13	9	▼	2.1	15.8	13
Haemophilus influenzae type b	0	0	-	0.0	0.1	0
Hepatitis A	0	0	-	0.0	0.7	0
Hepatitis B	1	0	▼	0.1	0.9	11
Hepatitis C	0	0	-	0.0	1.3	0
Hepatitis NOS	0	0	-	0.0	0.2	0
Hydatid disease	0	0	-	0.0	0.3	0
Invasive pneumococcal disease	5	5	-	1.0	6.9	14
Latent tuberculosis infection	2	0	▼	0.2	1.7	12
Lead Poisoning	0	0	-	0.0	0.0	-
Legionellosis	0	2	▲	0.2	4.8	4
Leprosy	0	0	-	0.0	0.1	0
Leptospirosis	2	0	▼	0.3	4.4	7
Listeriosis	1	1	-	0.2	0.9	22
Listeriosis - perinatal	0	0	-	0.0	0.1	0
Malaria	1	0	▼	0.1	0.8	13
Measles	0	0	-	0.0	0.4	0
Meningococcal disease	0	0	-	0.0	0.8	0
Mumps	0	0	-	0.0	0.3	0
Murine Typhus	0	0	-	0.0	0.0	-
Pertussis	0	1	▲	0.1	0.5	20
Q fever	0	0	-	0.0	0.0	-
Rheumatic fever - initial attack	2	0	▼	0.3	1.4	21
Rheumatic fever - recurrent attack	1	0	▼	0.1	0.4	25
Salmonellosis	6	12	▲	1.6	18.8	9
Shigellosis	0	2	▲	0.0	2.3	0
Taeniasis	0	0	-	0.0	0.0	-
Tetanus	0	0	-	0.0	0.0	-
Tuberculosis disease - new case	0	4	▲	0.4	4.5	9
Tuberculosis disease - relapse or reactivation	0	0	-	0.0	0.2	0
Tuberculosis infection - on preventive treatment	0	0	-	0.0	0.0	-
Typhoid fever	1	0	▼	0.2	2.3	9
VTEC/STEC Infection	9	7	▼	1.4	19.8	7
Yersiniosis	6	10	▲	1.8	26.3	7

Medical Officers of Health: Felicity Dumble – Richard Wall – Richard Vipond – Richard Hoskins

After hours:

MOoH: 021 359 650

HPO: 021 999 521

If there is no answer, please contact Waikato Hospital's switchboard 07 839 8899 and ask for the on-call MOoH.

During office hours:

Population Health (MOoH or HPO): (07) 838 2569

Notifications: 07 838 2569 ext. 22041 or 22020

Notifications outside Hamilton: 0800 800 977 Fax: 07 838 2382 Email: notifiablediseases@waikatodhb.health.nz

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