

Waikato Public Health Bulletin

Teenaa koutou katoa. We hope you enjoy this edition of the Waikato Public Health Bulletin and we welcome your feedback.

Notification on Suspicion & Urgency of Notification

Timely notifications are critical as they allow for appropriate public health action and control measures to be taken to reduce the risk of further spread of disease. Health practitioners are required by Section 74 of the Health Act 1956 to report to the Medical Officer of Health any patient they have 'reasonable suspicion' of suffering from a notifiable disease.

Urgency of notifications can vary depending on the disease and in many instances, we can wait until confirmation. Note that we also receive notifications directly from the laboratory once laboratory confirmation occurs but this does not replace the Health Practitioner's duty to notify under the Health Act. Always arrange appropriate testing (see Health Pathways) for suspect notifiable diseases. For Measles and Mumps the hospital laboratory where PCRs are processed will usually check with the Public Health Service before processing diagnostic requests.

However, there are three types of occasions in which you must contact the Medical Officer of Health urgently, including after hours.

Please urgently notify the Medical Officer of Health with a phone call for the following three groups:

These diseases should be notified on clinical suspicion, do not wait for laboratory confirmation.

1. **Extremely rare, unexpected, and extremely volatile diseases.**
e.g. Anthrax, Cholera, MERS, SARS, Ebola, etc.
2. **Severe cases and those with high outbreak potential where we need to get onto control fast (and often before confirmation).**
i.e. Botulism, acute Hepatitis A, B & C, Typhoid and Paratyphoid fever, Brucellosis, Diphtheria, Haemophilus influenzae b, Measles, Mumps, Rubella, Meningococcal disease, Tetanus, Tuberculosis (pulmonary).
3. **Other diseases where the person is in a high-risk situation where they might spread it.**
i.e. Health worker, food worker, early childhood worker or attendee, where there are people at high risk due to disability or immunosuppression or where you think an outbreak might be underway (wider than within a household).

Often this urgent phone call will result in the Medical Officer of Health providing advice regarding appropriate testing and instructions to pass on to the patient, usually the instructions will be about reducing potential for spread. At times this is all that is needed to limit the spread of disease and stop the next outbreak or epidemic. Sometimes the Public Health Service will take immediate action to manage the suspected case and their contacts as soon as possible.

Reminders: BCG assessment / referral forms

Please ensure that ALL questions on the BCG assessment form are answered before sending in for referral to the PHN

Service. This information is important for triage and ensuring that the baby/neonate/infant meets the criteria to have the vaccination. Please send BCG referrals to crc@waikatodhb.health.nz.

Reminders: Y7 & 8 Students for HPV and Boostrix vaccine

Please do NOT recall Year 7 & 8 age students for HPV and Boostrix as these are offered annually at school as part of the PHN contracted school based programme. Parents will bring their child to the GP if they choose to have it done in the practice instead. **GP recall should be for 14 year olds and over that have not had these vaccinations by then giving them a second opportunity to be vaccinated.**

Farewell - Medical Officer of Health Dr Richard Hoskins

After 7 years working at Waikato Public Health Service Dr Richard Hoskins will be retiring. Dr Hoskins' last day will be Friday 11th August 2023. Dr Hoskins has initiated many changes within the service to improve public health action for the Waikato District.



Dr Richard Hoskins
Medical Officer of Health

The Waikato Public Health Service would like to take this opportunity to thank Dr Hoskins for his dedication to public health and all he has contributed during his significant time in the organisation. We thank him for leading by

example with his expertise and wealth of experience and for his collaborative work with members across the service and beyond over the years. He will be much missed and will leave big shoes to fill. We wish him all the very best in his retirement and a safe journey as he marks the beginning of a new chapter by embarking on the great Te Araroa Trail, Aotearoa's longest trail spanning the length of the two islands. Teenaa koe i oo mahi nui!



Healthy Homes Initiative – new provider in Waikato!

We are delighted to announce that National Hauora Coalition (NHC) are the new Healthy Homes Initiative (HHI) provider servicing the Waikato region. Previously known as Whare Ora, AWHI will be the new branding name for the Healthy Homes service.

If you would like to refer to the service or any general enquiries please contact the team on:
Email: referralswko@awhi.co.nz
Phone: 0800 100 AWHI (1944).



New Healthy Homes Initiative provider in Waikato - National Hauora Coalition's AWHI Team

If we all work together we can support and empower more whaanau in the Waikato community.

The aim of the Healthy Homes Initiative is to ensure children (and their whaanau) are living in warm, dry, and healthy homes, to reduce avoidable ill health due to housing-related conditions. The HHI is a free initiative that works to improve health and housing conditions for eligible whaanau. The HHI services are for low income families with children aged 0-19 who've been hospitalised with a specific housing related condition (e.g. Bronchiolitis and Pneumonia) and families with children between 0-5 whom at least two of the social investment risk-factors apply. The HHI is also available for pregnant people and families with newborn babies. HHI provides services and support for all housing tenures.

Please refer to the NHC website, the Te Whatu Ora website and the three-year outcomes evaluation for further information:

- [NHC - AWHI](#)
- [Te Whatu Ora - HHI](#)
- [Te Whatu Ora – HHI: Three year outcomes evaluation](#)

NZMJ Publication: The “standard story” of anti-Maori talk in Pae Ora (Healthy Futures) Bill submissions

Dr Rose Black is a Researcher at the Waikato Public Health Service. Dr Black and

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The “standard story” of anti-Māori talk in Pae Ora (Healthy Futures) Bill submissions

Rose Black, Ngaira Rae, Kyle Tan, Waikaremoana Waitoki, Leah Waipuka-Bain

ABSTRACT

AIM: To review some common patterns of race talk in a sample of submissions made to the Pae Ora (Healthy Futures) Bill. This bill proposed a structural reform of the health system in Aotearoa New Zealand to address long-standing health inequities experienced by Māori, the Indigenous peoples, and other priority populations.

METHOD: In a sample of 3,000 individual submissions made in late 2021, we found 2,236 explicit references to race. Utilising the “standard story” frame of Pākehā/non-Māori race talk, two longer submissions that referred that the Pae Ora bill was “racist” were analysed in detail.

RESULTS: Many “standard story” race discourses were identified in the Pae Ora submissions. Three derived discourses included in this paper are: Pākehā as norm (monoculturalism or not seeing Pākehā as a culture), equality and the “tools” (equality for all to access healthcare), and see people too are all New Zealanders). Sources such as the Waitangi Tribunal Wai 2175-Iāora report were drawn on to provide alternative discourses.

CONCLUSION: Identifying Pākehā standard story discourses enables learning about language patterns systems draw on, and the development of tools and procedures to improve equity for Māori and eliminate institutional racism.

her colleagues have published an article on the New Zealand Medical Journal reviewing common patterns of race talk in a sample of submissions made to the Pae Ora (Healthy Futures) Bill. Please check out the great mahi done by Rose and her colleagues. Read the article [here](#).

PHONZ Conference – July 19-21

PHONZ - Public Health Observatory NZ



Public Health Observatory
New Zealand Inc
Te Rōpū Mātai Hauora Pāpori
O Aotearoa

The Public Health Observatory New Zealand (PHONZ) has been established to provide a forum for people interested in health intelligence to collaborate, exchange ideas, and meet others locally, nationally and internationally with similar interests. PHONZ aims to be a repository for health intelligence news, work and more.

PHONZ held their 2023 virtual conference ‘Public Health Ethics, Implementation & Communication’ on 19-21 July which was a big success. The recorded sessions are now available online via [ETHINZ website](#).

August 25: Cancer Society Daffodil Day

Daffodil Day
Te Rā Daffodil

Daffodil Day symbolises hope for all New Zealanders impacted by cancer. The daffodil is the first flower of spring. Bringing light after cold, dark winter days and the hope of a new beginning. It has become a symbol for people experiencing the winter of cancer diagnosis

and treatment, finding hope of a new life ahead. The Cancer Society provides support care services including a helpline, counselling, transport and accommodation to individuals and their whanau during treatment. The Cancer Society is the largest private funder of cancer research in New Zealand. For more information or to make a donation, visit daffodilday.org.nz.

World Hepatitis Day - Te Manawa Taki Community Hepatitis C Service



Te Manawa Taki Community Hepatitis C Service had their nurse led mobile clinic at Garden Place, Kirihiroa to celebrate World Hepatitis Day on 28th July

Staff news



Atarina Peta
Health Improvement Advisor

Atarina Peta has joined the Health Improvement team as our Health Improvement Advisor based in Taumarunui.



Dr Elijah Hall
PGY2 House Officer

Dr Elijah Hall will be joining us in the House Officer role for the next 3 months.

Warm welcome to all our new staff members. Haere mai!

Medical Officers of Health:

Dr Felicity Dumble, Dr Richard Wall, Dr Richard Vipond, and Dr 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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Notifiable diseases – Trends

Notifiable diseases (Waikato District) - period to: August 2023

*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) | | |
|--|-------------------------|-------|-------|---|----------|------------|
| | June | July | Trend | Waikato | National | % Waikato* |
| Botulism | 0 | 0 | • | 0.0 | 0.0 | - |
| Brucellosis | 0 | 0 | • | 0.1 | 0.3 | 33 |
| Campylobacteriosis | 34 | 37 | ▲ | 53.8 | 551.1 | 10 |
| COVID-19 | 3,808 | 2,045 | ▼ | 5,522.0 | 66,207.3 | 8 |
| Cryptosporidiosis | 6 | 5 | ▼ | 7.3 | 59.8 | 12 |
| Decompression sickness | 0 | 0 | • | 0.0 | 0.2 | 0 |
| Dengue fever | 0 | 0 | • | 0.0 | 3.4 | 0 |
| Diphtheria | 0 | 0 | • | 0.0 | 0.4 | 0 |
| Gastroenteritis - unknown cause | 1 | 4 | ▲ | 1.6 | 19.3 | 8 |
| Gastroenteritis / foodborne intoxication | 3 | 2 | ▼ | 5.5 | 14.0 | 39 |
| Giardiasis | 10 | 7 | ▼ | 9.3 | 73.4 | 13 |
| Haemophilus influenzae type b | 0 | 0 | • | 0.1 | 0.6 | 17 |
| Hepatitis A | 0 | 0 | • | 0.4 | 6.3 | 6 |
| Hepatitis B | 0 | 0 | • | 0.1 | 1.7 | 6 |
| Hepatitis C | 0 | 0 | • | 0.0 | 2.6 | 0 |
| Hepatitis NOS | 0 | 0 | • | 0.1 | 0.5 | 20 |
| Hydatid disease | 0 | 0 | • | 0.0 | 0.3 | 0 |
| Invasive pneumococcal disease | 13 | 11 | ▼ | 6.7 | 59.8 | 11 |
| Latent tuberculosis infection | 4 | 2 | ▼ | 1.3 | 8.7 | 15 |
| Lead Poisoning | 0 | 0 | • | 0.0 | 0.0 | - |
| Legionellosis | 0 | 0 | • | 1.1 | 20.8 | 5 |
| Leprosy | 0 | 0 | • | 0.0 | 0.3 | 0 |
| Leptospirosis | 0 | 2 | ▲ | 2.3 | 14.8 | 16 |
| Listeriosis | 0 | 1 | ▲ | 0.4 | 3.3 | 12 |
| Listeriosis - perinatal | 0 | 0 | • | 0.0 | 0.2 | 0 |
| Malaria | 0 | 0 | • | 0.2 | 3.8 | 5 |
| Measles | 0 | 0 | • | 0.0 | 0.3 | 0 |
| Meningococcal disease | 0 | 1 | ▲ | 0.3 | 5.6 | 5 |
| Mumps | 0 | 0 | • | 0.0 | 0.4 | 0 |
| Murine Typhus | 0 | 0 | • | 0.1 | 0.1 | 100 |
| Pertussis | 0 | 0 | • | 0.5 | 4.3 | 12 |
| Q fever | 0 | 0 | • | 0.0 | 0.0 | - |
| Rheumatic fever - initial attack | 2 | 0 | ▼ | 1.0 | 11.4 | 9 |
| Rheumatic fever - recurrent attack | 1 | 1 | • | 0.3 | 1.1 | 27 |
| Salmonellosis | 3 | 1 | ▼ | 5.8 | 70.8 | 8 |
| Shigellosis | 0 | 2 | ▲ | 0.6 | 9.8 | 6 |
| Taeniasis | 0 | 0 | • | 0.0 | 0.1 | 0 |
| Tetanus | 0 | 0 | • | 0.0 | 0.1 | 0 |
| Tuberculosis disease - new case | 3 | 3 | • | 2.8 | 23.8 | 12 |
| Tuberculosis disease - relapse or reactivation | 0 | 0 | • | 0.0 | 0.8 | 0 |
| Tuberculosis infection - on preventive treatment | 0 | 0 | • | 0.0 | 0.2 | 0 |
| Typhoid fever | 0 | 1 | ▲ | 0.7 | 6.2 | 11 |
| VTEC/STEC infection | 7 | 5 | ▼ | 7.8 | 83.3 | 9 |
| Yersiniosis | 6 | 7 | ▲ | 8.8 | 121.6 | 7 |