

Waikato Public Health Bulletin

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

In this month's bulletin:

1. New BCG eligibility assessment and referral form
2. Typhoid fever: consider in those with recent travel to India or Fiji
3. Measles increase in the United Kingdom and Australia
4. Pertussis increase in England and Wales
5. Heart Health Awareness Month
6. 16th-25th March: 2024 Te Tiriti-based Futures and Anti-racism conference
7. 4th February: World Cancer Day
8. Staff News
9. Notifiable Diseases Trends
10. BCG form

The bulletin is aimed at GPs and colleagues in primary and community care.

Reminder regarding new BCG eligibility assessment and referral form (2023)

Babies or children less than five years of age who are at high risk of being exposed to tuberculosis are eligible for BCG vaccination. High-risk criteria include:

- Living in a house or whaanau with a person with current TB
- Living in a house or whaanau with a person with a history of TB
- One or both parents/household members/carers who, within the last five years, lived for six months or longer in countries with a TB rate ≥ 40 per 100,000

- During their first five years, living for three months or longer in a country with a TB rate ≥ 40 per 100,000

Please view the referral form on the last page of this bulletin. Send BCG referrals to the CRC at crc@waikatodhb.health.nz. If you have further questions about BCG vaccination, please call 021 247 8964 to speak with a public health nurse.

Typhoid fever: consider in those with recent travel to India or Fiji

Salmonella bacteria commonly cause a broad range of infections. These bacteria can be divided into two categories – those that primarily cause gastroenteritis, and those that cause enteric/typhoid fever.

The group of *Salmonella* species which cause gastroenteritis is larger and includes *Salmonella enterica* serotype Typhimurium and Enteritidis. These patients usually present with abdominal pain, diarrhoea, fever, nausea or vomiting.

Contrastingly, enteric fever is a collective term for typhoid and paratyphoid fever, which are caused by *Salmonella enterica* serotype Typhi (formerly *S typhi*) or Paratyphi A/B/C, respectively. This is characterised by severe systemic illness with fever and abdominal pain, with typhoid fever patients usually being more unwell than those with paratyphoid fever.

Symptoms of typhoid fever can often be non-specific, but patients typically present with insidious onset of fever, headache, malaise, anorexia, dry cough, slower heart rates, and enlargement of the spleen or liver. They can also have rose spots on the trunk, abdominal pain, constipation, diarrhoea or cerebral dysfunction. Typhoid fever disproportionately affects children and young adults with poor access to safe water and sanitation

infrastructure. It is strongly associated with overseas travel, with all recent cases in the Waikato region occurring in people returning from India.

Most laboratories use multivalent PCR as the primary test for *Salmonella*. This cannot distinguish between different *Salmonella* serotypes, and reflex cultures have to be undertaken on positives before serotyping can occur. An audit of typhoid fever cases in the Waikato within the last 18 months revealed that the time between the first positive *Salmonella* species result and the first provisional positive *Salmonella enterica* serotype Typhi result ranged from two to nine days. This means that a detailed clinical assessment and travel history becomes very important. Unlike most causes of gastroenteritis, antimicrobial treatment is preferred for typhoid fever to improve symptoms and prevent complications such as relapse or chronic carriage.

Typhoid fever should also be considered in travellers returning from Fiji, as on the 22nd of December an outbreak was declared in Ra province. There have been six cases and one fatality. Public health response measures were initiated including contact tracing, education campaigns, mass screening and vaccination administration.

Measles increase in the United Kingdom and Australia

There is a growing measles outbreak in the West Midlands, England, with 216 confirmed cases and 103 probable cases since October. Most cases are children under ten. In 2022/2023, just 85% of children in England had received both doses of the MMR vaccine by the time they were five, the lowest level since 2010/11 and significantly below targets of 95%. The UK Health Security Agency has declared a national incident, and a national immunisation campaign has been launched to prevent further spread.

Measles cases have also been reported in Australia in mid-late January – two cases in Sydney, three in

Victoria, and one in Canberra. All cases had recently travelled overseas.

Increasing cases of measles globally increases the risk of cases being imported into New Zealand following international travel. If this occurs, there is a moderate to high risk of transmission within New Zealand. MMR is on the childhood immunisation schedule at 12 and 15 months; however, vaccination rates remain low, with only 69% of 18-month-olds fully immunised as of September 2023.

It is safe for people to have the MMR vaccine again if they are unsure whether they've had it before. More information is available on the [Immunise website](#).

To ensure timely testing and public health action for measles, please complete a BPAC notification and phone the on call Medical Officer of Health to notify **any patients you suspect may have measles** or whom you want to undergo **measles PCR testing**.

Pertussis increase in England and Wales

Pertussis notifications in England and Wales have surged, reaching 636 suspected cases in the first three weeks of 2024. This is a marked increase compared to the same period in previous years (ranging from 26 in 2022 to 218 in 2016). Overall in 2023, there were 1728 notifications.

Fortunately, Aotearoa has not had a comparable rise in cases, but this is a timely reminder that pertussis is highly contagious. Vaccination should be offered and promoted as per the [National Immunisation Schedule](#) – this includes pregnant women, babies and children, and adults at 45/65 years. Additional boosters are also recommended for those with contact with young babies.

Heart Health Awareness Month



February marks Heart Health Awareness Month - a crucial reminder for all of us to prioritise our cardiovascular wellbeing.

Regardless of whether you meet physical activity recommendations, long periods of sitting can still impact many of the risk factors connected to heart disease (*blood pressure, blood sugar levels*). Replacing sitting with regular physical activity is one of the best things you can do to manage your risk of heart disease.

To safeguard your heart at work, consider these action tips:

- *Breathe in fresh air*: get outside for fresh air during breaks
- *Stand tall*: opt for standing during meetings or phone calls
- *Personal connections*: engage in face-to-face conversations over emails
- *Stretch*: stand and stretch at regular intervals throughout the day

Small changes in daily habits can make a significant difference. For more tips and tricks visit heartfoundation.org.nz.

16th-25th March: 2024 Te Tiriti-based Futures and Anti-racism conference



In March, join the Te Tiriti-based futures and Anti-racism online conference. This ten day virtual event is organised by a collective of Maaori and tangata Tiriti with experience in activism, research and community development. Topics will include institutional racism and anti-racism, decolonisation, building Te Tiriti-based futures and transforming our constitution. Open to all, this conference is free to register. For details on sessions, speakers and registration visit tiritibasedfutures.info.

4th Feb: World Cancer Day



On World Cancer Day, we unite to “Close the Gap”, shedding light on persistent inequities in global cancer care. This year marks the final year of the theme “Together, we challenge those in power”. More than half of all cancers can be prevented, and early detection of cancer means earlier treatment and better health outcomes. Maaori are twice as likely to die from cancer compared to non-Maaori. This campaign calls on governments to step up: promote health equity, enhance cancer service accessibility, and ultimately close the care gap.

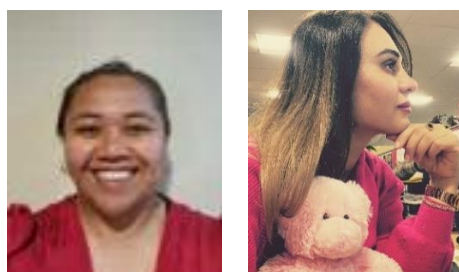


Gabby (*Public Health Medicine Registrar*) and Aman (*Public Health House Officer*).

Discover how you can make a meaningful impact at worldcancerday.org/take-action.

Staff News – welcome!

This month we welcome four new staff members:



Alaisa (*Smokefree Environments and Regulated Products Act Enforcement Officer*), Tara (*Health Protection Officer*),

Medical Officers of Health (MOoH):

Dr Felicity Dumble, Dr Richard Wall, Dr Richard Vipond, Dr Elizabeth Becker, Dr Kate Meerkerk

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:

Public 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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Did you enjoy our bulletin? Please share it with your colleagues

Previous Bulletins at: www.waikatodhb.health.nz/for-health-professionals/public-health-bulletins/

Notifiable Diseases – Trends

Notifiable diseases (Waikato District) - period to: February 2024

*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)		
	December	January	Trend	Waikato	National	% Waikato*
Botulism	0	0	-	0.0	0.0	-
Brucellosis	1	0	▼	0.0	0.3	0
Campylobacteriosis	96	64	▼	49.5	502.8	10
COVID-19	11,729	3,945	▼	2,594.4	31,619.8	8
Cryptosporidiosis	1	20	▲	9.7	71.3	14
Decompression sickness	0	0	-	0.0	0.1	0
Dengue fever	0	0	-	0.2	5.1	4
Diphtheria	0	0	-	0.0	0.3	0
Gastroenteritis - unknown cause	1	3	▲	1.8	23.8	8
Gastroenteritis / foodborne intoxication	5	4	▼	5.8	16.9	34
Giardiasis	5	9	▲	9.9	74.0	13
Haemophilus influenzae type b	0	0	-	0.1	0.5	20
Hepatitis A	1	2	▲	0.1	3.4	3
Hepatitis B	0	1	▲	0.3	1.4	21
Hepatitis C	0	0	-	0.3	3.2	9
Hepatitis NOS	0	0	-	0.3	0.7	43
Hydatid disease	0	0	-	0.0	0.2	0
Invasive pneumococcal disease	5	5	-	5.3	63.3	8
Latent tuberculosis infection	1	2	▲	1.2	8.1	15
Lead Poisoning	0	0	-	0.0	0.0	-
Legionellosis	1	1	-	1.3	18.3	7
Leprosy	0	0	-	0.0	0.3	0
Leptospirosis	1	1	-	2.7	14.3	19
Listeriosis	0	0	-	0.4	2.6	15
Listeriosis - perinatal	0	0	-	0.0	0.3	0
Malaria	0	0	-	0.1	4.7	2
Measles	0	0	-	0.2	1.3	15
Meningococcal disease	0	0	-	0.5	4.8	10
Mumps	0	0	-	0.0	1.6	0
Murine Typhus	0	0	-	0.0	0.0	-
Pertussis	0	1	▲	0.8	13.3	6
Q fever	0	0	-	0.0	0.0	-
Rheumatic fever - initial attack	0	1	▲	0.9	15.3	6
Rheumatic fever - recurrent attack	0	1	▲	0.2	1.0	20
Salmonellosis	12	4	▼	4.8	70.0	7
Shigellosis	0	2	▲	0.6	11.7	5
Taeniasis	0	0	-	0.0	0.0	-
Tetanus	0	0	-	0.0	0.1	0
Tuberculosis disease - new case	1	4	▲	2.3	26.1	9
Tuberculosis disease - relapse or reactivation	0	0	-	0.0	1.2	0
Tuberculosis infection - on preventive treatment	0	0	-	0.0	0.2	0
Typhoid fever	1	0	▼	0.3	5.6	5
VTEC/STEC infection	9	12	▲	6.3	85.0	7
Yersiniosis	8	11	▲	7.9	113.8	7

Name _____
 NHI _____ DOB _____
 Address _____ dd/mm/yy

BCG eligibility assessment and referral

Age: _____ Sex: M / F _____ GP: _____

Ethnicity: _____ Interpreter required? Yes No Language: _____

Guthrie test normal Yes No

Caregiver's details

Name: _____ Phone number: _____

Relationship to child: _____

Answer ALL questions and please tick (✓) either Yes or No to each

Babies or children less than five years of age are eligible for BCG vaccination if they meet the following criteria:

- Yes No They will be living in a house or family/whānau with a person with current tuberculosis (TB)
- Yes No They will be living in a house or family/whānau with a person with a history of TB
- Yes No They have one or both parents or household members or carers who, within the last 5 years, lived for a period of 6 months or longer in countries with a TB rate \geq 40 per 100,000
- Yes No During their first 5 years they will be **living for 3 months or longer** in a country with a TB rate \geq 40 per 100,000

As a general indication, the following global areas have rates \geq 40 per 100,000:

- most of Africa
 - much of South America
 - Russia and the former Soviet states
 - Indian subcontinent
 - China, including Hong Kong, Taiwan
 - South East Asia
 - Some parts of the Pacific (Kiribati and Papua New Guinea have consistently high rates;
- (ref: Immunisation Handbook 2020, <https://www.health.govt.nz/our-work/immunisation-handbook-2020/21-tuberculosis#:~:text=As%20a%20general%20indication%2C%20the,and%20the%20former%20Soviet%20states>)

If one or more YES answers are ticked, this baby is at High Risk of being exposed to TB. The BCG vaccination is therefore recommended for this baby/child.

Referrer comments: _____
 (i.e. travel plans)

To enable us to confirm receipt of your referral

Referrers name: _____

Organisation: _____

Phone contact: _____

Email: _____

Please **COMPLETE** this form and forward to:

Email: communityreferralcentre@waikatodhb.health.nz

Subject: **Public health nurse referral**