

1. Female GPs required for refugee health screening

Waikato DHB Population Health Service is seeking female GPs to undertake health screening of female family reunification refugees, including a general health check, blood, urine and faeces tests, and referrals if required (e.g. for chest x-ray). The practice would receive \$253.00 for each health screen taking approximately 45-60 minutes and \$57.00 for a follow up consultation if required. The cost of an interpreter is also covered. A copy of the contract and screening guidelines are available on request. Please contact Lindsay Lowe (07) 838 2569, mob 021 473 932 or email: lowel@waikato.dhb.govt.nz

2. Rickettsia (Murine typhus)

Population Health Service has been notified of six cases of Rickettsia typhus (*R. typhi*) in the past eight weeks. *R. typhi* is not new to Waikato; in 2006 there were a large number of cases notified, although there was only one last year.

R. typhi is an intracellular bacterium transmitted by fleas. Rats and their fleas are an important reservoir. Human contact with rat fleas, flea eggs and flea faeces can result in illness, particularly by inhalation of flea faeces.

After an incubation period of 1-2 weeks, non-specific symptoms begin – fever, headache, muscle pain, dry cough, nausea and vomiting, and often a rash. Symptoms can be quite severe and prolonged with fever persisting for up to two weeks without treatment, and lethargy lasting months. Increased transaminases and reduced platelets are common. The clinical picture is similar to Leptospirosis. Doxycycline is the treatment of choice.

A case is defined as:

- Four-fold rise in titre for IgM or IgG antibodies against *R. typhi*, or
- Acute IgM >512 if single measurement only available (please be aware that serology is likely to be negative during the first five days of illness)
- Case from an area considered likely to have Rickettsial infection (currently the North Island, particularly upper North Island), and
- Compatible clinical disease

3. Out of hours repeat blood tests

The emergency department (ED) has noticed increasing numbers of patients being referred out of hours for repeat blood tests. Often no call is made to ED to advise the patients is coming and

the patient has little or no information with them, resulting in a lot of work by ED staff to get full details of the situation. On occasion the repeat blood could have waited until the following day. These patients are often of low priority relative to others in ED so end up waiting for considerable amounts of time.

Your assistance would be appreciated to:

- Consider whether the repeat of the abnormal test needs to be done out of hours, or whether the patient circumstances mean it could wait until the next working day.
- If a repeat test out of hours is necessary, consider offering the patient the option of going to Anglesea Clinic Accident and Medical who can access Pathlab 24/7 when appropriate.

If a repeat test is warranted please contact Anglesea Clinic Accident and Medical or ED depending on where the patient is to be referred to provide them with the appropriate information and/or give the patient an explanatory letter, as for any other acute referral, with all relevant details and investigation including that which triggered the referral.

4. Welcome to....

David Colville, locum general medicine, who trained in general medicine and nephrology in the USA and worked at the Mayo Clinic for 24 years. Since then he has been a medical traveller doing locums in USA, Kosovo, Nepal, and Japan.

Jon Asmussen, radiology locum, comes from Denmark where he trained. His main interests are onco-radiology, general whole body imaging, paediatric radiology and abdominal interventions. His wife and 3 children are enjoying NZ life with him.

5. Min Loke Wong

We mourn the sudden death of Dr Min Loke Wong, a valued friend and colleague of the GP community.

Min Loke was a consultant rheumatologist and specialist in rehabilitation at Waikato Hospital since January 1987 and more recently worked with the neurological services team where he took a leadership role in the rehabilitation and management of patients with traumatic brain injuries

Min Loke was a prominent speaker and a witty chairperson at Grand Rounds.

Our thoughts and sympathies go to his family, friends and colleagues.

Clinic	Category	Waiting Time
Audiology	Children 9-32 mths	4 months
	Under 17 years	4 months
	Children's hearing aids	4 weeks
	Adult diagnostic tests	6 months
	Adult hearing aids	6 months
	Central auditory processing test	6 months
Breast Care	Urgent	3 weeks
	Semi-urgent *BCC Imaging Urgent only	3 month 2 weeks
Cardiac Surgery	Urgent	1-3 weeks
	Semi-urgent	3-6 weeks
Cardiology	Urgent	1-2 months
	Semi-urgent	2-6 months
	Routine	6 months
Colposcopy	Invasive	Within 7 days
	High grade	4 weeks
	Low grade	26 weeks
	Non cervical	26 weeks
Dental	Urgent	24 hours
	Semi-urgent	3 weeks
	Routine	3 months
Dermatology (1) Fax urgent referrals to 07 839 8670	Urgent	Within 5 days
	Semi-urgent	4 months
	Routine	6 months
Paediatric Dermatology		5 months
Dermatology Lesion Clinic	Urgent	7 days
	Semi-urgent	4 weeks
	Routine	6 months
Diabetes Consultant (2)	Urgent	1-4 weeks
	Semi-urgent	2-3 months
	Routine	Within 6 months
Diabetes Nurse Educator	Urgent	1-4 weeks
	Semi-urgent	2-3 Months
Endocrinology	Urgent	4-6 weeks
	Semi-urgent	Within 6 months
	Routine	Within 6 months
Endoscopy/Colonoscopy Medical	Urgent	4-6 weeks
	Semi-Urgent	4-6 weeks
	Urgent	4-6 weeks
	Semi-urgent	12-18 months
Surgical	Urgent	4-6 weeks
	Semi-urgent	4-6 weeks
	Routine	12-18 months
ENT	Urgent	1-6 weeks
	Semi-urgent (children)	6 months
	Semi-urgent (adults)	6 months
Gastro-enterology	Urgent	2-4 weeks
	Semi-urgent	2-6 weeks
General Medicine	Urgent	1-2 weeks
	Semi-urgent	2-4 weeks
	Routine	2-3 months
General Surgery	Urgent	1-4 weeks
	Semi urgent	2-6 months
Gynaecology	Urgent	2 weeks
	Semi-urgent	3 months
	Routine	6 months
Haematology	Urgent	2-8 weeks
	Semi-urgent	6-4 weeks
	Routine	4-6 months
	DVT	4 months
Maxillo-facial	Urgent	Within 24 hours
	Semi-urgent	Within 3 weeks
	Routine	3 months
Neurology	Urgent	1-3 months
	Semi-urgent	5 months
	EMG urgent	1-4 months
	Routine	4-6 months
	EEG urgent routine	2-8 weeks 2-6 months
Neurosurgery	Urgent	Within 1 month
	Semi-urgent	Within 6 months
	Routine	
Older Persons & Rehabilitation Service	Assessment & Outpatients	
	Geriatrician Clinic	1-3 weeks
	PT Clinic	1-3 weeks
	OT Clinic	1-3 weeks
	Rehabilitation Clinic	
	PT Clinic	1-3 weeks
OT Clinic	1-3 weeks	
	Rehabilitation Physician Clinic	1-3 weeks

Clinic	Category	Waiting Time
	(Neuropsychologist)	
	Urgent	1-3 weeks
	Semi-urgent	1-6 months
	Routine	2 years
Oncology and Medical	Priority 1	1-2 days
	Priority 2	5-10 working days
	Priority 3	35-40 working days
	Priority 1	1-2 days
Radiation	Priority 1	5-10 working days
	Priority 2	20-25 working days
	Priority 3	
Ophthalmology	Urgent	within 1 month
	Urgent laser	1-3 weeks
	Semi-urgent – Children	within 6 months
	Semi-urgent – Adults	6 months
	Semi-urgent (diabetic)	1 month
	Minor Operation Clinic	within 6 months
Orthopaedic	General – Urgent	1-8 weeks
	Semi-urgent	Up to 3 months
	Routine	Up to 6 months
	Paediatrics – Urgent	1-6 weeks
	Semi-urgent	Up to 4 months
	Routine	Up to 6 months
		NB: referrals may be initially seen by a Generalist Orthopaedic Surgeon
		Within 3 months
		1-6 weeks
Paediatric Medicine	Urgent	1-2 months
	Semi-urgent	3 months
	Routine	3-6 months
Paediatric Surgical	Urgent	2-4 weeks
	Semi-urgent	4-6 weeks
	Routine	8-12 weeks
Pain clinic	Urgent	Up to 1 month
	Semi-urgent	Up to 3 months
	Routine	Up to 6 months
Physiotherapy	General musculoskeletal	5 days (urgent) 6-8weeks (routine)
		5 days (urgent)
		4 weeks (semiurgent)
	Rheumatology	4 weeks
	Women's Health	5 days (urgent)
		3-4 weeks (routine)
		6 months
Plastics (1) Fax immediate / acute referrals to 07 839 8670	Urgent	Within 2 weeks
	Semi-urgent	3 months
	Routine	5 months
Plastics Lesion clinic	Urgent	2 weeks
	Semi-urgent	2 months
	Routine	4 months
Renal	Urgent	1-4 weeks
	Semi-urgent	2-4 months
	Routine	4-6 months
Respiratory	Urgent	1-4 weeks
	Semi-urgent	1-2 months
	Routine	4-6 months
Rheumatology (3)	Urgent	1-4 weeks
	Semi-urgent	1-2 months
	Routine	2-4 months
Thyroid	Urgent	4-6 weeks
	Semi-urgent	Within 6 months
	Routine	4-6 months
Ultrasound	Very Urgent	1 week
	Urgent	2 weeks
	Priority	4 weeks
	Routine	3 months
	Non-urgent	6 months
Urology		Within 2 months
Vascular	Urgent	1-4 weeks
	Semi-urgent	2-4 months
	Routine	4-6 months
Vascular Surgery	Urgent	1-4 weeks
	Semi-urgent	2-4 months
	Routine	4-6 months
Adult Mental Health Waiting Times		
Triage (face to face or phone triage)	Crisis referrals	Within 24 hours
	Non-crisis/routine	Within 2 weeks

1 Immediate & urgent dermatology/plastics cases must be discussed with the specialist or registrar to allow appropriate prioritisation.

2 All urgent diabetes referrals can be seen on the same day.

3 All urgent rheumatology cases should be discussed with the rheumatologist.