

PUBLIC HEALTH BULLETIN

Communicable diseases notified February 2010

Disease name	Feb-09	Feb-10	YTD	Disease name	Feb-09	Feb-10	YTD
Campylobacteriosis	64	56	128	Murine Typhus	0	1	1
Chemical poisoning from the environment	0	0	0	Non Seasonal influenza A (H1N1)	0	0	1
Cryptosporidiosis	1	4	5	Pertussis	12	10	24
Dengue fever	0	0	0	Poliomyelitis	0	0	0
Gastroenteritis	0	5	8	Rheumatic fever - initial attack	2	1	2
Giardiasis	14	13	21	Rheumatic fever – recurrent attack	0	1	1
Haemophilus Influenza B	0	0	2	Salmonellosis	10	8	21
Hepatitis A	0	0	1	Shigellosis	1	1	1
Hepatitis B	0	0	0	Tetanus	0	0	0
Invasive pneumococcal disease	4	1	3	Toxic Shellfish Poisoning	0	0	2
Lead absorption	4	0	1	Tuberculosis - treatment of latent infection	0	0	0
Legionellosis	0	1	2	Tuberculosis disease - new case	4	4	5
Leptospirosis	0	1	3	Tuberculosis disease - relapse or reactivation	0	0	0
Listeriosis – Perinatal	0	0	1	Tuberculosis infection - on preventive treatment	0	0	0
Malaria	0	0	1	Typhoid fever	0	1	1
Measles	0	0	0	VTEC/STEC infection	6	4	4
Meningococcal disease	0	0	0	Yersiniosis	4	3	3
Mumps	0	0	1				

Measles cluster in Northland

Recently Northland Public Health has reported a cluster of 30 probable cases of measles – five laboratory-confirmed – in a community in Hokianga, a community with low immunisation uptake. School holiday travel provides an opportunity for this highly infectious disease to spread more widely.

We are asking GPs to please be vigilant and discuss possible cases of measles with Population Health. Please ascertain if the case had contact with the above community, or other possible measles cases. There have been no cases confirmed in Waikato in the past month.

MMR

(Source: GP letter-MOH, David Wansborough, 05.03.2010)
 Recently the Ministry had advised, “as there have been no further cases of measles in New Zealand since December”, that GPs are to go back to offering the MMR vaccine at **15 months** and **four years** of age. This still stands but will be reviewed if there are further cases associated with the Hokianga cluster.

HPV adverse events

The school-based programme vaccinating girls with the Gardasil vaccine is starting for 2010.

As at 31 December 2009, more than 236,000 doses of Gardasil are recorded as administered on the National Immunisation Register. To the same date, CARM (Centre for Adverse Reaction Monitoring) has received 236 AEFI reports. The majority are reports of minor side effects such as injection site pain, swelling and redness.

Of the 236 reports, 30 meet the broad definition of a serious adverse reaction (this includes attendance at an emergency department). Most reports of serious reactions were of short duration e.g. a faint where recovery was spontaneous.

A report to CARM does not imply a causal relationship with the vaccine.

The Ministry of Health recommends that a serum tryptase blood test be taken; ideally within two hours (but may be taken up to six hours) following a suspected anaphylactic reaction. Rising serum tryptase levels are indicative of anaphylaxis and will be helpful in determining whether an anaphylactic type reaction has occurred. This information will assist in providing accurate data for safety monitoring.

Vaccinators are encouraged to report any adverse events following immunisation (AEFI) with any vaccine to CARM.

Process

1. Suspected cases of anaphylaxis should be referred immediately for medical assessment.
2. Obtain a serum tryptase blood test from the individual; ideally within two hours (but may be taken up to six hours) following a suspected anaphylaxis reaction.
3. The AEFI report form should include a record that a serum tryptase blood test has been requested and the name of the patient's usual doctor, so that CARM can follow up the result through that doctor.

MoH policy on timing Gardasil doses

There have been several enquiries to the Ministry seeking advice on the number of doses of HPV vaccine to give where the schedule timeline has been extended or needs to be shortened. The Ministry's recommendation is:

Recommended standard schedule

Dose 1	Dose 2	Dose 3
0 months	Two months after dose 1	Four months after dose 2

Accelerated schedule

Dose 1	Dose 2	Dose 3
0 months	At least one month after dose 1	At least three months after dose 2

Extended schedule

The Ministry of Health does not recommend a course of HPV immunisation be repeated where the scheduled timeline has been extended. Where HPV dose two and/or dose three are given outside of the recommended or accelerated schedule timeline, e.g. longer than 12 months, **a total of three doses should still be given**. A fourth dose is not necessary.

HPV whanau engagement

The priority for the HPV programme's whanau engagement is to focus on ensuring the programme is effective for Maori. The Maori population have the highest cervical cancer rate and the lowest immunisation rate of any ethnic group in New Zealand.

This year, the whanau engagement team will be focusing on raising HPV awareness among Maori to encourage the uptake of the vaccine. Kaiawhina are working with the following Waikato Maori providers: Raukura Hauora o Tainui, Te Kohao Health, Raukawa Trust, Te Korowai o Hauraki and Kokiri Trust.

These providers will promote the HPV programme to Maori and communities.

Their role involves engagement with whanau via face to face sessions with parents/caregivers and young Maori women in order to provide information regarding HPV immunisation.

A referral form has been developed to assist general practices in the Waikato region to refer

Maori women who are eligible for the vaccine but who have not responded to call/recall. The whanau engagement team will follow these young women up on behalf of the general practice.

For further enquires please contact Kui White, HPV Whanau Engagement Coordinator (07) 839 8899 ext. 23848 or 021 242 5590.

Extension of the 2010 eligibility criteria to children (under 5s) for free flu vaccine

(Source: GP letter-MOH, David Wansborough, 05.03.2010)

The Ministry of Health extended its free flu vaccination to children aged six months to under five years. Practices can use their discretion to offer FREE flu vaccine to children from high deprivation backgrounds. Children and adults with certain chronic conditions are already eligible.

Yellow Fever policy and approvals

(Source: GP letter-MOH, David Wansborough, 05.03.2010)

The MoH has recently updated the Yellow Fever policy and the processes for applying for vaccinator and clinic approval, which are available: [www.moh.govt.nz/moh.nsf/pagesmh/2848/\\$File/yellow-fever-vaccination-policy-2010.pdf](http://www.moh.govt.nz/moh.nsf/pagesmh/2848/$File/yellow-fever-vaccination-policy-2010.pdf)

Public Health Mapua Report released by MoH

(Source MOH press release 15.03.2010)

It is unlikely there are adverse long-term health effects for local residents from the Mapua clean-up process, as advised in the release on 15 March, along with a health impact report to the local Mapua community.

The public health impact report is available on the MoH website:

<http://www.moh.govt.nz/moh.nsf/indexmh/assessment-of-publichealth-risk-mapua-mar2010>.

Dell Hood -- Anita Bell -- Felicity Dumble
Medical officers of health/public health medicine specialists

MOoH after hours 021 359 650

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

During office hours, please call:

Population Health 07 838 2569

Email:

bellan@waikatodhb.govt.nz

dumblef@waikatodhb.govt.nz

hoodd@waikatodhb.govt.nz

Fax number

07 838 2382

Notifications

07 838 2569 ext. 2065

Notifications outside Hamilton

0800 800 977

(In office hours)

Health protection officer (after hours) 021 999 521

After hours help

07 839 8899