

PUBLIC HEALTH BULLETIN

Flu Vaccines for Rheumatic Fever

A reminder that all patients with Rheumatic Heart Disease are eligible for a funded Flu Vaccine. Please recall those relevant patients.

We are surrounded!

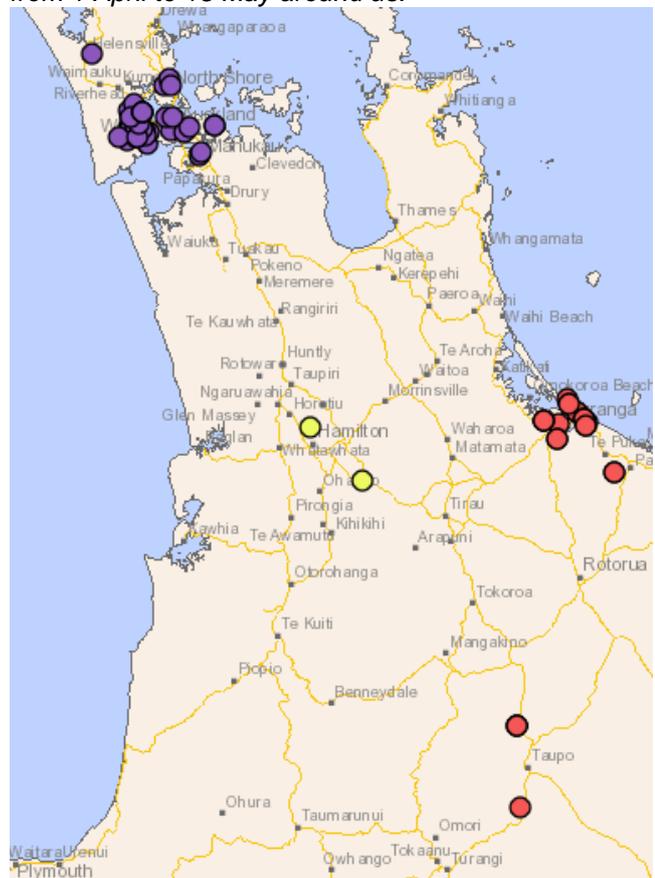
Measles cases are present on all fronts with some recent cases already here from exposure in neighbouring regions. From the recent ESR Public Health AIDE:

From 1 January to 8 May 2019 there have been 122 confirmed cases of measles notified in New Zealand. The cases were reported in the following DHBs:

- Northland (2)
- Waitemata (30), Auckland (10), Counties Manukau (3)
- Waikato (13)
- Bay of Plenty (19), Lakes (4)
- Canterbury (39 cases)
- Southern (2).

Of these, 85 cases have been linked to outbreaks. An additional 30 cases are currently under investigation.

And here's a map of more recent confirmed cases from 1 April to 15 May around us:



Notification must be on suspicion

Sadly 34% of suspect measles were not notified to the Medical Officer of Health so far this year (up to 7 May 2019). These results are from an audit of data

from our notifications database, on call records, and diagnostic laboratory correspondence. This finding covers where the responsible health professional (almost always a doctor) suspected measles enough to order a diagnostic test, It excludes where request or explanation had stated it was a “rule out” test.

Based on the gap between the date the diagnostic test was ordered and the date public health became aware of the test request, this represents up to 91 days of missed isolation of the suspect cases (had they had measles and not received isolation advice from their health professional, which we do not know since they did not notify). Three of these cases were confirmed, representing six days of potentially missed isolation of people infectious with measles after they had been seen by their health professional.

GP practices including urgent care services are responsible for over 90% of the missed notifications, with emergency departments responsible for the remainder. Of those correctly notified on suspicion 80% are from GP practices.

With measles currently increasing rapidly on our borders, and with 2 cases recently exported to us (but in isolation/quarantine thanks to our neighbouring Public Health Units and concerned parents), these findings are of huge concern and are putting our population at risk.

Influenza season

If you are wondering what is happening so far this year have a look at ESR’s dashboard at:

<https://www.esr.cri.nz/our-services/consultancy/flu-surveillance-and-research/>

Refugee and migrant health

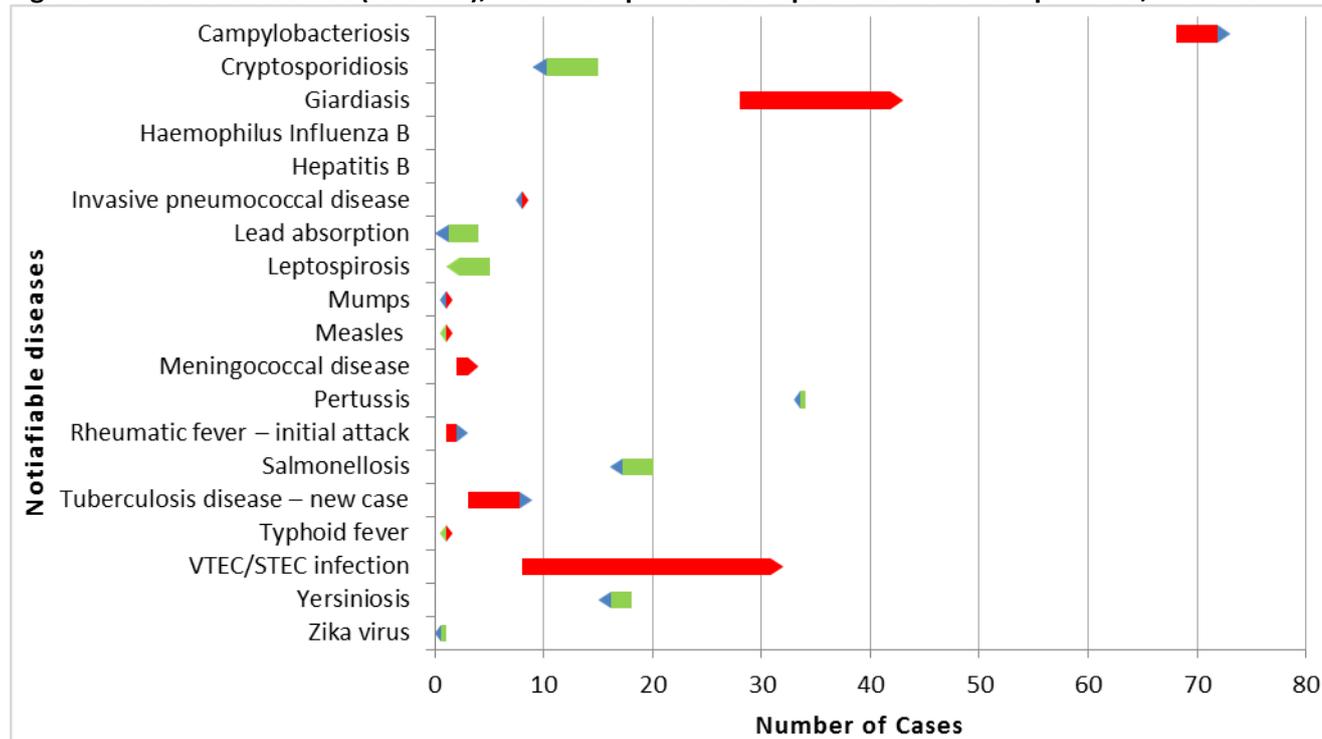
Hamilton has received 2 intakes of refugees from Pakistan, Afghanistan, Democratic Republic of the Congo and Colombia already this year, with 4 more intakes expected in 2019. All have commenced or completed their immunisations at Mangere Resettlement Centre. It is up to GP practices to ensure that those needing completion of courses organise recalls for their clients. Language is often a barrier as is inadequate cultural competency. That is why WDHB is advocating “*CALD (culturally and linguistically diverse) workshops*”. These face-to-face courses provide learners with insight and understanding of value dimensions that cause barriers to effective cross cultural interaction and help identify strategies to enable effective working relationships in culturally diverse workplaces. Go to the Waikato District Health Board site to find the flyers for the 2019 workshops:

<https://www.waikatodhb.health.nz/learning-and-research/learning/cultural-support-for-staff/cald-waikato-workshops/>

Communicable diseases notified March and April 2019

Disease name	March April 2018	March April 2019	YTD	Disease name	March April 2018	March April 2019	YTD
Campylobacteriosis	68	73	206	Meningococcal disease	2	4	4
Cryptosporidiosis	15	9	13	Mumps	1	1	2
Dengue fever	6	15	19	Pertussis	34	33	90
Gastroenteritis – unknown cause	0	1	2	Rheumatic fever - initial attack	1	3	4
Gastroenteritis – foodborne intoxication	1	18	36	Rheumatic fever – recurrent attack	0	2	3
Giardiasis	28	43	73	Salmonellosis	20	16	35
Hepatitis A	0	4	5	Shigellosis	5	3	6
Invasive pneumococcal disease	8	8	11	Tuberculosis disease - new case	3	9	14
Lead absorption	4	0	5	Tuberculosis disease – relapse or reactivation	0	1	1
Latent Tuberculosis	11	4	7	Typhoid fever	1	1	2
Legionellosis	1	1	1	VTEC/STEC infection	8	32	49
Leptospirosis	5	1	3	Yersiniosis	18	15	26
Malaria	1	1	1	Zika virus	1	0	0
Measles	1	1	13	Toxic shellfish poisoning	1	0	0

Figure 1: Notifiable diseases (selected), March & April 2019 compared to March & April 2018, Waikato DHB



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. 22065 or 22020

Notifications outside Hamilton: 0800 800 977

Fax: 07 838 2382

Email: notifiablediseases@waikatodhb.health.nz