

Māehe/March 2021

Public Health Bulletin

Spotlight on notifiable diseases

Notification “On suspicion”

The Health Act 1956 requires “notification on suspicion” for around 60 notifiable conditions. This allows for early action to be taken to reduce further transmission. For many conditions we are actually happy to wait for laboratory confirmation before taking any action, however, there are three types of condition where we really do need you to phone us and ‘notify on suspicion’, including after hours, if you suspect it might be one of them.

Often this will just result in us providing advice regarding appropriate testing and instructions to pass on to the patient to reduce the potential for spread. Other times we will act quickly to deal with the possible case and their contacts ASAP.

The three groups we do want timely notification for are:

- The extremely rare, unexpected, and extremely volatile diseases
- The severe ones and those with high outbreak potential where we need to get onto control fast
- Other diseases where the person is in a high risk situation or occupation where they might spread it

Find more information on these categories [here](#)

If in doubt notify on suspicion

More information on notifiable diseases is available on the [Waikato DHB website](#)

Changes to notifications for lead

The level at which blood lead level is notifiable is changing. The current notification level of 0.48 (or greater) micromoles per litre of blood ($\mu\text{mol/l}$) is to be reduced. The new notification level will be 0.24 $\mu\text{mol/l}$ (or greater). The new notification level comes into effect on 9 April 2021.

The notification process is automatically triggered when a person returns a blood lead level that is equal to or greater than this level. This allows the source of the lead exposure to be identified and any health risks managed.

Rationale for the change

Lead exposure, even at a low level, is well known for its harmful effects. With the removal of lead from petrol in 1996, the main source of non-occupational lead exposure in New Zealand is from lead-based paint on and around pre-1980s houses.

Multiple studies and reviews have concluded that blood lead levels below 0.48 $\mu\text{mol/l}$ can still be associated with several health effects including:

- decreased IQ and academic achievement in children
- adverse behavioural effects (attention, impulsivity and hyperactivity) in children
- delayed sexual maturity or puberty onset in adolescents
- increased blood pressure and risk of hypertension among adults and pregnant women

Children under six years are the group most susceptible to lead exposure.

The change to our lead notification level is consistent with other jurisdictions including The Centers for Disease Control and Prevention (CDC) in the United States and the National Health and Medical Research Council of Australia. More information on lead and the changing notification level can be found on the Ministry of Health [website](#).

Notification process

For syphilis, gonorrhoea and AIDS, go to the ESR STI surveillance webpage and follow the relevant instructions. Link available [here](#).

For COVID-19; those with symptoms who meet the [HIS criteria](#) should be notified by completing a Best Practice (BPAC) email notification form available within MedTech, Profile or My Practice. Alternatively you can complete the HIS notification form attached and email it to us at: notifiablediseases@waikatodhb.health.nz

For hazardous substances, poisoning suspected as arising from chemical contamination of the environment and lead you can notify us by completing a Best Practice (BPAC) email notification form available within MedTech, Profile or My Practice.

Examples of hazardous substances cases that should be reported include fireworks injuries, ingestion of cleaning products or cosmetics by children, overdose with agrichemicals (including spraydrift incidents), carbon monoxide poisoning, illness caused by exposure to chemicals such as solvents or chlorine, exposure to contaminants discharged to air through fire.

For all other notifications or for GP's without the above practice management systems notification can occur by:

Phone:(07) 838 2569 ext. 22041 or 22020,

Fax: 07 838 2382

Email: notifiablediseases@waikatodhb.health.nz

Measles and Mumps

There have been no confirmed cases of measles or mumps in New Zealand for over a year now. The border closure due to COVID-19 is playing a role in this. We continue to encourage all those eligible for free MMR vaccination as part of the Guardians of the Future catch up campaign to get immunised to help protect against future outbreaks.

If you suspect measles or mumps in one of your patients please give us a call to discuss and 'notify on suspicion'. Processing of any tests received by the lab for these conditions will require advice from the MOoH first.

Mumps

Mumps presents with acute onset of fever and unilateral or bilateral tender swelling of the parotid or other salivary glands lasting more than two days and without other apparent cause.

Differential diagnosis for parotitis include infection with EBV, adenovirus, coxsackie A, echovirus, influenza, parainfluenza 1,3 and should not be confused with neck lymph node swelling.

Measles

Measles is characterised by all of the following:

- a maculopapular rash usually starting on head and spreading to trunk and limbs
- fever (measured at >38 o C) at the time of rash onset
- cough or coryza or conjunctivitis or koplik spots present at the time of rash onset

Notification forms for measles and mumps can be found on the Waikato DHB [website](#)

Refugee and Migrant Health

New Zealand's Refugee Quota Programme has resumed, with the first group of 35 refugees arriving in New Zealand in February. The full quota, for up to 1500 refugees, is unlikely to be met in 2020/21 due to the global impact of COVID-19.

The new Refugee Quota Health Model, which offers health screening, assessment and where necessary treatment and immunisation prior to arrival (offshore) has commenced, and will enable earlier planning around the health service requirements needed in our resettlement regions.

Counties Manukau Health has been contracted by the Ministry of Health to provide primary care and other services at Te Āhuru Mōwai o Aotearoa, the Mangere Refugee Resettlement Centre. More information on New Zealand's refugee COVID-19 response can be found [here](#).

COVID-19: translated resources

Important COVID-19 information is now available in 20 Asian and Middle Eastern, Latin American and African languages at [COVID-19.govt.nz](https://www.covid-19.govt.nz).

The Ministry of Social Development (MSD) have also translated their Work and Income: *Help with essential costs* one-pager in to a number of languages. The MSD resource is available [here](#).

CALD workshops at Waikato DHB

CALD refers to Culturally and Linguistically Diverse groups who are migrants and refugees from Asian, Middle Eastern, Latin American and African backgrounds.

CALD workshops provide learners with insight and understanding of cultural dimensions, how different cultures respond to health related situations, different health concepts, faith based practices, and differences in expectations from health systems. They also offer courses to help new migrant workforce to understand ways that could improve their interaction in a culturally competent manner with colleagues in a New Zealand workforce.

CALD workshops are hosted at the Bryant Education Centre, Waikato Hospital Campus, and are open to health professionals working in secondary care, primary care and NGO health sectors.

Want to find out more - All the details are available on the [Waikato DHB website](#).

COVID-19 Vaccine

The Immunisation Advisory Centre (IMAC) have recently updated the COVID-19 [Vaccinator guidelines](#) to reflect the following changes:

1. Move to a 20minute wait following administration
2. No longer need to ask about checkpoint inhibitor medication
3. Reducing rigidity of rules around vaccine spacing
4. More detailed guidance on bleeding disorders
5. Further clarification on [pregnancy advice](#)

The updated guidelines along with more information on the COVID-19 vaccine can be found by visiting the [IMAC website](#).

Notifiable diseases – February 2020 compared to February 2019 (Waikato DHB)

Disease name	Waikato ¹			YTD		
	2020	2021	Change 2020-2021	Waikato	National	% ²
Campylobacteriosis	37	41	4 ▲	112	1,109	10
COVID-19	0	1	1 ▲	5	215	2
Cryptosporidiosis	3	1	-2 ▼	5	54	9
Dengue fever	1	1	0 -	1	3	33
Gastroenteritis - unknown cause	1	0	-1 ▼	2	40	5
Gastroenteritis / foodborne intoxication	5	3	-2 ▼	4	13	31
Giardiasis	18	11	-7 ▼	19	165	12
Invasive pneumococcal disease	3	2	-1 ▼	7	42	17
Lead Poisoning	1	2	1 ▲	4	66	6
Legionellosis	1	0	-1 ▼	0	27	0
Leptospirosis	1	0	-1 ▼	0	8	0
Listeriosis	1	0	-1 ▼	0	3	0
Mumps	0	0	0 -	0	6	0
Pertussis	5	0	-5 ▼	2	14	14
Rheumatic fever - initial attack	7	1	-6 ▼	2	15	13
Salmonellosis	6	8	2 ▲	21	170	12
Shigellosis	1	0	-1 ▼	0	6	0
Tuberculosis disease - new case	1	1	0 -	4	63	6
VTEC/STEC infection	6	14	8 ▲	20	168	12
Yersiniosis	7	6	-1 ▼	12	206	6

1 case of COVID-19 classified as historical

¹Number of cases. Source Waikato DHB.

²Waikato Year to Date (YTD) count as a proportion of national data.

Medical Officers of Health: Felicity Dumble – Richard Wall – Richard Vipond – Richard Hoskins – Geoff Cramp
(COVID-19 support)

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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