

- ▶ Meningococcal disease increase
- ▶ Rheumatic Fever rates have decreased

## **Meningococcal disease case increase**

Three cases of meningococcal disease have been notified in Hawke's Bay over the past month (Aug-Sept 2015).

- Only one of these cases presented as a classic septic shock in a febrile unwell infant. The key sign in these cases was **a severe and persistent tachycardia disproportionate to the degree of fever.**
- All cases were infants and all made good recovery, as a result of early diagnosis and treatment.
- Typing of isolates demonstrated that the first 2 cases were both due to group B meningococcal infection but with different sub-types, and the third case was caused by group W135. Therefore these cases were not linked.
- > The recommendation is that if meningococcal disease is suspected prompt antibiotic treatment should be commenced after taking blood cultures and don't hesitate to seek advice from the DHB Paediatric service via the on-call Paediatric Registrar.

## **Giardia Outbreak**

There's been an unseasonal increase in giardiasis cases notified during July and August.

- Nearly all cases were from Hastings District and Wairoa (from both urban and rural communities).
- The most common risk factors reported from primary cases were: swimming in a pool and attendance at a childcare centre.
- Control measures included hygiene advice to a childcare centre where there was a cluster of cases and advice to parents for children with diarrhoea to get tested and to stay away from the childcare centre until 48 hours after symptoms cease.
- An inspection of a swimming pool was also undertaken by the health protection officer where half of the cases who had reported swimming had swum. The investigating team were aware of at least one case who had continued to swim whilst unwell.
- > Please be reminded that all suspect giardia (or any other gastroenteritis case) should be advised not to swim for 2 weeks after symptoms cease. Swimming pools can amplify dispersed community outbreaks.

## Hawke's Bay Rheumatic Fever rates have decreased

Hawke's Bay has achieved the Ministry of Health (MoH) target for Rheumatic Fever hospitalisations 2014/15.

The **Hawke's Bay** target rate was 2.7 per 100,000 population, **we achieved 0.6** per 100,000 population.

## Child Healthy Housing Programme (CHHP)

As part of the Governments Better Public Service, regions with high incidence of Rheumatic Fever have MoH Healthy Housing initiatives aimed to reduce crowding and improve housing.

Many of our Hawke's Bay families will be eligible for housing/crowding support.

Child Healthy Housing staff, HBDHB will work with families to:

- Improve the quality of the house – ie repairs, insulation, heating
- Improve the things in the house – ie curtains, carpets, beds, bedding
- Improve how families live in the house – ie effective use of power, effective mould removal, and financial support
- Get a new house for families with structural crowding (not enough bedrooms for family size). Families may be fast tracked through the Ministry of Social Development for social housing.

Would your enrolled families benefit from improved housing conditions?

Do you ask if families sleep within one room to keep warm (functional crowding)?

Please assess families to see if they meet the eligibility criteria (attached).

Complete a referral form (attached).

For practices participating in Primary Care Say's Ahh, the CHHP referral form is an Advanced form in Medtech.

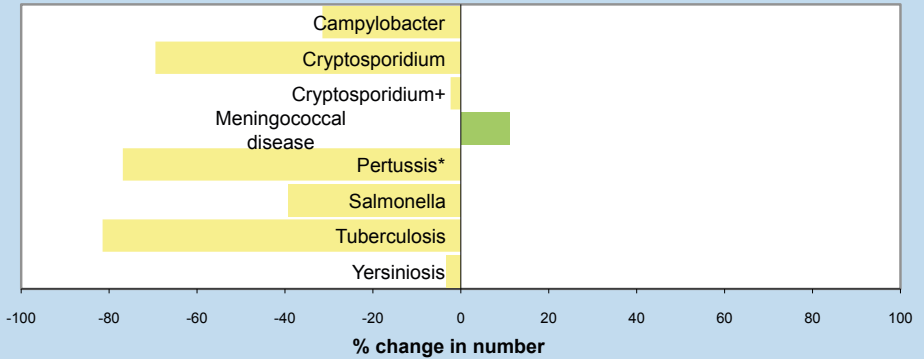
Any questions, please contact Alice Peacock, Child Healthy Housing Social Worker 0273338327 or 06 8799440

Public Health Advice is also available on the  
Hawke's Bay District Health Board website:

<http://www.hawkesbay.health.nz/page/pageid/2145871321>

# Disease Surveillance Summaries

Selected Hawke's Bay disease notifications for March 2015 to August 2015 compared to the average for the same period during 2010-2014



Note: \*denotes  $p < 0.001$  +denotes  $p < 0.005$

Selected notifications September 2014 to August 2015

Disease	Hawke's Bay		New Zealand	
	Cases	rate*	Cases	rate*
Campylobacter	261	163.7	6,437	142.7
Chlamydia	1,436	<b>900.9</b>	28,974	<b>642.5</b>
Cryptosporidium	19	11.9	618	13.7
Giardia	77	<b>48.3</b>	1,503	<b>33.3</b>
Gonorrhoea	117	73.4	3,247	72.0
Hepatitis NOS	1	0.6	5	0.1
Invasive pneumococcal disease	17	10.7	475	10.5
Latent Tuberculosis Infection	5	3.1	314	7.0
Legionella	2	1.3	167	3.7
Leptospirosis	9	<b>5.6</b>	79	<b>1.8</b>
Meningococcal disease	3	1.9	53	1.2
Mumps	1	0.6	18	0.4
Pertussis	28	17.6	1,056	23.4
Rheumatic Fever	3	1.9	136	3.0
Salmonellosis	31	19.4	1,044	23.1
Tuberculosis - new case	4	2.5	291	6.5
VTEC/STEC Infection	1	0.6	262	5.8
Yersinia	19	11.9	761	16.9

\* Annualised crude rate per 100,000 population calculated from 2014 mid-year estimates.

Rates in bold - statistically significant

Note: The figures for Chlamydia & Gonorrhoea are for the 12 months ending June 2015.

# Immunisation Issues

## Upcoming Training

Update for trained vaccinators: 14 October venue Skills Lab, HB Fallen Soldiers Hospital, cost \$60.00

Vaccinator Training Course 18-19 November, Education Centre HB Fallen Soldiers Hospital, cost \$120.00

Online training courses are also available for health professionals, including midwives, details at the web address below

Register with IMAC [www.immune.org.nz](http://www.immune.org.nz) or phone 0800 882 873

## Diphtheria in NZ

Two cases of Diphtheria were notified in NZ earlier this year. This disease is often thought of as not being in our backyard. These cases highlight why it is important not to become complacent about immunisation. With civil unrest in parts of the world and the movement of significant numbers of people, diseases that we assume won't occur in NZ may appear.

Reminding ourselves of the reasons why we immunise should also encourage us to immunise on time. The timing of immunisations is to provide protection when it is most needed.

## Vaccine Hesitancy

For those parents that are hesitant about immunisation please continue to discuss this very important topic addressing the concerns as they are verbalised and refer on to the Immunisation Advisory Centre 0800 phone line (0800IMMUNE) or the HBDHB Immunisation Team for further advice, resources and information if needed.

If parents elect not to immunise initially, please do not document all scheduled immunisation episodes as declined but advise the parents that you will be raising the subject at each scheduled immunisation episode to ensure that they continue to make an informed choice.

We have written resources available for parents who choose not to immunise their children to advise them of things that they can do to keep their children from contracting vaccine preventable diseases. National schedule vaccines are free until 18 years of age (HPV until age 20) and there are catch up programmes for children if their parents who have previously not immunised change their minds.