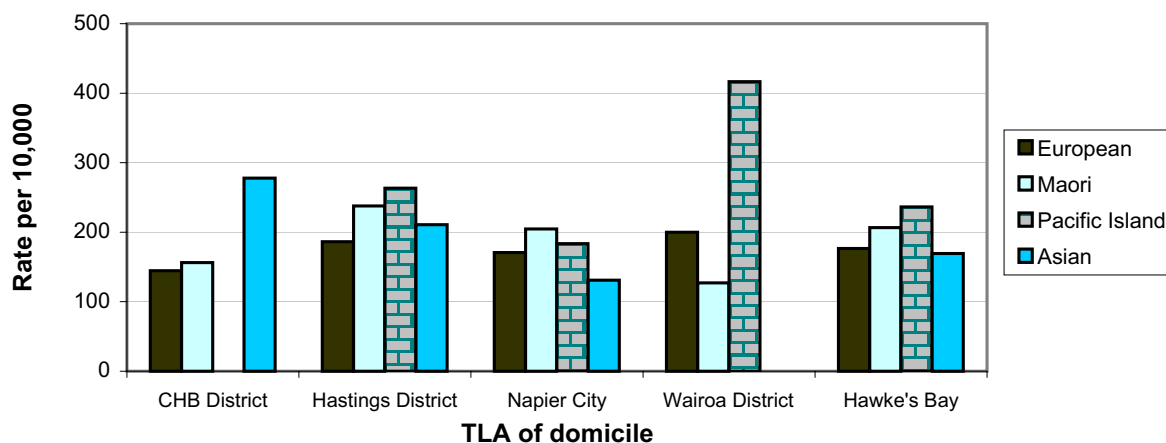


Unintentional injury in Hawke's Bay's children *Hospitalised injuries*

In the two years July 2002 to June 2004, 1,379 Hawke's Bay children aged 0-14 were hospitalised with injuries.

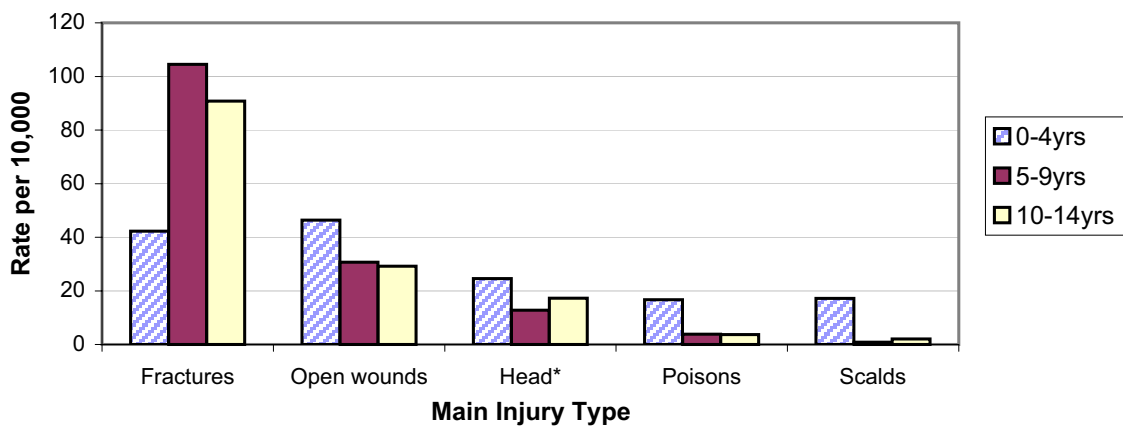
- The injury rates were similar across all age groups
- Rates were a little lower in Wairoa and Central Hawke's Bay than in the urban local authority areas (figure 1)
- Under 10 years of age the injury risk was highest for Pacific Islanders, followed by Maori then Europeans (figure 1)
- Boys were more likely to be injured than girls
- Fractures were the commonest injury type and were more common in older children (figure 2, page 2)
- Poisonings, scalds, falls, dog-bites and jammed digits were more common in younger children
- The majority of head injuries were suffered by children under five years following a fall
- The most common site for injuries was the home, followed by playground and sport

**Figure 1: Average annual rate of injuries. Hawke's Bay
 0-14 year olds by TLA & ethnicity, July 2002 to June 2004.**



* Note that Pacific Island population in Wairoa is very small and the high rate depicted represents only one injury.

Figure 2: Average annual rate of injuries. Hawke's Bay 0-14 year olds by main injury type & age group, July 2002 to June 2004.



*Includes concussion, fracture of skull and loss of consciousness.

Injuries presenting in primary care

There are no readily available data on injuries in primary care. However injuries that do not lead to hospitalisation or death are common. For example between 3 and 4,000 injuries are recorded each year by a Hawke's Bay school injury recording system.

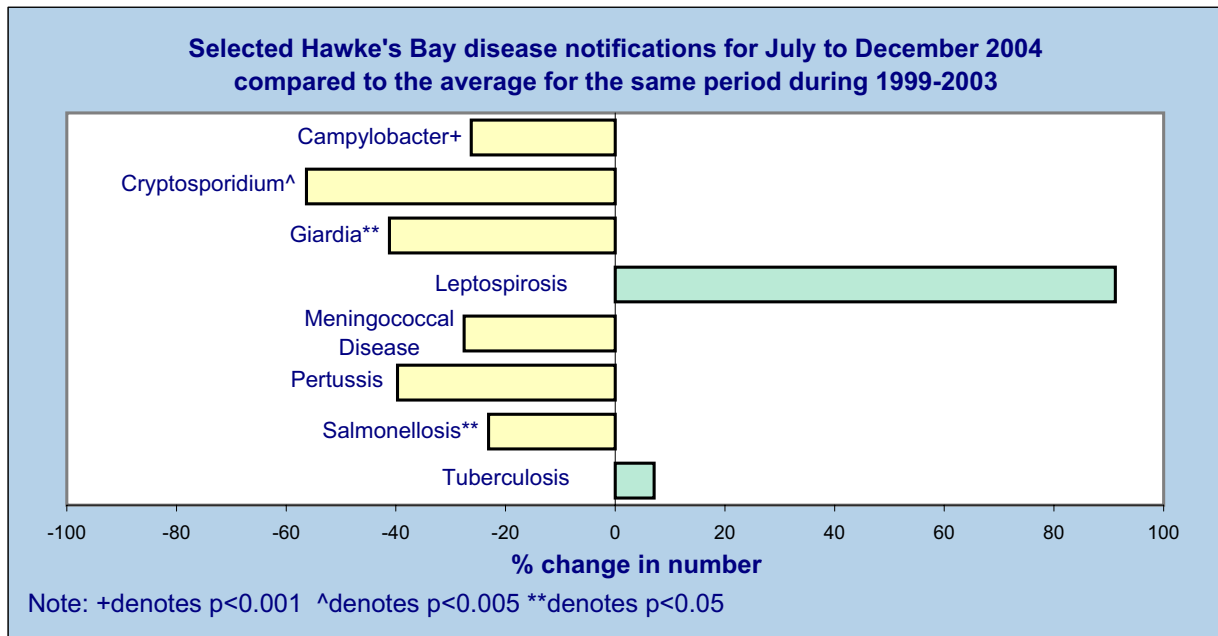
Interventions for unintentional injury

There is evidence for the effectiveness of a wide range of interventions. A Hawke's Bay research project is being planned to investigate the scope for prevention of injuries in the home to children under five years of age. A detailed report on this topic is available from the Public Health Unit.

Commentary on disease surveillance summaries

Tuberculosis numbers have increased in the past six months with new cases being discovered among young Maori – see Vol 1 Issue 2 for advice on tuberculosis. The **leptospirosis** numbers are largely due to new infections among freezing workers. The reason for the decline in enteric disease numbers is not known. **Campylobacteriosis** has risen steadily over the past five years until recently. **Cryptosporidiosis**, **giardiasis** and **salmonellosis** rates have fluctuated over the years. One of the cases of **paratyphoid** was caused by inadequate hand-washing after contact with a home tropical fish aquarium. Three other cases in New Zealand have been infected in the same way. Lower **meningococcal disease** rates recently have been a national trend.

Disease surveillance summaries



Selected notifications January 2004 to December 2004

Disease	Hawke's Bay		New Zealand	
	Cases	rate*	Cases	rate*
Campylobacter	433	290.4	12235	301.3
Cryptosporidium	24	16.1	611	15.0
Giardia	65	43.6	1515	37.3
Hepatitis A	2	1.3	49	1.2
Hepatitis B	1	0.7	39	1.0
Hepatitis C	1	0.7	26	0.6
Lead Absorption	2	1.3	96	2.4
Leptospirosis	21	14.1	105	2.6
Meningococcal Disease	15	10.1	346	8.5
Paratyphoid	2	1.3	23	0.6
Pertussis	37	24.8	3492	86.0
Rheumatic Fever	6	4.0	74	1.8
Salmonellosis	55	36.9	1095	27.0
Shigella	0	0.0	140	3.4
Tuberculosis	27	18.1	375	9.2
Typhoid	0	0.0	31	0.8
Yersinia	20	13.4	422	10.4

* Annualised crude rate per 100,000 population calculated from 2004 estimated resident populations.

Tsunami

The following health information is available on the Ministry of Health website. (<http://www.moh.govt.nz>):

- Health Information for people returning from tsunami-affected areas
- Advice for Medical Practitioners treating returned travellers from tsunami-affected areas

Immunisation issues

Coming events

Vaccinators training course, 18-19 August 2005

Information sharers course, 8 August 2005

Updates for practice nurses for MeNZB, late February

To register contact Marg Dalton, Immunisation Coordinator Phone (06) 834 1815

Pharmaceutical fridges should be delivered by the end of February 2005.

Vaccine update

The Ministry of Health has advised that the planned change in supply of DTaP-IPV vaccine from Infanrix-IPV to Quadracel will NOT go ahead in 2005 due to ongoing supply difficulties.

National Childhood Immunisation Schedule (up to four years of age)

Age	DtaP-IPV	Hib-Hep B	Hep B	MMR	DTaP/Hib
6 wks	Infanrix-IPV®	Comvax®			
3 mths	Infanrix-IPV®	Comvax®			
5 mths	Infanrix-IPV®		HBvaxPRO®		
15 mths				M-M-R® II	Infanrix/Hib®
4 yrs	Infanrix-IPV®			M-M-R® II	

Influenza vaccine time again

Influenza vaccines for 2005: Order now for priority delivery. Hopefully the influenza vaccine will be available by the 1st March for practices. This would allow everyone to vaccinate a proportion of the patients against influenza before the 21st of March when the MeNZB campaign begins. Merck Sharp and Dohme has the contract to supply the funded influenza vaccine from 2005. The vaccine is VAXIGRIP and distributed by EXEL. \$5.95 per vaccine. Delivery is free for the first 4 orders in any 4 week period.

Fax orders to: 0800 806 673. Order online at: www.msdvaccines.co.nz