

**IMMUNISATION ISSUES**

The Ministry of Health (MoH) has made immunisation the number one health target so improving immunisation coverage rates regionally and nationally has been given high priority. The MoH's Immunisation Champion Dr Pat Tuohy has developed a toolkit to help DHB's work towards their targeted improvements. What is in the MoH toolkit?

- Know your population. (Know who and where all the children are)  
*The "inverse care law" suggests that those most likely to need healthcare are least likely to get it. Casuals are less likely to be immunised.*
- Be a NIR expert  
*The NIR is one of the key aspects of the immunisation programme. Everyone needs to know how to make it work well for them.*
- Routine precall for the 6 week immunisation
- Starting the immunisation programme late predicts late completion*
- Timely reminders for all overdue infants
- Standard practice, but not always done. SMS/text may be useful.*
- Audit and share immunisation coverage across practices / PHOs
- Auditing and publishing coverage incentivises practices to improve.*
- Promote immunisation through antenatal and well child services
- All health professionals have a role in providing advice about immunisation*
- Improve access to immunisation in primary care settings
- Many parents report that they have difficulty accessing immunisation services during normal working hours. (Provision of evening or weekend clinics)*
- Use opportunistic immunisation wherever possible
- Opportunistic immunisation can assist by identifying un/underimmunised children in the context of other health care activities.*
- Ensure OIS services are functioning effectively and efficiently
- OIS have an important role in reaching the most vulnerable 5-10% of children They are an expensive but valuable resource.*
- Promote immunisation at every opportunity
- The community demand for immunisation must be constantly reinforced and supported.*

**DENGUE FEVER**

There is on-going high-level transmission of dengue fever type 4 in the Pacific region. At the current time, Fiji is most affected with 1800 reported cases to date. Vanuatu, New Caledonia (Dengue type 1), Rarotonga, American Samoa, French Polynesia and other countries are affected. Travellers are at low risk if they stay at hotels with good rubbish disposal, tidy grounds and minimal standing water. Nonetheless standard advice about protection against mosquito bites should be given to intending travellers. This is available in the chapter on Malaria in WHO's *International Travel and Health*: <http://www.who.int/ith/en/>.

Medical Officer of Health  
**Public Health**  
**ADVICE**

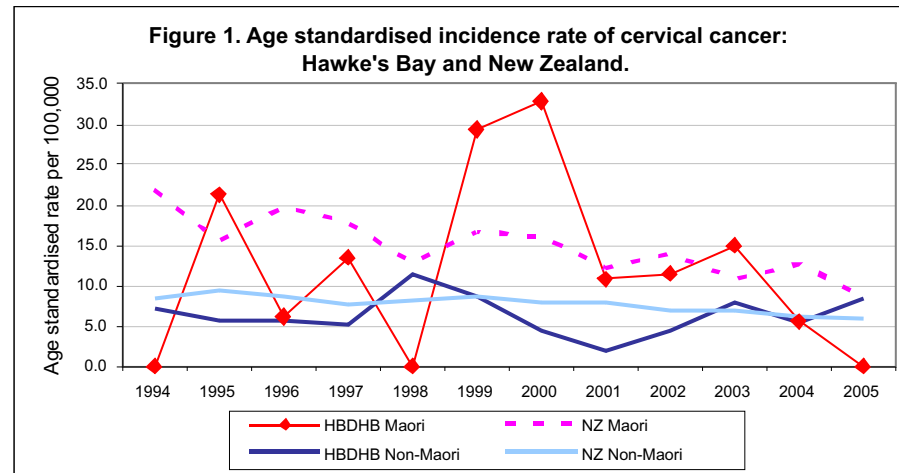
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**EQUITY IN HPV VACCINE DELIVERY**

The HPV vaccine catch-up programme (offered to girls and young women born on or after 1 January 1990) aims to extend the benefits of HPV immunisation to older girls and young women. The median age of onset of sexual activity for women in New Zealand is around 16 years. Young women who have already commenced sexual activity may not have been exposed to the types of HPV covered by the vaccine and could still benefit from vaccination.

Māori in New Zealand experience the greatest burden of cervical cancer in terms of incidence, mortality and survival, and have the lowest immunisation rate of any ethnic group. Figure 1 shows higher Hawke's Bay cervical cancer rates in Māori than non-Māori, though there is wide fluctuation in Māori rates due to small numbers.



Pacific girls and young women are also a priority population for this programme. They have higher rates of cervical cancer than New Zealand as a whole, though the disparity is not as marked as it is for Maori.

Maori and Pacific women and women living in high deprivation areas are most at risk of cervical cancer. Maori and Pacific cervical screening uptake rates are low compared with European women.

Hawke's Bay HPV immunisation uptake already shows a small ethnic disparity.

**HPV vaccine dose 1 by ethnicity: Hawke's Bay DHB - 1 Sept 2008 to 12 Nov 2008**

	Number	Population*	% immunised
<b>Māori</b>	109	691	16%
<b>Non-Māori</b>	261	1417	18%

\*estimated from 2006 Census

There is a high risk of ethnic inequalities in immunisation coverage and subsequent exaggeration of ethnic inequalities in cervical cancer. Avoiding these outcomes by focusing on achieving equitable coverage is the primary objective for this programme.

In offering HPV vaccine to your registered patient population, please consider methods for maximising uptake in Māori and Pacific Islands women (especially those in high deprivation areas) in your practice.

- Advertise texting as an option for self-referral
- Use multiple recall methods - texting, phoning, visiting.
- Opportunistic vaccination particularly during visits for contraception.
- Alternative immunisation venues where young women gather.
- Develop reports which analyse the vaccine uptake by ethnicity in your practice.
- Offer young women information about HPV, cervical cancer and Gardasil
- Make posters and pamphlets easily accessible in the waiting room
- Use your patient management systems to flag young women for discussion of Gardasil.

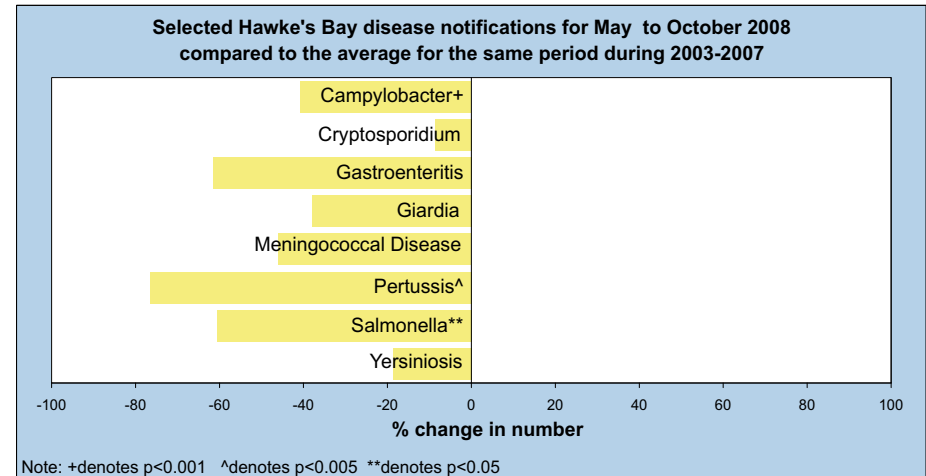
**SPIDERS**

We enclose a useful Ministry of Health pamphlet on three biting spiders in New Zealand. This will be of interest to your patients. Further copies are available from our health promotion resource room at the Napier Health Centre.

**COMMENTARY ON DISEASE SURVEILLANCE SUMMARIES**

Rates of the more common gastrointestinal infections continue to decline. With respect to campylobacteriosis, cryptosporidiosis and shigellosis this is part of a national trend. The reason for the decline is not known. Hawke's Bay rates for leptospirosis and meningococcal disease continue to exceed the national rates.

**DISEASE SURVEILLANCE SUMMARIES**



**Selected notifications November 2007 to October 2008**

Disease	Hawke's Bay		New Zealand	
	Cases	rate*	Cases	rate*
Campylobacter	308	201.4	7016	165.9
Cryptosporidium	29	19.0	748	17.7
Dengue Fever	3	2.0	102	2.4
Gastroenteritis	11	7.2	126	3.0
Giardia	47	30.7	1609	38.1
Legionellosis	5	3.3	73	1.7
Leptospirosis	9	5.9	105	2.5
Measles	2	1.3	17	0.4
Meningococcal disease	10	6.5	118	2.8
Mumps	6	3.9	84	2.0
Rheumatic fever	12	7.8	236	5.5
Salmonellosis	41	26.8	1337	31.6
Shigellosis	2	1.3	107	2.5
Tuberculosis	5	3.3	307	7.3
VTEC/STEC Infection	2	1.3	120	2.8
Yersinia	32	20.9	567	13.4

\* Annualised crude rate per 100,000 population calculated from 2006 census usually resident population.