

Immunisation Issues

Coming Events

Next Vaccinator training: 2nd and 3rd June 2009, Cornwall Park Cricket Pavilion, Hastings

Next Update: 28 July , 5.30, Education Centre

Contact the Immunisation Team, Napier Health Centre, ph 8341815

Update on Hawke's Bay Immunisation Coverage Rates
(for Babies born since September 12, 2005) *Anne Martin, NIR Coordinator*

Improvements in Hawke's Bay childhood vaccination rates in the last 12 months have been really encouraging. This is particularly so for Maori coverage rates which in recent months have matched the coverage rate of other ethnicities. A big thank you for the work that has gone in from a wide range of health professionals from GPs and practice nurses, Plunket nurses, Maori Providers and community support workers, staff in the Paeds ward and the DHB Imms team.

Children fully vaccinated by the age of two

	Total	NZ European	NZ Maori	Pacific	Asian	Other
Hawkes Bay						
3 Months ended Dec 31 2008	86%	87%	87%	89%	85%	70%
12 Months ended Dec 31 2008	83%	85%	80%	85%	87%	80%
National						
3 Months ended Dec 31 2008	77%	82%	69%	76%	80%	67%
12 Months ended Dec 31 2008	77%	82%	69%	75%	80%	69%

NIR is providing us with useful information on coverage rates both locally and nationally. Apart from being a tool to monitor the individual's immunisation status and tracking overdue children, especially those who are mobile, it provides good information to show whether targeted initiatives and strategies are effective.

Looking forward we need to continue to improve these immunisation rates. Importantly there is still a good deal of work to be done to improve the timeliness of vaccinations. In the last 3 months, only 73% of children who turned two in that quarter had been fully vaccinated by 18 months. ON-TIME vaccination is now an important message to communicate to parents and will be a major focus from now on. Too many children are still at risk of childhood diseases for months longer than they need to be. Since pertussis rates are increasing nationally, now is the time to promote on-time vaccination and emphasise the importance of coughing older children and adults staying away from infants and babies.

Medical Officer of Health
Public Health
ADVICE

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Public Health Report

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ALCOHOL RELATED INJURY PRESENTATIONS

During May 2008 all injury presentations (within 48 hours of injury) to the Hawke's Bay Regional Hospital Emergency Department were assessed for the likelihood that alcohol had contributed to that injury. Nurses in the department used an intoxication assessment checklist (based on the ALCO link tool used by the NZ Police), asked about alcohol consumption and recorded details about the cause and location of the injury as well as the usual clinical injury details.

RESULTS

There were 2432 presentations to the Emergency Department during the period 1st May to 28th May 2008. 744 patient (31% of total presentation) were injury cases of which 570 patients met the study inclusion criteria, 456 adults and 144 children. All first attendances (including children 0-14 years) within 48 hours of injury were included in the study. Only the adult data have been analysed to date.

Data was complete for 448/456 adults (98%). In 83 injury presentations (18.2%) it was assessed as likely or highly likely that alcohol had contributed to their injury. This proportion varies with time of day and day of week reaching 67% of all injury presentations between midnight and 6am over the 28 days of the study.

Alcohol-related injuries were more likely to be serious than non alcohol-related injuries - 54% of alcohol-related injuries were in triage codes 1-3 compared to 33% of non alcohol-related injuries. The most common alcohol-related were lacerations (25%) and head injuries (22%). Alcohol was a contributing factor in 82% of all injuries due to intentional harm by a third party and in 39% of injuries due to intentional self-harm. Alcohol-related injuries occurred most often at home/private residence or in a street/road area.

CONCLUSIONS

This study confirms that alcohol is a significant factor in injury presentations to the Emergency Department. It also highlights the role of violence in alcohol-related injuries. Further work will look at the potential role for ED staff and other health professionals in reducing alcohol-related injuries.

Table 1: Alcohol /non alcohol related injuries by intent

Injury Intent	Alcohol - related injuries (% of column total)	Non alcohol - related injuries (% of column total)	Injuries where alcohol not stated	Total injuries	% Alcohol -related (% of row total)
Unintentional	32 (38.6%)	341 (93.4%)	6	379	8.4%
Intentional self harm	11 (13.3%)	17 (4.7%)	0	28	39.3%
Intentional harm by another	40 (48.2%)	7 (1.9%)	2	49	81.6%
Total	83 (100%)	365 (100%)	8	456	18.2%

Rabies advice for travellers

Rabies was found in two dogs in Kuta, Bali in December 2008. There are also unconfirmed media reports that several people in Bali with rabies-like symptoms had died after being bitten by dogs. Bali was previously reported to be rabies-free.

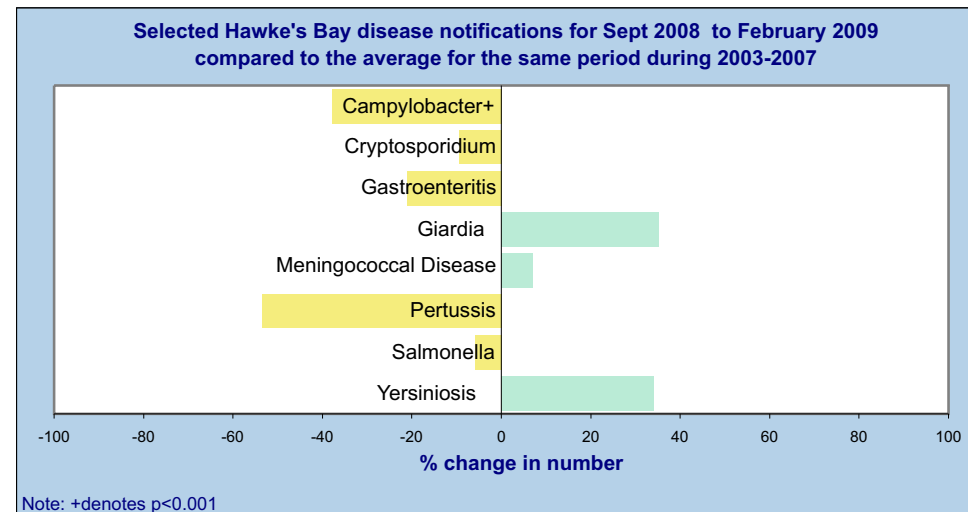
Rabies is a risk to travellers in many countries, especially in Asia and Africa, where most of the world's 55,000 annual rabies deaths occur.

Early rabies symptoms may include poor appetite, cough, fever, headache, muscle aches, nausea, sore throat, tiredness and vomiting. The disease is almost always fatal.

Please advise your patients who travel to areas which are enzootic for rabies to avoid contact with dogs, including pet dogs, as well as cats, monkeys and other animals. If they are bitten or scratched by any animal, they should:

- Wash the wound well with soap and water.
- See a doctor right away, even if they don't feel sick or the wounds not serious. To prevent rabies, they may need to start a series of vaccinations immediately.
- To get vaccinated, be prepared to travel home or to another area. (Adequate vaccination for exposure to rabies is not available in all parts of the world.)

Disease Surveillance Summaries



Disease	Hawke's Bay		New Zealand	
	Cases	rate*	Cases	rate*
Campylobacter	295	192.4	6772	158.6
Cryptosporidium	27	17.6	790	18.5
Dengue Fever	2	1.3	140	3.3
Gastroenteritis	5	3.3	205	4.8
Giardia	58	37.8	1684	39.4
Invasive pneumococcal disease	6	3.9	204	4.8
Lead Absorption	7	4.6	352	8.2
Legionellosis	6	3.9	84	2.0
Leptospirosis	9	5.9	114	2.7
Measles	2	1.3	28	0.7
Meningococcal disease	9	5.9	126	3.0
Mumps	6	3.9	58	1.4
Pertussis	11	7.2	599	14.0
Rheumatic fever	10	6.5	186	4.4
Salmonellosis	42	27.4	1273	29.8
Shigellosis	1	0.7	124	2.9
Tuberculosis	5	3.3	303	7.1
VTEC/STEC Infection	1	0.7	135	3.2
Yersinia	27	17.6	515	12.1

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

- After they return home, tell a doctor that they were bitten or scratched during travel.

The following activities may put travellers at higher risk of rabies:

- Working closely with animals of unknown rabies exposure or vaccination history.
- Spending a lot of time in a rural area or doing outdoor activities such as bicycling, camping, or hiking. These activities increase the risk of coming in contact with animals.
- Touching or playing with animals.

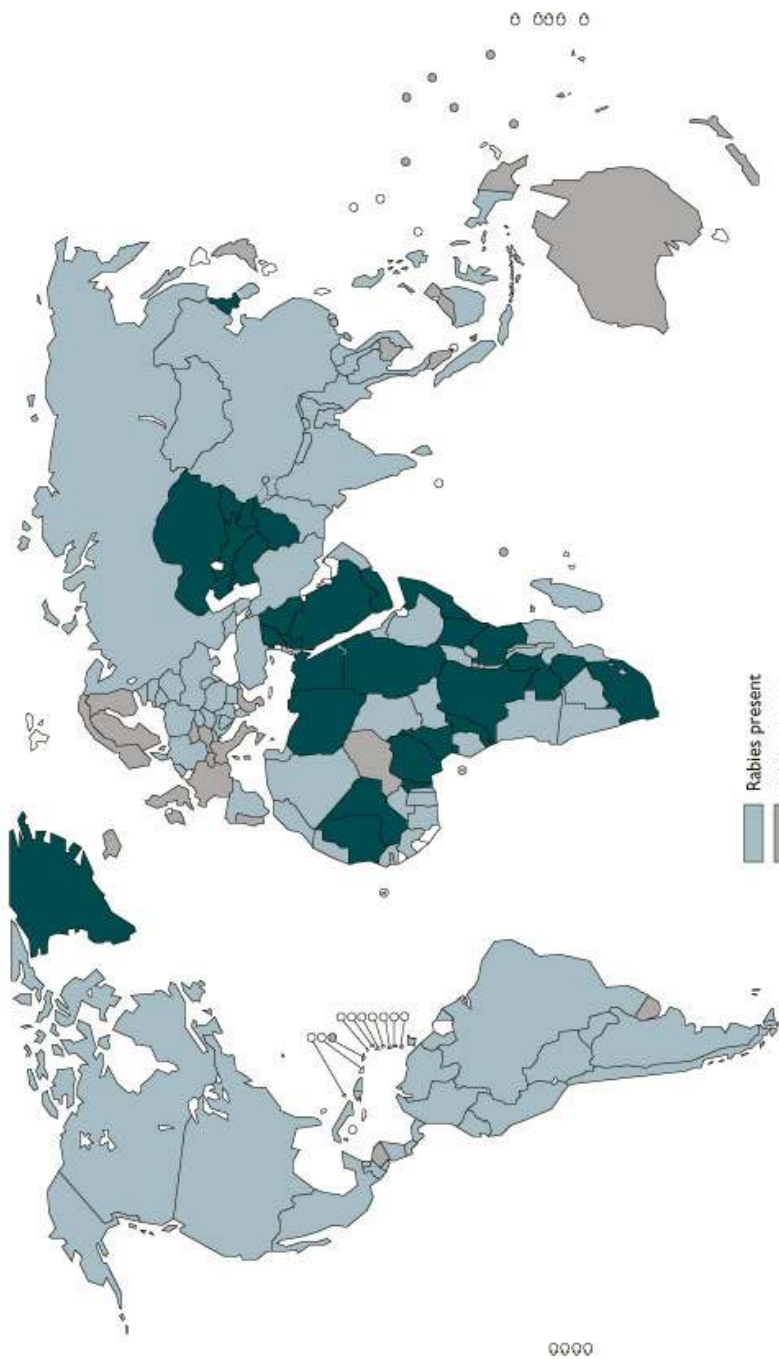
Most cases of rabies occur in children, who are more likely to be bitten by animals, may not report the bite, and may have more severe injuries from animal bites. Advise travellers to supervise children closely around animals.

Pre-exposure vaccination should also be offered to persons in high-risk groups, such as veterinarians and their staff, animal handlers, rabies researchers, and certain laboratory workers. Pre-exposure vaccination should also be considered for persons whose activities bring them into frequent contact with rabies virus or potentially rabid bats, raccoons, skunks, cats, dogs, or other species at risk of having rabies. In addition, some international travellers might be candidates for pre-exposure vaccination if they are likely to come in contact with animals in areas where dog or other animal rabies is enzootic and immediate access to appropriate medical care, including rabies vaccine and immune globulin, might be limited.

Vaccination is expensive and time-consuming so it is not recommended for pre-exposure prophylaxis for most travellers, but is increasingly offered to those travelling to high risk areas for extended periods of time.

More detailed discussion is available at:
<http://www.cdc.gov/mmwr/pdf/rr/rr57e507.pdf>

Rabies, 2006



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