

- DTaP-IPV (Infanrix-IPV) licensed for children under the age of 7yrs
- An adult dose of diphtheria and tetanus vaccine Td (ADT Booster) is licensed for 5 years and older.
- dTap (Boostrix) is licensed for those 10 years and older.

Tetanus-containing vaccines are funded for all children in New Zealand up to the 16th birthday (regardless of their residency status) AND all unimmunised adults over the age of 16. (ImmNuZ Issue 55 - May 2009)

The guidelines in the Immunisation Handbook 2006 pg 158 should be used for tetanus prevention for any tetanus prone wound.

New Immunisation eLearning Website: <http://health.flexible.net.nz/>

The Ministry of Health launched a new immunisation eLearning website on the 24th of June 2009. It is designed to help nurses, childbirth educators and midwives quickly and easily find useful information and resources about immunisation.

General Practices may also find it a useful site to refer concerned parents and caregivers to. There are links to a wide range of immunisation resources, research and publications. You can also find out about vaccines and the diseases they protect against at the click of a button with the interactive National Immunisation Schedule or test your immunisation knowledge with a series of quick quizzes.

Coming Events

- Vaccinator Training Course:** 11th & 12th November 2009
- 4 hour Update for Vaccinators:** 28th July 2009 5.15pm - 8.30pm
- 2 hour Update for Vaccinators:** 4th November 2009 5.15pm - 7.15pm
- 2 Hour Update for Adult & School Age Child Vaccinators:** 1st December 2009 5.15pm - 7.15pm

To RSVP contact the Immunisation Team, Napier Health Centre, Ph: 834-1815

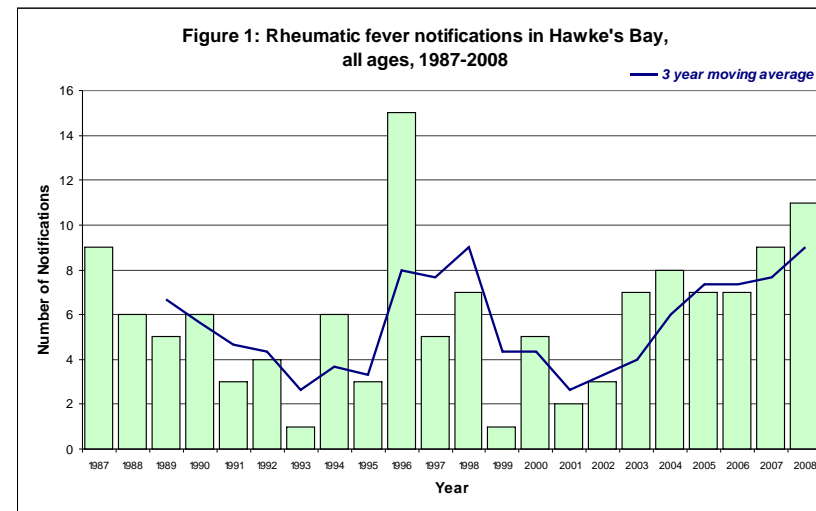
National Immunisation Conference 20th - 21st November 2009 and **National Immunisation Workshop** 19th November 2009 at the University of Auckland Business School.

The theme of the conference is "From Science to Service Delivery". More information is available online at www.immune.org.nz.

- ▶ Pertussis
- ▶ Measles

RHEUMATIC FEVER IN HAWKE'S BAY

Hawke's Bay has always had one of New Zealand's highest notification rates for acute rheumatic fever (ARF). The number of notifications in Hawke's Bay has increased over the last 10 years (Figure 1).



ARF notification rates vary by age, ethnicity and place of residence. Each year, children aged 5 - 14 years have the following chances of developing ARF:

- in New Zealand, 1 in 7350
- in Flaxmere, 1 in 720
- in Wairoa, 1 in 2557
- in Napier, 1 in 4480
- in Hawke's Bay overall, 1 in 3378
- in Hawke's Bay Maori, 1 in 1175
- in Hawke's Bay Pacific, 1 in 640.

1. Hawke's Bay statistics are based on rheumatic fever notifications for the last 5 years and 2006 census data.

The Public Health Unit is proposing to begin a Flaxmere school throat swabbing programme later in 2009. The goal of the programme will be to reduce the incidence of Rheumatic Fever in Flaxmere to below 20 per 100,000 children aged 5 - 14 years.

Below ARF rates of 20 per 100,000, primary health care is the mainstay of rheumatic fever prevention. Above ARF rates of 20 per 100,000 the *New Zealand Guidelines for Rheumatic Fever (2009)* recommend public health intervention *in addition* to the baseline primary health care services.

PRIMARY CARE PRACTICE POINTS

1. Treating Group A Streptococcal (GAS) pharyngitis significantly reduces the risk of subsequent rheumatic fever.
2. Treatment can be delayed for up to nine days until cultural results are available, as rheumatic fever is unlikely to occur in this time.
3. A 10 day course of once daily oral Amoxycillin can be useful as a first line GAS treatment regime for children as it can be given with food and compliance is easier to achieve:
**Once daily oral Amoxycillin for 10 days. Weight <30kg: 750mg
Weight >30kg: 1500mg**
4. Family and whanau should be educated about the possible consequences of untreated throat infections and told that the full ten days of antibiotic treatment is needed to eradicate GAS.
5. If there are 3 or more cases of GAS pharyngitis within a household in three months then all household members should have throat swabs. Positive swabs should be treated regardless of symptoms.

References (downloadable from www.nhf.org.nz):

National Heart Foundation of New Zealand and The Cardiac Society of Australia and New Zealand (2008). *New Zealand Guidelines for Rheumatic Fever: 2. Group A Streptococcal Sore Throat Management*. National Heart Foundation, Auckland.

National Heart Foundation of New Zealand and The Cardiac Society of Australia and New Zealand (2009). *New Zealand Guidelines for Rheumatic Fever: 3. Proposed Rheumatic Fever Primary Prevention Programme*. National Heart Foundation, Auckland.

Measles

Fifteen confirmed and six suspect cases of measles were identified in eight schools and a polytech in Christchurch during June and early July. The disease may spread to other parts of New Zealand during the school holidays. Please be alert for measles. A likely clinical scenario is that a case of suspected influenza (or even pertussis) develops a morbilliform rash. Measles has been rare in Hawke's Bay in recent years, so laboratory confirmation is important. Please request urgent serology (anti-measles IgM antibody). Notify the Public Health Unit (without awaiting serology results). If appropriate, combined nasopharyngeal and throat swab in virus transport medium for PCR may be recommended.

Serology provides inadequate evidence for diagnosis of pertussis

Serology testing for pertussis infection is available and can be useful if symptoms have been present for weeks (by which time yield from nasopharyngeal culture or PCR is low). However serology is unsatisfactory as evidence for diagnosis and notification because:

- IgM and IgA antibody may persist for a year after infection and may be irrelevant to a patient's current respiratory tract infection
- A positive IgM may be a result of past immunisation
- National surveillance guidelines only allow for confirmation of the diagnosis by culture from nasopharyngeal swabs.

Please obtain a nasopharyngeal swab for culture or PCR on all suspect cases of pertussis if the patient has had symptoms for less than three weeks. Serology should not be routinely requested for acute pertussis infection.

Pertussis is the most commonly notified vaccine preventable disease in New Zealand. Over the last 12 months to June 2009 there were 688 notifications in New Zealand, a significant increase compared to 294 notifications in the preceding year.

Tetanus Vaccination

From the phonecalls received by the immunisation team it is apparent there is still some confusion around the correct vaccine to use for the prevention of tetanus.

A primary course consists of 3 vaccines given at 6 weeks, 3 & 5 months. This is the DTaP-IPV-HepB/Hib (Infanrix-hexa).

At 4 years of age a booster is given DTaP-IPV (Infanrix-IPV)

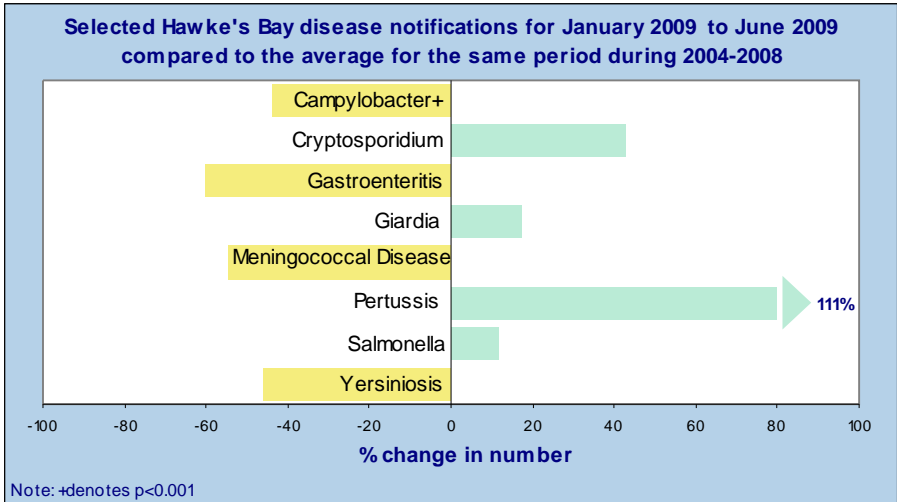
At 11 years of age another booster is offered dTap (Boostrix).

It is recommended that adults have a booster dose of adult tetanus/diphtheria (Td) vaccine at 45 & 65 years of age. At least 20 years of protection is expected following a booster dose if the primary course has been completed. General practitioner visits at or around these ages can be an opportunity to check the immunisation status. People born before 1960 are less likely to have had a primary series of tetanus vaccine. (Immunisation Handbook 2006 pgs 152-160).

Tetanus vaccines available in New Zealand include:

- DTaP-IPV-HepB/Hib (Infanrix-hexa) licensed for children under the age of 5 years.

DISEASE SURVEILLANCE SUMMARIES



Selected notifications July 2008 to June 2009

Disease	Hawke's Bay		New Zealand	
	Cases	rate*	Cases	rate*
Campylobacteriosis	299	195.0	7023	164.5
Cryptosporidiosis	39	25.4	886	20.8
Dengue fever	5	3.3	178	4.2
Gastroenteritis	5	3.3	259	6.1
Giardiasis	68	44.4	1698	39.8
Hepatitis A	4	2.6	78	1.8
Invasive pneumococcal disease	18	11.7	418	9.8
Lead absorption	6	3.9	402	9.4
Legionellosis	5	3.3	88	2.1
Leptospirosis	8	5.2	111	2.6
Meningococcal disease	9	5.9	123	2.9
Non seasonal influenza A (H1N1)	35	22.8	1225	28.7
Pertussis	23	15.0	939	22.0
Rheumatic fever	5	3.3	163	3.8
Salmonellosis	45	29.4	1239	29.0
Tuberculosis disease	8	5.2	300	7.1
VTEC/STEC infection	3	2.0	141	3.3
Yersiniosis	19	12.4	458	10.7

* Annualised crude rate per 100,000 population calculated from 2008 mid-year population estimates.