

Congratulations to Everyone Involved with Immunisation in Hawke's Bay

We made it!!

Hawke's Bay has reached the national immunisation goal of 95% of children fully vaccinated at two years of age. Moreover 96% of our Maori infants have met the target. Equity is possible. This is a fabulous result considering 57% of our babies live in high deprivation areas and 45% of our births are Maori.

Research shows that starting infants on time helps to ensure that they complete the scheduled course. A big improvement was seen over the last quarter for the 6 month milestone age, moving up from 64% to 70%. But for Maori infants it was as low as 56%. A focus for the HBDHB immunisation team has been checking that decliners are "true decliners" and not just "documented decliners". This has taken the decliners from 7.4% to 3.2% which has helped us reach the 95% coverage rate.

All practices have worked very hard to help reach this Ministry of Health target. Maintaining our high coverage rates and improving on-time coverage will be a challenge. So a few tips to help us keep our community free of vaccine-preventable diseases.

- Identify and precall all new babies.
- Precall/recall enrolled children that are due for vaccinations.
- Take every opportunity to vaccinate those children due/overdue. Colds and mild illnesses are not contraindications but a temperature over 38°C is.
- Ensure so called decliners are "true decliners".

A very big thank-you to everyone who has worked in the field of immunisation in Hawke's Bay either promoting or administering the vaccines.

BE WISE IMMUNISE ON-TIME EVERYTIME

Remember the NIR number 0800 729 100

BCG injection site reactions

On occasions general practices are giving inappropriate advice to parents of BCG vaccinees on the after-care of injection site reactions. In this issue we enclose some photographs of normal injection site reactions. We have sent one copy for each GP. We suggest that you keep these in your clinic for reference.

Weeping lesions with erythema at the injection site are normal. Sometimes they look purulent, but these small "cold" abscesses do not require antibiotic treatment. Axillary adenopathy is common and normal. Do not prick, squeeze, or treat reactions with any topical preparations. Please refer axillary abscesses and accelerated injection site reactions (developing within two days) to Public Health.

Medical Officer of Health Public Health ADVICE

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Public Health Report

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MANAGEMENT OF HEPATITIS B CARRIERS

Owing to the introduction of hepatitis B vaccine to the immunisation schedule between 1985 and 1988, the number of notifications of acute hepatitis B infection has declined in New Zealand from over 600 in 1984 to 55 in 2009.

However there is a substantial burden of chronic hepatitis B carriage, especially in Asian, Pacific Island and Maori populations. A hepatitis B carrier is someone who is HBsAg positive on two tests at least six months apart.

Acute hepatitis B infection is notifiable to the medical officer of health. Hepatitis B carriers are not notifiable but we make the following suggestions for management of carriers and their contacts.

Carriers

Follow the algorithm in figure 1.

Contacts

Contacts include:

- Babies of pregnant carriers
- Anyone who has:
 - Had household contact with the carrier
 - Had sexual contact with the carrier
 - Had percutaneous exposure (sharing drug injecting equipment, needle-stick injury) to the blood of the carrier
 - Received blood products from the carrier.

Management of Contacts

- Advise that the infection is spread by body fluids and particularly blood.
- Do hepatitis B serology on contacts whose status is not known.
- Encourage free immunisation of unimmunised contacts, particularly children.
- Advise contacts to use precautions against exposure to the carrier's body fluids e.g. use condoms, don't share needles, toothbrushes or razors.
- Refer contacts to the Hepatitis Foundation site for information. <http://www.hepfoundation.org.nz/>
- If the carrier is pregnant, the baby will be at high risk of infection. Stress the importance of the doses of hepatitis B immune globulin and HB vaccine for the baby at birth and completing the subsequent doses of immunisation. Refer the woman to the HBDHB Immunisation Team (834 1815) and advise the lead maternity care provider.

Lester Calder and Andrew Burns

Tutin in honey

Twenty-two people became ill, some seriously, from eating tutin-contaminated comb honey from Whangamata at Easter 2008.

The neurotoxin tutin has been a known safety risk in honey for more than 100 years, but documented cases of illness from the toxin have been reported only infrequently over the years.

Since that poisoning event, the New Zealand Food Safety Authority has introduced a standard that sets maximum levels for tutin in honey sold for human consumption. Provided all beekeepers comply with the standard - and take the necessary precautions to keep tutin at acceptable levels - we should see no repeat of the poisonings which occurred that Easter.

Even so, with the peak honey season fast approaching we remind health professionals of the wide range of symptoms of tutin poisoning which include: vomiting, giddiness, increased excitability, delirium, stupor, convulsions and coma.

Honey can become contaminated with the potentially lethal tutin neurotoxin when bees gather honeydew from the tutu plant. While the toxin mainly affects hives in the North Island and northern South Island, honey consumed in the other parts of the country could have been produced in affected areas so you should always notify suspicious symptoms to the Public Health Unit, even just to rule toxic honey out. Ask the case to retain any of the honey they have eaten.

Comb honey can be particularly risky as high concentrations of tutin can be found in some cells. In extracted honey tutin may be diluted when it is mixed with honey from other combs.

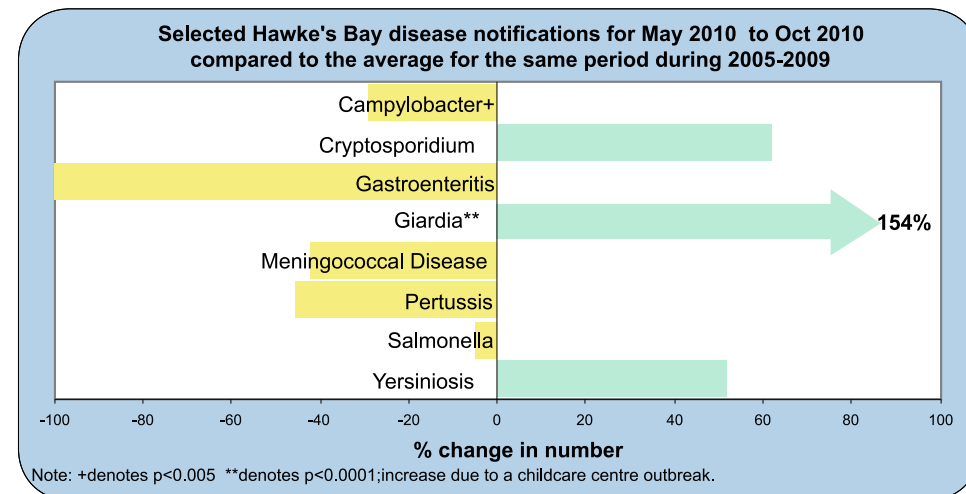
Red back spiders

You may have seen recent publicity from MAF about the establishment of redback spiders in New Zealand. If you receive any queries, there is a health education resource on: <http://www.healthed.govt.nz/resources/spidersinnewzealand.aspx>

These spiders are not new to New Zealand, and the venom is the same as that of the katipo, so there is no need for any heightened concern.

Hawke's Bay Hospital pharmacy will be able to source anti-venom.

DISEASE SURVEILLANCE SUMMARIES



Selected notifications Nov 2009 to Oct 2010

Disease	Hawke's Bay		New Zealand	
	Cases	rate*	Cases	rate*
Campylobacter	351	228.8	7780	180.3
Chlamydia	1250	814.9	Not available	
Cryptosporidium	47	30.6	992	23.0
Giardia	96	62.6	1980	45.9
Gonorrhoea	246	160.4	Not available	
Hepatitis A	2	1.3	48	1.1
Invasive pneumococcal disease	27	17.6	561	13.0
Lead absorption	7	4.6	180	4.2
Legionella	5	3.3	171	4.0
Leptospirosis	8	5.2	97	2.2
Meningococcal disease	5	3.3	98	2.3
Non seasonal influenza A (H1N1)	54	35.2	1840	42.6
Pertussis	18	11.7	1023	23.7
Rheumatic fever	8	5.2	148	3.4
Salmonellosis	40	26.1	1124	26.0
Tuberculosis disease	9	5.9	311	7.2
VTEC / STEC infection	7	4.6	143	3.3
Yersinia	22	14.3	403	9.3

* Annualised crude rate per 100,000 population calculated from 2009 mid-year estimates.
Note: The national figures for Chlamydia & Gonorrhoea are for the year ending June 2010.

Figure 1. Management of Hepatitis B Carriers

