

Waikato Public Health Bulletin

Public Health Waikato

November 2024 | Noema 2024

Tēnā koutou katoa. We hope you enjoy this edition of the Waikato Public Health Bulletin and we welcome your feedback.

The bulletin is written for GPs and colleagues in primary & community care.

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Spotlight on...the Kirikiriroa Family Services Trust



The Kirikiriroa Family Services Trust (KFST) delivers support services with our tamariki and their whānau across Waikato and Waipa and offers a free home-based visiting service. Centring a kaupapa Māori model of service provision for all, KFST aims to empower and strengthen tamariki and rangatahi aged 0 to 24 years.

There are multiple programmes of wraparound supports. These programmes streamline existing services and providers from the health, social, housing, education, and justice sectors. Through supporting young people, KFST strengthens their whānau and communities.

The following programmes are available for tamariki, rangatahi, and their whānau:

- **Kahu Piitongatonga** (5-24 Years) free counselling for tamariki and rangatahi who are on other KFST programmes.
- **Kāinga Rua** (0-24 years): supporting tamariki and their whānau who are rawakore (experiencing extreme poverty) and kāinga kore (homeless). The service offers a shared whare which consists of 7 rooms with lockable doors.
- **Tiakina Te Rito Rangatahi** (12-24 years): providing flexible programs, workshops, and opportunities for rangatahi who are looking for support reconnecting and enhancing their future aspirations.
- **Kimi Manaakitanga** (10-24 years): 24-7 Youth Hub where rangatahi can play stay and grow.
- **Te Korowai Tauawhi** (hapū māmā to 2 years): offering a child-centred, home visiting programme that focuses on improving tamariki health, learning, relationships, whānau circumstances, environment, and safety.
- **Whakatō Te Kākano** (0-3 years): walking alongside whānau Māori who are not yet actively engaged in early childhood services.
- **Te Waka Tamariki** (0-18 years): complexity coordination support i.e., adopting a community-led approach to work with tamariki and their whānau to create safer lives and better outcomes, by:
 - putting tamariki first
 - removing barriers to access services and supports

- working collaboratively with community partners
- creating one assessment & one plan.
- **Te Haumirimiri Ngākau Mokopuna** (0-18 years): using a collaborative approach to prevent tamariki/ fanau going into statutory care.
- **Nga Hua Whakatupuranga** (0-18 years): working in partnership with Integrated Safety Response for tamariki/whānau impacted by family harm to provide intervention & support.

You can help whānau to refer or support them to self-refer to KFST using the form accessed through this link:

<https://www.kfst.org.nz/tohutoro>

Kirikiroa Family Services Trust contact details:

Telephone: (07) 848-0008

Office: 115 Rostrevor Street, Hamilton Central, PO Box 15528

Email: Admin@kfst.org.nz

Opening hours: Monday to Friday, 8:00am to 6:30pm

Measles update

There has been one case of measles identified in Tāmaki Makaurau in mid-November. The case was thought to have caught the virus after travelling in Asia but was not infectious when flying home. Te Whatu Ora released a [media statement](#) on 12/11/24. While the risk of transmission to the wider community is considered low, the National Public Health Service is asking healthcare professionals to please remain vigilant and take precautions.

Low immunisation rates leading to insufficient levels of immunity at a population level means we continue to be at high risk of a severe outbreak. We need at least 95% of people living in Aotearoa to be immunised to achieve herd immunity and prevent an outbreak of measles. Importantly, achieving herd immunity would protect pēpi too young to be vaccinated and those who are immunocompromised.

Measles: Key messages

- **Notify all suspected cases** to the local Medical Officer of Health (MOoH) – do not wait for test results. When there is a high index of suspicion for measles, consider discussing with the MOoH. **If you are testing for measles, then please notify public health.**
- Advise all suspected cases to **isolate** at home until their PCR result is known.
- Advise whānau that people with suspected measles infection should phone ahead when seeking healthcare.
- **Do not** send suspected measles cases to community testing labs without prior discussion and appropriate PPE. Advising the lab in advance enables action to be taken to prevent transmission.
- Ensure patients presenting with fever and rash are provided a mask and immediately isolated in a room away from other patients - consultation rooms used in the assessment of patients with suspected measles should be left vacant for at least an hour after the consultation.

The MMR vaccine consists of two doses. On average, one dose is 95% effective against measles, and two doses is more than 99% effective. The second MMR vaccine is not a booster dose, but a revaccination that increases vaccine efficacy and helps develop immunity in those whose immune response is not stimulated after the first dose (primary vaccine failure).

MMR Vaccine: Key messages

- The MMR vaccine is given at ages 12 months and 15 months. All non-immune children aged 18 and under and all non-immune adults over 18 who are eligible for free NZ healthcare are funded for two doses of MMR.
- Support patients to check if they and their whānau are considered immune to measles. They are considered immune if they have received two doses of MMR vaccine or lived in Aotearoa before 1969. Patients can free call the Vaccination Healthline (0800 28 29 26) for advice about the MMR vaccine (8am to 8pm, 7 days a week).
- It is safe for immunocompetent people to have the MMR vaccine again if they are unsure whether they have had it before.

Rheumatic fever: Community Medication Authority

If you are a GP looking after patients with rheumatic fever or rheumatic heart disease, please help support their care and the District Nurses in their mahi by signing the Community Medication Authority Form for their IM benzathine benzylpenicillin (Bicillin LA) injections.

Rheumatic fever patients require IM benzathine benzylpenicillin injections every 21-28 days. Every year they will require this annual authority from you.

District Nurses are aware of the heavy workload when they make contact with a General Practice and request the Authority Form to be signed. However, patients cannot have this prophylaxis without their GP's signature. In light of this, please prioritise signing these forms – thank you!

Please remember that all patients with rheumatic heart disease are funded to receive the annual flu vaccination.

If a patient who has a history of Rheumatic Fever has sore, swollen joints, it is very important to treat them as having a recurrence of Rheumatic Fever, until proven otherwise. For further information, please see <https://www.heartfoundation.org.nz/>

Paralytic Shellfish Poisoning (PSP) warning: Coromandel and Bay of Plenty region

New Zealand Food Safety (NZFS) has issued a Paralytic Shellfish Poisoning (PSP) warning for part of the Coromandel and Bay of Plenty region.

The warning extends from the southern end of Pauanui Beach down to the entrance of Tauranga Harbour, by Mount Maunganui (and including Tauranga Harbour). Toxins detected are over twice the safe limit of 0.8mg/kg set by NZFS.

Be alert to patients presenting with PSP symptoms. These may include:

- numbness and a tingling (prickly feeling) around the mouth, face, hands, and feet
- difficulty swallowing or breathing
- dizziness and headache
- nausea and vomiting
- diarrhea
- paralysis
- respiratory failure

Symptom onset usually occurs between 10 minutes and 3 hours after ingestion.

Cooking shellfish does not remove the toxin.

If PSP is suspected please notify public health via one of these methods:

- BPAC
- Phone (07 8382569 ext. 22041 or 22020)
- Email: notifiablediseases@waikatodhb.health.nz

More information on the bio-toxin alert can be found [here](#).

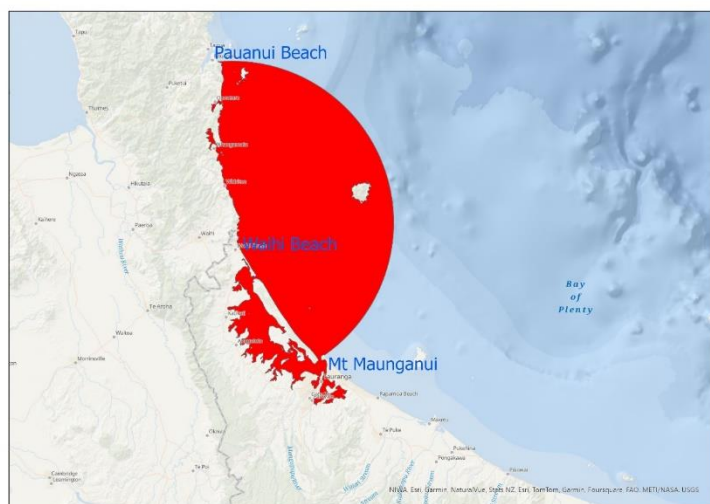


Image: PSP warning catchment area

Staff news: Healthy Workplaces Team update

Our own Healthy Workplaces Team are proud to celebrate some great achievements recently.

Hauraki District Council achieve GOLD!!

Hauraki District Council (HDC) has recently gained Gold Standard WorkWell accreditation for their Ki Waiora workplace wellbeing programme. HDC are the first Council to achieve this milestone in the Waikato region.

Chief Executive Langley Cavers shared: “With WorkWell’s support, we have been able to make staff wellbeing front and centre in everything that we do which is a key element in our Health and Safety vision and values”.

The biggest challenge for the HDC has been refining all the ideas into an action plan. There is so much that can be done in the wellbeing space, but to make the initiatives manageable and meaningful, the HDC needed a good plan and people happy to take on some responsibility.

To overcome this, the HDC used the resources and templates provided by WorkWell for guidance and this enabled them to have a proven structure to base the plan on. Also vital to the success of this program is the WorkWell Advisor, who has offered professional support and guidance, especially to our Ki Waiora/WorkWell Leader.



Congratulations HDC on creating a workplace where staff wellbeing is core to all that you do!

Acknowledgements:

Dr Elizabeth Becker (MOoH)

Kelly Reddington (Clinical Nurse Specialist, Communicable Diseases)

Dr Richard Wall (MOoH)

Matamata i-SITE recognised for laying a solid foundation for workplace wellbeing

Matamata i-SITE are part of the Small Business Partnership Programme Pilot. The pilot programme looks at what the Healthy Workplaces Team can do to support small businesses implement workplace wellbeing journeys for their teams. Over time, the Healthy Workplaces Team work with the business to adopt a continuous improvement process and acknowledge their efforts as they come to certain points in their journey.

Matamata i-SITE chose a Good4Work approach to overarch their wellbeing journey, which assesses and improves their workplace culture and environment.

Matamata i-SITE are the first small business to receive a certificate to acknowledge the progress they have made in implementing their wellbeing journey. They have said: “Their team culture and workplace environment have improved considerably since they started their wellbeing journey, and everyone is a lot happier”.



Congratulations Matamata i-SITE, we are so proud of you all!

Louise West - Senior Health Improvement Advisor, NPHS Waikato/Taupō

Dr Nicole Coupe – Pouw haka haere Matua, Kirikiriroa Family Services Trust

Medical Officers of Health (MOoH)

Dr Felicity Dumble, Dr Richard Wall, Dr Richard Vipond, Dr Elizabeth Becker, Dr Kate Meerkerk

After Hours:

MOoH: 021 359 650 **HPO:** 021 999 521

If there is no answer, please contact Waikato Hospital’s switchboard 07 839 8899 and ask for the on-call MOoH.

During Office Hours:

Public Health (MOoH or HPO): (07) 838 2569 Notifications: 07 838 2569 ext. 22041 or 22020

Notifications outside Hamilton: 0800 800 977 Fax: 07 838 2382

Email: notifiablediseases@waikatodhb.health.nz

Notifiable Diseases – Trends

Notifiable diseases (Waikato District) - period to: **November 2024**

*Stats NZ estimated 8.69% of the population resided in Waikato in 2021

Disease name	Waikato cases per month			Cases per month over the last year (mean)		
	September	October	Trend	Waikato	National	% Waikato*
Botulism	0	0	-	0.0	0.1	0
Brucellosis	0	0	-	0.0	0.0	-
Campylobacteriosis	57	59	▲	46.4	473.6	10
COVID-19	193	207	▲	1,373.0	17,261.6	8
Cryptosporidiosis	19	17	▼	8.2	105.5	8
Decompression sickness	0	0	-	0.0	0.1	0
Dengue fever	0	0	-	0.7	9.5	7
Diphtheria	0	0	-	0.0	0.2	0
Gastroenteritis - unknown cause	0	0	-	1.8	16.6	11
Gastroenteritis / foodborne intoxication	6	15	▲	6.4	18.5	35
Giardiasis	11	7	▼	9.3	71.8	13
Haemophilus influenzae type b	0	0	-	0.0	0.2	0
Hepatitis A	1	0	▼	0.3	4.7	6
Hepatitis B	0	0	-	0.0	1.1	0
Hepatitis C	0	0	-	0.1	2.5	4
Hepatitis NOS	0	0	-	0.2	0.3	67
Hydatid disease	0	0	-	0.0	0.3	0
Invasive group A streptococcal infection *	0	2	▲	0.2	3.8	5
Invasive pneumococcal disease	5	4	▼	4.2	60.5	7
Latent tuberculosis infection	5	4	▼	1.8	10.0	18
Legionellosis	1	0	▼	1.2	18.1	7
Leprosy	0	0	-	0.0	0.3	0
Leptospirosis	3	3	-	2.7	9.1	30
Listeriosis	0	0	-	0.1	2.3	4
Listeriosis - perinatal	0	0	-	0.0	0.3	0
Malaria	0	0	-	0.2	2.8	7
Measles	0	0	-	0.0	0.0	-
Meningococcal disease	1	0	▼	0.4	3.4	12
Mumps	1	0	▼	0.1	2.3	4
Murine Typhus	0	0	-	0.0	0.1	0
Pertussis	0	16	▲	2.7	65.9	4
Q fever	0	0	-	0.0	0.2	0
Rheumatic fever - initial attack	0	1	▲	0.7	15.5	5
Rheumatic fever - recurrent attack	0	0	-	0.2	1.8	11
Salmonellosis	3	5	▲	5.1	64.9	8
Shigellosis	1	1	-	0.4	14.3	3
Taeniasis	0	0	-	0.0	0.2	0
Tetanus	0	0	-	0.0	0.1	0
Tuberculosis disease - new case	3	5	▲	2.7	30.0	9
Tuberculosis disease - relapse or reactivation	0	0	-	0.0	1.2	0
Tuberculosis infection - on preventive treatment	0	0	-	0.0	0.2	0
Typhoid fever	0	0	-	0.7	4.7	15
VTEC/STEC infection	20	14	▼	8.4	94.4	9
Yersiniosis	4	6	▲	5.3	95.4	6

*Invasive group A streptococcal infection became notifiable on 1 October 2024.