Medical Officer of Health
Public Health
ADVICE

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## Reporting illness or injury due to environmental chemical exposure

There are two legal requirements for reporting of illness or injury associated with exposure to chemicals in the environment in New Zealand. Section 143 of the Hazardous Substances and New Organisms Act 1996 requires all medical practitioners (including in hospitals) to notify Medical Officers of Health of hazardous-substances injuries. This requirement applies to substances classified under the HSNO Act and in general refers to substances that are acutely toxic to humans, have long term effects such as carcinogens, cause irritation to eyes or respiratory tract or cause some other sort of injury such as chemical burns. Where exposure has occurred in a workplace the injury may also be required to be reported to WorkSafe New Zealand. BPAC has recently developed a dashboard tool, the Hazardous Substances Disease & Injury Reporting Tool (HSDIRT), to facilitate reporting and where this is not available practitioners can report through the normal notifiable disease reporting process.

A more general category of poisoning from chemical contamination of the environment is also reportable under the Health Act 1956. In essence the Health Act requires that any time you believe an illness is likely to have been caused by a patient's exposure to an environmental contaminant (other than in the workplace) it should be reported to the Medical Officer of Health. The same BPAC tool can be used for reporting.

In the past we have received far fewer reports than we would expect. Information from other sources suggests that patient concerns about illness due to chemical exposures is not uncommon. We recognize that it often very difficult to determine whether illness in a single patient is actually due to a chemical exposure. This note is to advise that it is still useful to report cases that are not confirmed as this may assist in identifying contamination events requiring further investigation. Such exposures may arise from agrichemical spraydrift, chemical fires, or contaminated land, for example.

## Gastroenteritis outbreaks in aged care facilities

Public Health and Infection Prevention and Control teams have been assisting in the management of gastroenteritis outbreaks in six aged care facilities over the last few weeks. In most cases the outbreaks have been confirmed as being due to Norovirus. We have reminded all aged care facilities of the need for excellent hand hygiene, personal protection equipment for staff and other infection control measures such as isolation, enhanced cleaning and restriction of visitors into affected areas. We assume that these outbreaks are associated with high levels of community transmission at present and remind primary

care practitioners of the need to advise patients affected with gastro to avoid visiting friends and family in aged care facilities while they are symptomatic.

If you are caring for residents who may be affected please follow facility policies. If you have two or more residents with the symptoms please report to Public Health. During normal office hours call 06 834 1815 and ask for the communicable disease support officer. Afterhours you should ask to speak to the duty Health Protection Officer. If your patient is one of the first cases it is important to request culture and PCR testing of faecal samples to confirm the aetiology of the outbreak.

## Management of prior sore throat in new rheumatic fever cases

As part of the government's priority for reduction of the burden of rheumatic fever, the Ministry of Health is obtaining data on the management of prior sore throat in new rheumatic fever cases. Information is collected by Public Health Units throughout NZ on all new notified cases. Unnotified, hospitalised cases are identified by search of hospital records. The objective is to better understand the points in the patient journey at which sore throat identification and management might be improved.

In the July-Sept quarter of 2014 a case review was undertaken for 44 cases. Twenty-eight (64%) remembered having a sore throat in the four weeks before they were admitted to hospital.

Of those who had a sore throat 21 (75%) saw a health professional for that sore throat. Of these people, 15 (71%) got antibiotics and 11 (52%) got the right antibiotics (73 % of those who got antibiotics). Just under half (7) of those given antibiotics reported taking the whole course.

Thirty-one out of the 44 cases were children aged between 5-14 years (70%) - 14 of these children attended a school with a sore throat management programme. Ten of the 14 cases who attended a school with a throat swabbing programme reported a having a sore throat and 6 had that sore throat swabbed at school. Five out of these 6 children had a group A streptococcal (GAS) positive throat swab and all received appropriate antibiotics - four of these children reported taking the whole course.

A significant proportion of cases do not remember having a sore throats before their rheumatic fever episode - this emphasises the importance of continuing the work to improve housing for these vulnerable children, with the assumption that improving housing will lead to reduced crowding which will lead to reduced transmission of GAS infections.

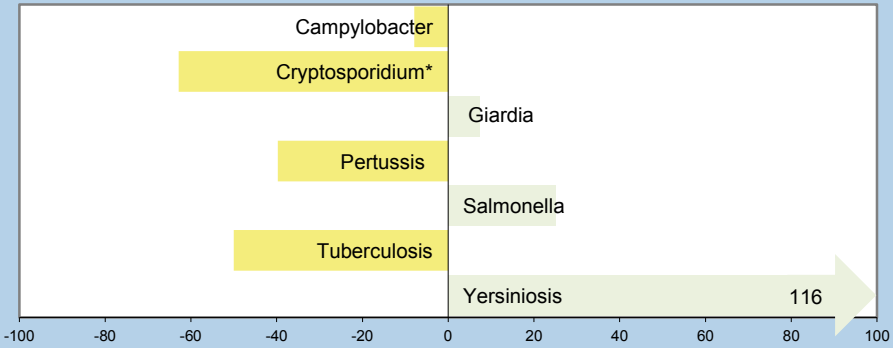
Just over half of cases presenting to a health professional got the 'right' antibiotics. The 'right' antibiotics are either once daily amoxicillin for 10 days (not amoxicillin three times a day) or penicillin V twice or three times a day for 10 days. Please note that the Ministry is recommending amoxicillin once daily for 10 days as the first antibiotic of choice for people at high risk of developing rheumatic fever. Amoxicillin is recommended over penicillin as it is related to higher antibiotic adherence.

Group A Streptococcal Sore Throat Management Guideline: 2014 Update http://www.heartfoundation.org.nz/uploads/GAS%20Sore%20Throat%20Management%20Guideline%20Update%202014.pdf

Summarised in Public Health Advice Vol 11 Issue 2 Sept 2014
http://www.hawkesbay.health.nz/page/pageid/2145871321

# Disease Surveillance Summaries

**Selected Hawke's Bay disease notifications for September 2014 to February 2015 compared to the average for the same period during 2009-2013**




Note: *denotes p<0.005

**% change in number**

**Selected notifications March 2014 to February 2015**

| | Hawke's Bay | | New Zealand | |
|---|---|---|---|---|
| **Disease** | **Cases** | **rate*** | **Cases** | **rate*** |
| Campylobacter | 291 | 183.1 | 6,602 | 146.4 |
| Chlamydia | 1,416 | 890.8 | 28,368 | 629.0 |
| Cryptosporidium | 22 | 13.8 | 577 | 12.8 |
| Giardia | 85 | 53.5 | 1,668 | 37.0 |
| Gonorrhoea | 226 | 142.2 | 3,242 | 71.9 |
| Hepatitis A | 3 | 1.9 | 63 | 1.4 |
| Invasive pneumococcal disease | 15 | 9.4 | 500 | 11.1 |
| Latent Tuberculosis Infection | 5 | 3.1 | 368 | 8.2 |
| Legionella | 1 | 0.6 | 127 | 2.8 |
| Leptospirosis | 13 | 8.2 | 67 | 1.5 |
| Measles | 12 | 7.5 | 219 | 4.9 |
| Meningococcal disease | 2 | 1.3 | 50 | 1.1 |
| Pertussis | 37 | 23.3 | 970 | 21.5 |
| Rheumatic Fever | 5 | 3.1 | 193 | 4.3 |
| Salmonellosis | 37 | 23.3 | 1,001 | 22.2 |
| Tuberculosis disease | 5 | 3.1 | 303 | 6.7 |
| VTEC/STEC Infection | 2 | 1.3 | 208 | 4.6 |
| Yersinia | 16 | 10.1 | 684 | 15.2 |

* Annualised crude rate per 100,000 population calculated from 2014 mid-year estimates.

Note: The figures for Chlamydia & Gonorrhoea are for the 12 months ending December 2014.

Public Health Advice is also available on the Hawke's Bay District Health Board website:

http://www.hawkesbay.health.nz/page/pageid/2145871321

## Commentary of disease trends

It is pleasing to note decreases in several conditions. Cryptosporidiosis notifications were below average this summer after having been increased the previous summer. Hopefully our message about avoiding swimming in a swimming pool for two weeks after a diarrhoeal illness is now well understood within the community.

The large increase in Yersinia was due to cases that occurred as part of a national outbreak during spring last year. An investigation carried out by ESR suggested a strong association with fresh lettuce and carrots although a definitive source was never conclusively established.

## Immunisation Issues

**Upcoming training:**

Update for trained vaccinators: 23 April, venue Education Centre, Hawke's Bay Hospital, cost $60.00

Vaccinator training course: 18 – 19 November, venue Education Centre, Hawke's Bay Hospital, cost $120.00

Register with IMAC www.immune.org.nz or phone 0800 882 873

## Hawke's Bay is top in the country

Congratulations! Hawke's Bay has reached and exceeded the national immunisation target of 95% of 8 month infants being up to date with their vaccinations. At the end of 2014 our 8 month rate was 96% with equity in coverage for Maori and Pacific – the only region in New Zealand to achieve this. This is a significant achievement and shows commitment of all our health providers to ensure that every child has the opportunity to be immunised on time and be protected against vaccine preventable diseases.

Maintaining high coverage remains a priority. Keeping rates above 95% ensures that diseases like whooping cough and Haemophilus Influenzae B are less likely to spread in this age group.

To keep achieving this coverage there are some activities that we can do:

- discuss vaccination with those that are hesitant and therefore ensure that those declining vaccination are true decliners. Always leave the door open for future discussion
- take every opportunity to vaccinate if children are due/overdue, remembering mild illness is not a contraindication
- be systematic about precalling and recalling all children due/overdue for vaccination and do this in a timely manner
- use other methods of contacting families that don't respond to precall letters
- be a welcoming child friendly zone

Thank you to everyone involved in improving the wellbeing of our children in Hawke's Bay – now we know we can do it the challenge is to keep it up!!