Medical Officer of Health
Public Health
ADVICE

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Pandemic influenza planning in Hawke's Bay

Hawke's Bay District Health Board (HBDHB) will be the lead agency during an influenza pandemic in Hawke's Bay. It will follow national guidance being developed concerning such issues as surveillance and laboratory testing; Tamiflu distribution; travel advice; personal protection; closure of borders, institutions and public events; home and community care; legal and ethical issues; and economic impacts.

A stock of personal protective equipment has been ordered by HBDHB. This will be issued to those in essential services and the highest risk occupational groups under the direction of the Ministry of Health. In the meantime each practice should have an emergency kit containing gloves, several masks (N95 and surgical), two disposable gowns and some alcohol-based handrub.

A national stockpile of 855 000 doses of Tamiflu will be held by the Ministry of Health and distributed rapidly to districts if needed. HBDHB has a small stock for interim use until the national stock is released. This will be used in HBDHB facilities, primary care or community as needed.

A group is developing a plan for primary care settings such as general practice. This will include consideration of community assessment centres. The final draft will be shared with all primary health care providers for comment. If you have questions please contact HBDHB emergency response advisor via the Hawke's Bay Hospital call centre (06 878 8109).

Primary health care providers should review the preparedness of their businesses using the 'Planning Guide for Businesses' section on the Ministry of Health website: http://www.moh.govt.nz/pandemicinfluenza.

The World Health Organization does not recommend any restrictions on travel to areas affected by H5N1 avian influenza. Travellers should avoid contact with infected birds (including feathers, faeces and under-cooked meat and egg products), live animal markets, poultry farms, free-ranging or caged poultry, dead migratory birds or wild birds showing signs of disease. Large amounts of the virus are known to be excreted in the droppings from infected birds.

Inadequate influenza vaccination coverage in rest home residents and staff

Among older people who reside in rest homes, influenza vaccine is effective and cost-effective in preventing severe illness, secondary complications and deaths.

Among this population, the vaccine can be 50% to 60% effective in preventing influenza-related hospitalisation or pneumonia and 80% effective in preventing influenza-related death, although the effectiveness in preventing influenza illness is lower at 30% to 40%. A coverage of at least 80% is necessary to prevent outbreaks.

Vaccination coverage in Hawke's Bay rest homes on 1st August 2005 was determined by questionnaire sent to the managers.

A response was obtained from 84% of homes (27/32). Among the 75% of residents whose vaccination status was known, 70% were vaccinated.

Among the 85% of staff whose vaccination status was known, 24% were vaccinated. Some staff may have been vaccinated by their GP but homes did not collect this information.

The immunisation status was not known for any of the ambulatory residents (who would most benefit from vaccination). Free vaccinations were offered to staff by 70% of homes. 63% of homes indicated that they would be prepared to send a nurse for immunisation training.

		Status known					Status unknown	
Type of resident	Total surveyed	Total	Vaccinated		Not Vaccinated		Total	% *
			No.	%	No.	%		
Ambulatory	163	0	0	0.0	0	0.0	163	100.0
Frail	685	582	439	75.4	143	24.6	103	15.0
Very Frail	251	251	131	52.2	120	47.8	0	0.0
Dementia	94	64	57	89.1	7	10.9	30	31.9
Staff	1109	946	223	23.6	723	76.4	163	14.7

* percentage of total surveyed

The best sources of pandemic advice are:

http://www.moh.govt.nz/pandemicinfluenza
Ministry of Health 0800 AVNFLU (0800 286 358)
Hawke's Bay District Health Board 0800-777-790.
http://www.who.int/csr/disease/avian_influenza/en/
http://www.who.int/csr/disease/influenza/pandemic/en/

Exercise Flu Buggers

HBDHB is currently holding this intersectoral table-top exercise. The objectives are to:

- To raise awareness of the threat of pandemic influenza within Hawke's Bay.
- To test the appropriateness of the district's response to a pandemic event.
- To test communication links and networks required for effective response.
- To practise a district health board wide response to a pandemic event.
- To identify gaps in the current HBDHB pandemic plan.

There are a series of workshops considering questions that will have been posed in advisories provided before the workshops. A report will be produced in early 2006 with specific recommendations for continued preparedness planning across the district. For further information contact HBDHB's emergency response advisor Sandra Bee.

Immunisaton issues

Changes to the national immunisation schedule 2006

The schedule is reviewed every two years. Changes are based on recommendations to the Ministry of Health from the National Immunisation Programme's Immunisation Technical Working Group.

The Immunisation Handbook 2002 is currently being updated and will be available for release during March 2006.

The changes to the national immunisation schedule for all children are:

- Haemophilus influenzae type b (Hib) –vaccine will only be offered at 15 months of age with the MMR vaccine.
- The combined adult diphtheria, tetanus, pertussis and inactivated polio (dTap-IPV) vaccine will be offered at 11 years of age.

From 1 February 2006, as children reach 15 months of age or 11 years of age, they should be offered the 2006 schedule vaccines.

The 11-year immunisation event will continue to be delivered by public health nursing services as part of the annual year 7 school immunisation programme.

A publicly funded pneumococcal immunisation programme will be introduced for specific children at high risk of invasive pneumococcal disease.

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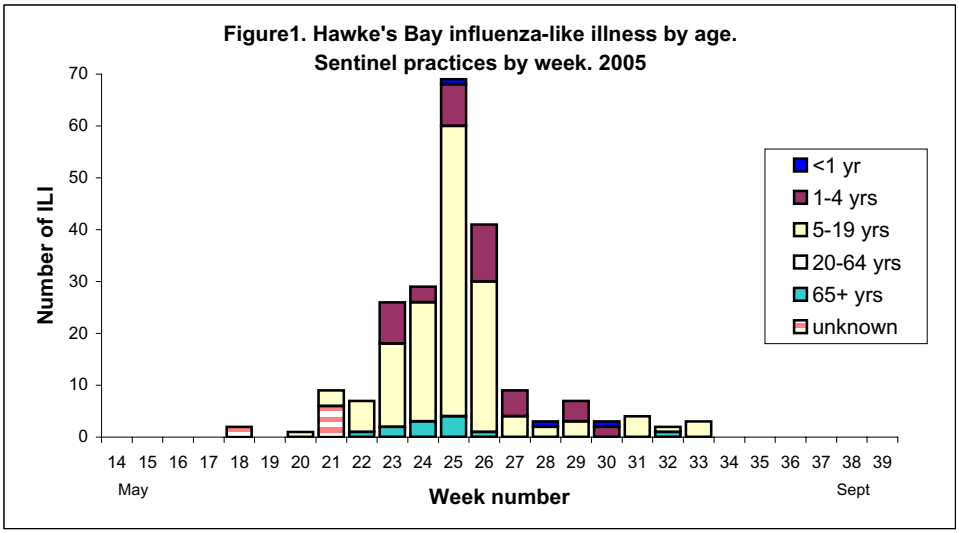
Influenza surveillance 2005

Each year four Hawke's Bay sentinel general practices collect data on patients who meet a standard case definition of influenza-like illness. The patients seen in this year's (predominantly group B) epidemic were mainly school aged children.

Our thanks to the sentinel practices for their contribution.



Commentary on disease surveillance summaries

It is too early to ascribe the decrease in **meningococcal disease** notifications to the 2005 MeNZB vaccination programme.

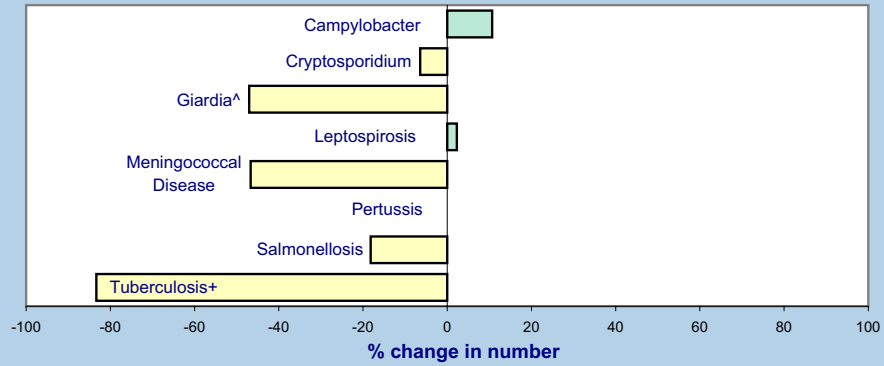
The decrease in **tuberculosis** notifications may be due to intensive public health contact tracing and treatment of latent tuberculosis infection over the past two years. However both these diseases show marked flucuations in incidence from year to year.

Hydatid disease was notified in a Chatham Island farmer. The infection may have occurred prior to eradication of echinococcus from the islands. Biosecurity New Zealand has tested 208 dogs on the islands. Five non-negative results were obtained. However, the sensitivity/ specificity of the tests is such that the non-negative results could be well be spurious. The dogs are being treated as a precaution. Ongoing monitoring is being carried out by MAF.

Public Health: Phone (06) 834 1815
Website: www.healthinhawkesbay.co.nz

Disease surveillance summaries

Selected Hawke's Bay disease notifications for May 2005 to October 2005 compared to the average for the same period during 2000-2004



Note: +denotes p<0.05 ^denotes p<0.01

Selected notifications November 2004 to October 2005

	Hawke's Bay		New Zealand	
Disease	**Cases**	**rate***	**Cases**	**rate***
Campylobacter	465	311.2	13227	322.8
Cryptosporidium	44	29.5	862	21.0
Giardia	47	31.5	1280	31.2
Hepatitis A	0	0.0	41	1.0
Hepatitis B	0	0.0	53	1.3
Lead Absorption	2	1.3	76	1.9
Leptospirosis	14	9.4	91	2.2
Meningococcal Disease	16	10.7	245	6.0
Paratyphoid	1	0.7	21	0.5
Pertussis	28	18.7	3477	84.8
Rheumatic Fever	8	5.4	76	1.9
Salmonellosis	57	38.2	1320	32.2
Shigella	0	0.0	148	3.6
Tuberculosis	11	7.4	378	9.2
Typhoid	0	0.0	27	0.7
VTEC/STEC Infection	6	4.0	95	2.3
Yersinia	12	8.0	387	9.4

* Annualised crude rate per 100,000 population calculated from 2005 estimated resident populations.

Immunisation issues continued from page 3

These will include children with asplenia, CSF leaks, cochlear implants, immune deficiencies, leukaemia, lymphoma, bone marrow transplant, HIV, radiation therapy, organ transplantation, nephrotic syndrome.

Publicly funded pneumococcal polysaccharide vaccine, Hib and meningococcal A, C, Y, W135 vaccines will be available to children and adults pre and post splenectomy.

Further details will be released by the Ministry of Health in December or January.

Workplace vaccination programmes require medical officer of health approval

Many employers offer free influenza vaccination to their employees. People are increasingly taking up this workplace opportunity. Whilst this practice is to be commended, vaccinators providing this service must have medical officer of health approval.

Authorisation by the medical officer of health allows non-medical vaccinators to deliver national schedule vaccines independently (without a medical practitioner present).

Additional specific approval is required for authorised non-medical vaccinators who wish to vaccinate those who who are not covered by the national schedule. This includes hepatitis B and influenza vaccination programmes in workplaces for people who are not eligible for free immunisation on the national schedule. This approval is given by the medical officer of health by way of an “approved local programme”. This is not intended as a barrier to worksite vaccination but as a quality tool.

To apply for approval a non-medical vaccinator needs to:

- Be an authorised vaccinator
- Complete an application for programme approval (available from the immunisation coordinator). This requires the vaccinator to provide a service delivery plan
- Have all the equipment required for an approved programme

Marg Dalton, immunisation coordinator, 8341815, ext 4228