

Immunisation Issues

Update on National Immunisation Register (NIR) (as at 11 November 2006)

- 2506 babies born in Hawke's Bay since 12 September 2005 are recorded on NIR
- 36% of these babies are living in Dep areas 9 - 10 and another 23% in Dep areas 7-8.
- 42% of these babies identify as Maori, 46% NZ European, 5% Pacific and 3% Asian.

Immunisation Rates for Hawke's Bay (babies born after 12 September 2005)

Event	No. Eligible*	Percentage immunised						Opted off register	Declined imm
		Total	NZ Euro	Maori	Pacific	Asian	Other		
6 wks	2,335	86%	86%	85%	91%	93%	86%	0.3%	1.5%
3 mths	2,045	81%	84%	77%	83%	92%	84%	0.3%	1.5%
5 mths	1,665	73%	78%	66%	71%	88%	79%	0.4%	1.8%

*The "no. eligible" are babies enrolled on NIR who have reached or passed the immunisation event age

Strategies that can help raise overall district immunisation rates

1. Promote the importance of on-time vaccination

- Only 25 % of babies have had 6w vaccinations by 8 weeks. (60% by 10 weeks).
- Only 67% of babies have had their 6w,3m,5m vaccinations by 8 months.

2. Refer non-responders to Outreach (OIS) promptly

- 2 recalls - (phone or letter) then refer if no response in 2 weeks. Refer through NIR.
- Outreach are having good success locating babies referred promptly. The sooner babies are referred, the higher the success rate for OIS.
- An Outreach contract for childhood immunisations has been extended to cover the HB district as from 1 July 2006 .

3. Use every opportunity to vaccinate at risk children

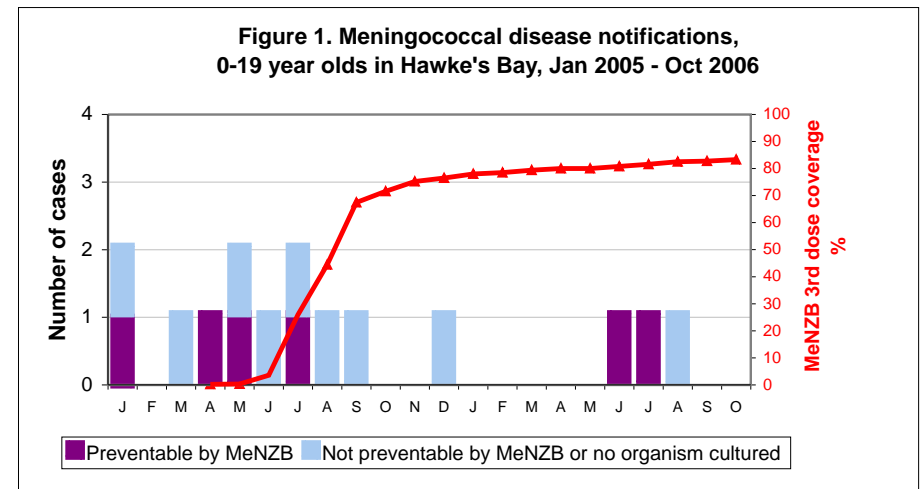
- Wherever possible, give the 3 vaccinations at one visit, ensuring ear protection.
- Status query is available on your PMS to check a child's immunisation status.
- NIR can provide good links with other DHBs to follow up children moving in or out of the district.

Pandemic planning

The Hawke's Bay District Health Board has developed plans for a pandemic. View them at <http://www.hawkesbaydhb.govt.nz/>. Click "public health alerts and avian influenza" and then "Pandemic Influenza Plan.pdf" and the annexes. These plans are an evolving process - your comments are welcome. Contact Sandra Bee, the DHB emergency response advisor via the Hawke's Bay Regional Hospital call centre Ph. (06) 878- 8109.

Meningococcal disease declines

Since the Hawke's Bay immunisation programme achieved three dose population coverage of 70% in September 2005, there has been a marked decline in the incidence rate of meningococcal disease compared to that for the period Jan 2000 - August 2005 (odds ratio 0.33; p= 0.17 small numbers reduce statistical significance). (Figure 1). There have been only three cases of MeNZB-preventable strains of meningococcal disease since June 2005. Only one case was a vaccine "breakthrough" (a proven case in a fully immunised child). Both of the other cases were not immunised with MeNZB. One was a child and one was an adult who was outside the age of eligibility for immunisation.



MeNZB in New Zealand

Adverse events

In the wake of recent publicity about adverse events following meningococcal vaccination in Norway and NZ, it is important to advise parents of facts. Despite intensive monitoring, few adverse events have been detected.

Among the 1.06 million people who received the vaccine (for the period 19 July to 30 June 2006), most of the 2212 reports to the Centre for Adverse Reactions Monitoring concerned local injection site reactions, skin reactions, fever and gastrointestinal symptoms. Six cases of idiopathic thrombocytopenic

purpura developed in the days following immunisation. The full report can be found at: <http://www.immunise.moh.govt.nz/documents/safetymonitoring-0606.pdf>

From 1 July 2005 to 25 October 2006, 33 claims have been accepted by ACC. Most of these are for minor conditions and the median cost of ACC claims has been \$79, mainly for GP visits and prescriptions.

Effectiveness

There have been 30 “vaccine breakthrough” cases to date. Modelling by Victoria University suggests that:

- Disease rates are 4.93 times higher (95% CI: 2.7-9.1) in the unvaccinated than the vaccinated group
- Vaccine effectiveness = 79.7% (95% CI: 63-89%)
- An estimated 75 cases had been prevented by the end of June 2006 (95% CI: 32-154)

HEHA

Healthy Eating Healthy Action, or HEHA, is the Ministry of Health's strategy, launched in 2003, to improve nutrition, increase physical activity and reduce obesity among the New Zealand population.

HEHA coordinator

This new appointment will be based with the HBDHB Healthy Populations Team and will develop, implement and monitor a regional strategic plan for HEHA in Hawke's Bay. For further information in regard to HEHA phone Kerry Weston, Public Health Unit, Ph (06) 834-1815.

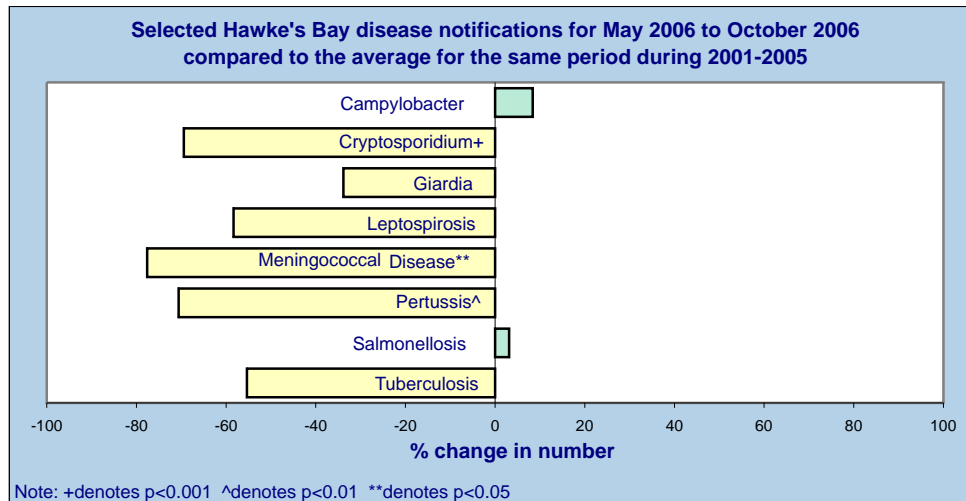
Fruit In Schools

The FIS programme is a Ministry of Health funded initiative that provides free fruit to selected low-decile schools nationwide. FIS aims to develop and implement strategies to ensure long-term fruit consumption by children. Twenty-two Hawke's Bay schools participate. For more information, please contact the Health Promoting Schools Team, Ph (06) 834-1815 or email tawehi.munro@hawkesbaydhb.govt.nz

Maraenui On The Move

This is a joint initiative between the Hawke's Bay PHO, the Public Health Unit and the Maraenui Urban Renewal Trust. The project aims to address obesity-related health problems in Maraenui, specifically targeting Maori/Pacific and low income groups. A series of hui will aim to identify the community's health priorities, and implement solutions to improve nutrition, increase physical activity and reduce obesity. For more information, please contact Hawke's Bay PHO, Ph (06) 835-3180.

Disease Surveillance Summaries



Selected notifications November 2005 to October 2006

Disease	Hawke's Bay		New Zealand	
	Cases	rate*	Cases	rate*
Campylobacter	545	364.8	15956	389.3
Cryptosporidiosis	24	16.1	734	17.9
Giardia	54	36.1	1240	30.3
Hepatitis A	0	0.0	128	3.1
Hepatitis B	1	0.7	69	1.7
Lead Absorption	2	1.3	80	2.0
Leptospirosis	10	6.7	84	2.0
Meningococcal Disease	4	2.7	158	3.9
Paratyphoid	1	0.7	19	0.5
Pertussis	36	24.1	1411	34.4
Rheumatic Fever	6	4.0	105	2.6
Salmonellosis	76	50.9	1391	33.9
Shigella	3	2.0	155	3.8
Tuberculosis	11	7.4	360	8.8
Typhoid Fever	0	0.0	26	0.6
VTEC/STEC Infection	2	1.3	88	2.1
Yersiniosis	12	8.0	462	11.3

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