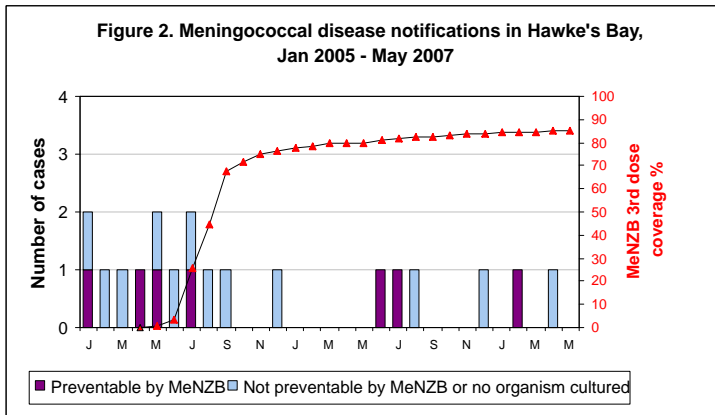


- ▶ Immunisation issues
- ▶ MeNZB coverage
- ▶ Dengue Fever in Cook Islands



MeNZB Coverage

Three-dose immunisation with MeNZB vaccine for people under 20 years in Hawke's Bay on 15th May 2007 was 85%. The coverage among 0-4 year olds for Maori, Pacific Islanders and Other ethnic groups was 64%, 77% and 80% respectively. Coverage in the lowest socio-economic neighbourhoods (deciles 9 and 10) was 78%. There have been only four cases of laboratory-confirmed MeNZB-preventable meningococcal disease in HB since July 2005 (Figure 2). One had been fully immunised with MeNZB; one was too old (55) to be eligible for immunisation; one was eligible, but unimmunised; one was eligible but had received only one dose of MeNZB.

CONTRAINDICATIONS TO IMMUNISATION - real and not so real ones

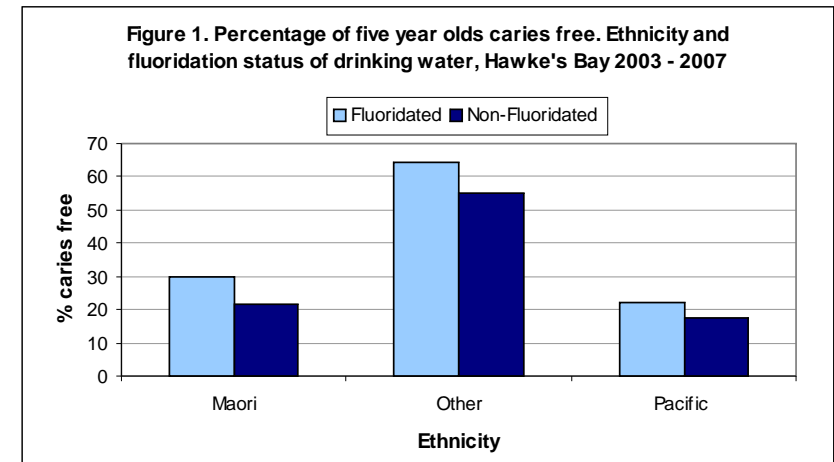
Poor knowledge of immunisation by health professionals may be the single biggest factor in poor vaccine uptake. NZ research shows that over a third of GPs/PNs don't know that egg-allergic children can be vaccinated with MMR vaccine. Over a fifth of GPs/PNs reported that a snuffly nose is a contraindication to the vaccination. Misinformation often leads to unnecessary delay of vaccination. This is associated with a much higher risk of disease, particularly pertussis. A child with a 'cold' (without a high fever or systemic illness) can be safely vaccinated. Being aware of our knowledge gaps is important. We often do not know what we don't know. The *Immunisation Handbook* remains an excellent quick resource. IMAC has recently launched a web-based online immunisation update programme (which earns CME points) at www.icomet.org.nz

Our systems also let us down. In a recent audit of 62 practices, 97% had children with overdue immunisations visiting the practice who could have been offered a vaccination and were not. The commonest missed opportunity was a child visiting with a mild URTI. 11% of the missed opportunities were well child visits. Encouraging pre-calls (reminders before immunisation is due), early tracking of overdues, and flags on the PMS for overdues are important practice strategies.

Dr Nikki Turner, GP and Director, Immunisation Advisory Centre (IMAC) University of Auckland.

LITTLE CHILDREN AND ROTTEN TEETH

The oral health of Hawke's Bay five year olds, measured by the percentage who are caries-free, is poorer than the national average. Maori and Pacific Islands children have poorer oral health than Other children. Maori children's oral health has improved in recent years, but that of Pacific children has worsened and that of Other children has not changed. Children who live in areas with fluoridated drinking water have lower caries rates than those who do not. (Figure 1.) However the ethnic differences in caries prevalence shows that fluoridation cannot fully protect children from caries induced by socio-economic factors such as poor diet.



One of the most distressing health problems we have to deal with in small children is that of rotten teeth. Frequently, the solution is multiple extractions and fillings under a general anaesthetic. This is a mutilating procedure which often leaves children with missing teeth for several years until the permanent successors erupt. This can have impact on their ability to eat, smile and talk and what makes the whole process so upsetting is that it is usually so easily preventable.

Prevention can be addressed by public health measures. These include the recent removal of acid/carbonated drinks from the DHB vending machines, promoting fluoridation of public water supplies, supporting fruit in schools and reducing junk foods in school canteens and the education programmes promoted by the

School Dental Service and Maori Health Providers.

One-to-one or family-oriented measures, include preventative and dietary measures taught by the School Dental Therapist or Hospital or family dentist, and providing suitable toothbrushes and fluoridated toothpaste. Unfortunately these measures are labour intensive and their cost effectiveness is considerably lower than many public oral health measures.

One recent initiative is a “Lift the Lip” programme started by Margaret Estcourt, practice nurse at Tamatea Medical Centre. This screening programme for small children when they are seen for immunisation enables Margaret to encourage the mothers to enrol their preschoolers at a School Dental Clinic. This programme is being supported and promoted by the Hawke’s Bay PHO and is spreading into other medical practices. Already it has resulted in the early enrolment of many small children at age 15 months instead of the usual age two and a half.

Last year the government announced the spending of \$140M over 3-5 years for the rebuilding and replacement of school dental clinics. Mobile clinics and community clinics will replace many of these obsolete clinics and enable the dental therapists to work in safer and more modern facilities. The HBDHB is preparing business plans for its share of this funding, estimated at several million dollars for Hawke’s Bay, and will have them submitted by August.

An important Ministry directive for the Draft Annual Plan concerns adolescent oral health. Currently all children are eligible for free dental treatment at a dental provider after leaving Intermediate and until the age of 18. About 85% of eligible adolescents are enrolled with a dentist when they leave Intermediate - this is a credit to the Dental Therapists who work hard to encourage these enrolments and also to the part-time dental co-ordinator whose job is to improve enrolments. But high enrolment does not translate into actually receiving dental treatment. The current rate of completing examination and treatment for adolescents is 56%, far below the 85% enrolment rate. The goal for next year’s District Annual Plan is to move to 61% completion, a modest but achievable goal.

David Marshall
Principal Dental Officer, HBDHB

DENGUE FEVER IN COOK ISLANDS

This continuing, but declining, epidemic has caused 64 notifications in New Zealand so far this year. Standard advice about protection against mosquito bites should be given to intending travellers. This is available in the chapter on Malaria in <http://www.who.int/ith/en/>.

DISEASE SURVEILLANCE SUMMARIES

Disease	Hawke's Bay		New Zealand	
	Cases	rate*	Cases	rate*
Campylobacter	499	337.8	15457	373.4
Cryptosporidiosis	32	21.7	966	23.3
Gastroenteritis	13	8.8	680	16.4
Giardia	44	29.8	1362	32.9
Hepatitis A	2	1.4	64	1.5
Hepatitis B	4	2.7	73	1.8
Hepatitis C	1	0.7	41	1.0
Lead Absorption	3	2.0	70	1.7
Leptospirosis	7	4.7	92	2.2
Meningococcal Disease	7	4.7	141	3.4
Pertussis	10	6.8	717	17.3
Rheumatic Fever	10	6.8	76	1.8
Salmonellosis	55	37.2	1238	29.9
Shigellosis	1	0.7	106	2.6
Tuberculosis	8	5.4	359	8.7
VTEC/STEC Infection	1	0.7	83	2.0
Yersiniosis	19	12.9	508	12.3

* Annualised crude rate per 100,000 population calculated from 2006 census usually resident population.

