

Immunisation Issues

Coming Events

Vaccinator Training Courses for 2010: April 21-22 and November 16-17
 Updates for Authorised Vaccinators for 2010: April 21-22, 1400 to 1800hrs and October 12; evening.
 An alternative to attending an update is using the IMAC on-line training www.icomet.org.nz

Parental Vaccine Safety Concerns about MMR

Now that Hawke's Bay has reached 91% of 2 years olds fully vaccinated, the immunisation team is considering how we can take the next step - achieving the Ministry of Health's target of 95%. With the group of decliners in HB fluctuating around 5.4% it will be impossible to reach 95% so the team is starting to investigate if they are all true decliners.

Hawke's Bay has a middle-ranking in a "DHB league table" of decline rates. Counties Manukau has a low rate (2.4%) whereas at the other extreme Bay of Plenty has the highest rate (9.7%). Similar to our region are Lakes (5.7%), Midcentral (5.2%) and Tairāwhiti (5.4%). Some of these decliners are only for the MMR vaccine so the parents are not anti-immunisation overall but have a fear of this safe vaccine which has been much debated and researched. The consequence is these children are not protected against three serious vaccine preventable diseases - measles, mumps and rubella.

As Dr Chris Kalderimis wrote recently in the Dominion concerning an infamous (and now withdrawn) paper in the Lancet, "a great wrong was righted in the last two weeks in Britain. Dr Wakefield was found guilty of misleading conduct by the British Medical Council after it was discovered he had not only manipulated the data, but also reached a completely wrong conclusion in showing that the MMR vaccine was supposedly dangerous".

Helen Petousis-Harris, Director of Research at the Immunisation Advisory Centre and Senior Lecturer in the Department of General Practice and Primary Health Care at the University of Auckland, comments on the Wakefield paper being withdrawn by the Lancet: "We are pleased to see the strong and clear ruling by the General Medical Council against Andrew Wakefield for his unethical practices and 'callous disregard' for children while acting 'dishonestly' in carrying out his research. The groundless controversy that followed his media statements around the MMR vaccine has resulted in many preventable cases of disease both internationally and in New Zealand. There have been measles outbreaks in NZ as recently as last year. New Zealand still has relatively low uptake of the MMR vaccine with only around 70% of children receiving it at the recommended age. There are still many parents who are concerned about the Wakefield claims. We hope that this news will add further reassurance that the MMR vaccine is not associated with autism or any other developmental problems."

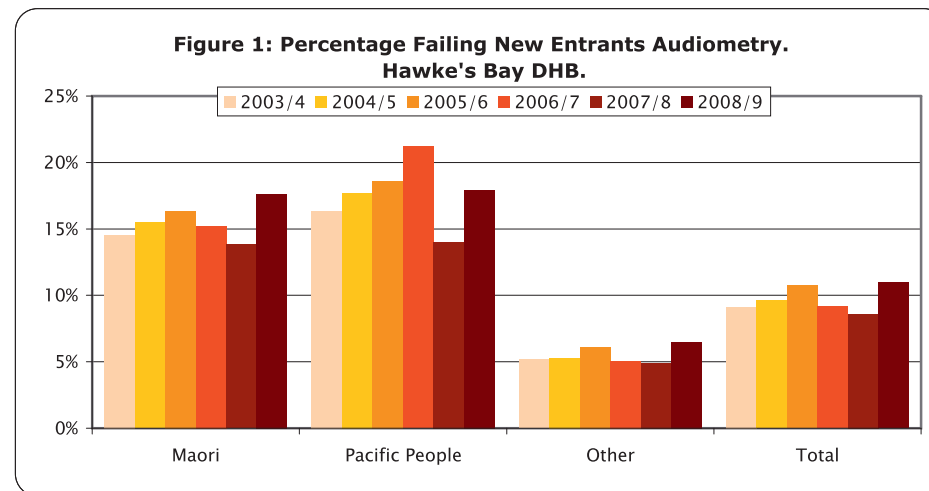
Sharing this information with the public, your patients and the wider community is important to ensure the population are aware there is no correlation between MMR and autism and that it is a safe and effective vaccine. Supporting parents in making a positive decision to have children vaccinated on-time with all the vaccines on the National Immunisation Schedule should be on every health professional's mind. If any further information is required please contact the immunisation team who are always happy to talk to any concerned parents.

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- ▶ Collaborative approach to families
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SOUNDFIELD SYSTEMS

In the last 9 years Hawke's Bay audiometry failure rates at school entry have generally been higher than national rates (10.8% locally, compared to 4.7% nationally). (National data though are well out of date, not having been collected since 05/06). Failure rates are particularly high for Maori (17.6% in 2008/9) and Pacific children (17.9%). (figure one).



The Soundfield Systems in Schools Project was initiated by the Hawke's Bay District Health Board (HBDHB) to improve students' hearing in class. It was funded by the HBDHB for a 12 month period (January - December, 2009) and included 16 Decile One and Two primary schools. The system comprised a teacher-worn microphone, a student hand around microphone and two infrared speaker units.

Sound systems were installed in classrooms and most teachers were using them in the classroom on a daily basis. Teachers experienced less voice strain and fatigue, increased ease of teaching and increased teacher mobility. Children had improved engagement with learning, better task focus, understanding of instructions and cooperation. Classrooms were quieter. The project was not long enough to permit evaluation of the impact on student learning outcomes.

A collaborative approach to families

Following a pilot in 2007, a project on a Collaborative Approach to Families with Complex Needs was carried out in 2009 by Hawke's Bay District Health Board, Ministry of Social Development and Housing New Zealand Corporation. The aim was to take a collaborative approach to reducing recurring health problems and hospital admissions which were attributable to housing, health and economic conditions.

Twenty-five families were assisted during the home visiting programme. Some systemic issues were identified which influenced the quality of the collaborative partnership between the agencies and the ability of the three partners to work in a similar way.

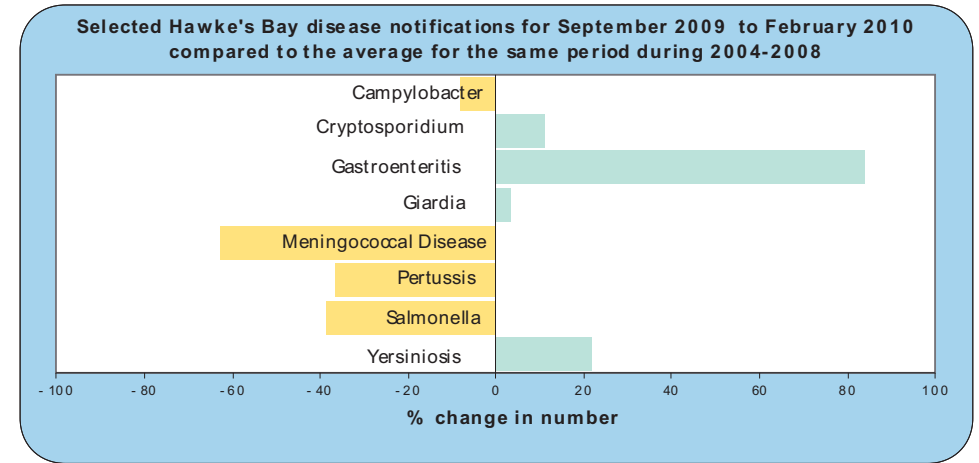
Short term objectives achieved were: increased access to health care; families have an action plan relating to issues identified from health and housing assessments; families are prioritised and on a waiting list for housing; houses are scoped to meet family needs; and families receive their full financial entitlements. The outcome of more effective working relationships was mostly met. Medium-term objectives achieved were: improved health in families; families' access health services relevant to their needs; improved housing for families; families are managing financially. It is too early to determine whether the positive health, housing and income entitlement gains are sustainable. Evidence suggests that the collaborative approach is promising and could be more effective if some of the systemic issues are addressed.

Examples of beneficial effects of the project are:

- treatment of skin disease (e.g. eczema), respiratory conditions (e.g. asthma) and depression
- increased knowledge and assertiveness in dealing with government agencies
- overcrowded families being moved to larger houses
- insulating of homes and modification of homes for disability
- assistance with debt management and accessing financial entitlements
- improvement for all families on the Economic Standard of Living Index score

The two articles above are abbreviated from project evaluations conducted by the Centre for Social and Health Outcomes Research and Evaluation, Massey University. The full reports are available from Joan Plowman at the Public Health Unit.

Disease Surveillance Summaries



Selected notifications March 2009 to February 2010

Disease	Hawke's Bay		New Zealand	
	Cases	rate*	Cases	rate*
Campylobacter	353	230.1	7334	169.9
Cryptosporidium	38	24.8	896	20.8
Gastroenteritis	9	5.9	360	8.3
Giardia	70	45.6	1690	39.2
Hepatitis A	4	2.6	47	1.1
Invasive pneumococcal disease	34	22.2	667	15.5
Lead absorption	5	3.3	345	8.0
Legionella	3	2.0	99	2.3
Leptospirosis	9	5.9	93	2.2
Measles	1	0.7	237	5.5
Meningococcal disease	6	3.9	126	2.9
Non seasonal influenza A (H1N1)	174	113.4	3671	85.1
Pertussis	28	18.3	1373	31.8
Rheumatic fever	7	4.6	144	3.4
Salmonellosis	48	31.3	1070	24.8
Tuberculosis disease	10	6.5	313	7.2
VTEC / STEC infection	4	2.6	131	3.0
Yersinia	16	10.4	395	9.2

* Annualised crude rate per 100,000 population calculated from 2009 mid-year population estimates.