

## Commentary on Disease Surveillance Summaries

Cryptosporidiosis rates are up this year. Rates fluctuate from year to year in Hawke's Bay and NZ. Please remind patients that they should not swim in pools for two weeks after infection with cryptosporidium or giardia. There has been an ongoing outbreak of Rangipo-strain tuberculosis among Hawke's Bay Māori with transmission occurring in extended families and shearing gangs. Be alert for the possibility of TB among young Māori with chronic cough which does not respond to antibiotics, especially if associated with fever, sweats and weight loss. TB masquerades as upper respiratory tract infection, bronchitis, URTI, smoker's cough, asthma and many other conditions. The epidemic of pertussis continues.

## Immunisation Issues

### Ministry of Health's new Immunisation Health Target: Eight month milestone age.

Thank you to everyone who is working so hard to improve our coverage rate for the 8 month target. During the year we have made great progress and taken our coverage from 85% in January to 90% in October and our Maori coverage at 8 months moved from 84% to 89%. This is really encouraging. With pertussis still circulating it is our babies that will benefit from this hard work. We also need to keep focused on the two year old coverage rate.

### Newborn Pre-Enrolment Policy

On 1 October 2012 the Ministry of Health introduced a new policy to ensure more babies are enrolled with their GP before the 6 week vaccination event. This will mean an improvement in the funding which is very encouraging for improving our on-time immunisation rate. A precall letter can be sent from the nominated practice once the baby is enrolled or at about the 5 week mark and also hopefully there will be a decrease in the number of decliners from practices through the NIR electronic notification message. Under the new system, providers can pre-enrol newborns and can claim funding for a newborn before the full enrolment process is completed.

The process aims to ensure that:

- Newborns are enrolled with a general practice and PHO as early as possible
- Newborns receive their immunisations on time
- The risk of children falling through the gaps in our health system is minimised

In the toolkit developed by the Ministry of Health there is a sample letter on page 10 that:

- welcomes the new baby to the practice
- includes and discusses the importance of the enrolment form
- acts as a pre-call message for the six week immunisations

If the provider has not received a completed enrolment form by the time the newborn first visits, the form should be processed during that visit.

If you need a copy of the toolkit or instructional video, you can find it on the Ministry's website <http://www.health.govt.nz/our-work/primary-health-care/primary-health-care-services-and-projects/newborns-will-be-enrolled-gps-sooner>.

The Immunisation Team aims to link all children into primary care if possible.

- ▶ Disease Surveillance Summaries
- ▶ Immunisation Issues

## Environmental management of moisture and mould-related illness

There is increasing evidence that living in damp, cold homes affects health. A 2009 World Health Organization review<sup>1</sup> concluded that there is sufficient evidence to link moisture-related agents and illness to a number of respiratory conditions (see table one). There is also some evidence from case control studies that damp cold environments may increase the risk of developing asthma rather than simply making existing asthma worse.

A recent New Zealand survey<sup>2</sup> found mould was reported in 35% of homes, with older houses in poor condition or lacking sun being affected more frequently. Mould is also more common in the North Island and in high deprivation areas.

**Table 1: Evidence of association between dampness related agents and health**

Sufficient evidence	Limited or suggestive evidence	Inadequate of insufficient information
upper respiratory tract symptoms	bronchitis	altered lung function
cough	allergic rhinitis	allergy or atopy
wheeze		any asthma history
asthma symptoms in sensitised asthmatic persons		
asthma development		
shortness of breath		
current asthma		
respiratory infections		

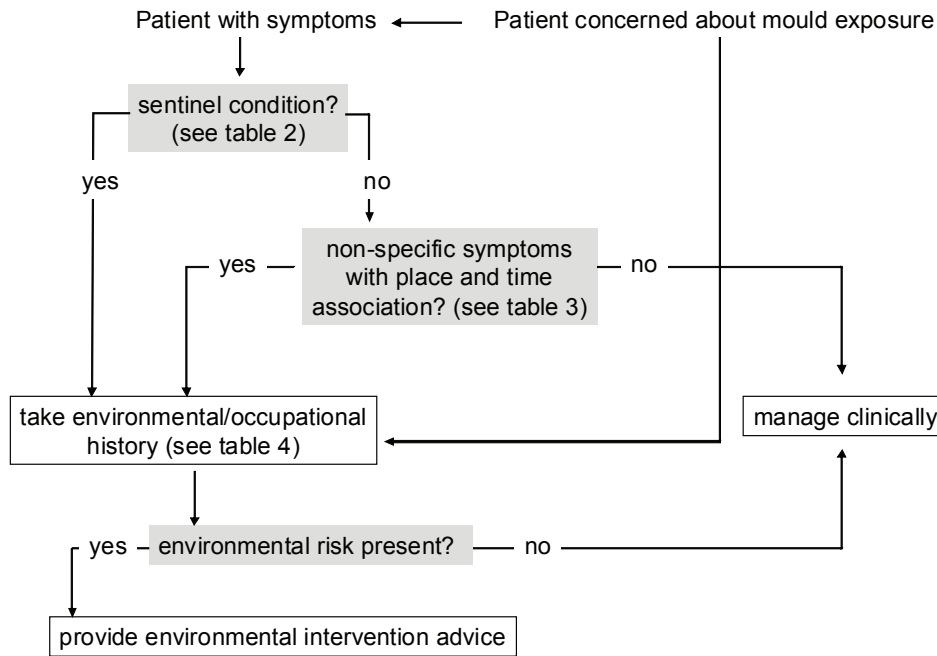
Source: World Health Organization 2009.

Possible pathogenic mechanisms include: fungal infection; allergic and hypersensitivity reactions; irritant effects from volatile organic compounds (VOCs); ingestion of mycotoxins and endotoxins; and interactions with other microbes and building materials. Infection of persons with normal immunity is rare and WHO suggests that the most common health effects are due to allergic and irritant effects.

Patients experiencing VOC irritation often report smelling musty odours. Symptoms, including eye irritation, rhinitis, hoarseness, cough and headache, tend to stop once the patient leaves the affected environment. Allergic effects tend to worsen as exposure to allergens and (1-3)  $\beta$  D glucans increases over time. If patients become sensitised, symptoms may persist even after they leave the moist environment. This also makes it more difficult to recognise any temporal association between symptoms and exposure to affected environments. It is therefore important to recognise and manage exposure early to avoid sensitisation.

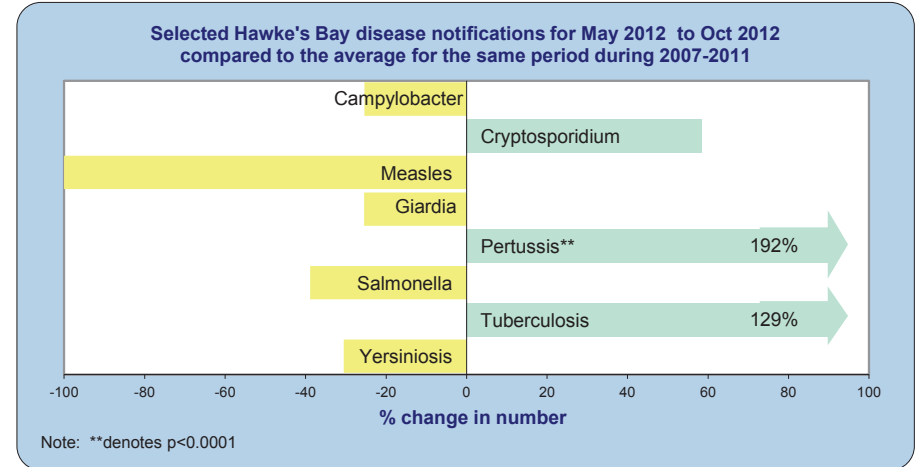
The advice below is intended to assist with recognising when mould and moisture might be contributing to a patient's illness and to provide advice on what can be done to address environmental causes. Some conditions (table 2) are suggestive of mould or moisture problems and enquiry into possible environmental causes will generally be useful. Other patients will present with non-specific symptoms such as lethargy or headache and an environmental cause will only be identified when symptoms are associated with exposure to particular environments. (table 3)

Figure 1: Identifying patients with mould or moisture related illness



Source: adapted from University of Connecticut Health Center (2004)

Disease Surveillance Summaries



Disease	Hawke's Bay		New Zealand	
	Cases	rate*	Cases	rate*
Campylobacter	325	209.3	7336	166.5
Chlamydia	1287	828.7	24771	567.2
Cryptosporidium	42	27.0	857	19.5
Giardia	60	38.6	1733	39.3
Gonorrhoea	164	105.6	3104	70.5
Invasive pneumococcal disease	20	12.9	504	11.4
Lead absorption	6	3.9	287	6.5
Legionella	2	1.3	151	3.4
Leptospirosis	19	12.2	132	3.0
Listeriosis	4	2.6	25	0.5
Measles	2	1.3	279	6.3
Meningococcal disease	2	1.3	89	2.0
Pertussis	142	91.4	5750	130.6
Rheumatic fever	6	3.9	194	4.4
Salmonellosis	24	15.5	1050	23.8
Tuberculosis	24	15.5	313	7.1
VTEC / STEC infection	4	2.6	135	3.1
Yersinia	13	8.4	526	11.9

\* Annualised crude rate per 100,000 population calculated from 2011 mid-year estimates.  
 Note: The figures for Chlamydia & Gonorrhoea are for the 12 months ending Sep 2012.