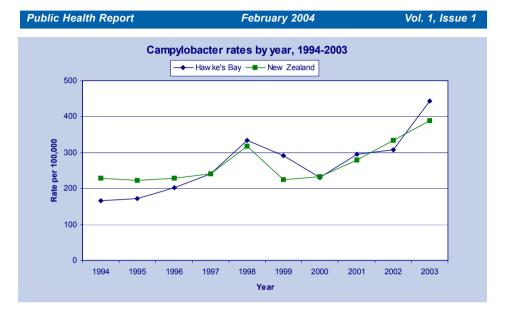
Public Health ADVICE

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Encourage these measures to prevent enteric diseases: Clean, cook, cover, chill

- Always take food straight home, especially chilled and frozen foods don't leave food in a hot car.
- Don't let meat and chicken juices drip onto other foods. Cover all cooked foods (e.g. with plastic wrap).
- Use separate chopping boards and utensils when preparing raw foods which require cooking (especially meat and chicken), and cooked or ready to eat foods (e.g. salad).
- If you have only one chopping board and one knife, scrub them clean in hot soapy water and dry thoroughly in between using them for raw and for cooked/ready to eat foods.
- Meats (e.g. for a barbecue) should be marinated in a covered container in the fridge, not on the bench.
- Make sure meat and chicken are thawed (defrosted) completely before you cook them.

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- Make sure that food is cooked and steaming hot right through to the middle.
 Pink poultry poisons.
- Never put cooked food back onto the same plate that contained the raw food -always use a clean plate (e.g. when barbecuing meat, chicken or fish).
- Leftover hot food should be put in the fridge as soon as it has stopped steaming; hot food will cool more quickly if put in to a shallow dish.
- Don't prepare food for other people if you have an illness with diarrhoea or vomiting (which could be passed on by contaminating the food).
- Check/ beware of untreated tank water, creeks and rivers. Swimsafe hotline is 06 878 1368.
- Don't let people with an enteric disease share their bath water with others. No swimming in public pools until they are symptom-free for two weeks.
- Wash and dry your hands well after handling pets or farm animals.
- Wash and dry your hands after toilet and before preparing food.
- High risk groups for spreading enteric disease include: food handlers, those involved in health-care, rest home or water supply workers, those attending early childhood centres, intellectually impaired people.

Fact sheets on the enteric diseases and food safety are available on: www.hawkesbaydhb.govt.nz www.foodsafe.org.nz www.nzfsa.govt.nz www.cdc.gov/health/foodill.htm or from the resource room at the Napier Health Centre (06) 834 1815

Disease surveillance summaries

Notification rates for **campylobacter**, **cryptosporidium** and **giardia** continue to be above the national rate. Practitioners are requested to use every opportunity to promote food and drinking water safety with their patients or clients. See leading article in this issue.

The **pertussis** epidemic was slow to reach Hawkes Bay but has been running for more than two years in other parts of the country. Please request a pernasal swab for laboratory confirmation for the first case in any family or social group where you suspect pertussis. Notify all cases.

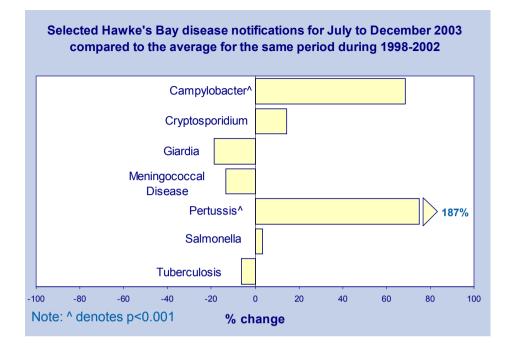
Tuberculosis occurs predominantly in Maori and Pacific Islanders, but recent immigrants from Asia and Africa are also affected. Consider tuberculosis in the differential diagnosis for cough, fever, sweats and weight loss.

Consultation on control measures for **leptospirosis** is occurring with affected industries, such as freezing works, and with Occupational Safety and Health.



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Selected notifications January to December 2003

	Hawke's Bay		New Zealand	
Disease	Cases	rate*	Cases	rate
Campylobacter	634	443.4	14782	395.
Cryptosporidium	51	35.7	820	21.
Giardia	84	58.7	1569	4:
Hepatitis A	3	2.1	69	1.
Hepatitis B	4	2.8	61	1.
Hepatitis C	3	2.1	42	1.
Leptospirosis	14	9.8	76	2.
Meningococcal Disease	18	12.6	456	14.
Pertussis	63	44.1	590	15.
Rheumatic Fever - Initial	7	4.9	143	3.
Salmonella	71	49.7	1404	37.
Shigella	1	0.7	87	2.
Tuberculosis	21	14.7	419	11.
Typhoid	1	0.7	20	0.
Yersinia	14	9.8	439	11.

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Immunisation issues

Marg Dalton, Immunisation Coordinator, Phone 8341815 ext 4228.

Coming events

- Vaccinators training courses for 2004: 19 / 20 April & 2 / 3 December. Cost \$50.00
 - Reminder: According to the Section 88 agreement, from the 30 June 2004 each practice is to have at least one practice nurse authorised as a vaccinator by the Medical Officer of Health.
- Information sharers course for 2004: 14 July. This is a very useful training day for anyone promoting immunisation. Cost \$20.00. Details below for more information about these courses.

Cold chain audit

The national cold chain audit is showing a very disturbing trend. By June 2003, 2332 monitor cards had been issued. Sixteen percent of the valid monitors had been exposed to freezing temperatures. Results from the first 7 months (Dec 2002-June 2003) have identified a total of 529 cold chain failures. Of those:

- 249 (47%) occurred at the vaccinator site
- 32 (6%) occurred at the regional store
- 248 (47%) occurred during transportation.

Most failures (80%) were due to freezing. These results are similar to those found in my local audits using electronic loggers. Domestic fridges are not reliable enough for vaccine storage. If you are about to purchase a new fridge please ring me first or enquire about pharmaceutical refrigerators from the stockists. It may seem an expensive purchase but vaccines are also expensive. Recalling children for repeat vaccination because of fridge failure is not an easy task.

Future immunisation strategies in Hawke's Bay

- Regional coverage rate for childhood immunisation. Early 2004
- Outreach Immunisation Service (OIS), starting in Feb 2004 (Napier, Taradale, Clive only). A Te Kupenga nurse will be providing vaccinations in the community for children who are overdue.
- National Immunisation Register (NIR), early 2005
- Meningococcal B vaccination (MeNZB), 2005
- Immunisation Support Group, 2004. If anyone is interested in joining a
 support group to help with planning and promoting immunisation issues in
 Hawkes Bay please contact me. We have some interesting and challenging
 times ahead of us in this specialised field.



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