

Immunisation issues

Coming events

To register contact Marg Dalton, immunisation coordinator, 8341815, ext 4228

Vaccinators training course: 3 / 4 May 2006 (\$60)

Immunisation promotion and communication day: 18 May 2006 (no cost).

This is a practical training day for any health workers working with children and immunisation.

Celebration for immunisation

The Public Health Unit is organising celebratory publicity on polio vaccination in April. Following 17 years of research, culminating 12 April 1955, the first poliovirus vaccine was declared "safe, effective and potent" and led to licensure of the first effective vaccine against polio. The vaccine breakthrough was driven by Dr Jonas Salk in America. In April 1956, the Salk vaccine was introduced into New Zealand with mass campaigns in 1961 and 1962. An ongoing immunisation programme using the Sabin Oral Polio vaccine eliminated the polio virus from New Zealand.

The inactivated polio vaccine (IPV) was introduced to New Zealand in 2002. No serious adverse reactions have been reported; there are mild side effects such as reaction at the injection site, mild fever, sleepiness and crying occur, as with other vaccinations. IPV is very effective and most people will remain immune for life after completing the course.

Outreach for the national immunisation programme

By July 2006 we are hoping to have an outreach service available for the Hastings area working hand in hand with the national immunisation register. Until then we will have minimal temporary cover for the Hastings area. Te Kupenga Hauora-Ahuriri continues to provide an excellent service for Napier, Taradale and Clive.

Audit for Hawke's Bay immunisation coverage rate

The first audit for several years was carried out at the end of last year. Thank you to all those who contributed. Although the results for some practices were excellent, the overall coverage of 70% (fully vaccinated at age two) was disappointing. The Ministry of Health's target is 95%. We are planning to reaudit in May, giving practices time to update their immunisation records, recall their unvaccinated children and refer to outreach (in Napier).

Medical Officer of Health Public Health ADVICE

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Public Health Report

February 2006

Vol. 3, Issue 1

Decline in meningococcal disease

Figure 1 shows that there has been a decline in meningococcal disease notifications since 2003. However, the impact of the MeNZB vaccination campaign is becoming apparent. (Figure 2). There have been no cases of the vaccine-preventable strains of type B meningococcus since three dose coverage in the 0-19 age group exceeded 50%.

Figure 1. Meningococcal disease notifications in Hawke's Bay by month, 2000 - 2005

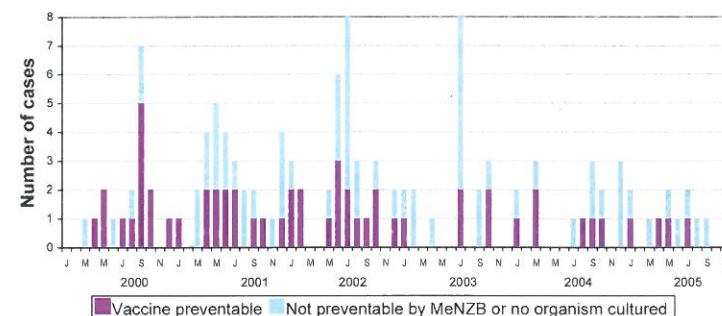
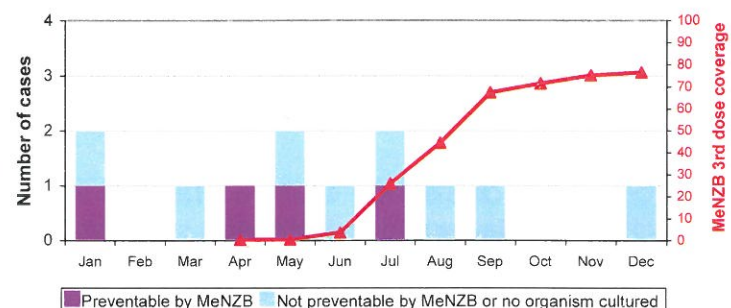


Figure 2. Meningococcal disease notifications, 0-19 year olds in Hawke's Bay 2005



Campylobacteriosis outbreak at school camp

In December the Public Health Unit investigated an outbreak of campylobacteriosis following a school camp. The camp attendees undertook a number of recreational water activities including swimming, tramping, eeling, water crossings and raft building.

Six of the eight cases who submitted faecal specimens were confirmed positive for *Campylobacter*. Ninety three percent (55/59) of the camp attendees completed a questionnaire. Forty of those interviewed were sick (73%). Logistic regression analysis revealed that only recreational water exposure to the river was significantly associated with illness (odds ratio = 15.5, $p=0.02$). The drinking water came from unprotected springs and was untreated. Samples taken eight days after the camp were contaminated with *E. coli*, but campylobacter was not isolated. In the week before the camp heavy rainfall had occurred in the area. This would have increased runoff of animal faeces into the springs and river. Although contaminated drinking water may have contributed, exposure to river water was the most significant cause of this outbreak.

The camp drinking water supply is being improved. Health protection advice for school camps will be sent to all Hawke's Bay schools. The recreational water swimming information line (phone 06 878 1368) permits the public to obtain up-to-date information about recreational water quality at monitored sites within the Hawke's Bay health district.

Influenza pandemic planning

A multi-agency pandemic planning exercise was hosted by Hawke's Bay District Health Board (HBDHB) from October to December 2005. A large number of issues were identified which require more detailed work to enhance Hawke's Bay preparedness.

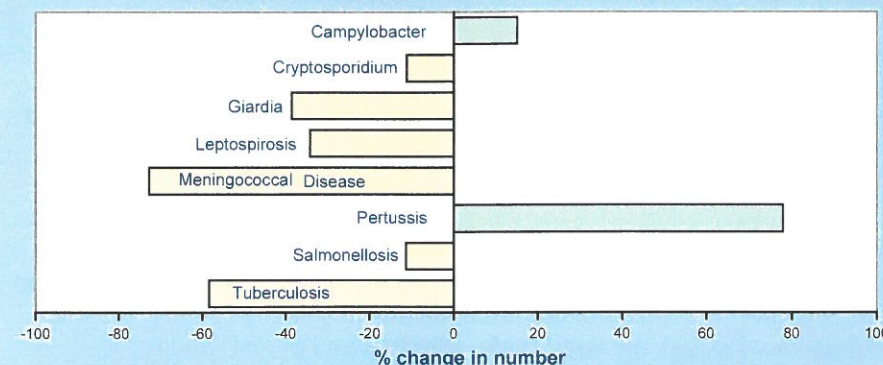
HBDHB's District Pandemic Action Committee has been reconfigured to incorporate key agencies in local planning and preparedness. It will coordinate working groups which will work on the issues during 2006.

If you have questions about pandemic planning please contact HBDHB's emergency response advisor via the Hawke's Bay Hospital call centre (phone 06 878 8109).

Commentary on disease surveillance summaries

The national and Hawke's Bay epidemic of **pertussis** continues. It is hoped that better control of this community wide epidemic will be attained by the addition of a booster vaccination at age 11 from 1 February. Guidance on pertussis was provided in in Vol 1, Issue 3 of *Public Health Advice* (October 2004).

Selected Hawke's Bay disease notifications for August 2005 to January 2006 compared to the average for the same period during 2000-2004



Selected notifications February 2005 to January 2006

Disease	Hawke's Bay		New Zealand	
	Cases	rate*	Cases	rate*
Campylobacter	529	354.1	14109	344.2
Cryptosporidium	48	32.1	919	22.4
Giardia	55	36.8	1250	30.5
Hepatitis A	0	0.0	80	2.0
Hepatitis B	0	0.0	64	1.6
Lead Absorption	2	1.3	78	1.9
Leptospirosis	12	8.0	87	2.1
Meningococcal Disease	11	7.4	215	5.2
Paratyphoid	1	0.7	24	0.6
Pertussis	47	31.5	2435	59.4
Rheumatic Fever	8	5.4	90	2.2
Salmonellosis	65	43.5	1445	35.3
Shigella	0	0.0	192	4.7
Tuberculosis	6	4.0	350	8.5
Typhoid	0	0.0	32	0.8
VTEC/STEC Infection	5	3.3	97	2.4
Yersinia	15	10.0	411	10.0

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