Immunisation Issues

Coming events

To register, contact Marg Dalton, Immunisation coordinator, 06 834 1815 ext 4228

- Update for Authorised Vaccinators 26th April, Education Centre, Hawke's Bay Regional Hospital
- Immunisation Awareness Day for Community Workers 9th May

Contraindications to Immunisation

Confusion still remains around contraindications to vaccinations.

This means some children miss out on their scheduled vaccinations or chances for opportunistic immunisation are missed.

"Minor infections without significant fever or systemic upset are not contraindications to immunisation. The decision to administer or delay immunisation because of a current or recent acute illness depends on the severity of the illness and the aetiology of the disease. All vaccines can be administered to persons with minor acute illness (eg, diarrhoea or mild upper respiratory tract infections) but should be postponed if the subject has a significant fever over 38°C". (Immunisation Handbook 2006 pg 76)

Vaccine	Contraindications
Any vaccine	Anaphylaxis / allergy to any vaccine component
	Anaphylaxis reaction to a prior dose or to any vaccine component
	 Moderate or severe acute illness (T>38°C)
Pertussis	Previous encephalopathy within 7 days after pertussis vaccinationEvolving (undiagnosed) neurological problem
MMR	Live vaccines within 4 weeks
	Immune suppressed individuals
	If blood, plasma or immunoglobulin was given within the last 11 months (refer to Immmunisation Handbook pg 78)
Influenza, yellow	Anaphylaxis to egg or chickens
fever	

Reference: Immunisation Handbook 2006

Public Health: Phone (06) 834 1815

Website: www.healthinhawkesbay.co.nz

Haemophilus influenzae

A case of Haemophilus influenzae type B notified in February reminds us of the importance of on-time immunisation. The baby was 8 weeks old, had not received its six-week immunisations and suffered meningitis and septicaemia. This was our first notification of Haemophilus influenzae since 2003.



Medical Officer of Health **Public Health**

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Public Health Report

February 2007

Vol. 4, Issue 1

HEALTH PROMOTION - ALCOHOL & DRUGS

The goal of Public Health Unit work in Alcohol & Drugs is to minimise the harm from alcohol and other drugs.

Objectives:

- 1. To control the supply of alcohol by encouraging and enforcing its responsible sale, use and promotion in licensed premises at all times.
- 2. To encourage and enforce the adoption of Host Responsibility policies in licensed premises.
- 3. To reduce the demand for alcohol and other drugs by informing the public about the effects of alcohol and other drugs by using/delivering a range of health promotion initiatives targeting at risk groups
- 4. To continually advocate to Government through collaboration amongst agencies involved in alcohol and drug issues.

Statistics

A Land Transport Safety Authority report estimated the total health and social cost of alcohol and drug-related crashes in Hawke's Bay in 2005:

Fatal	\$53,687,000		
Serious injury	\$22,115,000		
Minor injury	\$6,711,000		
Non -injury crashes	\$3,926,790		
Total	\$86,440,790		

Based on national estimates, 10-15 thousand of the 21,912 crimes in Hawke's Bay in 2005 had an alcohol or drug component.

The principal drugs used by clients treated at HBDHB Addiction Services in 2006 are shown below. These are counts of addictions treated, not people. Therefore one person may appear in more than one row.

Drug	Number of people treated	Drug	Number of people treated
Alcohol	768	Morphine	26
Cannabis	449	Party Pills/Herbal Highs	21
Methamphetamine	117	Opiates	19
Prescription medicines	34	Solvents and petrol	15

Court and CYFS referrals excluded.

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Services available

Alcohol & Drug Helpline	0800 787 797
Directions Youth Centre, Hastings (free counselling for under-25 year olds)	870 8449
Addiction Services	878 8109

Resources and information

Napier Resource Centre, Wellesley Road, Napier 834 1815. Information in the form of free pamphlets, videos and teaching resources.

ALAC has produced many resources for health professionals.

http://www.alcohol.org.nz/ go to research and publications, then publications and orders

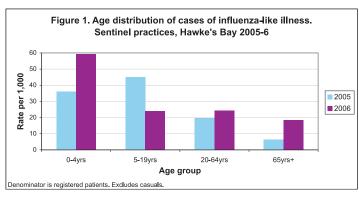
www.fade.org.nz, www.adf.org.au, www.drugandalcoholfindings.org.uk. www.ndp.govt.nz

You can also join the Alcohol and Drug email list to ask direct questions to other subscribers. Many are Psychologists and Addiction Counsellors. To subscribe, visit http://lists.iconz.co.nz/mailman/listinfo/aandd

Influenza vaccination

Sentinel general practice surveillance of influenza-like illness in 2006 showed that Hawke's Bay had the 4th highest consultation rate in NZ. The influenza B epidemic of 2005 predominantly affected youth, whereas last year's epidemic affected preschoolers more heavily (Figure 1).

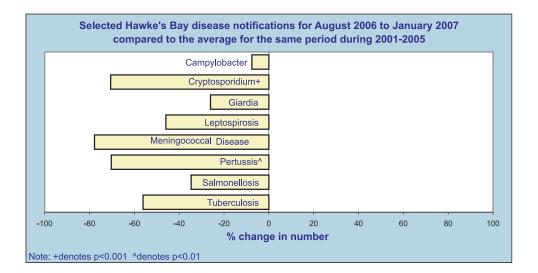
It is time to be planning your practice strategy to increase influenza immunisation coverage in 2007. Last year there was a 6% improvement in New Zealand coverage compared to 2005. Let's see if we can do even better! Personalised invitations and encouragement from doctors and practice nurses help to increase



uptake. It helps to get the message across if you are able to say: "all the doctors, nurses and support staff in our practice have been immunised".

This years vaccine comprises:

- A(H1N1): an A/New Caledonia/20/99 (H1N1)-like strain (15 µg HA per dose)
- A(H3N2): an A/Wisconsin/67/2005 (H3N2)-like strain (15 µg HA per dose)
- B: a B/Malaysia/2506/2004-like strain (15 μg HA per dose)



	Hawke's Bay		New Zealand	
Disease	Cases	rate*	Cases	rate
Campylobacter	513	346.2	16274	404.
Cryptosporidiosis	17	11.5	735	18.
Giardia	53	35.8	1236	30.
Hepatitis A	0	0.0	92	2.
Hepatitis B	3	2.0	68	1.
Lead Absorption	3	2.0	72	1.
Leptospirosis	11	7.4	94	2.
Meningococcal Disease	4	2.7	160	4.
Paratyphoid	1	0.7	22	0.
Pertussis	15	10.1	1034	25.
Rheumatic Fever	7	4.7	96	2.
Salmonellosis	64	43.2	1294	32.
Shigella	3	2.0	91	2.
Tuberculosis	8	5.4	356	8.
Typhoid Fever	0	0.0	45	1.
VTEC/STEC Infection	3	2.0	88	2.
Yersiniosis	9	6.1	489	12.

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