

COMMENTARY ON DISEASE SURVEILLANCE SUMMARIES

It's pleasing to note that campylobacter rates this summer have been lower than in recent years.

We were surprised to have 5 notifications for meningococcal disease in the first two weeks of January, 3 were eventually laboratory confirmed and all were the epidemic strain, the other two were not laboratory confirmed. Two cases were in a small community and had some contacts in common, meeting the definition of an outbreak. We will continue to monitor this situation and consider appropriate additional interventions should there be further cases in that community.

IMMUNISATION ISSUES

Childhood Immunisation Schedule Changes

The next national schedule change will take place this year, with implementation of the pneumococcal programme planned from 1 June 2008. Key schedule changes are as follows:

Prevenar: Pneumococcal conjugate vaccine

- Available from 1 June 2008
- Given to all infants at 6 weeks, 3 months, 5 months and 15 months
- Catch up will be available for all infants born from 1 January 2008 (these infants will be offered a course of three doses with each dose 6 weeks apart, and a booster dose when they turn 15 months old)

Infanrix-Hexa: hexavalent vaccine

- DTaP-HepB/Hib will be available from 1 March 2008
- This is a single dose vaccine to replace the two vaccines currently given at 6 weeks, 3 months, 5 months.

Boostrix-dTap vaccine

- The polio dose for 11 year olds will be removed from January 2008: dTap (diphtheria, tetanus, acellular pertussis adult dose-Boostrix) will continue on the schedule.

High-risk pneumococcal programme

- Expansion of eligibility criteria for programme (criteria still to be confirmed)

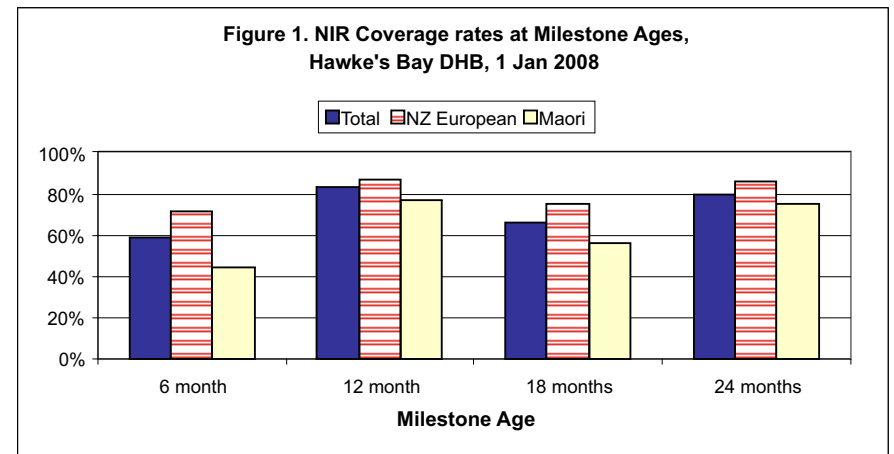
The conjugate vaccine being introduced- Prevenar- is highly effective in infants, with efficacy around 88% against vaccine serotypes for invasive disease, with a 22% reduction in radiological confirmed pneumonia and a 6% reduction in otis media rates. Note that Prevenar only covers seven serotypes but these seven types cover approximately 80% of all serotypes for children under 5 years.

- Antenatal HIV Screening Project
- Immunisation Issues

IMMUNISATION COVERAGE RATES

The first Hawkes Bay children that were registered on NIR from 12 September 2005 onwards have now reached 2 years and coverage rates for the first quarter are available.

<http://www.moh.govt.nz/moh.nsf/indexmh/immunisation-coverage-data>



Immunisation Coverage for Children who have reached the milestone ages of 6 months, 12 months, 18 months, 24 months and fully completed their age appropriate immunisations for the 12 month period 01/01/2007 - 01/01/2008

These figures show that 80% of Hawkes Bay babies are fully vaccinated at 2 years of age (75% of Maori children).

Thank you for the effort that is going in to improve these rates which are continuing to rise. In particular we would like to acknowledge the success of the Wairoa practices. Wairoa PHO had 90% of babies fully vaccinated by the age of 2 years (91% of Maori babies) - a wonderful result and a great example of how it is possible to achieve high immunisation rates even in areas of high deprivation with a large Maori population.

Marg Dalton
Immunisation Team

ANTENATAL HIV SCREENING PROJECT

The Universal Offer for Antenatal HIV Screening for pregnant women will be implemented in Hawkes Bay from July 1 2008. This screening programme aims to minimise the incidence of mother to child transmission and to enable early treatment of HIV positive women. While the incidence of HIV in New Zealand is low, the overall number of new infections is rising, particularly for women. Between 2002 and 2005 eight children were born HIV positive to mothers who had undiagnosed HIV infection during pregnancy. Over the same period no children were born HIV positive where mothers were identified during pregnancy.

Work is in progress to develop standardised test requests from Lead Maternity Carers and GPs to the laboratories, and resources to guide practitioners in the national testing and result confirmation algorithms.

A Programme Coordinator will be appointed to provide practitioner training, and to support practitioners after the implementation. Details of training and the availability of the National Guidelines will be publicised once details are confirmed.

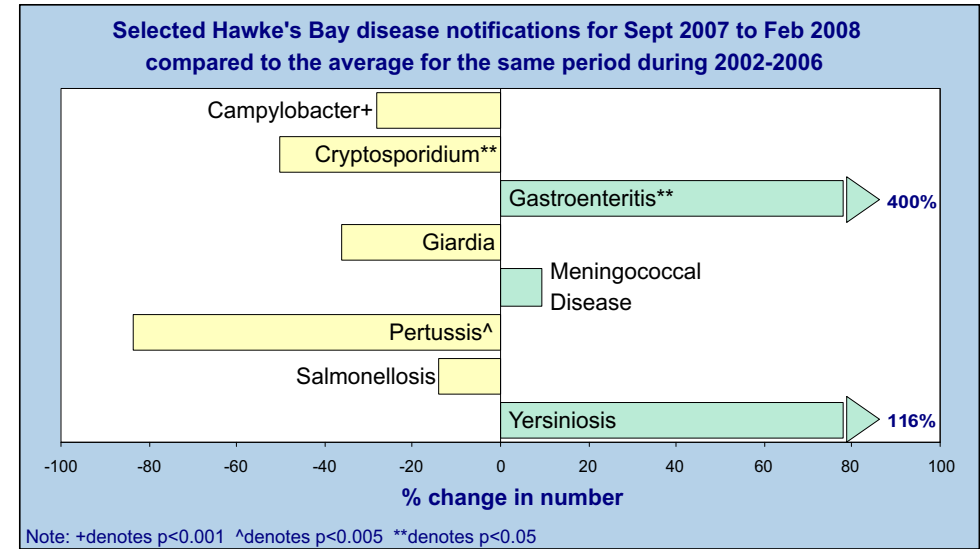
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CONTACTS OF NOTIFIABLE DISEASE

From time to time, particularly with the higher profile notifiable disease like Meningococcal Disease or Tuberculosis, GPs and ED staff will be consulted by contacts of cases seeking advice, investigation, or treatment. Sometimes public health staff doing the investigation will already have contacted them and provided advice or organised to meet them to provide prophylaxis but the contacts feel more urgent prophylaxis is required. If you see people in this situation, please check with the public health unit first (or the on call Health Protection Officer after hours). This will enable us to gather more information and/or widen our list of contacts, to ensure consistency of information and intervention, and to ensure compliance with protocols/guidelines in terms of how different categories of contacts are managed.

DISEASE SURVEILLANCE SUMMARIES



Selected notifications March 2007 to February 2008

Disease	Hawke's Bay		New Zealand	
	Cases	rate*	Cases	rate*
Campylobacter	416	281.7	10590	250.4
Cryptosporidium	33	22.3	873	20.6
Gastroenteritis	19	12.9	612	14.5
Giardia	37	25.1	1409	33.3
Hepatitis A	3	2.0	42	1.0
Hepatitis B	4	2.7	68	1.6
Lead Absorption	2	1.4	87	2.1
Leptospirosis	12	8.1	61	1.4
Meningococcal disease	14	9.5	108	2.6
Paratyphoid	1	0.7	27	0.6
Pertussis	8	5.4	289	6.8
Rheumatic fever	8	5.4	212	5.0
Salmonellosis	50	33.9	1427	33.7
Shigellosis	2	1.4	121	2.9
Tuberculosis	16	10.8	302	7.2
VTEC/STEC Infection	2	1.4	119	2.8
Yersinia	33	22.3	555	13.1

* Annualised crude rate per 100,000 population calculated from 2006 census usually resident population.