

## IMMUNISATION ISSUES

### COMING EVENTS

**Vaccinator Training Course** 2/3 December 2008, Napier Sailing Club. Numbers are limited for this course so early bookings are advisable.

**Update for authorised vaccinators** 15 October 1730 to 2030hrs.

Contact Fiona Jackson Phone 834 1815 ext 4371.

### *A further change to the National Immunisation Schedule this year: Free HPV vaccination to commence*

The primary reason for the development of the Human Papillomavirus (HPV) vaccine is the prevention of HPV related malignancy of which cervical cancer is the most common. Although the number of diagnosed cases of cervical cancer is reducing, there are still approximately 60 deaths in New Zealand every year and around 160 new cases diagnosed. Genital warts and cervical dysplasia caused by HPV genotypes 6/11/16/18 are also prevented by the HPV vaccine. There should also be a reduction in the number of abnormal smear tests and invasive treatment required. Not all cancers are associated with HPV genotypes 16 and 18, different populations show variations and at this stage New Zealand has no current data. A study in Costa Rica estimated that a vaccine that prevents 98% of persistent HPV 16/18 infections would prevent 51% of cancers if delivered to 100% of the population.

Regular smear tests will still be very important for all women vaccinated.

The programme starts on 1 September 2008, vaccinations will be offered to all girls born on and after 1 January 1990 and 1991. This cohort group of 17 and 18 year olds will be vaccinated in primary care, also clinics and work places as it is known many of this aged group are often not enrolled with primary care! Maori and Pacific women have higher rates of cervical cancer than other ethnic groups this needs to be at the forefront of all planning for the HPV project. Resources should be available for GP practices in mid August, including a promotional poster, a fact sheet for practices and an information sheet for patients/parents to take away. Education sessions will be run by the HBDHB immunisation team in late August and will be advertised soon.

In 2009 the school based programme starts for all girls in year 8 and for the next 2 years there will be a catch up programme to ensure all females within the cohort group are given the opportunity of receiving the course of 3 vaccinations. This will be a school based programme but having vaccinations in primary care is an option for any of these girls. The vaccination schedule is 0, 2 and 6 months.

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# Medical Officer of Health Public Health ADVICE

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Public Health Report

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## SKIN PIERCING PROJECT

Body piercing and tattooing are activities that can cause infection when operators use unsafe techniques or the client fails to receive or follow aftercare advice. There are significant hazards posed by contact with blood and body fluid, such as the risk of transmitting blood borne viral diseases or bacterial skin infections.

There are currently no regulations within the industry, although some Territorial Authorities throughout New Zealand have developed bylaws and licensing requirements to ensure good practice and increase the operator's standards and minimise infection. Napier City Council is the only council in Hawke's Bay that has a skin-piercing bylaw in place and undertakes regular monitoring.

The Public Health Unit, Health Protection Team in conjunction with the local Councils and Hawkes' Bay Infection Control Advisor recently undertook a project to improve knowledge of skin piercing operators in the district and check the condition of premises.

The project involved conducting site visits and making recommendations in line with the Ministry of Health booklet "Guidelines for the Safe Piercing of Skin" (October 1998). An Infection Control workshop was also held in May 2008. The agenda was based on key issues identified during the inspections, this included Infection Control, sterilisation and waste control. A total of fifteen operators attended the workshop.

Overall the project was well received by the industry. The Public Health Unit will continue to update operators with information and hold further refresher workshops in the future. The Hastings District Council plan on conducting further inspections in 2009 of all commercial operators and then conduct a review based on outcome of proposed Public Health Bill. Napier City Council will continue to monitor operators under the bylaw.

For Further information or concerns regarding skin piercing please contact a Health Protection Officer at the Public Health Unit.



From 1<sup>st</sup> July 2008, all diagnosing medical practitioners, in addition to hospitals, are required to notify to the Medical Officer of Health (via the Public Health Unit) any injury caused by exposure to a hazardous substance as defined by the Hazardous Substance & New Organism (HSNO) Act 1996.

The Environmental Risk Management Authority New Zealand (ERMA) website provides further details on HSNO substances. Of particular relevance is the Manufactured Articles information sheet which assists in deciding whether a substance, which is part of a manufactured item, is or is not covered by the HSNO Act.

### Antenatal HIV screening

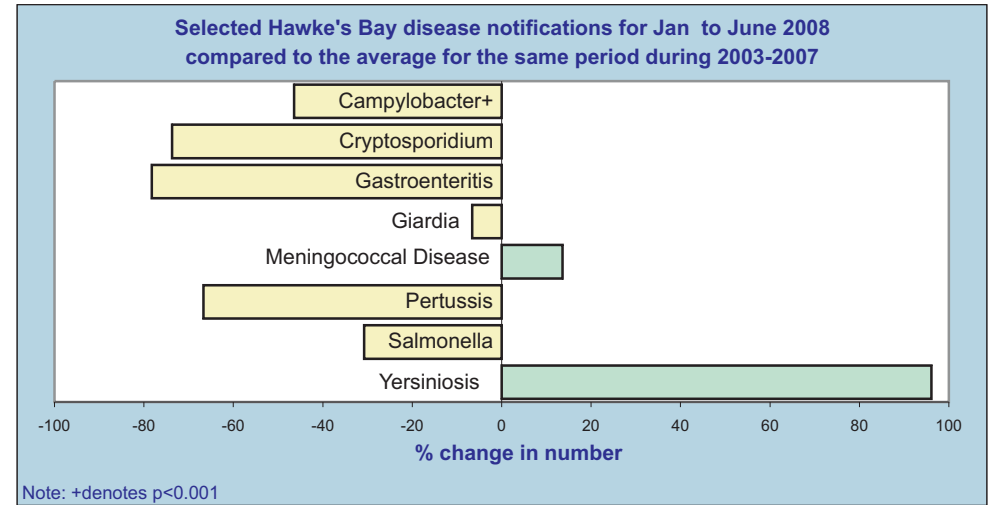
From 1<sup>st</sup> July 2008, pregnant women in Hawke's Bay should be offered free Human Immunodeficiency Virus (HIV) screening to reduce the risk of the infection being passed to their baby.

The test will be included as part of the standard first antenatal blood screening test.

Hawke's Bay midwives, GPs, and Obstetric specialists, were involved in a training and education programme prior to the implementation of the screening. Hawke's Bay is one of a number of District Health Boards who have introduced the screening into antenatal care.

Since 2000, 14 children in New Zealand had contracted HIV because it was undetected during pregnancy. For further information go to [www.nsu.govt.nz](http://www.nsu.govt.nz)

### DISEASE SURVEILLANCE SUMMARIES



Selected notifications July 2007 to June 2008

Disease	Hawke's Bay		New Zealand	
	Cases	rate*	Cases	rate*
Campylobacter	350	237.0	8530	201.7
Cryptosporidium	18	12.2	674	15.9
Gastroenteritis	12	8.1	83	2.0
Giardia	45	30.5	1489	35.2
Hepatitis A	1	0.7	50	1.2
Hepatitis B	2	1.4	58	1.4
Lead Absorption	3	2.0	157	3.7
Leptospirosis	10	6.8	69	1.6
Meningococcal disease	12	8.1	115	2.7
Paratyphoid	0	0.0	24	0.6
Rheumatic fever	11	7.4	268	6.3
Salmonellosis	48	32.5	1361	32.2
Shigellosis	2	1.4	120	2.8
Tuberculosis	13	8.8	304	7.2
VTEC/STEC Infection	3	2.0	129	3.1
Yersinia	32	21.7	578	13.7

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