

Improving Immunisation Coverage for the 6 Month Milestone Age Project.

In Hawke's Bay we are continuing to do well for the two year old immunisation coverage rate but not for our six month milestone age. This is a concern, especially with the current pertussis outbreak in Hawke's Bay and other parts of New Zealand. The immunisation team has been working on a project with the aim of getting more infants vaccinated on-time especially our Maori babies. Presently only 57% of all babies have received the 6 week, 3 and 5 month vaccinations by 6 months of age.

Protective immunity from one dose of vaccine is very limited for pertussis - around 5% - then rises to 70% from the second dose. So babies who fall behind on the schedule are vulnerable.

Our project has included a literature review, survey of parents, questionnaire to Practice and Plunket Nurses and brain storming meetings. I would like to congratulate all our Practice Nurses. The survey of parents gave them excellent praise and acknowledgement. Waiting times and lack of reminders at practices were raised by a few parents as barriers to on-time vaccinations.

Four issues that have repeatedly come up as part of the project:

1. Child considered unwell for vaccinations

A strong message came across that many babies are not vaccinated because of a cold, eczema, or other mild illnesses. These are not contraindications for vaccinations unless the child has a temperature of 38°C or more. If a child does have a vaccination postponed, a new appointment should be made within the week, depending on the severity of the illness. Remember - the longer vaccinations are delayed, the higher chance that an infant will catch vaccine-preventable diseases.

2. Good systems are important in primary care

Primary Health Provider practices may contribute more to improving immunisation coverage levels than the attitudes or attributes of parents. Have good systems in place for pre-calling, recalling and capturing opportunistic vaccinations. Younger mothers may prefer to receive a text as a reminder; second choice is a phone call. A letter is inclined to just go in the rubbish. Walk-in clinics would suit some parents.

3. Information for antenatal / post natal parents

If a parent-to-be chooses not to attend an antenatal class and their LMC does not give good immunisation information, they may be missing out on a pro-active message about the importance of on-time immunisation. The neonatal hearing technicians have a brief chat to parents after they have completed the routine ear check on the new born babies. This should not replace the LMC's promotional talk as required in Section 88 but act as a reminder of the importance of immunisation. A few words from the friendly GP are also very beneficial.

4. Attitude of Health Professionals

The literature review stressed that the GPs' *attitude* is a more important factor than their *knowledge* in getting our children vaccinated.

Thank-you for your support as we continually improve our immunisation coverage rate protecting our children.

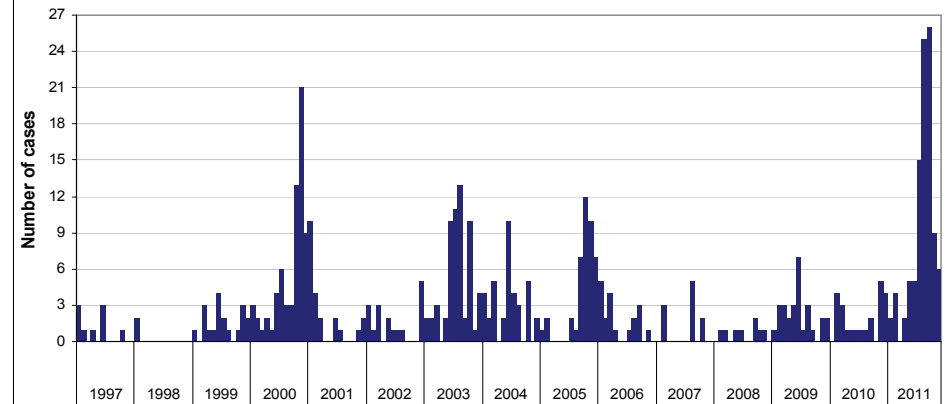
Marg Dalton, Immunisation Co-ordinator

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Pertussis

Immunity to pertussis wanes with time following vaccination and infection. The number of susceptibles builds up in the community; epidemics occur every 3-5 years and tend to last for 12-24 months. The last Hawke's Bay epidemic was in 2003-4 and another one began in May this year (Figure 1).

Figure 1: Pertussis cases in Hawke's Bay by month, Jan 1997 to Nov 2011



Source: EpiSurv v7.2.7

The numbers of cases are shown by age and ethnic group below:

Age group	Maori	Pacific	European	Other	Total
<1	8	2	3	0	13
1-4	5	0	8	0	13
5-9	8	0	10	0	18
10-14	2	1	6	1	10
15-19	3	0	1	0	4
20-29	0	0	0	0	0
30-39	7	0	6	0	13
40-49	1	0	5	0	6
50-59	0	0	8	0	8
60-69	2	0	2	0	4
70+	1	0	2	0	3
Total	37	3	51	1	92

Age-standardised rates per 100 000 population by ethnicity were:

European	103	Pacific Islands	56
Maori	186	Other	10

Of 92 cases notified between 1st May and 9th November, sixty (65%) were confirmed by culture, PCR or epidemiologic association with a proven case. Thirty-one cases (34%) were probable on the basis of serology and one was a suspect case in a two-month old baby.

Cases had a broad range of clinical severity ranging from relatively mild but persistent cough to hospitalisation. Eighteen cases (20%) were hospitalised (including four adults).

Forty-three (47%) of the cases had received pertussis immunisations. Of these, 28 were fully immunised for age, 10 were incompletely immunised for age and for 5 their immunisation status for age was unknown. This underlines the fact that although immunisation prevents a high proportion of pertussis, it cannot guarantee protection.

Immunisation reduces disease severity, particularly in babies under one. With regard to clinical presentation in babies the history is very important. The baby may look perfectly well without any examination findings of note between cough paroxysms. In this situation, listening to the mother's account of the symptoms is crucial.

All health professionals have an ethical obligation to have timely booster doses of pertussis vaccine to protect themselves and prevent their infecting vulnerable patients. Pertussis may just be a nuisance in immunocompetent adults without significant comorbidities (though it is remarkably inconvenient to cough paroxysmally for "one hundred days") but it can cause significant morbidity and mortality in young babies. Antibiotic treatment and post-exposure chemoprophylaxis are often started too late to be effective.

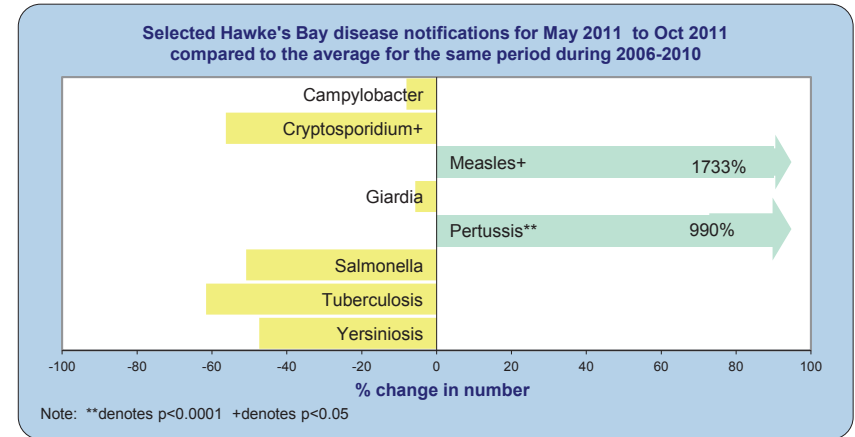
Dangers of drinking arak

Recent cases of severe illness, including permanent blindness, have emphasised the need for travellers to Bali, Lombok and other parts of southeast Asia to be careful about drinking arak, a distilled palm wine. Arak is often mixed with fruit juice as part of a cocktail. The illnesses have resulted from contamination of arak with toxic chemicals like methanol. The safest option for travellers would be to avoid drinking arak, or any cocktails which contain it, but if you do choose to drink it, make sure it comes from a sealed bottle from a commercial distillery.

Yellow Fever Vaccination Clinics

Yellow fever vaccination can be given only at a clinic approved by the Medical Officer of Health. Currently these clinics are The Doctors Greenmeadows, The Doctors Hastings, Hastings Health Centre.

Disease Surveillance Summaries



Selected notifications November 2010 to October 2011

Disease	Hawke's Bay		New Zealand	
	Cases	rate*	Cases	rate*
Campylobacter	307	198.3	6392	146.3
Chlamydia	1319	852.1	25332	580.0
Cryptosporidium	17	11.0	616	14.1
Giardia	80	51.7	1950	44.6
Gonorrhoea	156	100.8	2446	56.0
Hepatitis A	2	1.3	24	0.5
Invasive pneumococcal disease	25	16.2	544	12.5
Lead Poisoning	9	5.8	242	5.5
Legionella	2	1.3	222	5.1
Leptospirosis	13	8.4	80	1.8
Measles	25	16.2	402	9.2
Meningococcal disease	5	3.2	125	2.9
Pertussis	102	65.9	1170	26.8
Rheumatic Fever	7	4.5	173	3.9
Salmonellosis	32	20.7	1093	25.0
Tuberculosis	16	10.3	326	7.5
VTEC/STEC Infection	5	3.2	155	3.5
Yersinia	7	4.5	506	11.6

* Annualised crude rate per 100,000 population calculated from 2010 mid-year estimates.
Note: The national figures for Chlamydia & Gonorrhoea are for the 12 months ending June 2011.

