

Immunisation Issues

Training	Dates	Times
Update for Authorised Vaccinators	16 October 2012	1730 to 2100hrs
Immunisation Awareness Workshop	02 October 2012	0830 to 1230hrs
Midwifery Immunisation Update	20 September 2012	0830 to 1230hrs
Updates for Vaccinators & GPs are available online at a cost of \$60. Broadband is advised for this course.	Ongoing www.icomet.org.nz	The registration process is carried out Monday to Friday 0900hrs to 1500hrs, not weekends or public holidays

Contact the Immunisation Team for further information. Ph 834 1815

Pertussis in the Community

The outbreak of pertussis that is currently circulating around New Zealand may last another two years. The key to reducing disease is on-time vaccination especially for our young infants who are most at risk. There are other groups we should be considering for vaccination with both funded and non funded Boostrix.

Recommended and funded

- Ensure all four year olds are vaccinated soon after their 4th birthday. (At the same time as the Before School Check (B4SC) may be appropriate)
- Year 7 immunisation event (11 yr olds). This vaccination can be given either in general practice or by the school based vaccination system. Public Health staff notify practices within 10 days if Boostrix has been administered at school

Recommended but not funded

- Women in the last trimester of pregnancy to provide trans-placental antibody until the baby begins the series of active immunisations
- Encourage new parents to be vaccinated to protect their new baby
- All patients who are due for the Td at 45yrs and 65yrs should be given the option of having a Boostrix
- Many grandparents are willing to have a Boostrix to protect their grandchildren
- All adults working with children in early childhood centres and healthcare settings
- All staff working in primary care, including LMCs, GPs, nurses and receptionists

Ensure you have a box of non-funded vaccine in your fridge.

Congratulations to Wairoa Health Services for offering Boostrix to all staff and getting such an amazing coverage. Well done - this is a very convincing message for your community.

Minor illnesses are NOT a contra-indication to vaccination.

BE WISE IMMUNISE ON-TIME EVERYTIME.

Medical Officer of Health Public Health ADVICE

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Public Health Report

July 2012

Volume 9, Issue 2

Cervical Cancer Control in Hawke's Bay

Disease trends

The age-standardised registration rate of cervical cancer in Hawke's Bay has been around 6 per 100 000 between 1994-2009. The number of cases is too small to be sure whether the difference from the New Zealand rate (which has halved) is significant or not. The Hawke's Bay mortality rate of cervical cancer has followed the downward New Zealand trend, reducing by about 75% between 1990-2008 (2.6/100 000 to 0.6/100 000).

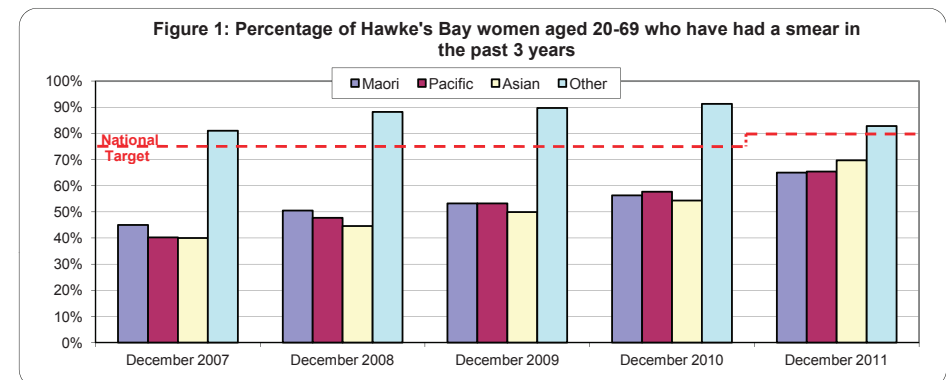
Screening

The aim of the National Cervical Screening Programme is that by 2014 eighty per cent of eligible women (i.e. non-hysterectomised women aged 20-69) in all ethnic groups will have had a cervical screening test within the past three years. The coverage at March 2012 is shown below.

The Hawke's Bay coverage ranked 6th in NZ for all ethnicities; 4th for Māori and Asian; 8th for Pacific Islands people; and 9th for Other ethnicities.

	Hawke's Bay			New Zealand		
	Eligible population	Screened	Percent screened	Eligible population	Screened	Percent screened
Asian	1,194	899	75.3%	147,984	83,493	56.4%
Maori	8,701	5,816	66.8%	150,523	87,621	58.2%
Other	27,811	23,066	82.9%	781,056	645,190	82.6%
Pacific	1,042	727	69.8%	67,560	41,828	61.9%
Total	38,748	30,508	78.7%	1,147,123	858,132	74.8%

Significant progress towards ethnic equality of coverage is shown in Figure 1.



A survey of 350 Māori women by the Hawke's Bay District Health Board Cervical Screening Team suggested that evening or weekend cervical screening clinics would be welcome and might help to reduce inequalities. A Hawke's Bay practice which offered out-of-hours clinics succeeded in increasing their coverage rates for high needs women from 84% to 98% over three months. "High needs" was defined as: Māori, Pacific or domicile in quintile 5 socio-economic area. General practices are urged to consider providing out-of-hours clinics.

Smokefree

Encouraging women to be smoke-free is an important strategy in the control of cervical cancer. There is a synergistic effect between smoking and both HPV-16 status and HPV-16 viral load. It is gratifying that the percentage of Hawke's Bay year 10 girls who report having never smoked has risen from 23% in 1999 to 62% in 2011.

HPV Immunisation Programme Coverage

The Hawke's Bay DHB human papilloma virus vaccination coverage for the ongoing cohort of girls born in 1998 (or who were in school year 8 in 2011) is shown below.

Ethnicity	Coverage at 2/7/12			2012 Target Coverage		
	Dose 1	Dose 2	Dose 3	Dose 1	Dose 2	Dose 3
Maori	73%	72%	68%	70%	65%	60%
Pacific	58%	58%	56%	70%	65%	60%
All	55%	54%	51%	70%	65%	60%

The combination of high screening rates and HPV immunisation coverage, particularly for Māori will ensure the Hawke's Bay district experiences a future reduction in the incidence of and mortality from cervical cancer.

Tuberculosis outbreak

The Public Health Unit is investigating an outbreak of "Rangipo strain" tuberculosis among an extended Māori social group with transmission in households and shearing gang workers. We have eight cases of TB disease and 32 cases of latent TB infection currently on treatment.

Please be aware of the possibility of TB in Māori patients with chronic respiratory symptoms or young patients with major systemic symptoms (sweats, weight loss etc). An early CXR is mandatory to identify tuberculous disease. A common mistake is to repeatedly diagnose the patient with asthma, bronchitis, "flu" etc when in fact they have TB. Blood and skin TB testing, testing of sputum and contacts of TB cases should be handled by Public Health.

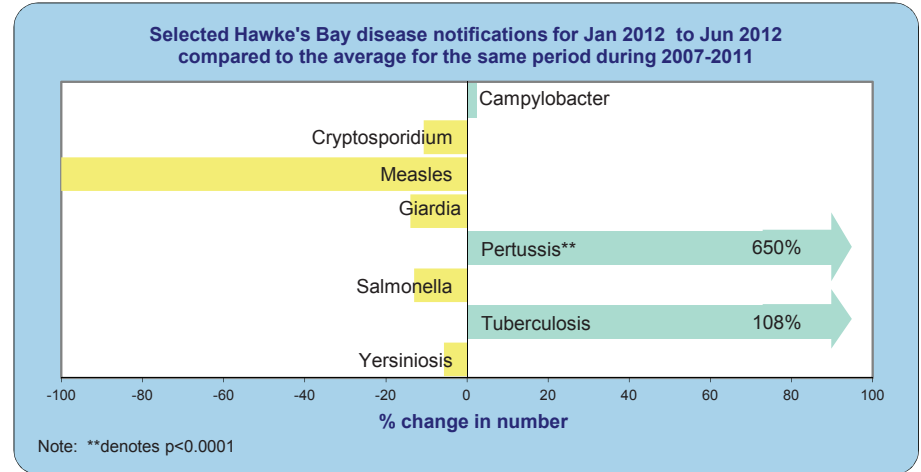
Refer to the following sources for guidance on clinical awareness of TB. If in doubt, discuss with a respiratory physician.

Public Health Advice July 2011 on the HBDHB website <http://www.hawkesbay.health.nz/page/pageid/2145871321>

The above article contains the URL address for the 2010 *Guidelines for Tuberculosis Control in New Zealand*.



Disease Surveillance Summaries



Selected notifications July 2011 to June 2012

Disease	Hawke's Bay		New Zealand	
	Cases	rate*	Cases	rate*
Campylobacter	347	223.4	7430	168.7
Chlamydia	1276	821.6	25335	580.1
Cryptosporidium	22	14.2	688	15.6
Giardia	61	39.3	1807	41.0
Gonorrhoea	166	106.9	2444	56.0
Invasive pneumococcal disease	22	14.2	528	12.0
Lead Poisoning	7	4.5	265	6.0
Legionella	2	1.3	171	3.9
Leptospirosis	18	11.6	102	2.3
Listeriosis	4	2.6	22	0.5
Measles	2	1.3	561	12.7
Meningococcal disease	4	2.6	109	2.5
Pertussis	184	118.5	4261	96.7
Rheumatic Fever	7	4.5	207	4.7
Salmonellosis	27	17.4	991	22.5
Tuberculosis	15	9.7	287	6.5
VTEC/STEC Infection	4	2.6	118	2.7
Yersinia	14	9.0	549	12.5

* Annualised crude rate per 100,000 population calculated from 2011 mid-year estimates.
Note: The national figures for Chlamydia & Gonorrhoea are for the 12 months ending Mar 2012.

