

April / Āperira 2022

## Public Health Bulletin

Teena koutou katoa. We hope you enjoy the latest edition of the Public Health Bulletin.

### COVID-19 Update

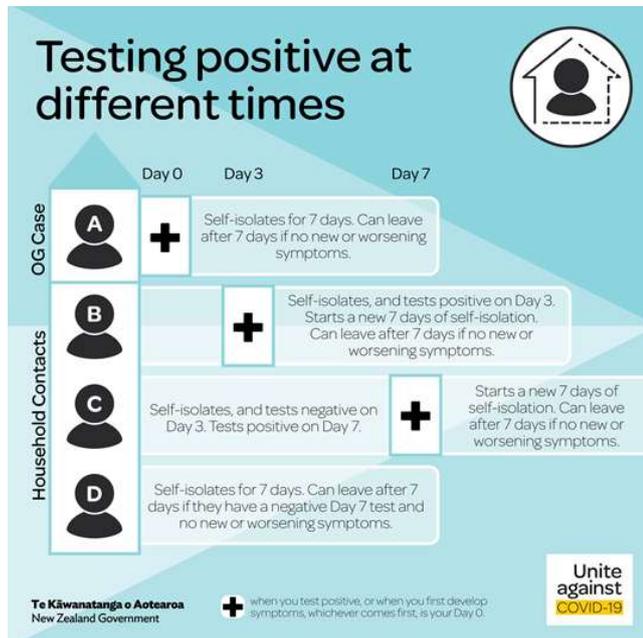
As of 11.59pm on the 4 April, Aotearoa New Zealand is in Phase 3 of the Omicron response plan and at Red in the COVID Protection Framework with no vaccine pass required with a limit of 200 people gathering for indoor events and no limits for outdoor gatherings.

The focus of Phase 3 is to minimise and slow the spread of COVID-19 and to assist the vulnerable members of our community. Thank you for your hard work in managing COVID-19 in the community.

People with COVID-19 and household contacts must isolate for 7 days, with tests on days 3 and 7 for household contacts.

For the three-month period ending 31 December 2021, Waikato is at 63.1% covered at six months (42.3% for Maaori), 84.1% at eight months (68.8% for Maaori), 87.2% at 12 months (78.2% for Maaori), 62.0% at 18 months (40.8% for Maaori), 75.8% at 24 months (61.6% for Maaori), 56.7% at 54 months (39.8% for Maaori) and 76.7% at five years of age (66.6% for Maaori). Further information is available on: <https://www.health.govt.nz/our-work/preventative-health-wellness/immunisation/immunisation-coverage/national-and-dhb-immunisation-data>

Milestone age	DHB of residence	Total	Māori
		% Fully immunise	% Fully immunise
6 months	Waikato	63.1%	42.3%
8 months	Waikato	84.1%	68.8%
12 months	Waikato	87.2%	78.2%
18 months	Waikato	62.0%	40.8%
24 months	Waikato	75.8%	61.6%
54 months	Waikato	56.7%	39.8%
5 years	Waikato	76.7%	66.6%



### Measles Update

Measles can be a life threatening disease. A third of people will develop complications and one in ten people will require hospitalisation. Vaccination provides the most effective protection for our community: about 95% of people are protected from measles after one dose of MMR and more than 99% people are protected after two doses of the MMR vaccine.

### Flu vaccinations are coming

The 2022 Influenza Immunisation Programme will start in April 2022 for people aged ≥65 and May for people aged <65 years.

As of time of publication, the following people are eligible for free vaccination for 2022:

- Pregnant women at any trimester
- People aged ≥65
- People aged <65 with any of the medical conditions listed at [schedule.pharmac.govt.nz/ScheduleOnline.php](https://www.schedulpharmac.govt.nz/ScheduleOnline.php)
- Children aged <4 who has been hospitalised for respiratory illness or have a history of significant respiratory illness

The flu vaccine can be given at the same time as the COVID-19 vaccine, but should be administered at a different site. More information about the relationship between COVID-19 vaccine and other vaccines is available here:

<https://www.healthnavigator.org.nz/medicines/c/covid-19-vaccine-and-other-vaccines/>

To find a place near you to get your flu jab or to get more information visit [health.govt.nz/flu](https://www.health.govt.nz/flu) or call Healthline on 0800 611 116. If you meet the criteria, you can walk in and get a FREE flu vaccination at:

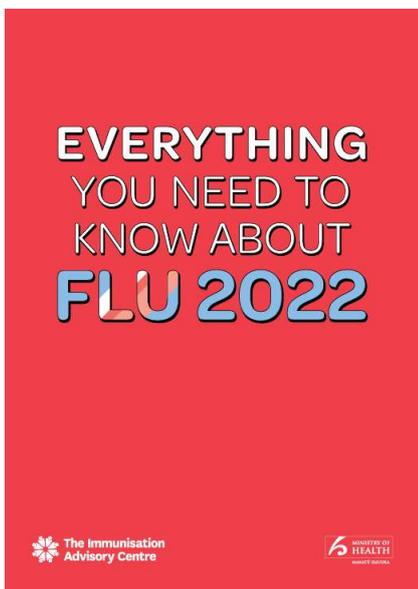
- Hamilton Te Awa Vaccination Centre – 9am-5pm - seven days a week – Te Awa

- The Base, Level 1, Corner Te Rapa Road and Wairere Drive



## 2022 Flu kit for providers

Everything you need to know about the rollout is detailed in the 2022 Flu Kit, available at: [https://www.influenza.org.nz/sites/default/files/IMAC\\_Flu\\_Kit\\_2022\\_30-03-2022\\_0.pdf](https://www.influenza.org.nz/sites/default/files/IMAC_Flu_Kit_2022_30-03-2022_0.pdf)



## Excess All-cause Mortality and COVID-19 (UK Study)

Thank you to Dr Shreyan Naidoo, PGY2 house officer, for summarising this literature article below. This was presented at the Waikato Public Health Unit journal club in March.

A study conducted by Strongman et al. (1) looking at excess all-cause mortality before and during the first wave of COVID-19 in the UK shows that the relative risk of mortality by all causes increased by 43% during the pandemic compared to before the pandemic.

While there were small increases in risk (approximately 10-20%) for most co-morbidities this was particularly evident in people with dementia and learning disabilities. Mortality was also increased disproportionately in minority groups with South Asian

and Black ethnicities being most affected. There were also regional differences with London having significantly increased risk of mortality.

The outcome of this study is important in guiding clinical practice and future public policy. This should guide resource allocation towards protecting our vulnerable groups such as elderly individuals in rest homes/hospitals and emphasising approaches towards reducing disparities in minority groups and highly populated areas to improve equity in the current pandemic environment.

This is particularly relevant in New Zealand, as we know historically Māori have experienced inequitable outcomes when it comes to pandemics. Therefore deliberate focus needs to be on achieving equitable outcomes for Māori in line with the principles of Te Tiriti o Waitangi.

- 1) Strongman, H., Carreira, H., De Stavola, B., Bhaskaran, K. and Leon, D., 2022. Factors associated with excess all-cause mortality in the first wave of the COVID-19 pandemic in the UK: A time series analysis using the Clinical Practice Research Datalink. PLOS Medicine, 19(1), p.e1003870. Leptospirosis notifications

## Leptospirosis notifications

In the month of March, there were 2 notifications of leptospirosis in the Waikato region.

Nationally, notifications of leptospirosis rose from 2014 to 2017, however the rates have decreased since then. Most (69.7%) leptospirosis notifications in 2019 were from people with at-risk occupations, such as farmers and meat workers. According to Massey University's Environmental Health Indicators programme, rural area residents in New Zealand have a leptospirosis rate almost 14 times as high as residents in main urban areas. Males have a leptospirosis rate about seven times as high as females. You can read more here:

[http://www.ehinz.ac.nz/assets/Factsheets/Released\\_2021/Leptospirosis\\_released171221.pdf](http://www.ehinz.ac.nz/assets/Factsheets/Released_2021/Leptospirosis_released171221.pdf)

## Public Health Unit staff taking their skills to the wider health sector

Waikato Public Health Unit bid farewell to Clinical Nurse Specialists Savaira Delaibatiki and Kathryn Carppe. Savaira is taking her expertise to Lismore, Australia and Kathryn will be taking her COVID-19 skills to supporting the Primary Care Response Unit (PCRU) team at Waikato District Health Board. Thank you Kathryn and Savaira for your invaluable contributions to the Public Health Unit, we wish you well on the next step on your journey.

## Recognising Marangai Areare

Māori, Equity, Strategy and Research (MESR) and the Public Health Unit held a special celebration to

acknowledge all the mahi done and continuing to be done within Marangai Areare.

Further, MESR welcomed back team members Nicola Birch and Te Okahu from Marangai Areare and acknowledged the ongoing manaaki-led mahi to meet the needs of Maaori and Pacific whaanau in the Waikato.

Marangai Areare are a super team embedded within the Public Health Unit. They have led engagement with whaanau Maaori during the COVID-19 response since the Delta outbreak, and continue to do excellent work for our community. Some of their work includes providing strategic guidance to the Public Health Unit on engaging with Maaori communities, advocating for a support led approach to whaanau, and following up on high risk cases in the community who could not be contacted. The Public Health Unit would like to sincerely thank Marangai Areare for their hard work and leadership during these difficult times.



Pictured (L to R): Dr Nina Scott, Tamati Peni, Penita Davies, Dr Jade Tamatea, Te Okahurangi Ngahana-Hartley, Nicola Birch, Dr Richard Vipond, Dr Felicity Dumble, and Pania Te Haate

### Save the date: Children's Vaccination Party Day 9<sup>th</sup> April

Nau mai haere ki te tautoko tenei kaupapa mo nga tamariki. This Saturday the 9th April 2022, from 10am to 2pm, Oomaero Marae at Maori Point Rd, Whatawhata, are hosting a Children's Vaccination Party. Everybody is welcome, please come dressed up in the drive-through.

There will be prizes and gifts for every child getting vaccinated. Giveaways include a \$10 petrol voucher, oral health goody bags, sausage sizzles, ice blocks, and balloons.

Please register your tamariki for this wonderful day on 0800724526 or contact Pera Paekau on 027 283 4818.

**Medical Officers of Health:** Felicity Dumble – Richard Wall – Richard Vipond – Richard Hoskins

#### After hours:

**MooH:** 021 359 650

**HPO:** 021 999 521

If there is no answer, please contact Waikato Hospital's switchboard 07 839 8899 and ask for the on-call MOoH.

#### During office hours:

**Population Health (MOoH or HPO):** (07) 838 2569

**Notifications:** 07 838 2569 ext. 22041 or 22020

**Notifications outside Hamilton:** 0800 800 977

**Fax:** 07 838 2382

**Email:** [notifiablediseases@waikatodhb.health.nz](mailto:notifiablediseases@waikatodhb.health.nz)

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## Notifiable diseases – March 2022 compared to March 2021 (Waikato DHB)

Notifiable diseases (Waikato DHB) - Period:

March 2021

to

March 2022

<sup>1</sup>Number of cases. Source: Waikato DHB.

<sup>2</sup>Waikato YTD count as a proportion of national data.

Disease name	Waikato <sup>1</sup>				YTD		
	2021	2022	Change	2021-2022	Waikato	National	% <sup>2</sup>
Botulism	0	0	0	-	0	0	-
Brucellosis	0	0	0	-	0	0	-
Campylobacteriosis	35	41	6	▲	141	1,317	11
Chikungunya fever	0	0	0	-	0	0	-
Cholera	0	0	0	-	0	2	0
COVID-19	1	50,198	50,197	▲	60,073	656,396	9
Cryptosporidiosis	4	1	-3	▼	3	53	6
Decompression sickness	0	0	0	-	0	0	-
Dengue fever	0	0	0	-	0	0	-
Diarrhoeic shellfish poisoning	0	0	0	-	0	0	-
Diphtheria	0	0	0	-	0	0	-
Gastroenteritis - unknown cause	0	0	0	-	0	29	0
Gastroenteritis / foodborne intoxication	3	4	1	▲	7	50	14
Giardiasis	13	8	-5	▼	31	155	20
Haemophilus influenzae type b	0	0	0	-	0	0	-
Hepatitis A	0	0	0	-	0	3	0
Hepatitis B	0	2	2	▲	4	12	33
Hepatitis C	0	0	0	-	0	7	0
Hepatitis NOS	0	0	0	-	0	0	-
Hydatid disease	0	0	0	-	0	1	0
Invasive pneumococcal disease	2	0	-2	▼	1	68	1
Latent tuberculosis infection	1	1	0	-	1	25	4
Lead Poisoning	2	4	2	▲	8	57	14
Legionellosis	1	0	-1	▼	1	47	2
Leprosy	0	0	0	-	0	2	0
Leptospirosis	2	1	-1	▼	5	34	15
Listeriosis	0	0	0	-	0	6	0
Listeriosis - perinatal	0	0	0	-	0	2	0
Malaria	0	0	0	-	0	0	-
Measles	0	0	0	-	0	1	0
Meningococcal disease	0	0	0	-	0	9	0
Mumps	0	0	0	-	0	1	0
Murine Typhus	0	0	0	-	0	0	-
Paratyphoid Fever	0	0	0	-	0	2	0
Pertussis	1	0	-1	▼	0	4	0
Q fever	0	0	0	-	0	0	-
Rheumatic fever - initial attack	1	0	-1	▼	0	16	0
Rheumatic fever - recurrent attack	1	0	-1	▼	0	0	-
Rickettsial disease	0	0	0	-	0	0	-
Ross River virus infection	0	0	0	-	0	0	-
Rubella	0	0	0	-	0	0	-
Salmonellosis	4	7	3	▲	17	168	10
Shigellosis	0	1	1	▲	1	3	33
Taeniasis	0	0	0	-	0	1	0
Tetanus	0	0	0	-	0	0	-
Toxic shellfish poisoning	0	0	0	-	0	0	-
Tuberculosis disease - new case	0	2	2	▲	8	68	12
Tuberculosis disease - relapse or reactivation	0	0	0	-	0	1	0
Tuberculosis infection - on preventive treatment	0	0	0	-	0	2	0
Typhoid fever	0	0	0	-	0	1	0
VTEC/STEC infection	6	17	11	▲	31	319	10
Yersiniosis	13	6	-7	▼	20	325	6

<sup>1</sup>Number of cases. Source Waikato DHB.

<sup>2</sup>Waikato Year to Date (YTD) count as a proportion of national data.