Health New Zealand
Te Whatu Ora

Waikato Public Health Bulletin

Public Health Waikato

September 2024 | Hepetema 2024

Tēnā koutou katoa. We hope you enjoy this edition of the Waikato Public Health Bulletin and we welcome your feedback.

The bulletin is written for GPs and colleagues in primary and community care.

In this month's bulletin:

Kia māhorahora te reo – let's make it seen, let's make it heard

Te Wiki o te Reo Māori 2024

Te Wiki o te Reo Māori 2024 will take place from 14th to 21st September.

The theme for 2024 is 'Ake ake ake – A Forever Language'. The phrase "ake ake ake" represents the hope, resilience, and adaptability of te reo Māori as an enduring and growing language.

The date honours Te Petihana Reo Māori (The Māori Language Petition), which was presented on the steps of Parliament on 14 September 1972 and kick-started the revitalisation of te reo Māori.

Sign up to the official Reo Māori website and make a pledge to partake in this year's celebrations.

Check out the downloadable logos, posters, and resource cards.

Use the resource cards to incorporate everyday greetings in a variety of situations, from shopping (kōrero hoko) to ordering a pēka (burger).

Tribute to Kīngi Tūheitia

Tuia ki te rangi

Tuia ki te whenua

Tuia ki te Kīngi Māori kua ngaro I te tirohanga kanohi ko Tūheitia Pōtatau Te Wherowhero Tuawhitu

Tuia ki te whei ao ki te ao mārama

Paimārire!

We are deeply saddened by the sudden passing of Kīngi Tūheitia on 29th August.

As the eponymous leader of the Kīngitanga movement, Kīngi Tūheitia was a staunch, committed, and fierce advocate for Māori rights and wellbeing. His passing is an immeasurable loss for Māoridom and Aotearoa New Zealand.

Kīngi Tūheitia's vast legacy carries a message of hope and unity, as embodied in his closing words at the national hui at Tūrangawaewae Marae in January this year:

"The best protest we can make right now is being Māori. Be who we are. Live our values. Speak our reo. Care for our mokopuna, our awa, our maunga. Just be Māori. Be Māori all day, every day. We are here. We are strong. We should use this time to build kotahitanga. We need to be united first, and then we decide our future."

E rangi, kei taku ariki e moe I te moenga roa!

We also acknowledge the crowning of Kuīni Nga wai hono i te po Potatau Te Wherowhero VIII.

Her ascension to the throne of her forebears will herald a renewed era of kotahitanga for the Kīngitanga movement.

Kīngi Tūheitia ki te rangi, ko Kuīni Nga wai hono i te po ki te mata o te whenua!

The refugee health journey

Health-related risk factors in refugees

Of the 137 refugees re-settled in Hamilton over the last year:

- 75% had Vitamin D deficiency
- 40% had dental decay
- 15% had *H.* pylori detected and treated for on arrival
- 13% had iron deficiency
- 11% had hyperlipidaemia

Journey of a refugee in Aotearoa

The New Zealand Refugee Quota Programme accepts 1,500 refugees from all over the world yearly, recently increased from 1,000 in 2020. The main nationalities resettled in 2021/22 were Pakistan, Myanmar, Colombia, Afghanistan, and Syria.

Refugees are often in camps prior to settlement in Aotearoa. These camps vary widely depending on location; they may include houses or tents, and security may be an important issue, especially for women.

The United Nations High Commissioner for Refugees (UNHCR) selects the refugees. Once selected, refugees have two offshore health checks. The first explores health risks and criteria, excluding people with current TB or severe haemophilia and those requiring full time care or dialysis. The second health check focuses on vaccinations, TB screening, and adjuncts such as mobility aids.

Once in Aotearoa, refugees spend five to six weeks at the Mangere Refugee Resettlement Centre. This purpose-built centre provides healthcare and education for refugees. Here, the third health check is carried out and includes screening for TB (if follow-up is required), parasites, *C*. difficile, *H*. pylori, and a full blood workup. Education is provided on the health system in Aotearoa and mental health is screened. Other educational sessions include lessons in English and driving and road safety.

There are 13 re-settlement centres around New Zealand. The Waikato Settlement Centre is one of the oldest and includes a new Ethnic Hub. There are six intakes a year with 137 refugees in the last year. The new Ethnic Hub offers a refugee forum, interpreting services, driving school, health and wellness clinic, and English classes.

Settlement Navigators at the Waikato Settlement Centre work as a team to support refugees in establishing links for housing, healthcare (including primary care, optometry, dentistry, and audiology), finances (including benefits), and schooling. Three out of four Health Navigators currently are former refugees and are assigned to families of similar ethnicities to provide optimal support from personal experience. Refugees are provided with $1,000 towards adult dental care and $5,000 towards white ware.

Settlement Navigators will follow up with families over the span of one year, with the possibility of extending to two years if there are high needs.

Refugees from other programmes

The Family Reunification programme is another way in which refugees can re-settle in Aotearoa (600 people annually). However, these refugees are much less supported, with no funding available. They still receive offshore health checks. However, because they do not go through the Mangere Refugee Resettlement Centre, once in Aotearoa it is up to them and the family they have to access healthcare and other supports.

Another mode of re-settlement includes Community Refugee Sponsorships through community groups such as churches, although this is much less common.

Dr Connie Alarcon, House Officer

Practice points

- Regional variations in language occur, so it is important to know the language and the country this was spoken in, if arranging interpreting.
- Communicate clearly about the referral process to tertiary services, including wait times, as these may differ from prior places of residence.
- Explore mental health by asking about physical symptoms, such as difficulty sleeping. The label “mental health” may be associated with stigma.

Research Feature: Reducing the risk of food-related choking in early childhood education settings

In response to a choking accident at an early childhood education centre (ECE) in 2016, the Ministry of Education released mandatory guidelines to ECE's in December 2020. The guidelines intended to mitigate the risk of future food-related choking incidents. However, the potential for unintended consequences on the food environment of young children was of concern.

The guidelines contained lists of foods that were to be excluded from food provision by the centre, which were usually of limited nutritional value such as lollies and processed meats (sausages). However, 70% of the foods deemed to be a choking risk (based on ACC data) were of high nutritional value such as fruit, vegetables, legumes, and meat. These were able to be provided but required texture modification. The texture modification was complex and time-consuming, and the guidelines were ambiguous.

There was concern from nutrition experts that centres would just stop serving these foods.

These fears were well founded, with a student dietetic thesis showing one centre in South Auckland reducing their offering of apples from 10kg per week to 2 kg per week. Staff working within ECE settings were also informally reporting ECE staff anxiety in food provision, removal of fruit trees and vegetable plants from centres, and confusion in communication with parents and caregivers.

In August 2022, public health dietitians based in Waikato, Toi Te Ora, and Auckland, as well as a research dietitian from Auckland University, conducted a survey across their regions to assess the impact of the ECE guidelines to reduce food-related choking. Of the 182 responses, most centres had made changes to their food environment and these were invariably detrimental (see Figure 1).

The biggest change was tāmariki access to food, with high-risk foods excluded from the centre menu, eating food directly from the garden stopped, and lunchbox items sent back home – which was unnecessary as lunchboxes were exempt from the guidelines. There was also a high level of anxiety from teachers around supervision at mealtimes, and changes to the roster and ECE duties to ensure first aid trained teachers were available at meals.

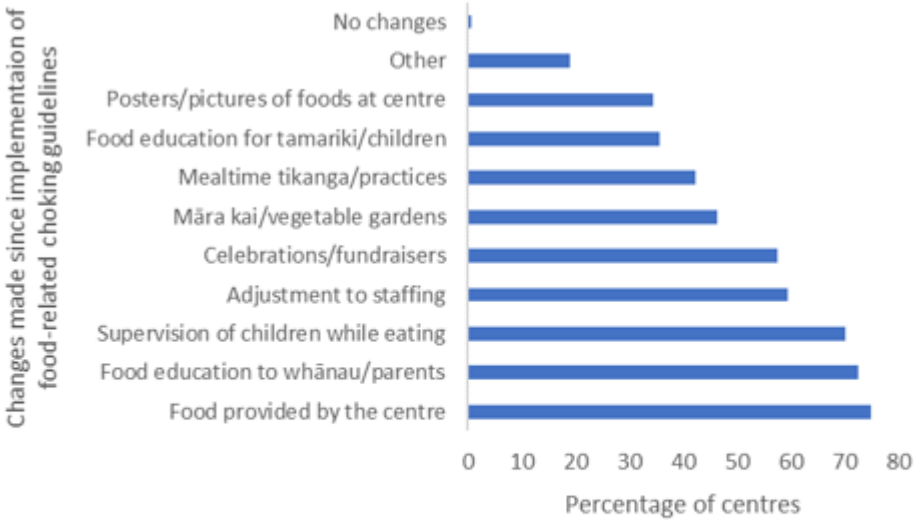

Figure 1: Percentage of early childhood education services that have made changes since implementation of the food-related choking guidelines

The social connection created with food was also significantly affected. Celebrations and whānau events were cancelled or reduced, as whānau contributing to shared kai would have to adhere to the guidelines and many centres did not want to burden the whānau with this. The knock-on effect was reduced engagement between centres and whānau.

This research has been accepted for publication in the New Zealand International Research in Early Childhood Education Journal. Following publication, we will be connecting with policy advisors in the Ministry of Education to share the research and recommend revision of the guidelines to reduce ambiguity and ensure that the centres are still able to have a flourishing environment for tamariki to learn and connect through kai.

Acknowledgements to my colleagues Leanne Young, Breanna Edge, Bridget Chiwawa for their mahi. Thanks also to Drs Felicity Dumble, Kate Meerkerk and Elizabeth Becker for your support in the early stages of the research.

Sarah Agar, Mātanga Kai (Senior Dietitian)

Mental Health Awareness Week

This year's theme "Community is... what we create together" was inspired by research on the wellbeing of individuals affected by Cyclone Gabrielle, which revealed that community was key to getting through tough times.

The Mental Health Foundation invites Aotearoa to define, build, and celebrate their communities every day of the week through:

Mental Health Awareness Week: 23-29 September

Manaaki Monday

Start the week off with an act of kindness - take some time out of your day to help someone in a small but meaningful way.

Tautoko Tuesday

Tautoko/support an independent merchant or community organisation, either by purchasing a small gift or supporting a small business on social media – a little tautoko can go a long way in difficult times.

Whānau Wednesday

Give yourself — and your loved ones — a mid-week boost, by reaching out to a friend or whānau member you would like to catch up with.

Tūhono Thursday

Find some time in your day to connect with someone in your community that you don't usually talk to. Introduce yourself to a neighbour, a parent at your child's school, or someone at your local café. Building relationships with people who live in your community can create a supportive network.

Whakawhetai Friday

Spread some good vibes by showing your gratitude today — it could be to the courier driver, to a local volunteer, or to a workmate or neighbour…anyone who helps make your community what it is.

You can visit the MHAW website for more information and resources.

Arboviral diseases update

Arboviral diseases (arthropod-borne viral diseases) are spread by arthropods, often by mosquitos. They comprise flaviviruses such as dengue fever, Zika virus, and yellow fever, and alphaviruses which include Chikungunya fever and Ross River virus.

As a reminder:

- All travellers should seek travel medicine advice on personal protection, including mosquito protection, before travelling to arbovirus-endemic countries.
- Consider arboviral disease in patients with fever, headache, and malaise with recent overseas travel in an arbovirus endemic country.
- Definitive laboratory evidence of arboviral infections can come from **either** PCR **or** serological testing.
- If doing serological testing, **both an acute and convalescent follow-up sample** 2 to 4 weeks apart are required.

Further detail on testing can be found in the "Laborarory test for diagnosis" section of the Arboviral diseases chapter of the Communicable Disease Control Manual.

Nationally, there have been 83 confirmed or probable cases of **dengue fever** this year to date, 8 of which are from Waikato. The top four places of travel associated with dengue fever include Indonesia, Thailand, Brazil, and India. The national year-to-date numbers are higher than those reported in the same periods in each year from 2020 to 2023 (from 4 to 47 cases), but lower than pre-COVID-19 numbers (156 in 2019).

The other arboviral diseases occur rarely. The most recent confirmed Chikungunya fever case in Waikato occurred last year; prior to this, the last confirmed case occurred in 2019. The last Ross River virus and Zika virus cases in the Waikato both occurred in 2019. New Zealand has never had a case of imported yellow fever.

FASD Awareness Month

September 9th marks International Fetal Alcohol Spectrum Disorder (FASD) Awareness Day, with the ninth day of the ninth month symbolising nine months of pregnancy. The month of September is about raising awareness of FASD, understanding how we can prevent FASD, and supporting people and families living with FASD to thrive.

FASD is an umbrella term used to describe a range of conditions caused by exposure to alcohol in the womb which can have physical, behavioural, and neurodevelopmental effects with lifelong implications.

To date, research on the prevalence of FASD in New Zealand is scarce and diagnosis can be difficult as physical features may not always be present. Generally speaking, FASD can be an 'invisible disability' in our communities.

FASD is the leading preventable cause of intellectual disability in the western world. It is estimated that approximately 50% of pregnancies in New Zealand are alcohol-exposed, many of which may be due to unplanned pregnancy. However, not all babies exposed to alcohol before birth will have FASD and it is impossible to predict. It is also important to contextualise alcohol exposure in pregnancy within the wider alcohol environment.

There is no "safe" threshold or pattern of alcohol consumption and it has the potential to cause deleterious effects at all stages of gestation. Health NZ and the Ministry of Health therefore advises not drinking alcohol if you could be pregnant, are pregnant, or are trying to get pregnant. It is important to support pregnant women who wish to stop or reduce alcohol intake.

For more information and key messages visit the FASD Awareness Month website. Te Whatu Ora resources for FASD can be found here and diagnostic guidelines found here.

Syphilis testing

The 2023 STI Annual 2023 Dashboard and supplementary report were published on 13 August 2024. The report demonstrates a 45% increase in syphilis cases in Aotearoa since 2022. In Waikato, there were 98 cases reported throughout 2023, an increase from 57 in 2022. The highest number of cases continue to be reported in men who have sex with men (MSM), and the 30-39 and 40+ year age group. There are increasing case numbers reported in men who have sex with women (MSW), particularly in Waikato.

Untreated syphilis in pregnancy can lead to adverse outcomes including stillbirth, premature birth, and neonatal death. The incidence of congenital syphilis is inequitable, with Māori and Pacific whānau disproportionately impacted. Access to timely antenatal care is important to ensure early identification and treatment of syphilis in pregnancy.

Consider testing for syphilis in patients with unusual skin rashes, oral, genital or perianal ulcers, lymphadenopathy, hepatitis and/or neurological symptoms. Syphilis can affect any body system and cause end organ damage in its secondary stage.

In the Waikato District, syphilis testing is indicated in the following situations:

- As part of any sexual health check (requires a blood test)
- First trimester antenatal screening (along with HIV) in all women
- Subsequent antenatal screening in the early third trimester in all women

A syphilis re-test in the third trimester screen is recommended due to the lack of sensitivity of testing in early cases, or in the case of infection later in pregnancy. In Waikato, the second test is offered ***universally*** to all pregnant people.

More info can be found on the Syphilis page of Te Manawa Taki Community HealthPathways (under “Medical” --> “Sexual Health”).

Prostate Cancer Awareness Month – Blue September

September is Prostate Cancer Awareness Month. More than 4,000 kiwi men are diagnosed with prostate cancer every year. Today 10 kiwi mates, fathers, sons, brothers, grandfathers will be told they have prostate cancer.

The Prostate Cancer Foundation of New Zealand aims to provide advocacy, education, research and support for all individuals and whānau affected by prostate cancer. This month you can support through the following activities:

ONE: The Blue Swear Jar – say something blue to help a mate through:

- Raising money with words - the 'blue' words that sometimes slip out. Set up a Blue Jar in your workplace, club or mancave, and every time a "whoopsie" sneaks out, pop a coin in the jar.

TWO: The Blue Do – do something blue to help a mate through:

- Holding a Blue Do or do anything blue – get together with friends and dress in blue, bake a blue cake, or hold a blue breakfast.

For more ideas on how you can raise awareness, fundraise or donate, visit the Prostate Cancer Foundation website.

Staff news

We are very excited to announce that **Dr Elizabeth Becker** (Te Atiawa) and **Dr Kate Meerkerk** will be awarded their Fellowship of the New Zealand College of Public Health Medicine (NZCPHM) at the Annual Scientific Meeting on Wednesday 18 September, which will be held at the Waitangi Tiriti Grounds this year.

Dr Elizabeth Becker

Dr Kate Meerkerk

Many congratulations to Kate and Liz for their milestone achievement! Whakamihi nui ki a kōrua!

Acknowledgements

Warm thanks to our contributors this month:

Arapeta Paea (Te Arawa, Tainui, Horouta | Ngāti Hāmoa; Kaitaki Mana Whakahaere, Te Manawa Taki, Hauora Māori Tūmatanui)

Dr Connie Alarcon (House Officer)

Dr Elizabeth Becker (Te Atiawa, MOoH)

Jo Cottrell (Health Improvement Advisor, Community and Whānau Wellbeing)

Dr Richard Wall (MOoH)

Sarah Agar (Mātanga Kai, Senior Dietitian)

We would like to acknowledge **Nicola Syrett-Nyika** (CNS Refugee Health, Community and Whānau Wellbeing) and the Settlement Navigators at the Waikato Settlement Centre for their kōrero – thank you all for sharing your time and expertise.

Medical Officers of Health (MOoH)

Dr Felicity Dumble, Dr Richard Wall, Dr Richard Vipond, Dr Elizabeth Becker, Dr Kate Meerkerk

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:

Public Health (MOoH or HPO): (07) 838 2569

Notifications outside Hamilton: 0800 800 977

Email: notifiablediseases@waikatodhb.health.nz

Notifications: 07 838 2569 ext. 22041 or 22020

Fax: 07 838 2382

Notifiable Diseases – Trends

Notifiable diseases (Waikato District) - period to: **September 2024**

*Stats NZ estimated 8.69% of the population resided in Waikato in 2021

Disease name	Waikato cases per month			Cases per month over the last year (mean)		
	July	August	Trend	Waikato	National	% Waikato*
Botulism	0	0	-	0.0	0.1	0
Brucellosis	0	0	-	0.0	0.0	-
Campylobacteriosis	32	45	▲	45.3	469.9	10
COVID-19	871	393	▼	1,510.8	19,131.7	8
Cryptosporidiosis	3	11	▲	9.3	115.8	8
Decompression sickness	0	0	-	0.0	0.1	0
Dengue fever	1	0	▼	0.8	9.6	8
Diphtheria	0	0	-	0.0	0.1	0
Gastroenteritis - unknown cause	1	2	▲	2.2	21.3	10
Gastroenteritis / foodborne intoxication	8	8	-	5.7	16.2	35
Giardiasis	10	8	▼	9.8	71.7	14
Haemophilus influenzae type b	0	0	-	0.0	0.3	0
Hepatitis A	1	0	▼	0.2	4.3	5
Hepatitis B	0	0	-	0.0	1.3	0
Hepatitis C	1	0	▼	0.1	2.5	4
Hepatitis NOS	0	0	-	0.3	0.5	60
Hydatid disease	0	0	-	0.0	0.3	0
Invasive pneumococcal disease	10	9	▼	3.8	61.6	6
Latent tuberculosis infection	1	6	▲	1.2	8.8	14
Legionellosis	0	2	▲	1.4	17.3	8
Leprosy	0	0	-	0.0	0.4	0
Leptospirosis	1	0	▼	2.7	9.3	29
Listeriosis	0	0	-	0.2	2.1	10
Listeriosis - perinatal	0	0	-	0.0	0.3	0
Malaria	0	0	-	0.2	3.5	6
Measles	0	0	-	0.2	0.9	22
Meningococcal disease	0	1	▲	0.3	3.6	8
Mumps	0	0	-	0.0	2.7	0
Murine Typhus	0	0	-	0.0	0.1	0
Pertussis	1	2	▲	1.5	37.3	4
Q fever	0	0	-	0.0	0.1	0
Rheumatic fever - initial attack	2	0	▼	0.8	14.8	5
Rheumatic fever - recurrent attack	1	0	▼	0.2	1.7	12
Salmonellosis	4	4	-	4.9	64.9	8
Shigellosis	1	0	▼	0.5	15.1	3
Taeniasis	0	0	-	0.0	0.2	0
Tetanus	0	0	-	0.0	0.2	0
Tuberculosis disease - new case	2	5	▲	2.3	29.3	8
Tuberculosis disease - relapse or reactivation	0	0	-	0.0	1.4	0
Tuberculosis infection - on preventive treatment	0	0	-	0.0	0.2	0
Typhoid fever	1	0	▼	0.7	5.3	13
VTEC/STEC infection	5	11	▲	7.2	93.7	8
Yersiniosis	4	2	▼	5.6	98.1	6

Correction

In the August piece “Spotlight on…the New Zealand Needle Exchange Programme”, a figure supplied to the Bulletin was inaccurate. The number of visits to the needle exchange in New Plymouth (NETS) per annum is 3,000, not 300.