

Waikato Public Health Bulletin

Public Health Waikato

December 2024 / January 2025 | The ma 2024 / Hānuere 2025

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 & community care.

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Things to look out for over summer

Summer is the time of the year many of us have been looking forward to. It's a time for family, friends, festivals, and BBQ parties.

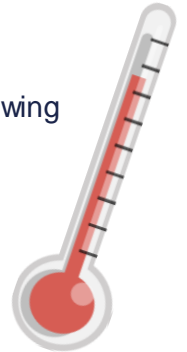
Here are our reminders to stay well over summer:

- Drink plenty of water and encourage children to do the same
- Swim between the flags at the beach
- Before jumping in, ask, 'can I swim here?'
 - Visit www.lawa.org.nz for the latest updates
- Going on holiday? Stock up on regular meds before going away
- Check in with each other: Children and older adults may find it more difficult to cope with the heat

Heat exposure

Heat exposure can result in the following heat-related illnesses:

- Heat rash
- Heat cramps
- Sunburn
- Heat exhaustion
- Heatstroke



Prolonged exposure to hot, humid conditions can result in hyperthermia. This is an elevation in core body temperature due to a lack of thermoregulation and is distinct from the more common sign of fever.

At risk groups for heat-related illnesses include children, pregnant or older people, and those with health conditions, alcohol use, or drug use.

Management of heat-related illnesses:

- Move to a cool shaded area
- Stay with the affected person
- Hydration with water or isotonic drinks
- Cooling with cold water, ice, mist and/or fan
- Call for emergency services if signs of heat exhaustion or heatstroke



Be Sun Smart

UV radiation exposure is a known risk factor for skin cancer, eye disease, and skin aging. In summer, the daytime UV indexes often exceed 11 (extreme UV levels) across the country. Be sun smart through simple measures to ensure protection from UV radiation.

Slip, Slop, Slap, and Wrap Principles: Slip into clothing and shade, slop on sunscreen, slap on a hat, and wrap on some sunglasses.

Sun avoidance: Minimise time outdoors between 10am to 4pm. Stay in the shade when possible.



Sunscreen: Wear daily when the UV index is >3. We recommend SPF >30, broad spectrum, and water-resistant. Infants and fair-skinned individuals will need a higher SPF sunscreen.

Sunglasses: Close fitting, wrap-around sunglasses provide the best protection for the whole eye and eyelids. The Australian/New Zealand Standard classifies sunglasses and fashion spectacles based on their UV protection. Children's toys are not covered by this standard.

Sun Smart for babies: The mainstay of protection should be shade, clothing, and a brimmed hat. Sunscreen can be used on small areas of skin. Babies less than 6 months old should not use sunscreen.



See www.sunsmart.org.nz for more information.

Food and summer

With warm weather upon us, it is the perfect time to get whānau together for a meal outdoors. Plan ahead, and bring what's needed, pack enough water and food. And use a chilly bag or bin with ice for chilled foods when outdoors and travelling.

As we spend more time outside preparing food, the number of cases of foodborne illnesses also increases. Here are some food safety reminders for the next gathering:

- Practice hand hygiene before and after preparing food, and immediately after handling raw meat.
- Cover and chill food until ready to cook
- Clean the BBQ and tools with soap and water before using
- Don't wash raw meat in the sink
- Cook meat thoroughly
- Keep raw meat separate from cooked food and ready-to-eat foods
- Refrigerate or freeze leftovers within 2 hours
- Inspect any food that might have gone off – If in doubt, throw it out



Petting zoos/farm visits

Petting zoos are a great day outing for kids to learn and connect with animals. However, we need to be mindful of the risk of zoonotic diseases.

Hand hygiene: After touching the animals, children and adults should wash their hands for 20 seconds with warm or cold soapy water, then dry thoroughly.

Supervision: Children under 5 should be supervised around the animals to prevent the animals from licking their face or hands. Infants under 1 year old should not be allowed to touch animals or their enclosures.



Cyanobacteria levels

There is currently a health warning issued for Lakes Ngā Roto and Hakanoa for high levels of cyanobacteria.

- All recreational water activity should be avoided until further notice.
- Avoid ingestion or skin contact with the affected water
- Keep children and dogs well clear of the affected water

Algae in waterbodies flourish in hot weather. Most algae are harmless, but species such as cyanobacteria are toxic in high levels.

When visiting any body of water, exercise your own judgement; check the waters for local health warnings, signage, and any visible signs of blue-green algae in the water.

Signs of cyanobacteria poisoning can include rash, skin and eye irritation, allergy symptoms, and GI upset.

For the most up-to-date information, check LAWA at <http://www.lawa.org.nz> for updates.

Dr Kato McDonald (house officer) wrote and designed the December Summer feature piece. All illustrations are original images created by Kato.

Immunisation and screening in Waikato former refugees

The NZ Refugee Quota Programme accepts 1,500 refugees yearly worldwide. All former refugees spend 5-6 weeks at Mangere on entering Aotearoa, where health checks and immunisations are provided before they head to the city they will call home. In Kirikiriroa, the Waikato Settlement Centre is one of the country's 13 re-settlement centres and offers support linking former refugees to healthcare, including their GP.

While a comprehensive screening for health conditions occurs offshore and at Mangere, ongoing care and follow-up of specific health needs are transferred to General Practice once families leave Mangere.

Recently, specific gaps in service provision have been identified which require action:

- **Completion of the National Immunisation Schedule** in both children and adults e.g. DTaP (diphtheria, tetanus, pertussis) and IPV (polio).
- Screening that is not performed at Mangere, particularly **breast screening**.

Settlement Navigators at the Waikato Settlement Centre follow former refugee families over one year and help establish healthcare access. If you are a GP looking after former refugees and have any queries or concerns, contact:

- The assigned Settlement Navigator, by phoning the HMS Trust Settlement Centre Waikato for contact details: 07 853 2192.
- Nicola Syrett (CNS Refugee Health, Community and Whānau Wellbeing, Te Manawa Taki Region / National Public Health Service):
nicola.syrett@waikatodhb.health.nz

Thank you for your care for this priority patient group.

Smoking prevalence update

The 2023/24 update of the annual Aotearoa New Zealand Health Survey has demonstrated a plateau in the overall daily smoking prevalence in New Zealand (6.9% in 2023/24 compared to 6.8% in 2022/23).

This is the first time in a decade that daily smoking prevalence has not declined year-on-year. This slowdown is disappointing given we are one year out from our Smokefree 2025 goal of having fewer than 5% of all New Zealanders smoke daily by the end of 2025 across all population groups.

There is good news in the mix: daily and current smoking prevalences in Māori continue to downtrend over the last year (from 17.1% in 2022/23 to 14.7% in 2023/24, and 20.2% to 17.2% over the same period, respectively).

Daily and current smoking prevalences are also decreasing in Pacific Peoples (18.1% in 2021/22 to 12.3% in 2023/24, and 18.8% to 14.7% over the same period, respectively).

However, inequities in smoking prevalence persist in Māori and Pacific Peoples. Daily smoking prevalence is more than two times higher in Māori and Pacific compared to European/Other.

Based on current trends, the daily smoking prevalence will not be 5% or less by 2025 in Māori and Pacific groups. There is an urgent need for stronger public health measures to eliminate smoking inequities and to reach our Smokefree goal.

Reminder: Hepatitis C testing

- Testing for Hepatitis C Virus (HCV) is important. If left untreated, HCV can cause cirrhosis, liver failure, and cancer. With detection, HCV can now be cured in just 8 weeks for most people. The treatment is very effective (98% successful).

- Prioritise testing in Māori patients as there is inequity in HCV outcomes. Māori are more likely to have undiagnosed HCV and long-term complications.
- Proactively encourage all patients who are indicated for testing, especially Māori patients, to get tested, and support them and their whānau in understanding the impact of undiagnosed HCV.
- **IMPORTANT:** If anti-HCV comes back equivocal, please arrange for follow up testing for hepatitis C viral count.
- Acute hepatitis C is notifiable to the Medical Officer of Health; find the case classification [here](#).

A confirmed case requires documented seroconversion to HCV when the most recent negative specimen was within the last 12 months

OR

a positive anti-HCV antibody test or nucleic acid test and a clinical illness consistent with acute HCV within the previous 12 months, where other causes of acute hepatitis can be excluded.

To notify, please use BPAC or email Health Protection health.protection@waikatodhb.health.nz

- For patients undecided about getting testing, they can do this if they change their minds at some pharmacies, kaupapa Māori health providers, needle exchanges, and mobile services and pop-up clinics. The Hamilton needle exchange is located on 16 Vialou St, Hamilton CBD.
- For more information, refer to: <https://info.health.nz/conditions-treatments/infectious-diseases/hepatitis-c/stick-it-to-hep-c>



Hepatitis A update

Several cases of Hepatitis A have recently been reported to Te Manawa Taki NPHS across Waikato and Bay of Plenty. At this stage there is no evidence of a common source. Cases are predominantly in young adults.

Cases and their contacts are being investigated and followed up by our local NPHS teams.

Key clinical action required:

1. Infection Control
 - Implement strict infection prevention and control measures, particularly hand hygiene.
 - Ensure use of personal protective equipment (PPE) when managing suspected cases.
2. Case Management
 - Consider Hepatitis A in the differential diagnosis of patients with compatible symptoms.
 - Request liver function tests (LFTs) and serologic testing for anti-HAV IgM antibodies to confirm diagnosis.
 - Notify the National Public Health Service of any cases as required by local communicable disease reporting guidelines.
3. Prevention and Vaccination
 - Identify and recommend Hepatitis A vaccination for at-risk groups and close contacts of confirmed cases.
 - Reinforce hygiene education, particularly around handwashing and safe food handling.
4. Public Health Notification
 - Report all cases to the National Public Health Service for contact tracing and risk assessment.
 - Support public health outreach and educational efforts as needed.

See also the [Communicable Disease Control Manual Hepatitis A Chapter](#).

Staff News

CWW Work programme achievements

Kai Ora

The CWW (Community & Whānau Wellbeing) team participated in a community event on where kai comes from at Vardon School with Year 3 and 4 students and delivered workshops to year 1 & 2 students at Glenview Primary.

Building Blocks

5 early childhood educational centres have been registered with building blocks with an emphasis on hauora Māori and using the equity target to support the highest needs centres in low decile communities.

Te Rau Ora immunisation wānanga

A wānanga was held to help staff provide training and networking around immunisation support in the Waikato/Taupō. As a result of this, the Kaihāpai Oranga team have successfully completed their 'Vaccinating Health Worker' 1 training and CPR course as well as their online component.

WorkWell

South Waikato Pacific Island Communities Services (SWPICS) gained Gold Standard accreditation for their workplace wellbeing programme.



Above: photos of the Cook Island dance group in action at the Gold Standard Accreditation awards.



SWPICS is the first Pacific organisation to achieve this milestone across the entire motu. They are engaged with 1560+ staff across 9 active businesses. 5 of the 9 businesses have achieved gold, 3 achieved silver, and 1 is working towards their bronze accreditation. Initiatives are implemented across 8 priority areas including mental wellbeing, physical activity, healthy eating, immunisation, sun safety, breastfeeding & smokefree, cultural wellbeing, alcohol and drugs, and resilience.

SWPICS has been involved in the WorkWell programme since 2017 and have achieved Bronze Standard WorkWell accreditation in 2018 and Silver Standard accreditation in 2019.

Unfortunately, due to redeployment into the COVID-19 response, SWPICS had to request their WorkWell journey be put on-hold during this time in 2020. This request was granted and SWPICS were able to re-ignite their WorkWell journey in 2022 and pursue achieving Gold Standard WorkWell accreditation.

The level of resiliency and commitment that SWPICS has demonstrated in supporting staff wellbeing has been remarkable. Through proactive and dedicated efforts, they have successfully embedded and sustained a comprehensive workplace wellbeing program within their organisation. This ongoing commitment to staff wellbeing has not only enhanced the overall work environment, but has also led to SWPICS achieving the WorkWell Gold Standard Accreditation.

Chief Executive Akarere Henry acknowledged the value that the WorkWell programme has brought to the organisation over the last few years and how it has aligned to the organisation's aspirations to support staff wellbeing. SWPICS was presented with the Gold Standard Accreditation certificate, followed on by 'gold standard' performances from the local Cook Island dance group and delicious kai.

Congratulations to SWPICS on achieving this outstanding accomplishment!

In January we farewelled **Dr Kato McDonald**, our excellent house officer, who has moved onto her next hospital attachment. All the very best for your new run!



We are delighted to have **Dr Asef Ahmadzai** join us for a 3-month house officer attachment. Welcome!



Waiora Xmas decorating competition: “All Aboard The Polar Express” (right)

Acknowledgements:

Dr Kato McDonald (House Officer)

Dr Kate Meerkerk (MOoH)

Nicola Syrett-Nyika (CNS Refugee Health, Community and Whānau Wellbeing)

Karolina Kaczor (Senior Compliance Officer, Compliance and Health Protection)

Harry Luteru (Health Improvement Advisor – Team Leader, Community and Whānau Wellbeing)

Harris Butt (Senior Health Improvement Advisor – Team Leader, Community and Whānau Wellbeing)



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

Notifications: 07 838 2569 ext. 22041 or 22020

Fax: 07 838 2382

Email: notifiablediseases@waikatodhb.health.nz

Notifiable Diseases – Trends

Notifiable diseases (Waikato District) - period to: December 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)		
	October	November	Trend	Waikato	National	% Waikato*
Botulism	0	0	-	0.0	0.1	0
Brucellosis	0	0	-	0.0	0.0	-
Campylobacteriosis	59	69	▲	46.8	475.2	10
COVID-19	207	425	▲	1,257.1	15,526.1	8
Cryptosporidiosis	17	2	▼	7.8	103.3	8
Decompression sickness	0	0	-	0.0	0.2	0
Dengue fever	0	0	-	0.7	9.7	7
Diphtheria	0	0	-	0.0	0.2	0
Gastroenteritis - unknown cause	0	3	▲	2.0	17.4	11
Gastroenteritis / foodborne intoxication	15	4	▼	6.5	20.2	32
Giardiasis	7	4	▼	9.1	71.0	13
Haemophilus influenzae type b	0	0	-	0.0	0.1	0
Hepatitis A	0	2	▲	0.4	5.0	8
Hepatitis B	0	0	-	0.0	1.2	0
Hepatitis C	0	0	-	0.1	2.2	5
Hepatitis NOS	0	1	▲	0.2	0.5	40
Hydatid disease	0	0	-	0.0	0.2	0
Invasive group A streptococcal infection	2	4	▲	0.5	8.1	6
Invasive pneumococcal disease	4	5	▲	4.3	60.6	7
Latent tuberculosis infection	4	6	▲	2.2	10.2	22
Legionellosis	0	2	▲	1.3	17.3	8
Leprosy	0	0	-	0.0	0.3	0
Leptospirosis	3	1	▼	2.6	8.9	29
Listeriosis	0	0	-	0.1	2.3	4
Listeriosis - perinatal	0	0	-	0.0	0.2	0
Malaria	0	0	-	0.2	2.7	7
Measles	0	0	-	0.0	0.1	0
Meningococcal disease	0	0	-	0.3	3.3	9
Mumps	0	0	-	0.0	1.8	0
Murine Typhus	0	0	-	0.0	0.1	0
Pertussis	16	12	▼	3.6	100.4	4
Q fever	0	0	-	0.0	0.2	0
Rheumatic fever - initial attack	1	1	-	0.8	15.3	5
Rheumatic fever - recurrent attack	0	0	-	0.2	1.9	11
Salmonellosis	5	9	▲	5.5	67.4	8
Shigellosis	1	1	-	0.4	13.8	3
Taeniasis	0	0	-	0.0	0.2	0
Tetanus	0	0	-	0.0	0.1	0
Tuberculosis disease - new case	5	3	▼	2.8	30.4	9
Tuberculosis disease - relapse or reactivation	0	1	▲	0.1	1.4	7
Tuberculosis infection - on preventive treatment	0	1	▲	0.1	0.3	33
Typhoid fever	0	1	▲	0.8	4.8	17
VTEC/STEC infection	14	11	▼	8.6	94.8	9
Yersiniosis	6	8	▲	5.1	93.1	5

*Data for the period up to January 2025 unable to be generated from EpiSurv at this point in time.