Public Health

Te Whatu Ora
Health New Zealand

July / Hōngongoi 2022

Waikato Public Health Bulletin

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

Te Whatu Ora and Te Aka Whai Ora

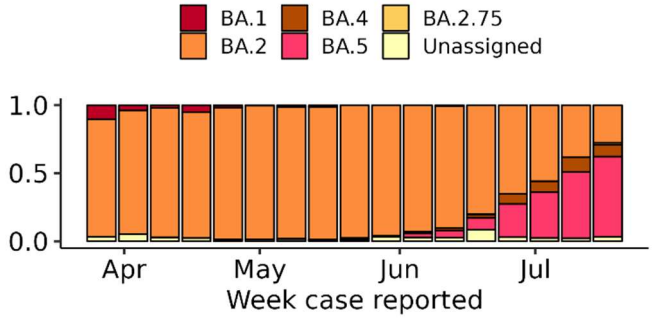
On 1 July 2022 the health reforms came into effect giving rise to Te Whatu Ora - Health New Zealand and Te Aka Whai Ora - Māori Health Authority as the District Health Board system was replaced.

There are two key public health bodies: the Public Health Authority (under the Ministry of Health) who is responsible for policy, regulation, intelligence and surveillance, and has a key role in providing advice to Ministers on all public health matters. Dr Nick Jones has been appointed the Director of Public Health. The National Public Health Service (part of Te Whatu Ora) is an operational agency responsible for delivering public health services. Dr Nick Chamberlain has been appointed the National Director of the National Public Health Service.

The structure of Public Health Units have remained unchanged at this stage, but are grouped into the four regions. The Waikato Public Health Unit is part of Te Manawa Taki along with Toi Te Ora Public Health, Taranaki Public Health, and Hauora Tairāwiti.

COVID-19 update

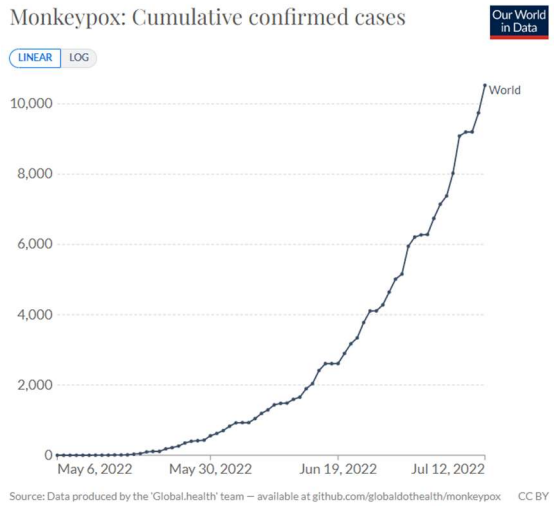
New Zealand is currently experiencing its second wave of Omicron variant COVID-19, driven by the introduction of the more transmissible, and immune evading BA. 4 and BA. 5 variants. BA. 5 is now the most common variant. This wave has coincided with a large wave of influenza A which has pushed our already stretched health system, and healthcare workers to the limit.



We have had a higher proportion of cases in older peoples which has resulted a large number of hospitalisations. Furthermore, accumulation of mutations in the COVID-19 spike protein and waning immunity have left the population more vulnerable. However, there is evidence that boosting with the original COVID-19 vaccines still offers protection against BA.4 and BA.5. It is essential to continue to promote boosters to those who are eligible for the benefit of individuals, their whānau, the community and the health system.

Monkeypox update

Monkeypox became a notifiable disease in New Zealand on 9 June 2022. There have been two confirmed monkeypox cases in New Zealand, both linked to the border and no current evidence of community spread. Globally, there have been over 10,000 cases across more than 60 countries (as of July 13th) excluding endemic regions. Some international cases have had no travel history, indicating the virus may have been circulating amongst communities for some time. Most cases have been of mild to moderate severity and have recovered well.



There is currently a low to moderate public health risk to New Zealand, with high risk of further imported cases. Cases are likely to present with an unexplained rash evolving in four stages – macular, papular, vesicular, to pustular – followed by scabbing, with lesions progressing simultaneously on any part of the body. It may be generalised or localised. There is an associated prodrome of fever, tiredness, enlarged lymph nodes, back pain, or muscle aches, starting a few days before rash onset. Notably many cases in non-endemic regions have atypical presentations.

Probable cases must meet at least one of the following epidemiological criteria (in addition to the clinical criteria): exposure to a confirmed or probable case in the 21 days before symptom onset; a history of travel to an area where monkeypox is endemic or where there is a current outbreak in the 21 days before symptom onset; or is a priority group for testing. This currently includes people who have had multiple or anonymous sexual partners in the 21 days before symptom onset and gay, bisexual or other men who have sex with men (MSM).

Monkeypox must be notified to a Medical Officer of Health on case suspicion (and of course on confirmation if earlier notification not done). For any suspected cases please ascertain a travel, smallpox immunisation, and sexual history and contact Public Health directly. A person must meet clinical and epidemiological criteria before testing. PCR samples are sent to Auckland for processing.

Internationally a smallpox vaccine is being used for prophylaxis of contacts. There is currently no approved vaccine for monkeypox in New Zealand, but the MoH and PHARMAC are exploring options to secure access to vaccines.

Currently, contact tracing will focus on close contacts, who will undergo symptom monitoring for 21 days since last contact with a confirmed or probable case.

Meningococcal

There had been an increase in the number of meningococcal cases nationally. In the six weeks to the 15th of July there have been 22 confirmed cases of meningococcal diseases nationally. This rise breaks the trend of low rates observed in the first two years of the COVID-19 pandemic. Half of cases have been aged less than five, all of whom were Māori or Pacifica tamariki. There have been 3 cases of meningococcal in the Waikato district so far this July (as of the 21st).

Meningococcal disease is a potentially lethal vaccine preventable and notifiable disease cause by the bacteria *Neisseria meningitidis*. Meningococci are spread from person to person by respiratory droplets or direct contact with nasopharyngeal secretions from a carrier or case. Meningococcal infection is characterised by a flu-like illness that rapidly progresses to fulminant septicaemia. A rash (classically petechial) is present in two thirds of cases, and meningitis develops in 75% of those who progress to septicaemia. The most common meningococcal subtype identified in New Zealand is the B group.

With this winter rise in meningococcal disease cases, it is an apt time to consider meningococcal vaccination. In recent years there has been a broadening of the funding of meningococcal vaccines, the full list of which can be found here. Three important groups with recent funding changes for whom vaccination is funded are:

- 13- to 25-year-olds in their first year of living in a boarding school hostel, tertiary **education hall of residence**,

military barracks or **prison** (MenACWY-D only).

- **Close contacts** of meningococcal cases regardless of the meningococcal group of the case (MenC or MenACWY-D and 4CMenB).
- **People with previous meningococcal disease** regardless of time elapsed since disease (MenC or MenACWY-D and 4CMenB).

Public Health staff comings and goings…

In the last few weeks we have said farewell to two key members of the Waikato Public Health COVID-19 response; Liz Becker and Anna Ferguson. These two wonderful people have been instrumental in our response!

Liz has operated our team with incredible passion and ability. She has valiantly led the team through months of challenges and thousands of cases. Liz has left us for another exciting adventure, but we hope to see her returns to the PHU whānau soon.

Anna arrived from Northern Ireland and responded to a call for COVID-19 help. She joined Liz and the rest of the team and has spent many hours dedicated to spreadsheets and flowcharts to enable the smooth management of all things COVID-19. Anna has left NZ to return to her home country to specialize in Public Health. We all wish you both all the best 😊

On the same day we said farewell to Liz and Anna, we welcomed Maria Crawford to the team. Maria joins the nursing team as a clinical nurse specialist. She brings with her a wealth of knowledge from a background of Public Health Nursing and more recently the Midland Education Facilitator for IMAC. We are excited about you joining the team, Maria! Welcome.

Notifiable diseases – June 2022 compared to June 2021

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Notifiable diseases (Waikato DHB) - Period: June 2021 to June 2022

[1]Number of cases. Source: Waikato DHB.

[2]Waikato YTD count as a proportion of national data.

Disease name	Waikato[1] 2021	2022	Change 2021-2022		YTD Waikato	National	%[2]
Botulism	0	0	0	-	0	0	-
Brucellosis	0	0	0	-	0	0	-
Campylobacteriosis	24	21	-3	▼	219	2,208	10
COVID-19	3	11,627	11,624	▲	108,610	1,330,200	8
Cryptosporidiosis	3	4	1	▲	23	144	16
Decompression sickness	0	0	0	-	0	0	-
Dengue fever	0	0	0	-	0	1	0
Diphtheria	0	0	0	-	0	0	-
Gastroenteritis - unknown cause	0	0	0	-	2	78	3
Gastroenteritis / foodborne intoxication	1	2	1	▲	13	81	16
Giardiasis	17	7	-10	▼	47	323	15
Haemophilus influenzae type b	0	0	0	-	0	0	-
Hepatitis A	0	0	0	-	2	8	25
Hepatitis B	0	0	0	-	0	6	0
Hepatitis C	0	0	0	-	0	15	0
Hepatitis NOS	0	0	0	-	0	0	-
Hydatid disease	0	0	0	-	0	1	0
Invasive pneumococcal disease	4	7	3	▲	19	233	8
Latent tuberculosis infection	0	0	0	-	3	46	7
Lead Poisoning	0	0	0	-	0	0	-
Legionellosis	1	2	1	▲	4	102	4
Leprosy	0	0	0	-	0	2	0
Leptospirosis	0	4	4	▲	11	61	18
Listeriosis	0	1	1	▲	1	15	7
Listeriosis - perinatal	0	0	0	-	0	4	0
Malaria	0	0	0	-	0	1	0
Measles	0	0	0	-	0	0	-
Meningococcal disease	0	0	0	-	0	24	0
Mumps	0	0	0	-	0	1	0
Murine Typhus	0	0	0	-	0	3	0
Pertussis	0	0	0	-	1	7	14
Q fever	0	0	0	-	0	0	-
Rheumatic fever - initial attack	1	1	0	-	3	39	8
Rheumatic fever - recurrent attack	0	0	0	-	0	2	0
Salmonellosis	6	3	-3	▼	28	354	8
Shigellosis	0	0	0	-	1	7	14
Taeniasis	0	0	0	-	0	1	0
Tetanus	0	0	0	-	0	0	-
Tuberculosis disease - new case	3	3	0	-	14	135	10
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	5	0
VTEC/STEC infection	6	2	-4	▼	50	556	9
Yersiniosis	10	7	-3	▼	39	564	7

Medical Officers of Health: Felicity Dumble, Richard Wall, Richard Vipond, and 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

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