

Waikato Public Health Bulletin

Public Health Waikato

Mahuru 2025 | September 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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FASD International Awareness Day

On 9th September, we joined the global community in recognising FASD International Awareness Day—a day dedicated to raising awareness about Fetal Alcohol Spectrum Disorder (FASD) and its lifelong impacts.

This annual event is a powerful reminder of the importance of prevention, early support, and collective action to nurture the wellbeing of future generations.

To mark the occasion, 20 representatives from organisations including the Ministry of Education, Pinnacle, Oranga Tamariki, Sexual Wellbeing Aotearoa, Te Whatu Ora and more came together to network, share their mahi, and hear government updates on FASD.

The event also spotlighted the “Nurture the Future Within” campaign, reinforcing our shared commitment to the kaupapa and the message here in the Waikato: “We are tomorrow’s ancestors.”



Photo: Representatives at the FASD International Awareness Day. From left: Barbara Nelson, Rhiannon Webb (Ministry of Education), Unsure, Thea King (Ministry of Education), Rose Hawkins (Oranga Tamariki), Harris Rashid, Harry Luteru (NPHS Waikato).

Braemar Charitable Trust Community Surgery Day 13th September

Braemar Charitable Trust's community surgery day was held on Saturday 13th September, part of the Trust's goal to increase access to healthcare for those who need it most.

32 patients received free procedures on the Trust's second successive community surgery day. Procedures included dental and general surgery, colonoscopies, gynaecology, and children's ENT procedures such as grommets, tonsils and adenoids.

Patients eligible for referral to the community surgery programme are those who have been declined or unable to access timely care through the public health system and who don't have health insurance or ACC cover, nor the financial means to pay privately.



Photo: Volunteer clinical staff prepping in theatre ahead of the Community Surgery Day. From left: Armand Casantos, Raj Desi, Kate Wilson, Una Tang, Marvin Landrito.

Braemar Charitable Trust has been providing free surgeries since it was established in 1970, though the past two years has seen this ramp up significantly as the Trust has grown its offerings to respond to increasing demand. Trust Manager Paula Baker says the feedback from those who volunteered and the patients who were treated was “incredible.”

“Chatting to everyone on the day, both clinical staff and the patients and their families, was just amazing. The clinicians were really proud to be there, and the patients and their families were thankful and relieved to be able to access treatment that some had been waiting a very long time to receive.”

The Trust owns Hamilton’s Braemar Hospital and undertakes activities like the Surgery Day to deliver on its charitable purpose. Alongside the support of community-based funders such as the John and Glenice Gallagher Foundation and DV Bryant Trust, and procedures performed for free by surgeons and anaesthetists, the Trust can fund free community surgeries for people who meet its criteria. The community surgery day was also made possible by the generous support of the Mobile Dental Clinic, South City Pharmacy and the Clare Foundation.

The referral form for elective health procedures under the Braemar Trust Community Surgery Programme can be found in the link [here](#).

More information about the Community Surgery Programme can be found in the link [here](#).

Yersinia enterocolitica cluster

The National Public Health Service is alerting healthcare professionals about a growing cluster of *Yersinia enterocolitica* ST12 cases occurring throughout Aotearoa New Zealand, with a potential distributed common source.

Cases in the cluster have been occurring since July 2024, though they have only recently been identified through new genomic analysis techniques. As of 9th September 2025, there have been 124 cases identified as part of this cluster, predominantly located in the North Island.

Yersiniosis is typically a self-limiting gastrointestinal illness, which presents among patients with fever, abdominal pain, and diarrhoea. The incubation period is usually 3-7 days and generally under 14 days. The majority of yersiniosis cases are due to foodborne sources and are highly associated with the consumption or preparation of pork products.

Acute yersiniosis may be confused with acute appendicitis; overlapping symptoms may include right lower quadrant abdominal pain, fever, vomiting, leukocytosis, and diarrhoea.

For patients without severe illness, antibiotic therapy is not warranted, given lack of benefit. The focus of supportive treatment should be on hydration and correction of electrolyte abnormalities.

In severe cases such as in bacteraemia or sepsis, 3rd generation antibiotics can be used such as ceftriaxone or ciprofloxacin.

A joint investigation is currently being undertaken by the NPHS, the New Zealand Institute for Public Health and Forensic Science (PHF Science), and New Zealand Food Safety to identify the potential common source of this cluster. Patients with yersiniosis notified to Public Health will be invited to take part in a short online survey enquiring about recent food consumption to help identify potential sources of infection.

Spotlight on Legionella

With the seasons moving on to spring comes the chance for spring gardening. Using compost with your gardening boosts soil, but it may carry Legionella bacteria, and if inhaled it can lead to chest infections and on occasions severe pneumonia, especially for older adults or those with weakened immune systems.

Legionella spreads via inhalation of airborne droplets or particles containing the bacteria. Common sources of water or soil colonised with Legionella bacteria include cooling towers, spa pools, potting mix and other compost-related products, and warm-water systems (including fittings).

To stay safe, wear gloves and a mask when handling compost, avoid inhaling the dust, and don't smoke while working, as it increases the risk of inhalation and the infection risk. Keep compost moist to reduce airborne particles – you can also use a sprinkle of water to dampen down potting mix or compost to stop the dust from spreading in the air.

Make sure to wash your hands thoroughly after touching potting mix or soil products or after doing any gardening. If you experience flu-like symptoms, fever, or breathing issues after gardening, seek medical help immediately. Protect your health this spring — handle compost carefully.



Gloves and personal protective equipment (PPE) – a good way to protect yourself from Legionella!

Check out this reel about protecting yourself from Legionella:

https://youtube.com/shorts/F1qvZ98eD5w?si=PXhjGLnHwgsxFf_b

Authorised Vaccinator Forms

The process for applying is currently being revised. Interim IT changes have impacted on access to our Waikato application forms.

For ease of access in the short term, vaccinator authorisation forms are attached at the end of this bulletin (included forms are: Application for Initial Authorisation as a Vaccinator; Application for Re-Authorisation as a Vaccinator; Peer Review Assessment of Clinical Practice).

Medical Officers of Health (MOoH)

Dr Felicity Dumble, Dr Richard Wall, Dr Richard Vipond, Dr Elizabeth Becker, Dr Geoff Cramp, Dr Kaitlin Greenway.

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: 07 838 2569 ext. 22041 or 22020

Notifications outside Hamilton: 0800 800 977 Fax: 07 838 2382

Email: notifiablediseases@waikatodhb.health.nz

Notifiable Diseases – Trends

Notifiable diseases (Waikato District) - period to: September 2025

*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	0.0	-
Brucellosis	0	0	-	0.0	0.1	0
Campylobacteriosis	41	55	▲	54.0	497.0	11
COVID-19	219	179	▼	273.3	3,684.8	7
Cryptosporidiosis	0	40	▲	9.3	66.3	14
Decompression sickness	0	0	-	0.0	0.2	0
Dengue fever	2	5	▲	1.8	26.8	7
Diphtheria	0	0	-	0.0	0.3	0
Gastroenteritis - unknown cause	3	1	▼	2.1	17.7	12
Gastroenteritis / foodborne intoxication	4	7	▲	6.7	21.3	31
Giardiasis	11	8	▼	9.4	71.2	13
Haemophilus influenzae type b	0	0	-	0.0	0.3	0
Hepatitis A	1	0	▼	1.3	6.5	20
Hepatitis B	0	1	▲	0.1	1.4	7
Hepatitis C	2	0	▼	0.3	2.5	12
Hepatitis NOS	0	0	-	0.1	0.6	17
Hydatid disease	0	0	-	0.0	0.3	0
Invasive pneumococcal disease	5	14	▲	5.3	60.9	9
Latent tuberculosis infection	2	3	▲	2.6	8.5	31
Lead Poisoning	0	0	-	0.0	0.0	-
Legionellosis	0	2	▲	1.4	14.0	10
Leprosy	0	0	-	0.0	0.2	0
Leptospirosis	1	5	▲	2.2	8.6	26
Listeriosis	0	0	-	0.0	2.8	0
Listeriosis - perinatal	0	0	-	0.0	0.0	-
Malaria	1	0	▼	0.2	2.8	7
Measles	0	0	-	0.0	0.9	0
Meningococcal disease	0	0	-	0.3	2.7	11
Mumps	0	0	-	0.2	1.2	17
Murine Typhus	0	0	-	0.0	0.3	0
Pertussis	5	9	▲	13.7	273.5	5
Q fever	0	0	-	0.0	0.2	0
Rheumatic fever - initial attack	0	0	-	0.0	0.0	-
Rheumatic fever - recurrent attack	0	0	-	0.0	0.0	-
Salmonellosis	4	5	▲	5.4	80.8	7
Shigellosis	3	1	▼	0.7	13.5	5
Taeniasis	0	0	-	0.0	0.3	0
Tetanus	0	0	-	0.0	0.1	0
Tuberculosis disease - new case	9	5	▼	4.1	31.3	13
Tuberculosis disease - relapse or reactivation	1	0	▼	0.2	0.9	22
Tuberculosis infection - on preventive treatment	0	0	-	0.1	0.2	50
Typhoid fever	1	0	▼	0.8	4.5	18
VTEC/STEC infection	19	12	▼	15.3	96.9	16
Yersiniosis	13	3	▼	6.3	97.0	6

APPLICATION FOR INITIAL AUTHORISATION AS A VACCINATOR

Application is being sought by:

Name	
Employer	
Preferred Postal Address (including Postcode & PO Box)	
Email Address (Personal)	
Phone Number (Personal)	

Please find enclosed photocopies of:

- ☐ Annual Practicing Certificate (must include NCNZ number)
- ☐ Current CPR certificate (age appropriate and includes airway management)
- ☐ Proof of Indemnity Insurance, letter indicating insurance is current. (this can be requested by emailing or phoning NZNO on 0800 283 848 or nurses@nzno.org.nz)
- ☐ Vaccinator Training Course certificate
- ☐ Completed Clinical Independent Assessment

We must receive ALL the above documentation to complete this application

Current Clinical Setting:

- ☐ Public Health Nurse
- ☐ Primary Care
- ☐ Outreach Immunisation Services
- ☐ Occupational Health
- ☐ Influenza
- ☐ Off-site Programmes
- ☐ Pharmacy
- ☐ Other (brief description).....

Signed by Applicant	Date
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Please send all documents to:

Electronically to: WaikatoNPHSAdmin@waikatodhb.health.nz

APPLICATION FOR RE-AUTHORISATION AS A VACCINATOR

Application is being sought by:

Name	
Employer	
Preferred Postal Address (including Postcode & PO Box)	
Email Address (Personal)	
Phone Number (Personal)	

Please find enclosed photocopies of:

- ☐ Annual Practicing Certificate (must include NCNZ number)
- ☐ Current CPR certificate (age appropriate and includes airway management)
- ☐ Proof of Indemnity Insurance, letter indicating insurance is current. (this can be requested by emailing or phoning NZNO on 0800 283 848 or nurses@nzno.org.nz)
- ☐ Vaccinator Training Course certificate
- ☐ Completed Peer Review Form
- ☐ Summary of immunisation practice over preceding 12 months (refer to 'Immunisation Standards for Vaccinators' section of the Immunisation Handbook)

We must receive ALL the above documentation to complete this application

Current Clinical Setting:

- ☐ Public Health Nurse
- ☐ Primary Care
- ☐ Outreach Immunisation Services
- ☐ Occupational Health
- ☐ Influenza
- ☐ Off-site Programmes
- ☐ Pharmacy
- ☐ Other (brief description).....

Signed by Applicant	Date
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Please send all documents to:

Electronically to: WaikatoNPHSAdmin@waikatodhb.health.nz

**PEER REVIEW ASSESSMENT OF CLINICAL
PRACTICE**

for authorized vaccinators seeking re-authorization

1. The reviewer must be **currently authorized** as an independent vaccinator
2. The vaccinator must have **previously completed an independent clinical assessment**
3. Assessment to be undertaken on a patient within the vaccinators scope of practice (i.e. baby under 15 months, school aged child or adult)

Name of Vaccinator:	Date of Last Update:
Name of Reviewer:	Reviewer Authorization Expires:
Age of Vaccinee:	Date of Peer Review:
Type of vaccine	

	Yes	No
Emergency Equipment (must be accessible whenever vaccinations are given)		
<ul style="list-style-type: none"> Emergency Kit. To include: <ul style="list-style-type: none"> adrenaline : 1 :1000 and dosage chart syringes : 1.0ml tuberculin (not insulin) needles: a range of needle lengths and gauges, oxygen, attached to tubing and appropriate sized facemask appropriately sized Ambu-bag appropriately sized airways 		
Cold Chain:		
<ul style="list-style-type: none"> Daily minimum and maximum fridge temperatures are documented Vaccines are stored correctly 		
Pre-vaccination Check and Informed Consent:		
<ul style="list-style-type: none"> Checks patient is well and has no relevant allergies Checks for any specific contraindications Ascertains weight (baby or child only) Explains what vaccines are to be given Discusses what side effects there may be Informs parent/patient they must stay in clinic for 20 minutes post vaccination Allows time to answer questions If no contraindications, obtains consent – verbal or written 		
Administration:		
<ul style="list-style-type: none"> Washes hands Checks correct vaccine, diluent, expiry date and appearance Draws up vaccine using an aseptic technique Changes needles Uses correct needle size and length 		

