

# Waikato Public Health Bulletin

## Public Health Waikato

August 2024 | Ākuhata 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.

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In honour of World Hepatitis Day last month (28 July), the August Bulletin features hepatitis C and the NZ Needle Exchange Programme (NEP).

## World Hepatitis Day

Hepatitis C is an important public health issue in Aotearoa with a significant disease burden from cirrhosis, liver failure, and liver cancer. It is the leading indication for liver transplantation in the country and causes over 200 deaths annually.

Around 45,000 people are estimated to have hepatitis C in Aotearoa. The commonest risk factors for new hepatitis C infections are injecting drug use and household contact with a confirmed case or carrier. Less common exposures include piercing, tattooing, and occupational sharps exposure.

Emerging data indicate a higher hepatitis C prevalence in Māori compared to other ethnic groups. Māori are also more likely to experience hepatitis C-related complications due to inequities in healthcare access.

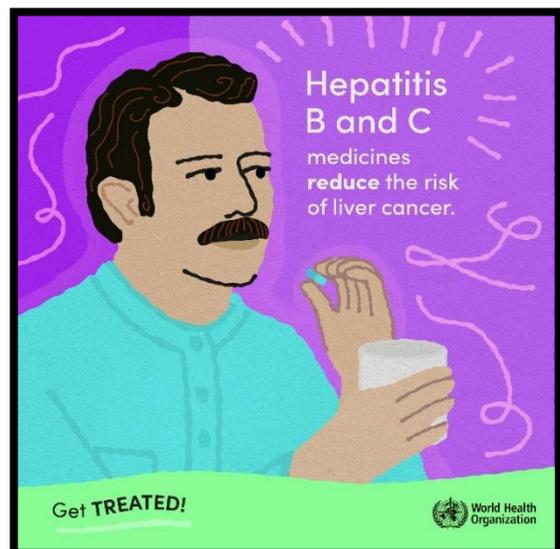
Diagnosis of hepatitis C linked with treatment is essential to reduce disease incidence.

While there is no effective vaccine, an effective, safe, and funded 8-week oral antiviral therapy called **Maviret** exists for **hepatitis C**.

Taken as directed, this provides a cure for 98% of patients new to treatment and is effective for all hepatitis C genotypes.

Maviret has very few side effects and does not require abstinence from drug use during treatment.

The national incidence of hepatitis C infection has decreased by >50 percent over the last two decades, due in large part to safer injecting practices such as those promoted by NEPs – making the NZNEP one of the country's most effective public health programmes.



# Spotlight on...the New Zealand Needle Exchange Programme

The New Zealand Needle Exchange Programme was established in the late 1980s in response to HIV/AIDS. Activists from the injecting drug, gay, and sex work communities self-mobilised to develop safe injecting programmes using a peer-based model (“Nothing About Us Without Us”), which continues to this day. This means that many of the staff have a history of addiction or injecting drug use.

The NZ NEP distributes over 3 million needles and syringes annually and provides safe disposal of used equipment. The Health New Zealand | Te Whatu Ora-funded service is offered across a national network of 20 dedicated outlets, 1 mobile exchange, and 197 pharmacies and alternative outlets.

Needle exchanges are one of the earliest health-based harm reduction initiatives for people using drugs. NZ is unique in being the first country to enact legislation providing for a state-sponsored NEP in December 1987.

About 60% of the Waikato needle-using population use methamphetamine, 25% opioids, and 15% IM steroids. Access to sterile equipment supports safe injecting practices and reduces the risk of infectious diseases such as HIV and hepatitis C at the population

and personal levels. Individual health risks, from abscesses to necrotising fasciitis, are also reduced with clean gear, including specific equipment such as filters that stop bacteria and particles from entering the body.

The NZ NEP offers other harm reduction initiatives, including point-of-care testing for hepatitis C and free and confidential drug checking for contamination.

NEP kaimahi form longitudinal relationships with clients in a safe, confidential, and non-judgemental space. Due to this high-trust rapport, kaimahi are well-placed to refer to social support services, when appropriate.

The Kirikiriroa needle exchange is located on Vialou Street. We had a kōrero with **Dr Lesley McTurk**, Chief Executive of ADIO (Aotearoa Drug Information Outreach) Trust, which runs the upper North Island exchanges, and **Danielle Curran**, the Branch Co-Ordinator for the needle exchange in Kirikiriroa (NEWS) and New Plymouth (NETS).

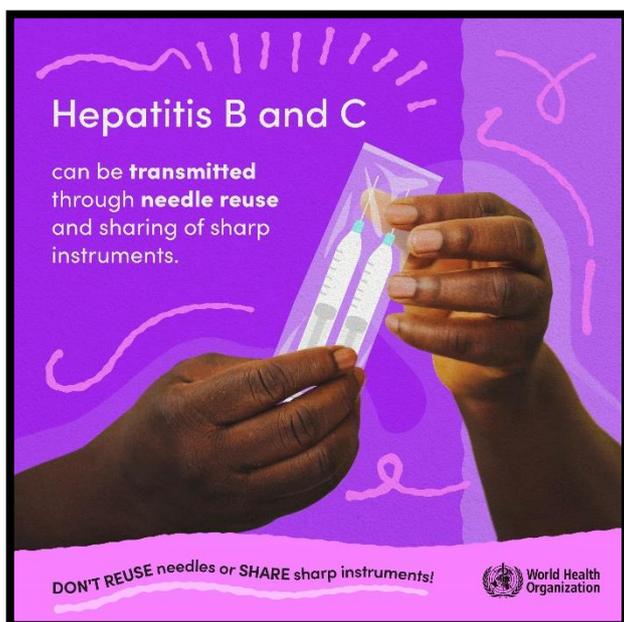
**ONE:** Tell me about your role and mahi at the needle exchange.

*Danielle Curran, Branch Coordinator.* I began my work here 7 years ago as a peer worker on the front counter.

Our job is to make sure that every person who walks in the door feels safe to be honest with us, so that we can provide the best education on ways to reduce harm from drug use. Being peer-based puts us in the unique position of being able to relate to and build trust with service users. We respect people’s right to choose how they will reduce harm.

Staff aim to only deliver evidence-based information and will tailor communication to the person in front of them. This could be as simple as noticing the person coming in doesn’t want to talk one day, and noticing when they do.

My role is to coordinate the Hamilton branch and build relationships with other organisations that could be useful to our service users, such as pharmacies, homeless shelters, mental health and addiction providers, and other social and medical services.



For many clients, their injecting drug use is secretive due to stigma and discrimination. This can lead to injuries and infections. The needle exchange may be the only place a person feels they can be honest. Clients often show needle exchange staff injuries or discuss symptoms that they are concerned about rather than seeking medical help. Staff can give out wound care kits, discuss signs of infection, and strongly recommend seeking medical help if needed.

A registered nurse from Te Manawa Taki Community Hepatitis C Service holds a weekly clinic. Their kind and non-judgemental treatment supports clients to begin accessing other medical services.

Many of our staff are trained to offer a finger prick test to check for hepatitis C antibodies, a service that is available daily at our branches. We acknowledge people taking the time to check their status with a koha.

In the case of a positive result, we can arrange a blood test with the nurse to check viral load and organise treatment. Some of our staff have been through treatment for hepatitis C in their past, so clients feel safe to ask us questions. If staff are unsure of the answer, they are able to check with a professional and pass that information on.



Photo credit: The ADIO Trust & NZ NEP.

We host a monthly drop-in drug checking service with Know Your Stuff, a monthly drop-in clinic with the New Zealand Prostitutes

## Hep C & IDU: Resources

The New Zealand Needle Exchange Programme: <https://www.nznep.org.nz/>

**The New Zealand Drug Foundation:**  
<https://drugfoundation.org.nz/>

**Stick it to Hep C** – accessible information from Te Whatu Ora on hepatitis C, testing, and treatment in English and Māori:  
<https://www.stickittohepc.co.nz/>

**Know Your Stuff** – New Zealand's original provider of drug-checking services:  
<https://knowyourstuff.nz/>

Collective, and a weekly outreach van (pictured left) that takes a peer worker from the Hamilton needle exchange and a hepatitis C nurse to a rotation of small Waikato towns.

**TWO:** How many NEP visits occur each year and how many people are diagnosed with hepatitis C at the needle exchange?

*Dr Lesley McTurk, Chief Executive ADIO:*

We have ~12,500 client visits to four exchanges in Te Manawa Taki yearly. Around 5,500 are in Hamilton and 300 in New Plymouth. There are many visits to the vending machines in Kirikiriroa, Mt Maunganui and Rotorua not captured in those numbers.

The percent of clients testing Hep C AB+ve was 20.6% in 2023/24, a substantially higher seroprevalence rate than in the general population of 0.49%. This demonstrates that our Hep C services contribute to the Hep C elimination strategy.

**THREE:** What is an innovative project your service is working on?

*Dr Lesley McTurk, Chief Executive ADIO:* We are establishing a courier service free to people living in more remote areas where access to clean equipment from their local needle exchange is difficult.

We are also offering harm reduction advice by our peer workers at their local needle exchange via phone, text message, email, internet sites, ZOOM, and printed resources. This is a confidential service and we will gather anonymised data about demand and drug use that will enable us to improve our service.

## Practice points

### Seeing patients with unsafe IDU:

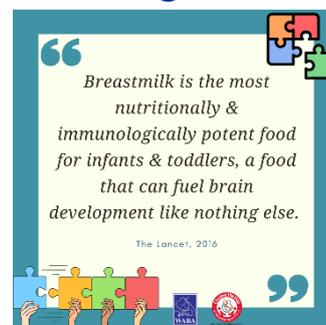
- A trusted therapeutic relationship is a prerequisite before patients will discuss their drug use. Use strengths-based language and trauma-informed care principles.
- Offer resources and education to empower patients to make informed choices on how to proceed.
- Some people may use unprescribed substances to alleviate pain or discomfort from prescribed medications they are taking (e.g. mental health medications). Discuss these side effects and offer strategies to reduce them.

### Harm reduction advice for patients:

- Patients can get their drugs checked (legally) at clinics across the motu: <https://thelevel.org.nz/drug-checking-clinics>.
- When injecting, use sterile and new equipment once only.
- Use a wheel filter, free from needle exchanges, to prevent particles and bacteria from entering the body. A significant portion of drugs used in NZ come in tablets and capsules and are being injected straight into the bloodstream.
- Encourage patients to learn about overdose prevention, recognition, and response. Patients can visit a needle exchange and learn how to use a naloxone kit.
- Remind patients who inject drugs that they have as much a right to accessing quality healthcare as anyone in NZ, as protected under the Code of Health and Disability Services Consumers' Rights.

Compiled with advice from NEP & NEWS, with thanks.

## World Breastfeeding Week



1-7 August 2024 was World Breastfeeding Week. The World Alliance for Breastfeeding Action set the global theme this year: "Closing The Gap: Breastfeeding Support for All". The emphasis is on improving breastfeeding support to reduce social inequalities.

Back home, the **Wai Ū community lactation consultation service** has relaunched, combining three separate services into one cohesive team (the outpatient service of Waikato Women's Health Lactation, Rural Lactation, and Hapū Wānanga lactation services). Wai Ū works closely with Hapū Wānanga (kaupapa Māori Pregnancy Education) to decrease access barriers for wāhine Māori.

Wai Ū offers people who are breastfeeding timely and accessible support, including home visits, classes, audio-visual support for whānau in remote locations, and breastfeeding apps.

Both providers and clients can make referrals. Email [waiuwaikato@waikatodhb.health.nz](mailto:waiuwaikato@waikatodhb.health.nz) to refer with the subject line 'locality' and include a return email address. You can also refer by calling/texting 027 247 9379 or 021 761 935.



Photo credit: The Wai Ū Community Lactation Consultation Service. L-R: Kelly Taylor, Vaialasa Tolovae, Karen Palmer, Alana Cumberpatch, Ava Zlotkowska- Eddy

## Calving season and enteric diseases

As we approach spring, calving season is well and truly underway. Patients with occupational contact with cattle, sheep, and goats are at increased risk of enteric diseases, including *Cryptosporidium*, *E. coli* O157 (VTEC), and *Campylobacter*, which are three enteric diseases notifiable to Public Health.

From June to July 2024 in the Waikato region, *Campylobacter* cases increased from 17 cases to 32 (34 and 37 in the same months in 2023), VTEC/STEC went up from 2 to 5 (7 and 5 last year), and *Cryptosporidium* cases remained the same at 3 cases in both June and July (6 and 5 last year).

In children, consider requesting a faecal sample for culture if there is bloody diarrhoea, recent overseas travel (note travel history on the lab form), and diarrhoea persisting for greater than 7 days.

The Community HealthPathways Guidelines provide further detail on acute gastroenteritis in adults and children.

As a reminder for patients, good hygiene practices in workers and farms include:

- Assuming all livestock are infected, even if they look clean and healthy.
- Ensuring children, especially under 5's, stay away from livestock as they are particularly vulnerable to enteric infections and their sequelae.
- Washing hands with soap and water for 20 seconds, and drying them thoroughly with a clean towel after working with animals and before eating.
- Changing out of work clothes before non-farm activities.

## iGAS added to notifiable diseases schedule

Cabinet has approved adding invasive group A streptococcal infection (iGAS) to the list of notifiable infectious diseases under the Health Act 1956.

The announcement was made on 5 August 2024 and the **legal reporting obligations will come into force from 1 October 2024.**

The change to the status of iGAS will strengthen disease monitoring and enable the development of more effective interventions and policies to reduce the health impacts of this disease.

Health New Zealand | Te Whatu Ora will release the iGAS chapter for the Communicable Disease Manual and publish details on implementation before the notification comes into force – watch this space!

## Sesame seed recall

Due to the possible presence of *Salmonella*, 15 consumer-level recalls of sesame seeds and sesame products sold in NZ have been made since 18 July.

At least 15 reports of illness that may be associated with the recalls are being investigated by the Ministry for Primary Industries.

*Salmonella* Lexington has been isolated from the recalled product.

## Correction: Email for vaccination certificate requests

We apologise for an error in the email address for forwarding all vaccination certificate requests and queries in the July Bulletin. This is the correct address:

WaikatoNPHSAdmin@waikatodhb.health.nz

## Staff news

This month, we warmly welcome Tessa Ingle (pictured right).

“I have joined the Te Manawa Taki Region as Clinical Operations lead based out of the Waikato office.



I am a physiotherapist by trade and have spent the last 5 years in a variety

of roles for the Midland Region of Peke Waihanga - the Artificial Limb Service/Orthotics Services. This is a very new direction for me – but I am excited to get my feet on the ground. The key areas of priority that have been identified for my role include - but are not limited to - quality improvement, clinical governance, clinical complaints, and clinical processes and operational projects. I'm hopeful to get out to the regions soon. I look forward to working with you and meeting you all properly over the coming weeks/months.”

## Acknowledgements

We are grateful for the extensive support from Dr Lesley McTurk, Danielle Curran, the National Harm Reduction Lead for the NZNEP (ADIO Trust), and the team at the Hamilton needle exchange (NEWS). Their generous sharing of expertise and experience in the needle exchange, harm reduction, and hepatitis C service provision spaces were invaluable to this month's featured piece.

Warmest thanks to Jo Cottrell (Health Improvement Advisor | Community and Whānau Wellbeing) for her input in the piece on World Breastfeeding Week.

We also thank the Wai Ū community lactation consultation service for permission to use their content and image.

### Image attributions:

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“World Breastfeeding Week 2024” graphics, WABA, IP rights under the Berne Convention. URL: <https://worldbreastfeedingweek.org/graphics-did-you-know/>

## 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](mailto: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: August 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)		
	June	July	Trend	Waikato	National	% Waikato*
Botulism	0	0	-	0.0	0.1	0
Brucellosis	0	0	-	0.0	0.1	0
Campylobacteriosis	17	32	▲	46.4	472.3	10
COVID-19	1,779	871	▼	1,611.7	20,142.9	8
Cryptosporidiosis	3	3	-	10.6	118.6	9
Decompression sickness	0	0	-	0.0	0.1	0
Dengue fever	0	1	▲	0.8	9.4	9
Diphtheria	0	0	-	0.0	0.2	0
Gastroenteritis - unknown cause	1	1	-	2.1	22.7	9
Gastroenteritis / foodborne intoxication	2	8	▲	5.7	16.4	35
Giardiasis	11	10	▼	10.0	72.9	14
Haemophilus influenzae type b	0	0	-	0.0	0.1	0
Hepatitis A	0	1	▲	0.2	4.2	5
Hepatitis B	1	0	▼	0.2	1.7	12
Hepatitis C	0	1	▲	0.2	2.4	8
Hepatitis NOS	0	0	-	0.3	0.5	60
Hydatid disease	0	0	-	0.0	0.2	0
Invasive pneumococcal disease	4	10	▲	3.7	62.7	6
Latent tuberculosis infection	0	1	▲	0.8	8.1	10
Legionellosis	0	0	-	1.3	16.8	8
Leprosy	0	0	-	0.0	0.4	0
Leptospirosis	2	1	▼	2.8	10.2	27
Listeriosis	0	0	-	0.2	2.1	10
Listeriosis - perinatal	0	0	-	0.0	0.3	0
Malaria	1	0	▼	0.2	3.4	6
Measles	0	0	-	0.2	0.9	22
Meningococcal disease	0	0	-	0.4	3.8	11
Mumps	0	0	-	0.0	2.6	0
Murine Typhus	0	0	-	0.0	0.0	-
Pertussis	0	1	▲	1.4	33.8	4
Q fever	0	0	-	0.0	0.1	0
Rheumatic fever - initial attack	0	2	▲	0.8	16.1	5
Rheumatic fever - recurrent attack	0	1	▲	0.3	1.4	21
Salmonellosis	5	4	▼	4.9	66.2	7
Shigellosis	0	1	▲	0.5	15.3	3
Taeniasis	0	0	-	0.0	0.1	0
Tetanus	0	0	-	0.0	0.1	0
Tuberculosis disease - new case	4	2	▼	2.1	29.4	7
Tuberculosis disease - relapse or reactivation	0	0	-	0.0	1.7	0
Tuberculosis infection - on preventive treatment	0	0	-	0.0	0.3	0
Typhoid fever	0	1	▲	0.7	5.2	13
VTEC/STEC infection	2	5	▲	6.3	91.3	7
Yersiniosis	5	4	▼	6.3	99.8	6