

Waikato Public Health Bulletin

Public Health Waikato

February 2025 | Huitanguru 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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New National Breast Screening System – Te Puna

The new **National BreastScreen Aotearoa system – Te Puna** (“the spring”) is now live in the **BreastScreen Midland** region, enhancing access to breast screening for eligible patients (around 20,000 women in our region).

The opt-out programme will roll out across the rest of Aotearoa over the next four to five months.

This is a significant step in lowering barriers to screening services, particularly in wāhine Māori and Pacific women, who also experience inequity in breast cancer diagnosis and mortality rates.

The Importance of Breast Screening

Breast cancer is the most common cancer among New Zealand women. Annually, **around 3,500 are diagnosed and over 600 women die from breast cancer in Aotearoa.**

How Te Puna Supports Screening



Te Puna integrates multiple data sources, including the National Health Index (NHI) to:

1. Identify eligible patients automatically
2. Send reminders when mammograms are due
3. Enable an online option for enrolment, booking, and rescheduling appointments via a personalised link that is emailed or texted

Letters (with a QR code of the personalised link) will also continue to be sent out to eligible women to support them to enrol/arrange an appointment.

Zero Data Charges

Patients accessing Te Puna via their personalised link will not incur mobile data charges, ensuring equitable access to screening services.

Clinical Points

- ✦ Encourage eligible patients (45–69 years) to enrol
- ✦ Remind patients due for screening to book a mammogram
- ✦ Remind patients to ensure their contact details are up to date (freephone 0800 270 200)

Early detection saves lives—let's help more wāhine access screening

Hamilton airport going international

Direct flights from Hamilton Airport to Sydney and to the Gold Coast will start from June 2025, 13 years since the last international service. The Waikato Public Health Service has made significant and positive progress towards designation of this international point of entry under the International Health Regulations (IHR) 2005. The last time a port or airport in Aotearoa was designated under the IHR was over 10 years ago.

We want to take this opportunity as a reminder to **consider travel when taking a history**, including for diseases such as measles, mumps, typhoid fever, and dengue fever.

Please continue to report to the Medical Officer of Health any patient with reasonable suspicion of suffering from a notifiable disease.

Pertussis epidemic update

Nationally, there have been 96 cases reported in the week ending 14 February 2025. This is a decrease compared with the 131 cases reported in the week ending 31 January 2025 but an increase to the 79 cases from the reporting week ending 7 February.

Of the cases reported in the week ending 7 February, 12 were hospitalised, including 5 infants aged <12 months (4 Māori infants and 1 European or Other). This is similar to the reporting week ending 31 January 2025 (14 cases hospitalised, including 8 infants <12 months).

In Te Manawa Taki, a total of 19 cases were reported in the week ending 14 February 2025 (13 cases the week ending 7 February).

Clinical Points

- ✦ Promoting vaccination remains key, particularly in pregnancy and for babies at 6 weeks, 3 months, and 5 months.
- ✦ Notification of pertussis cases to the Public Health Service should be **on suspicion**.
- ✦ Pertussis PCR is the recommended test for people presenting with characteristic symptoms. PCR testing after 4 weeks from symptom onset, or three weeks from onset of cough, is not useful given the sensitivity of the test declines with time. The use of serology is generally not recommended.

Skin infections, sore throats, and rheumatic fever: Journal article summary

An NZMJ article published this month, "Rheumatic fever trends in the context of skin infection and Group A Streptococcal sore throat programmes in the Bay of Plenty: an observational study, 2000–2022" (Malcolm et al., 2025), showed that acute rheumatic fever (ARF) and skin infection admission rates declined significantly and simultaneously after initiatives targeting sore throats and skin infections started in the Bay of Plenty (BoP).

The decline in ARF seen in this study occurred mostly in NZ Europeans, and also in school-aged Māori who access services in school and primary care. The decreases in ARF were not seen in young adult Māori served in primary care alone.

In this observational study, Group A Streptococcus (GAS) pharyngitis was estimated to precede ARF in 69-83% of cases, and GAS skin infections in 17-31% of cases. Recurrent throat or skin infections due to GAS not only leads to a rise in transmission, but may also induce greater immune priming, thereby increasing the risk of autoimmune complications including ARF (Malcolm et al., 2025). **It is important to be vigilant for skin infections - that may be caused by GAS - as a potential ARF trigger alongside GAS pharyngitis.**

The study also found large inequities in ARF rates between Māori and non-Māori. Māori experienced 90% of the ARF burden (Pacific Peoples 6% and NZ Europeans 4%) despite making up 30% of the under-30 years-age population in the BoP, while NZ Europeans make up 60% of this age band. The paper concludes that the evidence generated supports focused and strengths-based health and housing interventions in the BoP that build on cultural capital and enable community engagement.

Citation: Malcolm J. et al. Rheumatic fever trends in the context of skin infection and group A streptococcal sore throat programmes in the Bay of Plenty: An observational study, 2000–2022. NZMJ. 2025 Feb 14;138(1609):15–44.

Staff News

We are excited to announce that the **Waikato/Taupō Public Health Nursing team** transitioned from Hospitals and Specialist Services to the National Public Health Service on Monday 10 February, with a Tūhono taking place at the Bryant Education Centre in Waikato Hospital. This is an important milestone as we come together to create a cohesive and connected public health service. Haere mai!

*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)		
	December	January	Trend	Waikato	National	% Waikato*
Botulism	0	0	-	0.0	0.1	0
Brucellosis	0	0	-	0.0	0.1	0
Campylobacteriosis	89	87	▼	50.4	487.8	10
COVID-19	577	356	▼	943.9	11,566.8	8
Cryptosporidiosis	2	4	▲	7.5	100.3	7
Decompression sickness	0	0	-	0.0	0.1	0
Dengue fever	3	0	▼	0.8	10.8	7
Diphtheria	0	0	-	0.0	0.2	0
Gastroenteritis - unknown cause	6	2	▼	2.1	17.5	12
Gastroenteritis / foodborne intoxication	3	4	▲	6.2	18.8	33
Giardiasis	9	9	-	9.5	71.1	13
Haemophilus influenzae type b	0	0	-	0.0	0.1	0
Hepatitis A	4	2	▼	0.9	5.9	15
Hepatitis B	0	0	-	0.0	1.1	0
Hepatitis C	0	4	▲	0.3	2.2	14
Hepatitis NOS	0	0	-	0.1	0.4	25
Hydatid disease	0	0	-	0.0	0.2	0
Invasive group A streptococcal infection	4	6	▲	1.3	18.8	7
Invasive pneumococcal disease	1	5	▲	4.2	60.9	7
Latent tuberculosis infection	3	1	▼	2.4	10.9	22
Legionellosis	3	1	▼	1.1	15.2	7
Leprosy	0	0	-	0.0	0.3	0
Leptospirosis	6	2	▼	2.8	8.4	33
Listeriosis	0	0	-	0.0	2.3	0
Listeriosis - perinatal	0	0	-	0.0	0.3	0
Malaria	0	0	-	0.1	2.3	4
Measles	0	0	-	0.0	0.1	0
Meningococcal disease	0	0	-	0.3	3.5	9
Mumps	0	0	-	0.0	2.1	0
Murine Typhus	0	0	-	0.0	0.1	0
Pertussis	35	22	▼	8.2	184.3	4
Q fever	0	1	▲	0.1	0.3	33
Rheumatic fever - initial attack	0	0	-	0.6	14.4	4
Rheumatic fever - recurrent attack	0	0	-	0.2	2.0	10
Salmonellosis	9	4	▼	5.3	71.0	7
Shigellosis	0	1	▲	0.4	12.8	3
Taeniasis	0	0	-	0.0	0.3	0
Tetanus	0	0	-	0.0	0.2	0
Tuberculosis disease - new case	1	3	▲	2.9	30.2	10
Tuberculosis disease - relapse or reactivation	0	0	-	0.1	1.2	8
Tuberculosis infection - on preventive treatment	0	0	-	0.1	0.3	33
Typhoid fever	2	1	▼	1.0	5.0	20
VTEC/STEC infection	13	10	▼	9.8	93.5	10
Yersiniosis	8	8	-	5.7	96.8	6

Medical Officers of Health (MOoH)

Dr Felicity Dumble, Dr Richard Wall, Dr Richard Vipond, Dr Elizabeth Becker, Dr Geoff Cramp

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