

# Waikato Public Health Bulletin

## Public Health Waikato

July 2024 | Hūrae 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.

### In this month's bulletin:

1. Typhoid & paratyphoid fever update
2. Salmonellosis update
3. Cyanobacteria update
4. Staff news
5. Notifiable diseases trends

## Typhoid & paratyphoid fever update

If you suspect a patient has typhoid or paratyphoid fever, notify the Public Health Service **on suspicion**. Do not wait for test results to come back.

There has been a spate of typhoid cases in the community. One case occurred in May and 3 cases in March and April. There were no cases in June.

In Aotearoa, most cases of typhoid (*Salmonella* Typhi) and the clinically milder paratyphoid (*Salmonella* Paratyphi) fever are seen in people returning from overseas travel in South Asia and the Pacific.

Consider typhoid and paratyphoid fever in patients with recent travel in these regions who become systemically unwell with enteric symptoms.

Symptoms appear 8-14 days after infection, usually via the faecal-oral route. However, the incubation period can be up to 90 days for typhoid fever and 30 days for paratyphoid fever.

Direct person-to-person spread is uncommon, although chronic carriers (who excrete the bacteria for over a year) may be sources of infection.

As a reminder:

- systemic symptoms include insidious-onset fever, malaise, and anorexia.
- GI symptoms include abdominal pain, diarrhea, and constipation, which is more common in adults than diarrhoea.
- other symptoms include headache, dry cough, and rose spots on the trunk.
- signs may include a slower heart rate and an enlarged spleen and liver.

We appreciate your help informing patients that some illnesses might need follow-up from Public Health, so that patients expect a call from us.

Once we receive a notification for typhoid fever, we will visit the patient and discuss the possible sources of infection, offer guidance on preventing disease transmission, conduct contact tracing, and facilitate any (further) faecal specimen testing.

## Salmonellosis update

*Salmonella* species that do not cause enteric typhoid or paratyphoid fevers induce a less severe disease with gastroenteritis symptoms. There has been an uptick in *Salmonella* Chester and *Salmonella* Paratyphi var Java in people returning from Bali, Indonesia, with 5 cases of each serotype in June in NZ (typically 0-1 and 0-2, respectively).

# Cyanobacteria update

Cyanobacteria (aka blue-green algae) are photosynthetic micro-organisms that can produce cyanotoxins harmful to animals and humans, particularly children and dogs.

When cyanobacteria multiply, they form bright green colonies on the surface of lakes and slow-flowing waters called blooms. Warmer water temperatures, nutrients (nitrates and phosphates), and sunlight are conducive to blooms forming.

When cyanobacteria cells rupture, they can release cyanotoxins. Exposure to cyanotoxin can occur via ingestion through recreational water contact or consumption of contaminated water, and skin contact with or inhalation of the scum from these blooms.

Lake Rotoroa has been subject to a cyanobacterial warning since February 2024. Recently, cyanobacterial levels have worsened, with large blooms visible on Lake Rotoroa (Hamilton Lake). The biovolume concentration sampled recently was  $655 \text{ mm}^3\text{L}^{-1}$ , 364 times the high warning level of  $1.8 \text{ mm}^3\text{L}^{-1}$ .

## Three questions with... Mark Palmer

**ONE:** Describe what you do.

I am a Health Protection Officer specialising in drinking water and recreational water. In terms of recreational water, I work with the Medical Officer of Health and stakeholders to issue and remove health warnings based on the sample results and scientific evidence.

**TWO:** What makes this bloom unusual?

The concentration or thickness of the bloom is not normally seen in cooler waters in winter, as cyanobacteria do not like the cold.

Peat Lakes are stable, nutrient-rich environments and are always prone to forming blooms. However, cyanobacteria form in the highest concentrations predominantly in summer.

**THREE:** When is it safe to go swimming in areas that have seen cyanobacterial blooms?

Once two samples, normally taken weekly, have returned levels below the  $1.8 \text{ mm}^3\text{L}^{-1}$  health warning level. This allows enough time for any cyanotoxins produced to disperse after the bloom has imploded.

### Practice points

- Symptoms of cyanotoxin poisoning include:
  - Cough and exacerbation of asthma & hay fever symptoms.
  - Skin rashes.
  - GI upset: nausea, vomiting, and diarrhoea.
  - Neurological effects: tingling around the mouth, headaches, and visual problems.
- Diagnosis is based on clinical symptoms and signs, a history of exposure, and exclusion of other causes.
- There may be a lag between exposure and symptoms appearing.
- Advise rinsing skin, showering, and changing clothing immediately after contact with scum or affected water.
- Notify the Medical Officer of Health of cases of suspected cyanotoxin poisoning.
- Advise patients to check before their swim: <https://www.lawa.org.nz/explore-data/swimming>



Cyanobacterial bloom at Lake Hamilton (10 July 2024). Pea soup, anyone?

## Staff news



This month, we farewell our wonderful House Officer in Public Health, **Chris Mayo**, seen here on the right with Rob Humphrys (Group Manager Strategy and Operations). Chris has undertaken important work investigating alcohol-related ED presentations, specifically analysing alcohol ED flag capture using advanced statistical methods. Chris moves on to his next attachment, working on the haematology ward at Waikato Hospital. We wish him all the best!



From left to right: Martin Girling-Butcher, Connie Alarcon, and Julia Fu.

We also farewelled **Gabby Templer**, public health registrar, who started her new attachment in Te Whatu Ora, Service Improvement and Innovation Directorate this month. Gabby was involved in multiple projects during her time at Waikato Public Health, including an evaluation of a health care initiative provided through a locality model. She is greatly missed!

**Julia Fu**, public health registrar, joined the team at the beginning of July for a one-year attachment. **Martin Girling-Butcher**, final year medical student, and **Connie Alarcon**, House Officer, joined the Waikato Public Health whānau in mid-July – welcome!

This month, we also welcomed **Sugandha Arora** (Regional Compliance, Environmental and Border Health Development and Delivery Lead) and **Jaye Wainui** (Kaitātaki | Group Manager - Community & Whānau Wellbeing, Te Manawa Taki).

**Sugandha Arora** is the mother of two beautiful kids and a fur baby, and a nurse by trade. She migrated to Waikato, New Zealand, from India 19 years ago and has stayed here since. She trained in Waikato and started her career in paediatric surgery at Waikato Hospital. Since then, she grew personally and professionally, moving into more senior nursing roles.

While Sugandha absolutely loved nursing children, she had a passion for Quality and Risk, hence her next two career moves were as the Releasing time to care coordinator (quality improvement programme) and then as Risk advisor for the formerly known Waikato DHB. These two roles added to her kete of knowledge significantly and made her realise what a process-driven person she is. During COVID, Sugandha was segwayed into setting up and managing CBAC and Managed Isolation facilities in Hamilton. With wind-down of COVID Isolation, she took the role as the programme manager Clinical for WHIRI Hapori and now as the Regional Compliance, Environmental and Border Health Development and Delivery Lead.

Sugandha loves to travel and bake.

It has been an incredible journey so far professionally and personally. Sugandha has learned so much and is now ready to bring all that learning together and step into a new waka – she is so excited to be a part of the NPHS!

## Staff news continued

**Jaye Wainui** (pictured on the right) brings a wealth of experience to Te Whatu Ora, having held senior leadership roles across the tertiary, corporate, government, and community sectors. As former Chief Māori Officer-Pae Ora at Ara Poutama | Corrections, Regional Director Māori Outcomes at Auckland Council, General Manager-Student Life at the University of Auckland, and Area Manager-Student Life at the University of Melbourne & Deakin University, Jaye has demonstrated senior leadership and holds keen expertise in integrating kaupapa Māori principles into strategic and operational frameworks.



An advocate for diverse communities, Jaye champions cultural diversity, competence, and indigenous methodologies. His proven track record in community engagement, large-scale project management, and building genuine relationships with hapū, iwi, and Pacific communities will be invaluable in driving inclusive and effective health outcomes at Te Whatu Ora.

Jaye grew up between Rere falls and Kaiti in the mighty Te Tairāwhiti Gisborne and hails from many East Coast Iwi, including Te Whānau-a-Apanui, Ngāi Tai, Te Whakatōhea, Ngāi Tūhoe and Ngāriki Kaiputahi.

Jaye is based between Tauranga and Kirikiriroa, but will travel the region regularly between BOP, Waikato, Lakes, Taranaki, and Tairāwhiti offices.

## New email for vaccination certificate requests

Please note the new email address for forwarding all vaccination certificate requests and queries:

WaikatoNPHSAdmin@waikatodhb.health.nz

## Acknowledgements

Thank you to Dr Claire Russell and Mark Palmer for their invaluable input in this month's edition of the Bulletin.

## 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:

July 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)		
	May	June	Trend	Waikato	National	% Waikato*
Botulism	0	0	-	0.0	0.0	-
Brucellosis	0	0	-	0.0	0.2	0
Campylobacteriosis	29	17	▼	46.8	476.7	10
COVID-19	2,076	1,779	▼	1,709.5	20,883.9	8
Cryptosporidiosis	9	3	▼	10.8	116.2	9
Decompression sickness	0	0	-	0.0	0.1	0
Dengue fever	2	0	▼	0.7	8.7	8
Diphtheria	0	0	-	0.0	0.1	0
Gastroenteritis - unknown cause	1	1	-	2.3	21.7	11
Gastroenteritis / foodborne intoxication	5	2	▼	5.2	16.0	33
Giardiasis	8	11	▲	9.8	72.0	14
Haemophilus influenzae type b	0	0	-	0.0	0.1	0
Hepatitis A	0	0	-	0.1	4.1	2
Hepatitis B	0	1	▲	0.2	1.4	14
Hepatitis C	0	0	-	0.1	2.2	5
Hepatitis NOS	0	0	-	0.3	0.5	60
Hydatid disease	0	0	-	0.0	0.1	0
Invasive pneumococcal disease	2	4	▲	3.8	61.4	6
Latent tuberculosis infection	2	0	▼	0.8	7.8	10
Legionellosis	1	0	▼	1.3	17.3	8
Leprosy	0	0	-	0.0	0.3	0
Leptospirosis	3	2	▼	3.0	11.2	27
Listeriosis	0	0	-	0.3	2.1	14
Listeriosis - perinatal	0	0	-	0.0	0.3	0
Malaria	0	1	▲	0.2	4.0	5
Measles	0	0	-	0.2	0.9	22
Meningococcal disease	1	0	▼	0.5	4.3	12
Mumps	0	0	-	0.0	2.6	0
Murine Typhus	0	0	-	0.0	0.0	-
Pertussis	5	0	▼	1.3	28.3	5
Q fever	0	0	-	0.0	0.0	-
Rheumatic fever - initial attack	0	0	-	0.7	16.1	4
Rheumatic fever - recurrent attack	0	0	-	0.2	1.5	13
Salmonellosis	5	5	-	4.7	65.3	7
Shigellosis	0	0	-	0.6	14.4	4
Taeniasis	0	0	-	0.0	0.1	0
Tetanus	0	0	-	0.0	0.1	0
Tuberculosis disease - new case	1	4	▲	2.2	28.3	8
Tuberculosis disease - relapse or reactivation	0	0	-	0.0	1.3	0
Tuberculosis infection - on preventive treatment	0	0	-	0.0	0.1	0
Typhoid fever	1	0	▼	0.7	5.3	13
VTEC/STEC infection	1	2	▲	6.2	89.9	7
Yersiniosis	3	5	▲	6.6	100.8	7