

# Waikato Public Health Bulletin

## Public Health Waikato

June 2025 | Maramaono 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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## Restoring Smiles, Renewing Lives: A Collaborative Effort for Refugee Dental Health in Hamilton

A new funding initiative is transforming the lives of quota refugees in Hamilton by addressing critical dental needs. A collaboration between the Braemar Charitable Trust and the NPHS is providing life-changing dental procedures, significantly improving recipients' health and well-being.

One of the recipients, eleven-year-old Aisha, suffered from severe pain and recurrent infections, requiring multiple extractions. Thanks to paediatric dentist Katie Ayers and her team, and support from the Braemar Trust and funders such as The Gallagher Foundation, Aisha received prompt treatment. Her father notes, "Aisha is now a different girl," free from pain and eating difficulties.



Photo: Aisha and her mum Qaali



Photo: From backleft: Paula Baker, Manager Braemar Charitable Trust; Katie Ayers, Specialist Paediatric Dentist, Braemar Hospital Board Director and Medical Trustee; Fiona Michel, Braemar Hospital CEO. From front left: Vicky McLennan, Chairperson; Nicola Syrett-Nyika, Refugee Health CNS, Te Whatu Ora; Lady Glenice Gallagher from the John and Glenice Gallagher Foundation

Efforts are now underway to build a network of community dental practices motivated to support this vital work and improve the health of Hamilton's former refugee population. This initiative exemplifies a collaborative commitment to supporting the community's newest residents.

If you care for a **quota refugee who has resettled in the Waikato within the last one year** and would like to apply for funding for critical dental care through the Braemar Charitable Trust, please submit an enquiry using the link below:  
<https://www.braemartrust.co.nz/contact/>

## Spotlight on *Shigella*

### *Shigella* refresher

*Shigella* species cause Shigellosis, an acute gastroenteritis leading to diarrhoea with fever, abdominal cramps, and blood or mucus in the stool.

*Shigella* bacteria are less susceptible to acid and so can survive transit through the stomach much more easily.

Therefore, *Shigella* is highly infectious; a much lower dose of the bacteria is sufficient to cause disease.

Of the four species, *S. dysenteriae* is associated with more serious disease and, on occasion, complications, including the following:

- bacteraemia
- haemolytic uremic syndrome
- metabolic disturbances
- convulsions
- encephalopathy
- reactive arthritis.

Shigellosis outbreaks can result from contaminated water, improperly stored or undercooked food, and person-to-person transmission, often associated with institutional settings. Transmission can also occur through any type of sexual activity that involves contamination with infected faeces.

In New Zealand, many individual cases of shigellosis arise from overseas travel.

Extensively drug-resistant (XDR) and multidrug resistant (MDR) *Shigella*

Both **XDR** (resistant to all commonly recommended empiric and alternative antibiotics) and **MDR** (resistant to any 3 of ceftriaxone, azithromycin, cotrimoxazole, and ciprofloxacin) *Shigella* have emerged in Aotearoa in recent years.

From late 2023, XDR *Shigella sonnei* was associated with several New Zealand cases that were genomically linked to an ongoing international cluster of cases in Europe and the US. As with the international cluster, the NZ cases predominantly occurred in men who have sex with men (MSM).

Both MDR and XDR shigellosis continue to be detected in NZ. There has been an increase in XDR shigellosis in NZ recently, with most cases occurring in the Auckland region.

### Practice points

- Notification of *Shigella* cases to the Public Health Service should be **on suspicion**.
- All suspected cases should have a faecal specimen sent for culture.
- A confirmed case requires culture of any *Shigella* spp. (with confirmation of genus by a reference laboratory). PCR alone is insufficient as the PCR target for *Shigella* is also found in enteroinvasive *E. coli*.
- If culture positive for *Shigella*, obtain a food, travel, and water exposure history, as well as a list of possible household and sexual contacts within the incubation period (usually 1-3 days, can extend to 1 week).
- All cases must observe full enteric precautions for 48 hours after symptoms have resolved.
- Cases caused by *Shigella* *Boydii*, *Dysenteriae*, and *Flexneri* who are involved in food handling, who are in residential settings, and who are children under 5 require a clearance sample before they can return to work, or residential or child care.
- If the patient is at risk of severe illness, clinically very unwell, or not resolving after 3 weeks and you are considering treating with an antibiotic, advice from an Infectious Disease Physician or Microbiology is recommended.

## Bowel Cancer Awareness Month



Bowel Cancer  
**AWARENESS  
MONTH**



Bowel cancer is the second-highest cause of cancer death in Aotearoa. Encourage patients to take steps to lower their risk of bowel cancer by eating a healthy diet and exercising regularly.

When diagnosed early, bowel cancer is 90% curable. Support your patients to enroll in the National Bowel Screening Programme, which is free every 2 years for people aged 60 to 74 years. In December 2024, Waikato completed a two-year bowel screening pilot for Māori and Pacific Peoples from the age of 50. If you are Māori and/or Pacific, live in the Waikato area, and turned 50 on or before 4 December 2024, you are still eligible for free bowel screening.

This link [here](#) allows patients to run through a checklist of symptoms relevant to bowel cancer.

## International flights to/from Hamilton started on 16 June

In May, the Ministry of Health approved the designation of Hamilton Airport as a Point of Entry under the International Health Regulations 2005. The Waikato Public Health Service has played an instrumental role in realising this project.

Direct flights from Hamilton Airport to Sydney and the Gold Coast commenced from 16 June. This is a good opportunity to **consider overseas travel when taking a history**, including for diseases such as measles, mumps, typhoid fever, and dengue fever.

There will be international connections to Sydney and the Gold Coast, so we can expect travellers not only from Australia, but also from other parts of the world. Please continue to report to the Medical Officer of Health any patient on suspicion of a notifiable disease.

## Staff News

In May-June, we received an unusually high number of vertebrate toxic agent applications, 9 in all, where the usual number is about 1 per month. Despite being down 2 officers, the team managed to process the applications while keeping up with their own BAU work.

This month we farewell **Kelly Reddington**, Clinical Nurse Specialist (CNS) – Communicable Disease, as she joins a similar role as a CNS in the Compliance and Health Protection team at NPHS Te Waipounamu, based in Timaru. Kelly has made numerous invaluable contributions to the service over her 7 years working here and is a highly appreciated and dedicated member of the Clinical and Health Protection team. We will miss Kelly sorely and wish her all the very best in her new role.

Public health registrar **Julia Fu** completes her attachment at NPHS Waikato this month (and her last bulletin). We thank her for editing these bulletins and her highly valued contributions to our service as a whole. We wish her well.

In June we welcome **Whitney Te Wano** in her role as the Public Health Nurse Clinical Nurse Manager covering the Wider Waikato (including Te Kuiti, Taumarunui, Tokoroa) and Taupō. Whitney has extensive public health nursing experience, including previous roles working as a PHN herself and within the COVID directorate followed by the WHIRI Hāpori team. Nau mai, haere mai, Whitney!

**Dr Kaitlin Greenway**, who joined the service as a Public Health Medicine Specialist earlier in the year, covering the Taupō/Tūrangi area in addition to Waikato, has recently been designated a Medical Officer of Health. Congratulations!

## 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](mailto:notifiablediseases@waikatodhb.health.nz)

# Notifiable Diseases – Trends

Notifiable diseases (Waikato District) - period to:

June 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)		
	April	May	Trend	Waikato	National	% Waikato*
Botulism	0	0	-	0.0	0.1	0
Brucellosis	0	0	-	0.0	0.1	0
Campylobacteriosis	33	33	-	52.1	492.8	11
COVID-19	123	209	▲	465.8	5,920.8	8
Cryptosporidiosis	10	11	▲	7.3	67.3	11
Decompression sickness	0	0	-	0.0	0.2	0
Dengue fever	2	2	-	1.3	16.8	8
Diphtheria	0	0	-	0.0	0.3	0
Gastroenteritis - unknown cause	7	2	▼	2.3	18.2	13
Gastroenteritis / foodborne intoxication	5	8	▲	6.6	19.2	34
Giardiasis	16	8	▼	9.3	70.3	13
Haemophilus influenzae type b	0	0	-	0.0	0.2	0
Hepatitis A	0	3	▲	1.2	6.0	20
Hepatitis B	0	0	-	0.0	1.2	0
Hepatitis C	0	4	▲	0.6	3.9	15
Hepatitis NOS	0	0	-	0.1	0.5	20
Hydatid disease	0	0	-	0.0	0.3	0
Invasive group A streptococcal infection	3	5	▲	2.6	37.7	7
Invasive pneumococcal disease	4	5	▲	5.2	61.4	8
Latent tuberculosis infection	0	0	-	2.5	10.7	23
Legionellosis	4	1	▼	1.4	14.3	10
Leprosy	0	0	-	0.0	0.2	0
Leptospirosis	2	0	▼	1.8	8.4	21
Listeriosis	0	0	-	0.0	2.6	0
Listeriosis - perinatal	0	0	-	0.0	0.0	-
Malaria	0	0	-	0.2	3.0	7
Measles	0	0	-	0.0	0.2	0
Meningococcal disease	0	0	-	0.3	3.1	10
Mumps	1	2	▲	0.3	1.4	21
Murine Typhus	0	0	-	0.0	0.3	0
Pertussis	7	15	▲	10.7	248.6	4
Q fever	1	0	▼	0.1	0.3	33
Rheumatic fever - initial attack	0	0	-	0.0	0.0	-
Rheumatic fever - recurrent attack	0	0	-	0.0	0.0	-
Salmonellosis	6	5	▼	5.3	74.3	7
Shigellosis	0	0	-	0.3	13.6	2
Taeniasis	0	0	-	0.0	0.3	0
Tetanus	0	0	-	0.0	0.2	0
Tuberculosis disease - new case	3	4	▲	3.3	31.3	11
Tuberculosis disease - relapse or reactivation	0	0	-	0.1	1.4	7
Tuberculosis infection - on preventive treatment	0	0	-	0.1	0.3	33
Typhoid fever	0	0	-	0.8	4.8	17
VTEC/STEC infection	36	10	▼	13.4	96.3	14
Yersiniosis	4	6	▲	5.6	97.1	6