

Waikato Public Health Bulletin

Public Health Waikato

March 2025 | Maramatoru 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.

In this month's bulletin:

1. Typhoid & paratyphoid fever update
2. Legionnaires' disease
3. Once And For All: Stop smoking incentive increased
4. New toolkit: Make a smoking or vaping complaint
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6. Notifiable diseases trends

Typhoid & paratyphoid fever update

Feature	Typhoid	Paratyphoid
Caused by	<i>Salmonella Typhi</i>	<i>Salmonella Paratyphi</i>
Severity	More severe	Milder
Incubation	6–30 days (up to 90 days)	1–10 days (up to 30 days)
Chronic Carriers	Common	Less common
Vaccine	Available	Not available

In Aotearoa, most cases of **typhoid** and the **clinically milder paratyphoid fever** occur in **returning travelers from South Asia and the Pacific**.

Transmission and Carriage

- **Faecal-oral transmission is the most common route.**
- **Person-to-person spread is uncommon**, but **chronic carriers** (excreting bacteria for over a year) can be sources of infection.

Clinical Presentation

- Systemic symptoms: **Insidious-onset fever, malaise, anorexia.**
- Gastro-intestinal symptoms: **Abdominal pain, diarrhoea** (more common in children), **constipation** (more common in adults).
- Other symptoms: Headache, dry cough, and **rose spots on the trunk.**
- Signs to note: **Relative bradycardia**, hepatosplenomegaly.

Key Actions for GPs

- ✓ **Consider early stool sample collection**, ideally **before antibiotics.**
- ✓ **Recommend typhoid vaccination** to travelers heading to endemic regions.
- ✓ **Inform patients** that **Public Health will follow up** if a case is notified.

Public Health Follow-Up

Once notified of a **typhoid case**, Public Health will:

- **Call the patient** to assess potential sources.
- **Provide guidance** on preventing transmission.
- **Conduct contact tracing** to limit spread.
- **Facilitate further faecal specimen testing**, if needed.

Your support in early diagnosis and patient education helps protect the community. Thank you for your vigilance!

Legionnaires' Disease

What is Legionnaires' Disease?

- A severe form of pneumonia caused by *Legionella* bacteria.
- Can be contracted by inhaling airborne water droplets or dust particles containing the bacteria.
- In NZ, the most common way to contract the disease is by inhaling particles of potting mix or compost with the bacteria. **Recently, cases associated with spa pools have been reported.**
- Affected individuals are more likely to be older adults, smokers, or those with weakened immune systems. Symptoms range from mild to severe and can sometimes be fatal.



Spa pools and Legionnaires'

- *Legionella* thrives in moist conditions, including spa pools and hot water systems.
- Recent data shows an **uptick in cases clearly linked to infected spa pool water.**
- Advise owners to **regularly maintain and disinfect their spa pool** to prevent bacteria growth, using approved products.
- Advise patients who experience symptoms of pneumonia after using a spa or other pool to seek medical attention promptly.

Soil and Legionnaires'

- Advise gardeners of the risks associated with soil products like potting mix and compost, which can also harbor *Legionella*.
- Gardeners should **ensure proper ventilation and avoid inhaling dust** from potting mix or compost.
- **Wearing protective gear (disposable face masks and gloves) when handling soil products** reduces the risk of inhalation.



Once And For All: Stop smoking incentive increased

The Once And For All stop smoking service is a **free** programme facilitated by Pinnacle Midlands Health Network. The programme is available to any NZ citizen or permanent resident aged over 14 years who lives or works in Waikato and who wants help to quit smoking.

Once And For All offers intensive behavioural support with a dedicated Quit Coach. Support ranges from kanohi ki te kanohi (face-to-face) individual coaching which can be based at home, the clinic, or somewhere local; tailored support for pregnant women; group sessions; and nicotine replacement therapy (NRT) if appropriate.

A voucher is provided if people remain smokefree four weeks after the quit date, which has recently increased from \$50 to \$100. Up to \$400 in vouchers is provided if the person is pregnant and remains four weeks after quitting.

Please support eligible patients to sign up either through this [link](#) or by calling 0800 6623 4255.

New toolkit: Make a smoking or vaping complaint



The new [smoking and vaping complaint/compliance toolkit](#) has been launched. The resources raise public awareness about how anyone can make a complaint about a tobacco or vape retailer, allowing more community agency over smokefree and vape-free environments in local areas. Anyone can print the posters to display in their community, which come with a QR code that is linked to Te Whatu Ora Health NZ's smoking and vaping complaint form.

Staff News

DLC hearing: new on-licence alcohol application declined

This month, we congratulate **Byron Wipa**, Health Protection Advisor at Waikato NPHS, on his first District Licensing Committee (DLC) hearing.

Te Whatu Ora HNZ Te Manawa Taki received an application for a new on-licence premise to be inquired into and reported on by a delegate of the Medical Officer of Health (MOoH). An on-licence premise is a site where people can visit and drink alcohol at the premise.

Byron inquired into the application, confirmed that the matters raised in opposition were applicable, and provided evidence on the health risks at the hearing. These risks included the late-night hours of sale proposed, the combined consumption of alcohol and shisha which enhances the absorption of carcinogens, and concerns with second-hand smoke exposure with the addition of alcohol service at the site.

The outcome from the hearing is that the application for the on-licence was **declined**.

Farewells and Welcomes



Clockwise from bottom left: Bella Tuau, Tara Rahdar, Karolina Kaczor, Tui Shadbolt, Mona Andreas, Mark Palmer, Justin Hankins

In March we say farewell to **Tara Rahdar**, Health Protection Officer (HPO). Tara started working within the Te Manawa Taki region in March 2023. Since then, she has been part of the national working group updating the Communicable Disease Control Manual chapters on Avian Flu and Mpox.

She has also been involved in the national group for NDMS enteric diseases, served as a senior HPO for

the Communicable Disease Working Group, and acted as the TWO Health NZ operational lead for Hamilton Airport, among other roles and responsibilities. We wish her all the best!

At the beginning of the year, we welcomed **Tui Shadbolt**, Health Protection Officer.



"I am very pleased to have joined the Waikato protection team and feel really lucky to have the opportunity to live and serve in the beautiful Taupō region (the current family project is getting to the lake!). Dean and I have been happily married to for 30 years and are the very proud parents of two wonderful adult daughters, Maggie and Kate.

My first Public Health career was as a designated Health Protection Officer with the MidCentral Public Health Service, when I completed an MVS in 2010 while seconded to New Zealand Food Safety on the [Campylobacter in the Manawatu project](#).

My long and varied career has included all sorts of different learning including small business owner and chef, sales and marketing roles, MPI Senior Food Safety Officer (FSO), Regional Regulatory Advisor for Foodstuffs, and COVID-19 manager for studios filming in Aotearoa.

I am a pretty dab hand at most things and am happy to help, if I can – looking forward to meeting you all, in time!"

We are also pleased to welcome **Dr Kaitlin Greenway** to the Waikato team:



"I'm excited to be joining the Waikato Public Health Service as a Public Health Medicine Specialist. Over the past few years, I've worked across NPHS teams, gaining experience at national, regional, and local levels, with much of my work focused in Te Manawa Taki.

In 2022, I was with Toi Te Ora Public Health Service, contributing to the Covid-19 and mpox responses. I then moved into the regional Te Manawa Taki team, where I led the Reimagining Immunisations project—one of the highlights of my training, giving me the privilege of meeting and working with partners and providers across the region. Most recently, I've been with the Transformation Directorate, leading the development of a Quality Framework for NPHS.

I'm looking forward to continuing some of this work while taking on new challenges in Waikato. I'll be based in Taupō, covering the Taupō/Tūrangi area in addition to Waikato, with time also spent in the Hamilton office—so if you see me around, please say hello!"

Medical Officers of Health (MOoH)

Dr Felicity Dumble, Dr Richard Wall, Dr Richard Vipond, Dr Elizabeth Becker, Dr Geoff Cramp, Dr Kaitlin Greenway (Public Health Medicine Specialist)

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:

March 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)		
	January	February	Trend	Waikato	National	% Waikato*
Botulism	0	0	-	0.0	0.1	0
Brucellosis	0	0	-	0.0	0.1	0
Campylobacteriosis	87	46	▼	49.8	487.6	10
COVID-19	356	225	▼	800.2	9,809.2	8
Cryptosporidiosis	4	1	▼	6.7	90.3	7
Decompression sickness	0	0	-	0.0	0.1	0
Dengue fever	0	3	▲	1.0	12.2	8
Diphtheria	0	0	-	0.0	0.3	0
Gastroenteritis - unknown cause	2	3	▲	2.0	17.8	11
Gastroenteritis / foodborne intoxication	4	8	▲	6.4	18.8	34
Giardiasis	9	5	▼	8.7	68.5	13
Haemophilus influenzae type b	0	0	-	0.0	0.1	0
Hepatitis A	2	0	▼	0.8	5.6	14
Hepatitis B	0	1	▲	0.1	1.3	8
Hepatitis C	4	3	▼	0.4	2.3	17
Hepatitis NOS	0	0	-	0.1	0.3	33
Hydatid disease	0	0	-	0.0	0.2	0
Invasive group A streptococcal infection	6	2	▼	1.5	23.9	6
Invasive pneumococcal disease	5	5	-	4.5	61.3	7
Latent tuberculosis infection	1	1	-	2.5	11.3	22
Legionellosis	1	1	-	1.0	14.6	7
Leprosy	0	0	-	0.0	0.3	0
Leptospirosis	2	1	▼	2.5	8.7	29
Listeriosis	0	0	-	0.0	2.4	0
Listeriosis - perinatal	0	0	-	0.0	0.3	0
Malaria	0	1	▲	0.2	2.3	9
Measles	0	0	-	0.0	0.1	0
Meningococcal disease	0	1	▲	0.3	3.3	9
Mumps	0	0	-	0.0	1.9	0
Murine Typhus	0	0	-	0.0	0.1	0
Pertussis	22	9	▼	8.8	212.9	4
Q fever	1	0	▼	0.1	0.3	33
Rheumatic fever - initial attack	0	2	▲	0.7	15.2	5
Rheumatic fever - recurrent attack	0	0	-	0.3	2.2	14
Salmonellosis	4	4	-	4.8	70.3	7
Shigellosis	1	1	-	0.5	12.5	4
Taeniasis	0	0	-	0.0	0.3	0
Tetanus	0	0	-	0.0	0.2	0
Tuberculosis disease - new case	3	5	▲	3.1	30.1	10
Tuberculosis disease - relapse or reactivation	0	0	-	0.1	1.3	8
Tuberculosis infection - on preventive treatment	0	0	-	0.1	0.3	33
Typhoid fever	1	2	▲	1.2	4.6	26
VTEC/STEC infection	10	12	▲	9.8	92.9	11
Yersiniosis	8	6	▼	5.4	95.3	6