

Waikato Public Health Bulletin

Teenaa koutou katoa. We hope you enjoy this edition of the Waikato Public Health Bulletin and we welcome your feedback.

Pertussis (Whooping cough)

Travellers on a flight from Perth to Auckland have been advised to monitor for symptoms of pertussis following two passengers on-board were confirmed cases upon arrival into New Zealand. Te Whatu Ora have published a [media statement](#) on 01/09/23.

There is a suspected degree of undetected community transmission in NZ, so we encourage testing on suspicion or in patients presenting with prolonged cough (older children and adults may not have the paroxysmal whoop). There have been 69 cases of whooping cough in Aotearoa New Zealand so far this year, including the death of three peepi under one year of age.

Young tamariki and peepi (especially those less than a year old) are particularly at risk of severe illness and hospitalisation with whooping cough. Although unpleasant for anyone, it is a serious infection that can be life threatening for infants.

We encourage general practitioners and primary care providers to test for pertussis in appropriate clinical presentations - public health are particularly interested in potential cases if they attend ECE, or where there are vulnerable people, pregnant women, or under 1 year olds in the household, as prophylactic antibiotics in these cohorts reduce the risk of poor outcomes.

Please do not hesitate to reach out to us with any concerns or queries regarding notifiable diseases.

Early diagnosis and treatment with antibiotics can reduce the time a person is infectious to just two to five days but left untreated they can remain infectious for up to three weeks and therefore need exclusion from school/ECE.

Immunisation is the best protection against whooping cough. Encourage hapuu mama (pregnant mothers) to protect their peepi by getting the free immunisation during pregnancy. Immunising against whooping cough during pregnancy is 90% effective in protecting babies in their first few weeks of life. This will pass on immunity to the baby and protect them in their first 6 weeks of life until they can receive their own immunisation.

Reminder that the whooping cough, tetanus and diphtheria vaccine is free and can be offered to:

- Children at 6 weeks, 3 months and 5 months old, with boosters also offered at 4 and 11 years old
- Pregnant people from 13 weeks of every pregnancy (consider booking between 16 and 26 weeks of pregnancy as this is when the vaccine is most effective)
- Adults from 45 years old if they have received fewer than four tetanus doses in their lifetime
- Adults from 65 years old if it has been more than 10 years since a previous dose of tetanus and diphtheria vaccine.

Immunogenicity following vaccination is not 100%, and also wanes over time. This means people can still become infected and infectious if exposed to pertussis, even if they are “fully vaccinated”. Please consider pertussis as a potential diagnosis even in vaccinated patients. This is why it is important for anyone who is sick to stay away from young babies and tamariki. It is also recommended caregivers and those who

have regular contact with babies and young children, including extended whaanau to also consider getting immunised, to reduce the risk of passing on the illness.

Reminder that catch-up immunisations are free for all tamariki under 18 years old. Many catch-up adult immunisations are also free. It is safe to give the whooping cough, tetanus and diphtheria vaccine vaccination again if people are not sure about their immune status.

Cervical Screening Programme HPV Test Updates



National
Cervical
Screening
Programme

The primary test for cervical screening (previously called a “smear” test) will change to a human papillomavirus (HPV) test, with the option of self-testing.

Providing free HPV cervical screening tests will improve programme accessibility. The new user-friendly HPV test will detect more pre-cancers, preventing more cases of cervical cancer.

Free screening will be available from 12 September for:

- Women and people with a cervix 30 years and over who are unscreened (have never had a screening test) or under-screened (haven't had a cytology test in the past 5 years)
- Anyone requiring follow up
- Maaori and Pacific
- Anyone who is a community service card holder

A negative HPV test is associated with a very low risk of developing abnormal cells that may lead to cervical cancer within the next five years. This means routine cervical screening will only be needed once every five years instead of the current three.

The new HPV test means that people will have three options for having a cervical screening test:

1. People can choose to collect their own sample, via a simple self-test vaginal swab
2. People can ask their healthcare provider to collect your vaginal swab sample, or
3. People can choose to have their healthcare provider take a sample from their cervix; what used to be called a smear test. (If HPV is found, this option also allows for your sample to then be checked for any cell changes).

We strongly encourage those due or overdue for a screen to get screened now. For more information visit the [website](#).

Blue September: Prostate Cancer Awareness Month



1 in 8 Kiwi men will get prostate cancer in their lifetime. More than 4000 Kiwi men will be diagnosed with prostate cancer this year. Today, somewhere in New Zealand, 10 men - fathers, brothers, husbands, grandfathers, sons or best mates - will be told they have prostate cancer. The Prostate Cancer Foundation New Zealand aims to raise awareness, provide support, education and advocacy for men and their whaanau living

with prostate cancer, as well as supporting innovative research that seek to improve clinical outcomes. Do Something Blue To Help A Mate Through! See how you can raise awareness and funds for the Prostate Cancer Foundation - to donate or get ideas for fundraising visit the website.

Ookura Workshops

Ookura workshops are dedicated to nurturing meaningful connections and building relationships across diverse segments of our community through active engagement and the organisation of interactive cooking sessions. The workshops serve as a platform for sharing knowledge, wholesome healthy recipes, and kai and most importantly, for building trust and enhancing the capabilities in line with our organisational value of Te Iwi Ngakaunui which centres around placing People at heart and our overarching vision for Healthy People and delivering Excellent Care.

The Ookura workshops are a collaborative effort, co-designed and delivered by a team at Waikato Public Health Service – led by the Health Improvement Advisor, Marangai Areare Operations and dedicated Whaanau Navigators. This mahi is supported by our Senior Dietitian, and various community services and non-governmental organisations.

The workshop modules and educational content are tailored to suit our audience. For university students living in halls of residence, we provide cost-effective, healthier alternatives suitable for those with limited access to cooking facilities. For the wider haapori, our workshops cover various themes including cooking for whaanau of four with limited ingredients, using affordable seasonal produce, introducing vegetarian/vegan options, cooking from a food parcel, and

introducing recipes and meals that can be cooked using only a microwave.

While the Ookura team's primary focus lies in ensuring food security, their vision extends beyond. They aspire to promote food sovereignty and foster koorero that can resonate with people of all generations and ahurea (culture). The Ookura team's goal is to empower individuals with self-sufficiency, encourage healthy thinking, and promote nutritious eating habits.

For any further queries regarding this mahi please do not hesitate to contact the Ookura team at Okura@waikatodhb.health.nz



Ookura Workshop at Pukete Neighbourhood House

Te Wiki o Te Reo Maaori / Maori Language Week

E rere atu ana te reo owaha ki a taatou e pae nei i teenei te marama o Mahuru Maaori, me te wiki o te reo Maaori anoo hoki! Ko te manako nui kua rite taatou aa hirikapo moo

eetehi mahi haere ake nei, haere ake nei i teenei marama/wiki whakahirahira oo taatou. Teenaa koa, tirohia eetehi tauira rerenga koorero i raro iho nei kia pai ai taa taatou whakanguunguu i te reo Maaori ki roto i aa taatou waahi mahi, naa whai anoo, ngoo taatou kaainga hoki. Ko tā te rangatira kai, he koorero, ko taa te koorero he paramanawa a ngaa tuupuna, te haakari nui a te atua.

Noo reira raa, kaingia te maatauranga hei ngaa rangi tata nei, kia puta ai taatou ki te whei ao ki te ao maarama!

Ko te atua too taatou piringa, ka puta ka ora.

Paimaarire!

This month signals an awesome opportunity to further develop our understanding and knowledge surrounding both Mahuru Maaori and Te Wiki o Te Reo Maaori!

The idea is that not one week should be a physical representation of our dedication to Te Ao Maaori and all of its facets, but rather that 365 days of the year, our appreciation, understanding, respect and usage of this taonga infiltrates the very fabric of our

system! (Te Reo Maaori me oona mea katoa!)

Below are just a few everyday phrases that can be used in a multitude of contexts; emails-both introductory and as a sign off of sorts, in passing from one team to another in office, out in the community with our people and also at home with our loved ones. E kai oo koutou mata!

TE WIKI O TE REO MĀORI
11-17 O HEPETEMA 2023

MĀORI LANGUAGE WEEK
11-17 SEPTEMBER 2023



**KIA KAHA
TE REO MĀORI**

Rerenga Maaori (Maaori translation)	Rerenga Paakehaa (English translation)
Teenaa koe e (iingoa) Kei te rangatira, teenaa koe Teenaa koe, e hoa Teenaa taatou E rere atu ana te reo owaha ki a koe, e (iingoa)	Greetings (their name) Dear Sir/Madam (formal) Greetings, my friend Greetings to all Sending warm greetings to you, (their name)
Ngaa manaakitanga, (too iingoa) Naaku iti noa, naa (too iingoa) Noho ora mai, (too iingoa) Aku whakamiha, (too iingoa)	Take care, (your name) Yours sincerely, (your name) Stay well/look after yourself, (your name) Much appreciation, (your name)
Kia pai ngaa raa whakataa Ata maarie E peewhea ana koe? E ora pai ana E reri au moo te wiikene! Pokea au e te mahi Aawhina mai koa	Have a good weekend Good morning How are you? I am good I am ready for the weekend! My workload is heavy May I have some help please

Foetal Alcohol Spectrum Disorder (FASD) Awareness Month

Foetal Alcohol Spectrum Disorder (FASD) is a diagnostic term for a neurodevelopmental disorder caused by exposure to alcohol before birth. Although FASD is preventable, many pregnancies are unplanned, and maternal alcohol consumption can occur unknowingly.

FASD is the most prevalent non-genetic, neuro-disability in the world. FASD is often referred to as a 'hidden disability' because most individuals affected do not have the distinct facial features associated with FASD. However, many individuals experience difficulties with executive functioning, which affects their learning and development. These difficulties are often not apparent until school age, making identification challenging.

It is essential to grasp that FASD is a lifelong neuro-disability, **not a behavioural issue**. Conventional behavioural interventions often fall short in supporting individuals in managing the complexities of FASD. Instead, other diagnoses like ADHD, dyslexia, or reactive attachment disorder may be made delaying more effective responses.

September 9 is International FASD Awareness Day. The ninth day of the ninth month symbolises the nine months of pregnancy. The month of September is about building awareness of FASD, reducing stigma and fostering a greater understanding of the impacts of this neurodiversity caused by prenatal alcohol exposure.

Remember, there is no safe level of alcohol consumption during pregnancy.

We advise to stop drinking alcohol if you could be pregnant, are pregnant or are trying to get pregnant. Please support pregnant women who wish to stop or reduce their alcohol consumption.

Think brain not blame – then reframe. Start the conversation and visit the [website](#) for more information and key messages. Te Whatu Ora resources for FASD can be found [here](#).

Mental Health Awareness Week: 18-24 September

Get ready for Mental Health Awareness Week. This year's theme "Five Ways, Five Days," encourages everyone to prioritise their wellbeing. The mental health Foundation invites New Zealanders to embrace these five evidence based actions you can use every day to help you find balance, build resilience and boost your wellbeing:

1. **Take Notice/Me aro tonu**
Remember the simple things that give you joy.
2. **Give/Tukua**
Your time, your words, your presence.
3. **Be Active/Me kori tonu**
Do what you can, enjoy what you do, move your mood.
4. **Connect/Me whakawhanaunga**
Talk and listen, be there, feel connected.
5. **Keep Learning/Me ako tonu**
Embrace new experiences, see opportunities, surprise yourself.

Visit the [MHAW website](#) for more information and resources.

Five Ways,
Five Days.

Proven tools to boost
our mental health.

mhaw.nz
18-24 Sept

TAKE NOTICE ME ARO TONU

GIVE TUKUA

BE ACTIVE ME KORI TONU

KEEP LEARNING ME AKO TONU

CONNECT ME WHAKAWHANAUNGA

MHAW 2023
Mental Health Awareness Week

Mental Health Foundation
Te Whatu Ora Health New Zealand

Medical Officers of Health:

Dr Felicity Dumble, Dr Richard Wall, Dr Richard Vipond

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:

Population 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

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Notifiable diseases – Trends

Notifiable diseases (Waikato District) - period to: September 2023

*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)		
	July	August	Trend	Waikato	National	% Waikato*
Botulism	0	0	-	0.0	0.0	-
Brucellosis	0	0	-	0.1	0.4	25
Campylobacteriosis	37	58	▲	53.3	549.1	10
COVID-19	2,045	1,603	▼	4,786.8	57,881.8	8
Cryptosporidiosis	5	26	▲	7.7	59.8	13
Decompression sickness	0	0	-	0.0	0.2	0
Dengue fever	0	0	-	0.0	3.7	0
Diphtheria	0	0	-	0.0	0.5	0
Gastroenteritis - unknown cause	4	1	▼	1.6	19.9	8
Gastroenteritis / foodborne intoxication	2	8	▲	5.8	14.5	40
Giardiasis	7	11	▲	9.8	76.7	13
Haemophilus influenzae type b	0	0	-	0.1	0.3	33
Hepatitis A	0	0	-	0.4	6.1	7
Hepatitis B	0	1	▲	0.2	1.2	17
Hepatitis C	0	1	▲	0.1	3.2	3
Hepatitis NOS	0	0	-	0.1	0.3	33
Hydatid disease	0	0	-	0.0	0.3	0
Invasive pneumococcal disease	11	7	▼	6.5	61.3	11
Latent tuberculosis infection	2	1	▼	1.4	9.3	15
Lead Poisoning	0	0	-	0.0	0.0	-
Legionellosis	0	0	-	1.1	20.8	5
Leprosy	0	0	-	0.0	0.3	0
Leptospirosis	2	2	-	2.4	15.7	15
Listeriosis	1	0	▼	0.4	3.3	12
Listeriosis - perinatal	0	0	-	0.0	0.2	0
Malaria	0	0	-	0.1	3.8	3
Measles	0	0	-	0.0	0.3	0
Meningococcal disease	1	2	▲	0.4	5.7	7
Mumps	0	0	-	0.0	0.3	0
Murine Typhus	0	0	-	0.0	0.0	-
Pertussis	0	1	▲	0.6	6.7	9
Q fever	0	0	-	0.0	0.0	-
Rheumatic fever - initial attack	0	1	▲	1.0	12.8	8
Rheumatic fever - recurrent attack	1	1	-	0.4	1.1	36
Salmonellosis	1	4	▲	5.8	71.9	8
Shigellosis	2	0	▼	0.6	10.4	6
Taeniasis	0	0	-	0.0	0.1	0
Tetanus	0	0	-	0.0	0.1	0
Tuberculosis disease - new case	3	3	-	2.6	23.3	11
Tuberculosis disease - relapse or reactivation	0	0	-	0.0	0.9	0
Tuberculosis infection - on preventive treatment	0	0	-	0.0	0.3	0
Typhoid fever	1	0	▼	0.7	6.0	12
VTEC/STEC infection	5	4	▼	7.3	82.4	9
Yersiniosis	7	11	▲	9.1	122.3	7