

# PUBLIC HEALTH POST

Public Health for Primary Care in Wellington, Wairarapa and the Hutt Valley

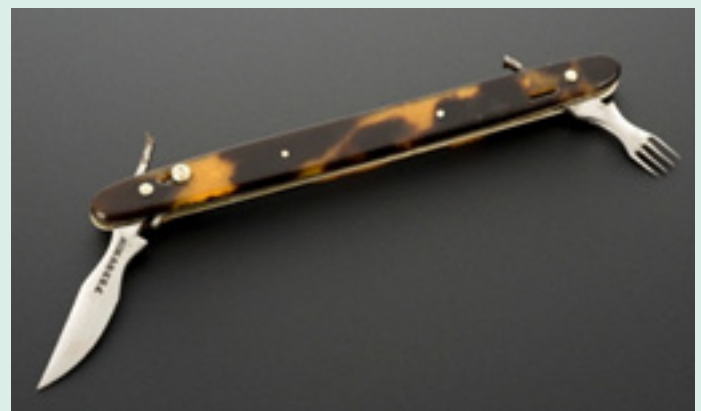
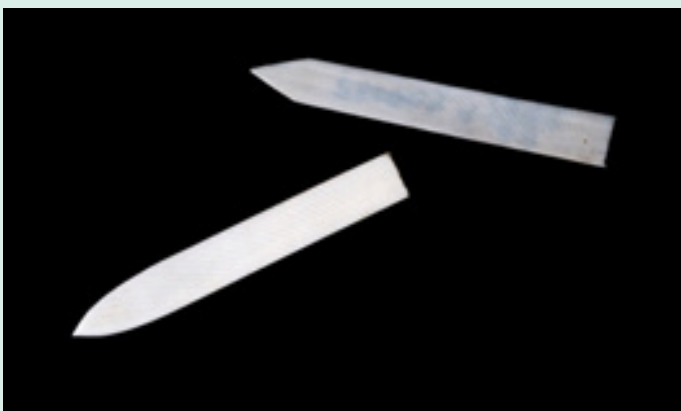
Also available online at [www.rph.org.nz](http://www.rph.org.nz)

Issue 27 - November 2016

## ROBUST PROCESSES UNDERPIN NURSE-LED VACCINATIONS

Keep in touch with Regional Public Health to keep the system in good health

Mieke Pope, Immunisation Administrator; Liz Grinlinton, Immunisation Coordinator; Annette Nesdale, Medical Officer of Health



Vaccination has come a long way from the ivory vaccination points and vaccination lancets of the early 19th century<sup>3</sup>.

The Immunisation Advisory Centre's reminder that vaccines are prescription medicines<sup>5</sup> and that registered nurses must operate as authorised vaccinators under approved immunisation programmes, on prescription, or under standing orders, is timely.

Regional Public Health approves nurse vaccinators and maintains the regional database for the Wellington, Wairarapa and Hutt Valley regional authorised vaccinator

programme. We need effective communication with general practices to keep the details accurate. Currently we have 627 *authorised vaccinators* within the region although there are 1021 vaccinators recorded in the database. This means that there are nearly 400 nurses who have retired, left the region, or who have not re-authorised. We greatly appreciate hearing from vaccinators who are retiring, leaving the region, or letting their vaccination authorisation lapse.

### 'IMMUNISATION' OR 'VACCINATION'?

**Immunisation** and **vaccination** have slightly different meanings:

Vaccination is derived from Latin *vaccinus* from *vacca* cow<sup>6</sup>. Until the late 19th century, the term 'vaccine' referred only to the use of cowpox. Edward Jenner had demonstrated in 1796 that cowpox inoculation ('vaccination') produced smallpox immunity. Pasteur then used the term 'vaccine' for the agents that he developed to prevent infection.

Oxford Dictionaries defines vaccination as "treatment with a vaccine to produce immunity against a disease; inoculation."<sup>7</sup>

Immunisation refers to any process that delivers immunity: "the action of making a person or animal immune to infection, typically by inoculation"<sup>7</sup>.

In practice – the words can be used interchangeably, but it is most accurate to use the term vaccination to describe the act of giving a vaccine and immunisation to describe the entire process of developing immunity.

## How does authorisation work?

Reauthorisation is two-yearly. The requirements are:

- A completed consent form from the vaccinator.
- Evidence of attendance at an approved vaccinator training course on initial application, or “specific vaccination education sessions of a minimum of four hours’ duration during the last two years”<sup>1</sup> if reapplying.
- Evidence of a current annual practicing certificate.
- An appropriate resuscitation certificate.
- A (one paragraph) summary of the vaccinator’s recent vaccination practice over the preceding twelve months.
- Peer review evidence is optional unless the vaccinator’s authorisation has lapsed for more than 6 months.

More information about authorisation is available in section A 4.1 of the Immunisation Handbook 2014<sup>2</sup>.

Vaccinators are responsible to make sure that they are authorised, and otherwise MUST work with a Standing Order or prescription. Without authorisation a nurse would be working out of their scope of practice which may affect their indemnity insurance.

Once an application has been received it takes approximately one to two weeks to process, and is

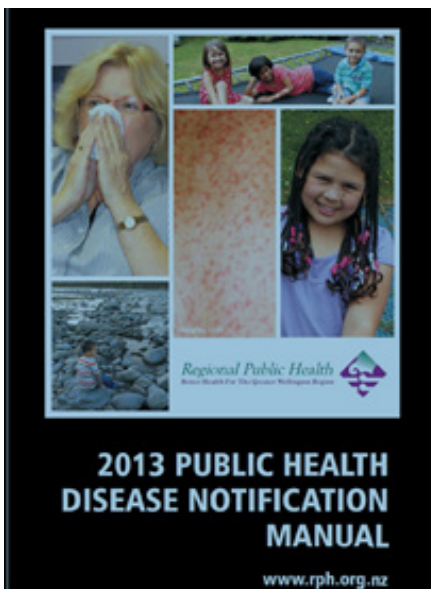
dependent on having all the necessary supporting information. It creates challenges at Regional Public Health if nurses send an application with little or no time to spare and expect the sign-off to be “yesterday”!

## References

1. Science Museum. L0057751 Edward Jenner’s ivory vaccination points, England, 1821. London: Wellcome Images; 2016 [10/10/2016]. Available from: [https://wellcomeimages.org/indexplus/obf\\_images/eb/d5/74dde047a3ac3b6bd47a0c16db54.jpg](https://wellcomeimages.org/indexplus/obf_images/eb/d5/74dde047a3ac3b6bd47a0c16db54.jpg)
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3. Immunisation Advisory Centre. Safe practice - vaccines are prescription medicines. ImmNuZ. 2016;87.
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5. Oxford Dictionaries. Vaccination: Oxford University Press; 2016 [17/10/2016]. Available from: <https://en.oxforddictionaries.com/definition/vaccination>
6. Oxford Dictionaries. Immunization: Oxford University Press; 2016 [17/10/2016]. Available from: <https://en.oxforddictionaries.com/definition/immunization>
7. Ministry of Health. Immunisation Handbook 2014 – 2nd edition. Wellington: Ministry of Health; 2016.

## PRIMARY CARE HANDBOOK DUE FOR UPDATE

### We would love to hear your suggestions for improvement



In 2013, Regional Public Health developed a manual to help general practices in their statutory responsibility to notify diseases. The manual is available in printed form, as well as online at <http://www.rph.org.nz/content/510fd7e9-eba9-4e7b-93f2-3e2718b13838.html>. We are now preparing to update the manual and seeking feedback from those involved with notifications at your practice. Please send your suggestions and requests to:

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Senior Technical Officer  
Regional Public Health  
Private Bag 31907  
LOWER HUTT 5040

or email [Ellana.Clendon@huttvalleydhb.org.nz](mailto:Ellana.Clendon@huttvalleydhb.org.nz).

Please note whether you prefer to have printed or electronic resources, as well as any suggestions to facilitate the work of notification.

## REGIONAL PUBLIC HEALTH EARTHQUAKE RESPONSE

As this edition of the Public Health Post goes out to press, medical and health protection team members are part of the regional response to the 7.5 magnitude earthquake we all experienced in the early hours of 14th November. So far the immediate health effects appear to be light in the lower North Island with expert assessments of infrastructure and buildings going on all around the region. The team at Regional Public Health extend their thoughts to those most severely affected in the South Island and wish everyone well in both their recovery from this traumatic event, and resilience with the on-going shaking.

# REDUCING HOSPITALISATIONS CAUSED BY GASTROENTERITIS AND DEHYDRATION IN 0-4 YEAR OLDS

## Local patient resource available

Loushy Mangalasseril, Health Protection Officer; Jill McKenzie, Medical Officer of Health



Derek Jensen (1, 2)



Wikimedia Commons

Ambulatory sensitive hospitalisations (ASH) are hospital admissions that are potentially preventable by primary care<sup>3</sup>. One of the top five ASH conditions for 0-4 year olds is gastroenteritis and dehydration<sup>3</sup>. Acute gastroenteritis is commonly caused by viral infections such as norovirus or rotavirus. Most people recover relatively easily, but for susceptible groups, such as infants and young children, the loss of body fluid with gastroenteritis can cause dehydration, sometimes requiring hospitalisation.

Hutt Valley District Health Board (DHB) rates for gastroenteritis and dehydration are higher than Capital and Coast DHB, Wairarapa DHB

and national trends (figure 1). People of Pacific ethnicity had higher hospitalisations than Māori and Other in the Hutt Valley DHB area (figure 2), but not in the Capital and Coast DHB. The most striking overall feature of figures 1-3 is that gastroenteritis and dehydration ASH rates are reducing, except for Pacific peoples in the Hutt Valley for reasons unknown. The reductions follow introduction of rotavirus vaccine to the national immunisation schedule in July 2014<sup>4</sup>.

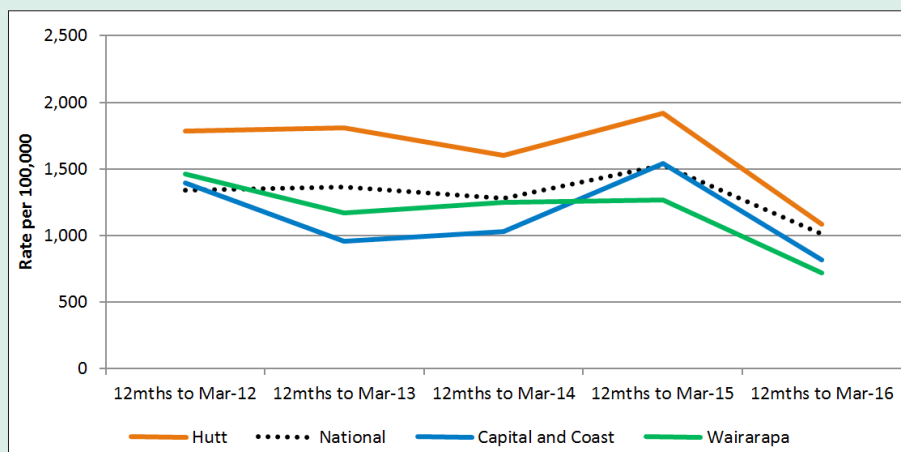


Figure 1. Five years of gastroenteritis/dehydration ASH rates 0-4 year olds Wellington, Wairarapa and the Hutt Valley, by DHB.

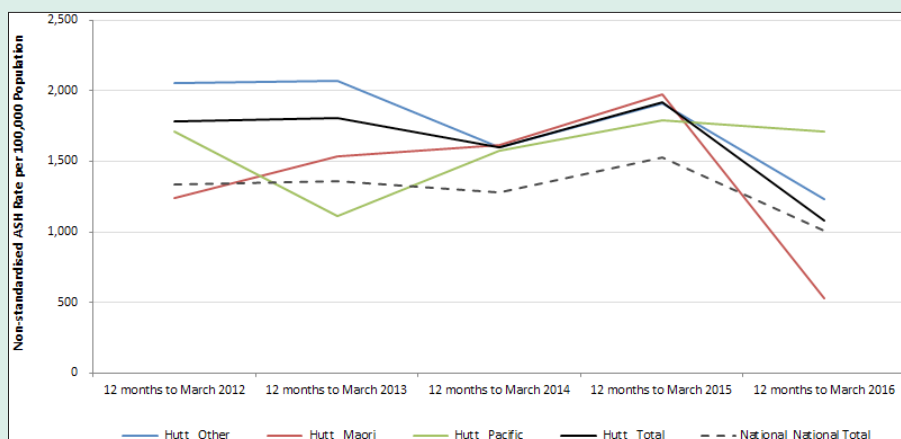


Figure 2. Non-standardised ASH Rate, Hutt Valley DHB 00 to 04 age group, gastroenteritis/dehydration, 5 years to end March 2016, by ethnicity.

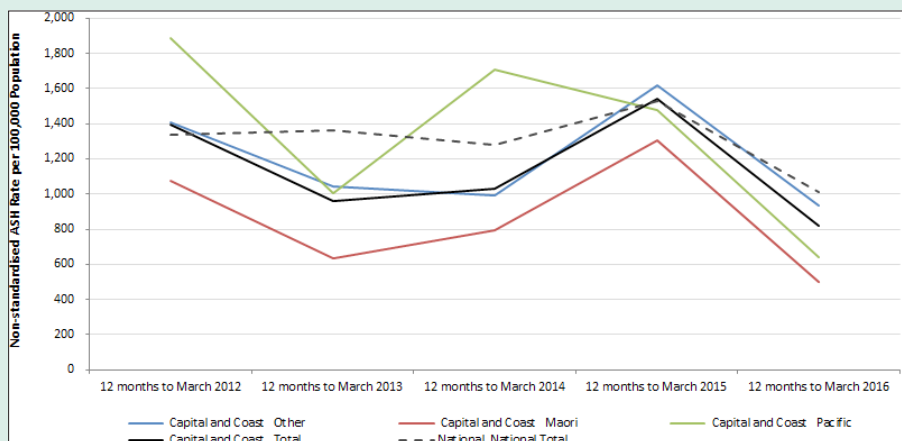


Figure 3. Non-standardised ASH Rate, Capital and Coast DHB, 00 to 04 age group, gastroenteritis/dehydration, five years to end March 2016, by ethnicity.

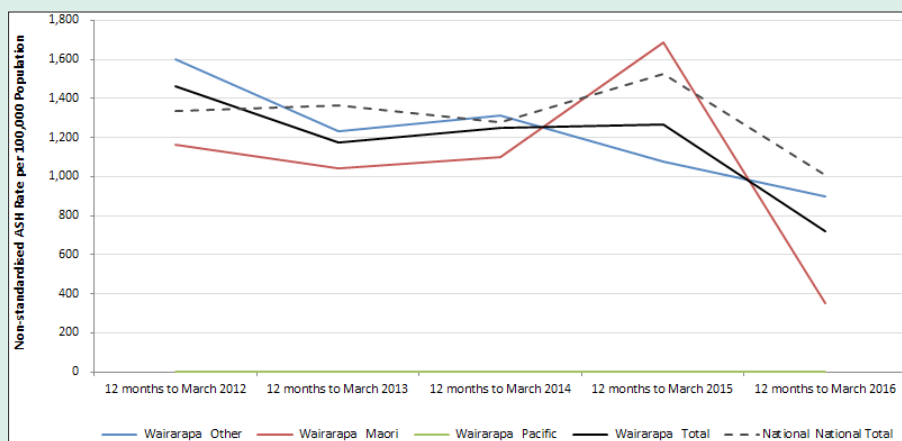


Figure 4. Non-standardised ASH Rate, Wairarapa DHB, 00 to 04 age group, gastroenteritis/dehydration, 5 years to end March 2016, by ethnicity.

Estimated cost of ASH admissions for gastroenteritis/dehydration for 0-4y									
DHB of domicile	Ethnicity	total cost of ASH admissions				average cost per admission			
		2012/13	2013/14	2014/15	2015/16	2012/13	2013/14	2014/15	2015/16
Capital & Coast	Maori	\$ 56,849	\$ 38,081	\$ 81,607	\$ 38,440	\$ 1,624	\$ 1,731	\$ 1,774	\$ 1,671
	Pacific	\$ 39,038	\$ 58,984	\$ 56,184	\$ 23,283	\$ 1,501	\$ 2,034	\$ 1,812	\$ 2,117
	Other	\$ 252,129	\$ 233,051	\$ 343,797	\$ 200,279	\$ 1,606	\$ 1,714	\$ 1,669	\$ 1,541
	<b>Total</b>	<b>\$ 348,015</b>	<b>\$ 330,117</b>	<b>\$ 481,588</b>	<b>\$ 262,002</b>	<b>\$ 1,596</b>	<b>\$ 1,765</b>	<b>\$ 1,702</b>	<b>\$ 1,598</b>
Hutt Valley	Maori	\$ 82,920	\$ 66,759	\$ 94,201	\$ 25,849	\$ 1,658	\$ 1,669	\$ 1,713	\$ 1,521
	Pacific	\$ 21,780	\$ 22,998	\$ 35,489	\$ 43,287	\$ 1,556	\$ 1,533	\$ 1,774	\$ 2,278
	Other	\$ 186,789	\$ 147,763	\$ 175,668	\$ 143,117	\$ 1,426	\$ 1,642	\$ 1,501	\$ 1,664
	<b>Total</b>	<b>\$ 291,489</b>	<b>\$ 237,520</b>	<b>\$ 305,358</b>	<b>\$ 212,253</b>	<b>\$ 1,495</b>	<b>\$ 1,638</b>	<b>\$ 1,590</b>	<b>\$ 1,740</b>
Wairarapa	Maori	\$ 17,535	\$ 18,342	\$ 21,303	\$ 11,024	\$ 1,594	\$ 2,038	\$ 1,937	\$ 2,205
	Pacific								
	Other	\$ 41,160	\$ 30,074	\$ 31,556	\$ 27,654	\$ 1,790	\$ 1,367	\$ 1,503	\$ 1,728
	<b>Total</b>	<b>\$ 60,264</b>	<b>\$ 49,208</b>	<b>\$ 54,873</b>	<b>\$ 38,678</b>	<b>\$ 1,674</b>	<b>\$ 1,538</b>	<b>\$ 1,663</b>	<b>\$ 1,842</b>
		<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>	<b>2015/16</b>				
caseweight price		\$ 4,614.36	\$ 4,655.43	\$ 4,681.97	\$ 4,751.58				

Figure 5. Estimated cost of ASH admissions for gastroenteritis/dehydration for 0-4y.

### Keeping the pressure for improvement

Figure 5 shows that the estimated total cost of ASH admissions for gastroenteritis and dehydration decreased in the 2015-2016 year. However, there is potential to further reduce these admissions, by preventing infections and by ensuring adequate fluid replacement for all those with diarrhoea.

Recognising and treating dehydration is vital to prevent gastroenteritis hospitalisations. If patients and whānau use appropriate oral rehydration methods, hospitalisations will be prevented. Therefore, Regional Public Health helped adapt a rehydration resource for parents and care-givers, based on Hutt Valley District Health Board paediatrics patient information, to help them self-manage dehydration at home. The resource includes a fluid hydration chart so that parents can more easily track what their child drinks over a three hour period, and gives instructions for oral rehydration. The resource can be found using the 3D Health Pathways at <http://3d.healthpathways.org.nz/patientinfo/GastroFactSheet.pdf> and is reproduced on the following page.

## When children get STOMACH BUGS



**1**

### STOMACH BUGS

Stomach bugs (gastroenteritis) cause stomach cramps, vomiting, stomach pain and runny poos (diarrhoea) and can last up to 10 days. Children who get a stomach bug can lose a lot of fluid from vomiting and diarrhoea. Even if they aren't thirsty it's important for them to drink something to help their body recover.

**2**

### WHAT CAN MY CHILD DRINK?

If you are breast-feeding, continue to feed your baby. Even if your child can't hold anything down try to give them something to drink. They may need to be fed more often. Do not give them fizzy drinks, baby formula, sports drinks or energy drinks until they stop vomiting.

- Oral rehydration solution – Talk to your chemist or pharmacist about drinks designed to help children replace the fluid they have lost.
- Fruit juice or cordial.

See the next page for a guide on how much your child should drink

**3**

### IF THEY'RE HUNGRY

While they recover it's more important for your child to drink than to eat. It may take a little while for them to feel like eating. When they do, give them something plain to eat such as bread or toast.

**4**

### KEEP THEM AT HOME

Usually children start to feel better after a few days. Keep them at home for at least two days after vomiting and diarrhoea has stopped. This will stop the bug from spreading to their friends and schoolmates.

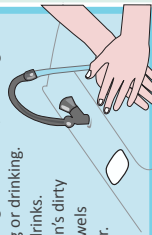


**5**

### PROTECT YOURSELF & YOUR FAMILY

You can prevent stomach bugs spreading to your family by washing your hands after cleaning up vomit or poos, after going to the toilet, handling food and before eating or drinking. Do not share food or drinks.

Wash your sick children's dirty clothes, sheets and towels separately in hot water.



**6**

### SEEING YOUR DOCTOR

Make an appointment for your child to see a doctor the same day:

- Their mouth and tongue are dry.
- Their eyes are sunken.
- They are unusually tired and don't have much energy.
- Their hands or feet feel cold to touch.
- They have not passed as much urine (wee) as usual.

If your doctor is not available go to your nearest After Hours Clinic or Emergency Department.

**8**

### KEEP THEIR FLUIDS UP

If your child is vomiting or has diarrhoea they will lose a lot of nutrients and fluids. It is important to give them frequent, small drinks. (Consider using a syringe to give fluids). The best options are:

- an oral rehydration solution from the chemist or pharmacist.
- dilute some fruit juice or cordial in water (1 part juice to 5 parts water)

Keep a record of your child's fluid intake and output and take it with you if you need to go to your doctor.

Use the table to guide you to how much they need to drink every 5 minutes.

For example: if they are one year old give them 10mls every 5 minutes.

### HOW MUCH TO GIVE THEM

Age	Amount (ml) every 5 mins
3 months	5
6 months	7.5
1 year	10
3 years	15
5 years	20
7 years	25
10 years	40
14 years	50

**Note: 1 teaspoon = 5ml**

**9**

### TRACKING WHAT THEY DRINK

Use this table to track how much your child has to drink. After 3 hours your child should feel well enough to drink normally.

Tick the box for each time they drink & use a cross when they don't. Take this record with you if your child goes to the doctor.

If your child keeps vomiting complete section 10 and then see your doctor.

#### Hour 1

- 5 mins
- 10 mins
- 15 mins
- 20 mins
- 25 mins
- 30 mins
- 35 mins
- 40 mins
- 45 mins
- 50 mins
- 55 mins
- 60 mins

#### Hour 2

- 5 mins
- 10 mins
- 15 mins
- 20 mins
- 25 mins
- 30 mins
- 35 mins
- 40 mins
- 45 mins
- 50 mins
- 55 mins
- 60 mins

#### Hour 3

- 5 mins
- 10 mins
- 15 mins
- 20 mins
- 25 mins
- 30 mins
- 35 mins
- 40 mins
- 45 mins
- 50 mins
- 55 mins
- 60 mins

**10**

### LOST FLUIDS

Before you see your GP complete the following form (remember to take this with you).

#### Vomiting

Have they thrown up in the last 3 hours?

- No
- Once
- 2 to 4 times
- 4 times or more

How much did they throw up?

- A little
- A lot

#### Urine (wee)

How many times have they had a wee in the last 3 hours?

- They have not
- Once
- 2 to 4 times
- 4 times or more

#### Diarrhoea (runny poos)

How often have they had diarrhoea in the last 3 hours?

- No diarrhoea
- Once
- 2 to 4 times
- 4 times or more

You can call your GP for help. If they are closed you'll be put through to a helpline for advice. Alternatively call Healthline: 0800 611 116

## References

1. Jensen D. Glass of water image: Wikimedia Commons; 2005 [10/10/2016]. Available from: <https://commons.wikimedia.org/wiki/File:Glass-of-water.jpg>
2. Wikimedia Commons. Oral rehydration salts image: Wikimedia Commons; 2016 [10/10/2016]. Available from: [https://commons.wikimedia.org/wiki/File:Oral\\_rehydration\\_salts\\_\(ORS\)\\_-\\_Packet.jpg](https://commons.wikimedia.org/wiki/File:Oral_rehydration_salts_(ORS)_-_Packet.jpg)
3. Ministry of Health. Ambulatory sensitive (avoidable) hospital admissions. 2016 [12/9/2016]. Available from: <http://nsf.health.govt.nz/accountability/performance-and-monitoring/data-quarterly-reports-and-reporting/ambulatory-sensitive>
4. Ministry of Health. Immunisation Handbook 2014 – 2nd edition. Wellington: Ministry of Health; 2016.



## WHAT ARE YOU REPORTING?

### THREE MONTHS OF NOTIFIABLE CASES IN THE HUTT VALLEY, WAIRARAPA AND WELLINGTON

Notifiable Condition	Number of confirmed cases (with additional 'probable' cases in brackets)			
	Hutt Valley	Capital and Coast	Wairarapa	Totals
Campylobacteriosis	33	99	14	146
Cryptosporidiosis	4	32	7	43
Dengue fever	1	2 (1)		3 (1)
Gastroenteritis	5 (2)	6 (14)	0 (1)	11 (17)
Giardiasis	6	27	2	35
Hepatitis A	1	1		2
Hepatitis C		1		1
Invasive pneumococcal disease	6	7		13
Legionellosis		1		1
Listeriosis	1			1
Measles	1	3		4
Meningococcal disease		2		2
Paratyphoid fever	1	1		2
Pertussis	2 (1)	14 (2)		16 (3)
Rheumatic fever	1 (1)	1 (3)		2 (4)
Salmonellosis	5	22	1	28
Shigellosis		1		1
Taeniasis		1		1
Tuberculosis disease		0 (2)	0 (1)	0 (3)
Yersiniosis	7	21	2	30
Zika virus		1		1
<b>Totals</b>	<b>74 (4)</b>	<b>243 (22)</b>	<b>26 (2)</b>	<b>371 (28)</b>

Table 1. Notifiable cases by DHB in the Hutt Valley, Wairarapa and Wellington 1/7/2016 – 30/9/2016.

### June 2016 statistics to cover changeover to standard year quarters

Notifiable Condition	Number of confirmed cases (with additional 'probable' cases in brackets)			
	Hutt Valley	Capital and Coast	Wairarapa	Totals
Campylobacteriosis	7	33	4	44
Cryptosporidiosis	2	1	1	4
Dengue fever		1	0 (1)	1 (1)
Gastroenteritis	3 (2)	0 (1)		3 (3)
Giardiasis	6	12	1	19
Invasive pneumococcal disease		2	1	3
Listeriosis		1		1
Measles		2		2
Meningococcal disease		1		1
Pertussis	1 (1)	1 (1)		2 (2)
Salmonellosis	2	1	1	4
Tuberculosis disease		1 (1)		1 (1)
Typhoid fever		1		1
Yersiniosis		6	2	8
<b>Totals</b>	<b>21 (3)</b>	<b>63 (3)</b>	<b>10 (1)</b>	<b>94 (7)</b>

Table 2. Notifiable cases by DHB in the Hutt Valley, Wairarapa and Wellington 1/6/2016 – 30/6/2016.

### Notes

- Higher than usual numbers of cryptosporidiosis cases match national trends. This was exacerbated regionally by cases linked to a local swimming pool where inadequate mitigation measures were used when one of the cleaning systems effective against cryptosporidium was off-line. Regional Public Health delivered reminder messages to pool providers that anti-cryptosporidium cleaning measures are even more important than usual when more cases are prevalent nationally.
- Two cases of histamine poisoning were linked to consumption of a pre-packaged bag of octopus and shellfish.
- The case of diphtheria was cutaneous, in a man in his 70s living in the Hutt Valley.
- Influenza-like illness remained low overall throughout the region, though outbreaks were experienced in institutional settings.

### Sources

- ESR. Episurv database of notifiable conditions. Accessed 4/10/2016.
- Regional Public Health case notes and surveillance records.

# Regional Public Health Notifications

1st Jul 2016 to 30th Sep 2016



Kapiti Coast District	pop. 49104
Campylobacteriosis	27
Cryptosporidiosis	3
Dengue fever	1
Gastroenteritis	0 (2P)
Giardiasis	2
Hepatitis A	1
Hepatitis C	0
Pertussis	4 (1P)
Salmonellosis	3
Yersiniosis	2
<b>TOTAL</b>	<b>43 (3P)</b>

Wellington City	pop. 19956
Campylobacteriosis	64
Cryptosporidiosis	11
Dengue fever	1
Gastroenteritis	5 (12P)
Giardiasis	18
Invasive pneumococcal disease	4
Legionellosis	1
Leptospirosis	0
Measles	3
Meningococcal disease	2
Paratyphoid fever	1
Pertussis	8 (1P)
Rheumatic fever	1 (2P)
Salmonellosis	15
Shigellosis	1
Taeniasis	1
Tuberculosis	0 (2P)
Yersiniosis	12
Zika virus	1
<b>TOTAL</b>	<b>149 (17P)</b>

Ponsonby	pop. 51717
Campylobacteriosis	13
Cryptosporidiosis	18
Dengue fever	0 (1P)
Gastroenteritis	1
Giardiasis	7
Hepatitis C	1
Invasive pneumococcal disease	3
Pertussis	2
Rheumatic fever	0 (1P)
Salmonellosis	4
Tuberculosis	0
Yersiniosis	7
<b>TOTAL</b>	<b>56 (2P)</b>

Masterton District	pop. 20352
Campylobacteriosis	4
Cryptosporidiosis	3
Tuberculosis	0 (1P)
Yersiniosis	2
<b>TOTAL</b>	<b>9 (1P)</b>

Carterton District	pop. 8235
Campylobacteriosis	4
Cryptosporidiosis	2
Salmonellosis	1
<b>TOTAL</b>	<b>7</b>

Lower Hutt City	pop. 82239
Campylobacteriosis	23
Cryptosporidiosis	2
Dengue fever	0
Gastroenteritis	5 (2P)
Giardiasis	5
Hepatitis A	1
Invasive pneumococcal disease	4
Measles	1
Paratyphoid fever	1
Pertussis	2 (1P)
Rheumatic fever	0
Salmonellosis	2
Tuberculosis	0
Yersiniosis	5
<b>TOTAL</b>	<b>51 (3P)</b>

Upper Hutt City	pop. 40179
Campylobacteriosis	10
Cryptosporidiosis	2
Dengue fever	1
Giardiasis	1
Invasive pneumococcal disease	2
Legionellosis	0
Listeriosis	1
Rheumatic fever	0 (1P)
Salmonellosis	3
Yersiniosis	2
<b>TOTAL</b>	<b>22 (1P)</b>

South Wairarapa District	pop. 8328
Campylobacteriosis	6
Cryptosporidiosis	2
Gastroenteritis	0 (1P)
Giardiasis	2
Legionellosis	0
<b>TOTAL</b>	<b>10 (1P)</b>

- Notes:**
1. Population data from Statistics New Zealand 2013 Census 'usually resident population'.
  2. Tables present the number of 'confirmed cases', with additional 'probable cases' in parentheses with annotation 'P'.
  3. Notification data from EpiSurv database.

Figure 1. Notifiable cases in the Hutt Valley, Wairarapa and Wellington 1/7/2016 – 30/9/2016, tabulated by territorial authority.

## EAR VAN AVAILABLE

The Porirua Children's Ear Van provides free ear checks for children from 0 to 18 years old. This service is provided by a registered nurse, who has special training in ear health.

Some of the children seen have problems with their hearing, which can affect their learning and development. The ear nurses provide:

- assessment and on-going monitoring of ear problems (discharging ears and glue ear)
- removal of foreign objects
- wax removal
- referrals to other services and educational support.



Recently there has been an influx of children coming to clinics for wax removal. Impacted wax needs at least one week of oil treatment prior to attending. The ear nurses will need to ask families to soften wax with oil for the week prior, then come back to a booked clinic for treatment.

Although we do see children from outside the Porirua area, the primary focus of this Porirua service is for local Māori, Pacific and vulnerable children. <http://3d.healthpathways.org.nz/> provides the health pathway for ear wax. This includes public and private options for wax removal.


**For an appointment at the Porirua Children's Ear Van please call Regional Public Health on 587 2916 or text the word 'appointment' to 027 845 1433 and someone will call you back.**

Clinic by appointment only

Drop-in clinics 9.30am-2.30pm

Please note these are very popular and there may be a wait.

**This is a free service**

 Follow the Regional Public Health facebook page for information on the Porirua Children's Ear Van.

### Monthly timetable for clinics:

	Monday	Tuesday	Thursday	Friday
Week 1	Waitangirua Mall next to health centre 201 Warspite Ave	Cannons Creek Whanau Centre Bedford Court	Ora Toa Health Unit 20 Ngatitoo St, Elsdon	Ora Toa Health Unit 20 Ngatitoo St, Elsdon
Week 2	Waitangirua Mall next to health centre 201 Warspite Ave	Cannons Creek Plunket Rooms 31 Warspite Ave	Waitangirua Mall alongside B4SC clinic 201 Warspite Ave	Ora Toa Health Unit 20 Ngatitoo St, Elsdon
Week 3	Waitangirua Mall next to health centre 201 Warspite Ave	Cannons Creek Whanau Centre Bedford Court	Ora Toa Health Unit 20 Ngatitoo St, Elsdon	Ora Toa Health Unit 20 Ngatitoo St, Elsdon
Week 4	Waitangirua Mall next to health centre 201 Warspite Ave	Cannons Creek Plunket Rooms 31 Warspite Ave	Waitangirua Mall alongside B4SC clinic 201 Warspite Ave	Ora Toa Health Unit 20 Ngatitoo St, Elsdon
Week 5	Waitangirua Mall next to health centre 201 Warspite Ave	Cannons Creek Whanau Centre Bedford Court	Ora Toa Health Unit 20 Ngatitoo St, Elsdon	Ora Toa Health Unit 20 Ngatitoo St, Elsdon

## PUBLIC HEALTH ALERTS

Regional Public Health communicates public health alerts to primary care practices by fax and by email. These communications often contain information that needs to be urgently taken on board by general practitioners and primary care nurses.

Please contact Regional Public Health on (04) 570 9002 if you have not been receiving alerts, or to check and confirm that we have your correct details.

If you are not yet receiving alerts by email, and would like to, then you can provide your email address via phoning the number above.

### Ordering pamphlets and posters:

To order any Ministry of Health resources, please contact the Health Information Centre on (04) 570 9691 or email [laurina.francis@huttvalleydhb.org.nz](mailto:laurina.francis@huttvalleydhb.org.nz)

For enquiries regarding the Public Health Post, please contact Dr Jonathan Kennedy, medical officer, Regional Public Health, by email [jonathan.kennedy@huttvalleydhb.org.nz](mailto:jonathan.kennedy@huttvalleydhb.org.nz) or by phone (04) 570 9002. Alternatively contact one of the regional medical officers of health: **Dr Jill McKenzie, Dr Craig Thornley, Dr Annette Nesdale and Dr Stephen Palmer.**