Regional Public Health
Better Health For The Greater Wellington Region

PUBLIC HEALTH POST

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

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WELLINGTON REGION TUBERCULOSIS DISEASE RATES LOW IN 2015-2016

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The Regional Public Health communicable disease team followed up a welcome low number of cases of tuberculosis disease in 2015 and 2016, with the annual rate approximately half that in 2014 (1). Rates in 2007 and 2009 were also low, though not as low as in 2015 or 2016. Looking back over the last 20 years, annual case notifications have fluctuated. However there appears to have been a substantial sustained reduction in rates from 2005 onwards. The relatively low rates of cases in Wellington in 2015 and 2016 were not matched nationally, with the rate for the whole of New Zealand similar to recent years. However, a similar national reduction from the mid-2000s appears to be sustained. It may be relevant that New Zealand immigration procedures for tuberculosis screening were tightened in 2004(2). The recent low rates in the Wellington region may represent normal variation, but have nevertheless been appreciated by the public health teams responsible for monitoring treatment adherence and investigating contacts.

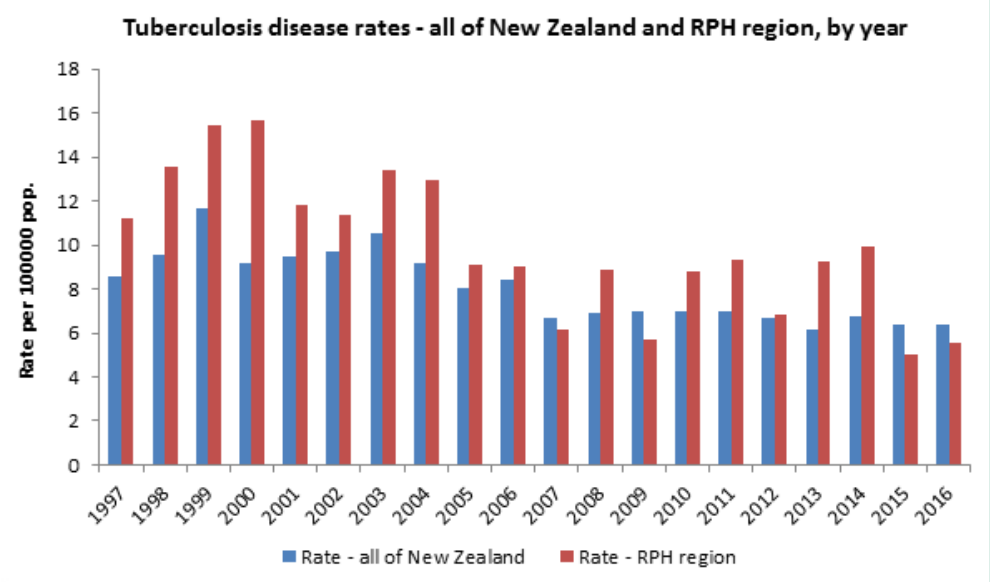


Figure 1. Tuberculosis disease notification rates in the Wellington Region and New Zealand, 1997 – 2016(1, 3)

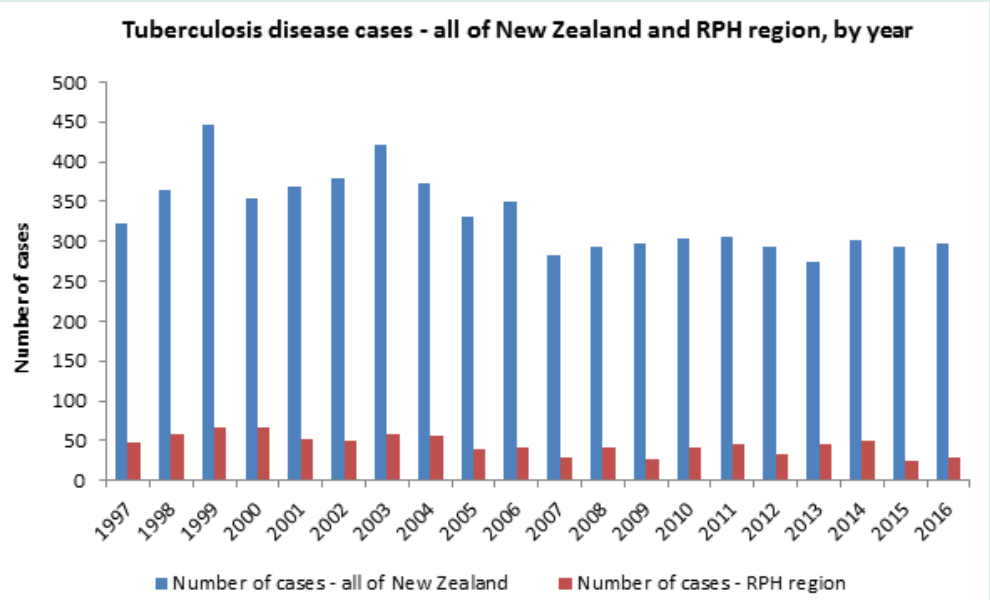


Figure 2. Tuberculosis disease notifications in the Wellington Region and New Zealand, 1997 – 2016(1)

Wellington, Wairarapa and the Hutt Valley cases: 1/1/2015 – 31/12/2016 (n=54)

Most tuberculosis disease cases occur in people who were born outside of New Zealand, and especially from high-incidence countries. Of the 54 cases in Wellington, Wairarapa and the Hutt Valley from 1/1/2015 to 31/12/2016, 42 were recorded as having been born outside of New Zealand, with Indian and Filipino ethnicities predominating.

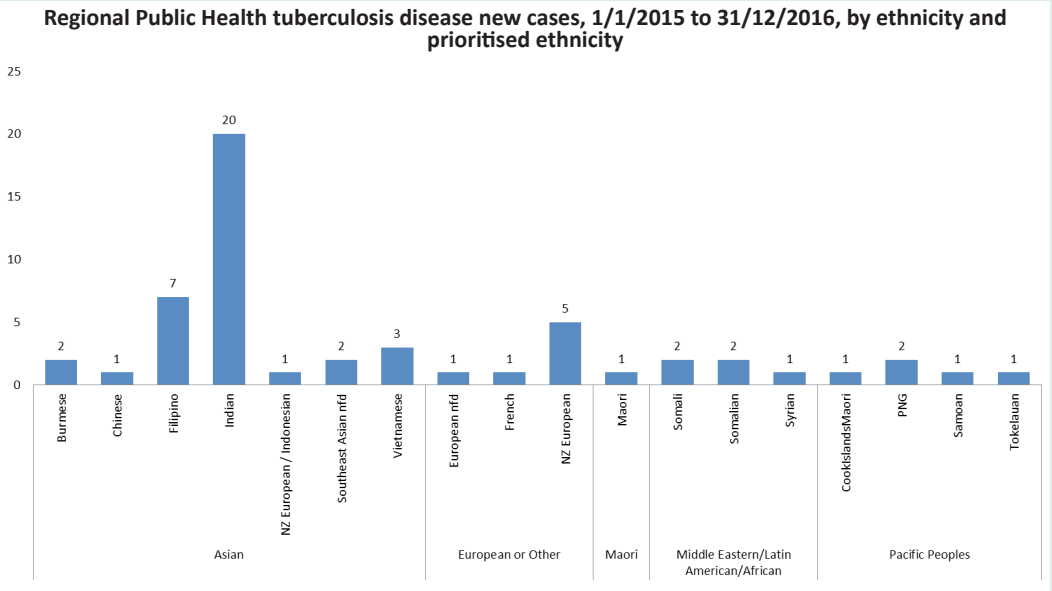


Figure 3. Tuberculosis disease notifications in the Wellington Region, 1/1/2015 – 30/11/2016, by ethnicity and prioritized ethnicity (n=54)(1)

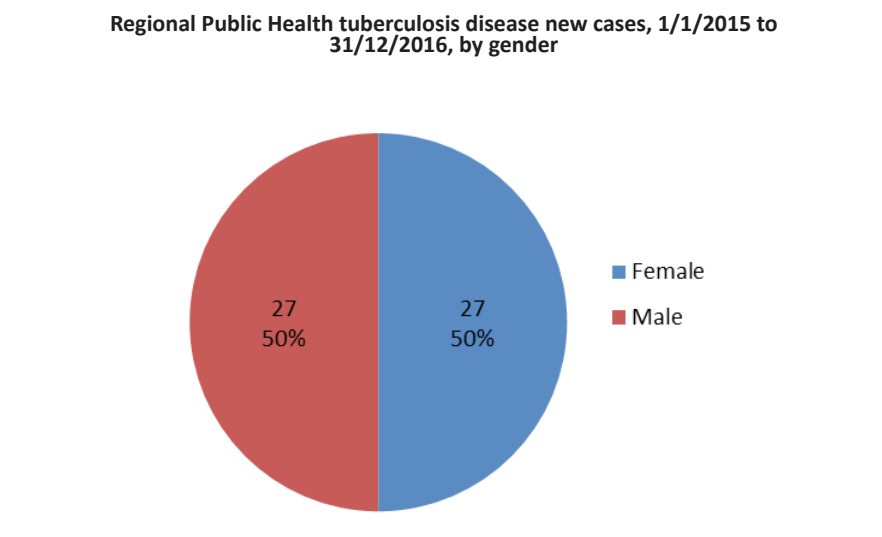


Figure 4. Tuberculosis disease notifications in the Wellington Region, 1/1/2015 – 31/12/2016, by gender (n=54)(1)

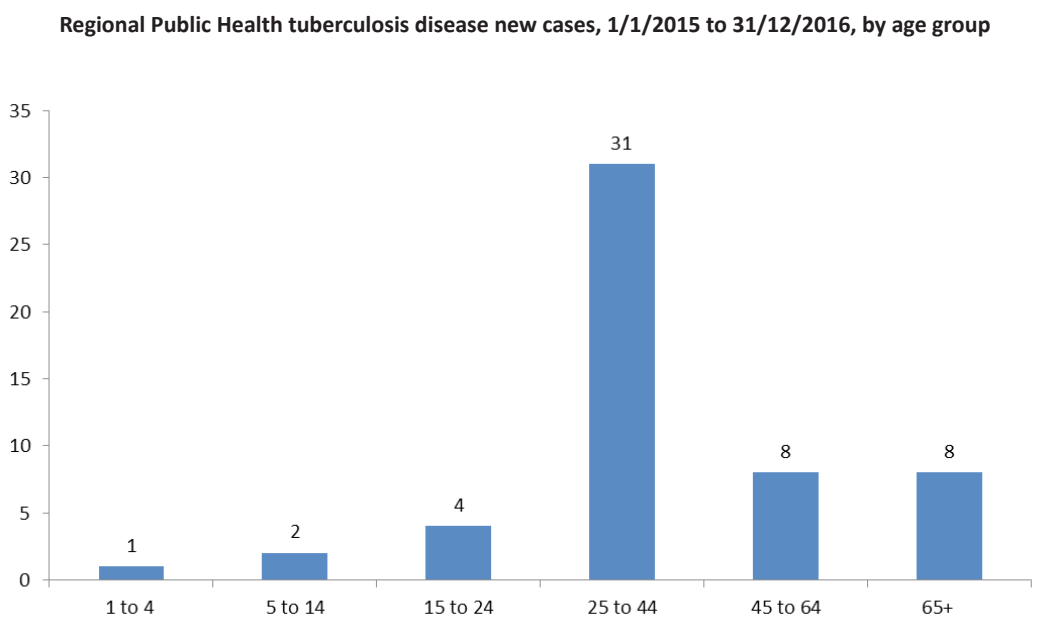


Figure 5. Tuberculosis disease notifications in the Wellington Region, 1/1/2015 – 31/12/2016, by age group (n=54)(1)

Cases were evenly spread by gender. There was a majority from the 25-44 age group. Cases were resident across the region with some concentration in Wellington and to a lesser extent in the Hutt Valley and in Northern suburbs.

Two of the 54 cases died with tuberculosis recorded as the primary cause of death, while 26 cases required hospitalisation. No cases of highly resistant (MDR, pre-XDR or XDR) tuberculosis were notified during this time period. Nineteen of the 54 cases were reported to have previously received a BCG vaccination (28 unknown, seven reported no previous BCG vaccine).

Occupations recorded for the 54 cases illustrate the wide variety of people affected by tuberculosis disease.

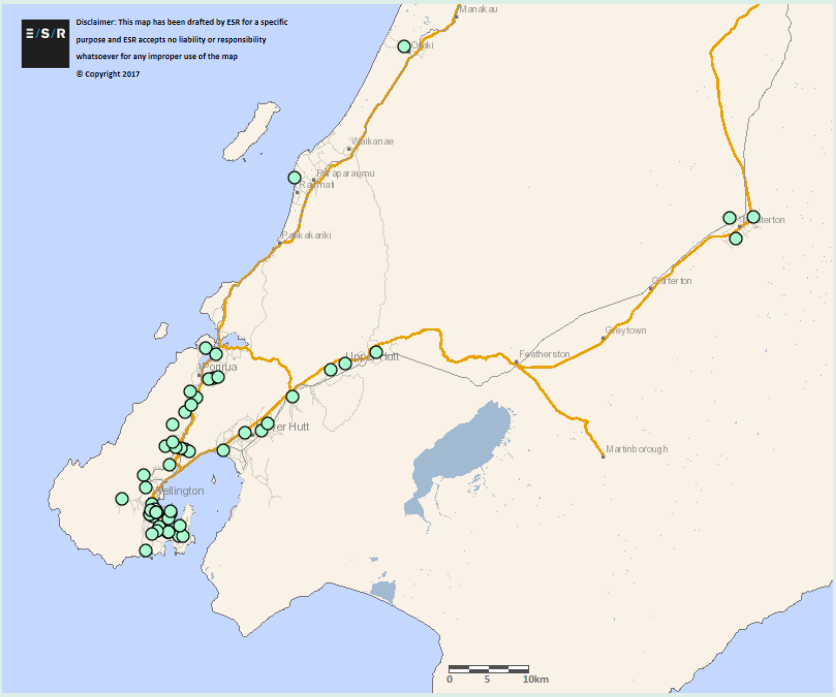


Figure 6. Tuberculosis disease notifications in the Wellington Region, 1/1/2015 – 31/12/2016(1)

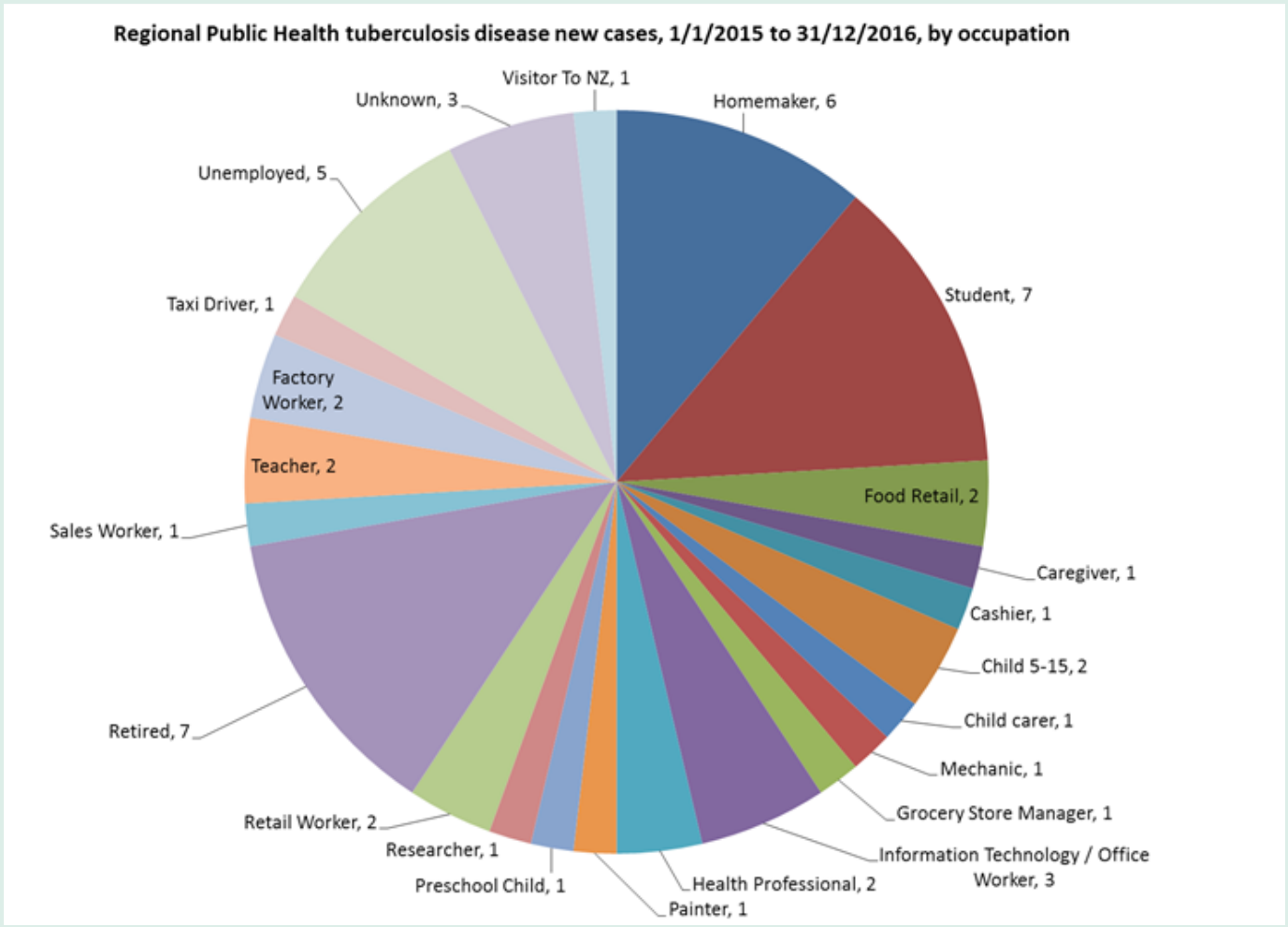


Figure 7. Tuberculosis disease notifications in the Wellington Region, 1/1/2015 – 31/12/2016, by occupation (n=54)(1)

References

1. ESR. Episurv database of notifiable conditions. 2017 [cited 13/2/2017].
2. Dalziel L. New migrant health and disability screening rules. 28/1/2004 ed. Wellington: New Zealand Government; 2004.
3. Population estimates and projections [Internet]. 2016 [cited 6/12/2016]. Available from: **http://www.stats.govt.nz/browse_for_stats/population/estimates_and_projections.aspx**

WHAT ARE YOU REPORTING?

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

Dr Jonathan Kennedy, Medical Officer, Regional Public Health

Table 1. Notifiable cases by DHB in the Hutt Valley, Wairarapa and Wellington 1/10/2016 – 31/12/2016.

Notifiable Condition	Number of confirmed cases (with additional 'probable' cases in brackets)			
	Hutt Valley	Capital and Coast	Wairarapa	Totals
Campylobacteriosis	85	148	36	269
Cryptosporidiosis	3	14	6	23
Dengue fever	1	1		2
Gastroenteritis	1(6)	2(15)	1(2)	4(23)
Giardiasis	6	23	1	30
Hepatitis A		2		2
Hepatitis B		1	1	2
Hepatitis C	3			3
Invasive pneumococcal disease	2	6	1	9
Legionellosis	2	1(1)		3(1)
Listeriosis	1			1
Meningococcal disease		2	1	3
Mumps		2		2
Pertussis	1(1)	29(15)		30(16)
Salmonellosis	4	17	4	25
Shigellosis	2(1)	3		5(1)
Tuberculosis	2	5(2)	0(1)	7(3)
VTEC/STEC infection			1	1
Yersiniosis	14	24		38
Zika virus		0(1)		0(1)
Totals	**127(8)**	**280(34)**	**52(3)**	**459(45)**

Notes (1,2)

- Campylobacteriosis accounted for 269 of the 459 confirmed case notifications during the three months. In most cases no source was confirmed. Identified risk factors included contact with family pets or farm animals, drinking potentially contaminated water, and contact with other cases during outbreaks.
- Zika and dengue fever cases had all travelled overseas to countries with known outbreaks. One of the dengue fever cases had an unusually long apparent incubation period and this is being further investigated.
- Tuberculosis cases predominantly reported potential exposure in high-risk countries including India, Vietnam, Myanmar and Somalia. Non-pulmonary tuberculosis cases included two reported to have ocular tuberculosis and one with peritoneal tuberculosis.
- Meningococcal disease affected a 16 year old male, a 61 year old female, and a 92 year old female in whom meningococcal infection was found to be causing an eye infection.

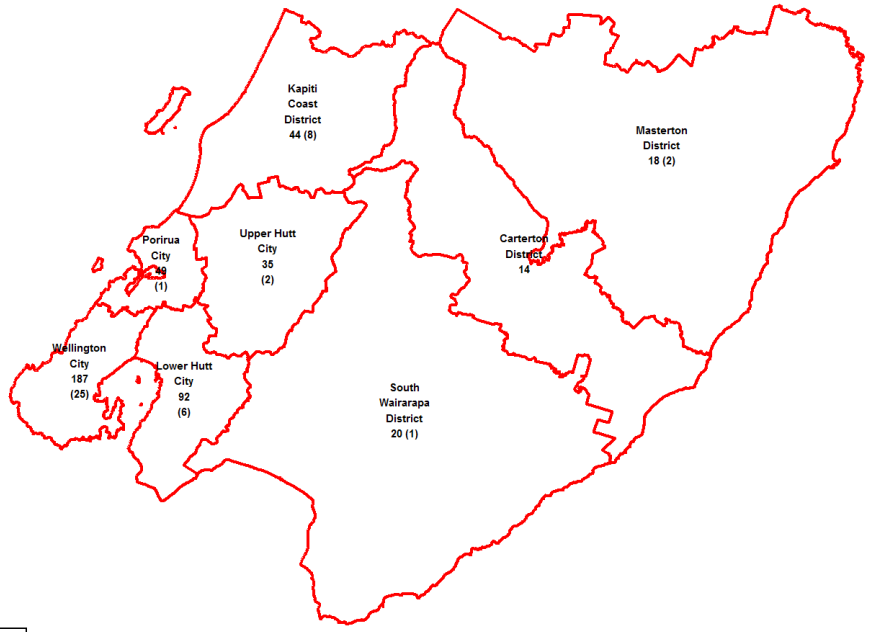
- Hepatitis A cases included some caused by the same strain as recent outbreaks in the Wellington region. One 25 year old woman acquired her hepatitis A infection while travelling in India. Four family members and four flatmates were subsequently vaccinated by public health nurses, including by cooperation with the New Plymouth public health unit. A 59 year old male plumber acquired hepatitis A, with consumption of frozen blueberries identified as a risk factor. The Ministry of Primary Industries continues to recommend that frozen berries can be made safe by cooking before consumption **https://www.mpi.govt.nz/food-safety/food-safety-for-consumers/is-it-safe-to-eat/frozen-imported-berries/** (3) and more information can be found via the Ministry of Health at **http://www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/hepatitis/frozen-berries-and-hepatitis** (4).
- Legionellosis cases reported potential overseas and local exposures. One 54 year old male with probable soil exposure to *legionella longbeachae* while gardening in New Zealand became seriously unwell and required admission to the intensive care unit.
- In addition to the two confirmed mumps cases in December 2016, eight measles and one mumps notifications were de-notified during the three months, after initial investigations suggested they did not meet case criteria.
- Five cases of yersiniosis were notified in November, aged from three years to 78 years. Investigations identified potential risk factors including pork products, bean sprouts, and raw juice from a local market.
- Notified outbreaks included gastroenteritis and influenza outbreaks in schools, rest homes and early childhood centres. One wedding party with probable norovirus reported 23 out of 35 respondents unwell, and 12 out of 50 attendees at a local camp developed gastrointestinal symptoms in a mixed cryptosporidiosis and giardia outbreak.

Sources

1. Regional Public Health. Notifiable condition surveillance records. 2016.
2. ESR. Episurv database of notifiable conditions. 2016 [cited 6/12/16].
3. Ministry of Primary Industries. Frozen imported berries 2017 [updated 31/1/20173/2/2017]. Available from: **https://www.mpi.govt.nz/food safety/food-safety-for-consumers/is-it-safe-to-eat/frozen-imported-berries/**
4. Ministry of Health. Frozen berries and hepatitis A 2016 [updated 30/9/20163/2/2017]. Available from: **http://www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/hepatitis/frozen-berries-and-hepatitis**

Regional Public Health Notifications
1st Oct 2016 to 31st Dec 2016

Kapiti Coast District	*pop. 49104*
Campylobacteriosis	28
Gastroenteritis	0 (4)
Giardiasis	3
Hepatitis A	1
Hepatitis B	1
Invasive pneumococcal disease	1
Legionellosis	0 (1)
Pertussis	4 (2)
Salmonellosis	3
Yersiniosis	3
Zika virus	0 (1)
TOTAL	44 (8)



Porirua City	*pop. 51717*
Campylobacteriosis	26
Cryptosporidiosis	6
Gastroenteritis	2 (1)
Giardiasis	2
Invasive pneumococcal disease	1
Meningococcal disease	0
Pertussis	1
Salmonellosis	3
Tuberculosis	2
Yersiniosis	6
TOTAL	49 (1)

Wellington City	*pop. 190956*
Campylobacteriosis	94
Cryptosporidiosis	8
Dengue fever	1
Gastroenteritis	0 (10)
Giardiasis	18
Hepatitis A	1
Invasive pneumococcal disease	4
Legionellosis	1
Listeriosis	0
Meningococcal disease	2
Mumps	2
Pertussis	24 (13)
Salmonellosis	11
Shigellosis	3
Tuberculosis	3 (2)
Yersiniosis	15
TOTAL	187 (25)

Lower Hutt City	*pop. 98238*
Campylobacteriosis	58
Cryptosporidiosis	3
Dengue fever	1
Gastroenteritis	1 (5)
Giardiasis	5
Hepatitis C	1
Invasive pneumococcal disease	2
Legionellosis	1
Listeriosis	1
Pertussis	1
Rheumatic fever	0
Salmonellosis	4
Shigellosis	1 (1)
Tuberculosis	1
Yersiniosis	12
TOTAL	92 (6)

Upper Hutt City	*pop. 40179*
Campylobacteriosis	27
Gastroenteritis	0 (1)
Giardiasis	1
Hepatitis C	2
Legionellosis	1
Pertussis	0 (1)
Shigellosis	1
Tuberculosis	1
Yersiniosis	2
TOTAL	35 (2)

Masterton District	*pop. 23352*
Campylobacteriosis	13
Cryptosporidiosis	2
Gastroenteritis	0 (1)
Hepatitis B	1
Meningococcal disease	1
Salmonellosis	1
Tuberculosis	0 (1)
TOTAL	18 (2)

Carterton District	*pop. 8235*
Campylobacteriosis	9
Cryptosporidiosis	2
Gastroenteritis	1
Salmonellosis	2
TOTAL	14

South Wairarapa District	*pop. 9528*
Campylobacteriosis	14
Cryptosporidiosis	2
Gastroenteritis	0 (1)
Giardiasis	1
Invasive pneumococcal disease	1
Salmonellosis	1
VTEC/STEC infection	1
TOTAL	20 (1)

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.
3. Notification data from Episurv database.

Figure 1. Notifiable cases in the Hutt Valley, Wairarapa and Wellington 1/10/2016 – 31/12/2016, tabulated by territorial authority

HEALTH (PROTECTION) AMENDMENT ACT 2016 (HPAA) IN FORCE

On 4 January 2017, the Health (Protection) Amendment Act 2016 (HPAA) came into force. Two key changes for primary care are: (1) all health practitioners, not just medical practitioners, are now required to report to the Medical Officer of Health when they have 'reasonable suspicion' that their patient is suffering from a notifiable disease; and (2) three sexually transmitted infections (syphilis, gonorrhoea, HIV) are now notifiable, but without personally identifying information.

For laboratory confirmed disease the clinician is still required to provide details for public health follow-up. For sexually transmitted infections, the diagnosing clinician will be asked to complete an on-line questionnaire once the system is operational, expected in April 2017. Regional Public Health is currently updating its disease notification manual to reflect the legislative changes. If you have any suggestions on how to improve notification processes, please contact Oz Mansoor at **osman.mansoor@huttvalleydhb.org.nz** or (04) 587 2632 (Monday to Wednesdays).

BCG VACCINE AVAILABILITY

Bacillus Calmette-Guérin (BCG) vaccination was unavailable for much of 2016 due to interruption of regular supply of the vaccine to New Zealand. The Ministry of Health has advised that this is due to international production issues; BCG vaccination has been curtailed throughout New Zealand.

The situation is unchanged. In its last update, the New Zealand vaccine supplier (Seqirus New Zealand) has stated that it has been unable to secure alternative supplies of BCG vaccine for New Zealand. However, Seqirus has indicated that a potential manufacturer is restarting production in early 2017, and Seqirus hope to have vaccine available before the end of September 2017. A further update on the supply situation is expected in May.

In the meantime, please continue to undertake the following:

- Assess for tuberculosis (TB) exposure risk in neonates and young children; the BCG eligibility criteria in the Immunisation Handbook 2014 may be used for this purpose.
- Flag increased risk in medical records and advise parents or caregivers to seek medical attention if TB signs or symptoms develop.
- Continue to refer children for BCG vaccination. However, advise parents that these children will not be booked for BCG vaccination until supply recommences.

If you have any BCG queries, please contact Melanie Kennedy, BCG Vaccination Nurse, 04 570 9002.

DISEASE NOTIFICATION – HOW YOUR GENERAL PRACTICE CAN HELP

In 2013 Regional Public Health launched the *Public Health Disease Notification Manual* to assist in the disease notification process.

Updates for this manual are located at **http://www.rph.org.nz**

To enable our staff to promptly initiate disease follow up we need your help in the following ways:

1. Inform your patient of the illness they have been diagnosed with or exposed to and that public health staff may be in contact.
2. Notify Regional Public Health of the disease within a timely fashion (after the case has been informed) - by phone for urgent notifications (as soon as you are aware), or by faxing a case report form for non-urgent (within one working day). You can find a list of urgent vs. non-urgent notifications on the Regional Public Health website under Health Professionals > Notifiable Diseases.
3. Complete all sections of the form, especially:
    - work/school/early childhood centre information
    - name of parent or guardian for a child under 16 years old.

The 3D HealthPathways includes a pathway on reporting notifiable diseases: **http://3d.healthpathways.org.nz**

PUBLIC HEALTH AND THE PROSTITUTION REFORM ACT

Dr Peter Murray, Public Health Registrar; Dr Annette Nesdale, Medical Officer of Health; Dr Craig Thornley, Medical Officer of Health

In 2015, Regional Public Health undertook a project to raise awareness among commercial sex premises operators of their safer sex obligations under the Prostitution Reform Act (PRA). As part of this project, assessments were made of commercial sex premises in the greater Wellington region, to determine whether reasonable steps were being taken to promote safer sex practices. In general, most premises had systems and processes in place to meet their PRA obligations, and recommendations were made for remediation where basic steps did not appear to be present. This article overviews the background to the PRA and the public health role under that legislation.

Background

Sex workers are a marginalized societal group.(1)(2) As a result of this and the inherent hazards of the occupation, sex workers have unique health needs and issues (Table 1).(1) Many of the issues described in Table 1 are relevant in New Zealand.

Table 1. Health issues facing sex workers globally.(1)

Sexually transmitted infections
HIV
Hepatitis A, B and C
Unmet contraceptive need and reproductive care
Substance abuse issues
Physical and sexual violence
Mental health disorders

New Zealand's response

Laws concerning sex work and sex workers have been identified as a key driver of sex worker marginalization.(2) Contrary to popular understanding, there is no evidence that making sex work illegal reduces sex work.(2) Furthermore, alternative models, such as the 'Swedish Model' that criminalises the purchasing of sex work (i.e. penalising the clients), may also be counterproductive.(2-4)

New Zealand (NZ) has adopted a novel approach – decriminalization of prostitution. The Prostitution Reform Act 2003 (PRA) radically changed the legal status of sex work and sex workers in NZ. The aim of the legislation is to promote the welfare and human rights of sex workers, better protect public health and prohibit the use in prostitution of people aged under the age of 18.

Research has identified a number of benefits from the implementation of the Act, particularly improvements in safeguarding sex workers' legal and employment rights.(5, 6) In addition, there does not appear to have been any significant change in the number of sex workers in New Zealand.(5, 7)

PRA and Public Health

In addition to decriminalizing sex work in NZ, the PRA also incorporates a number of public health measures and imparts special powers to the Medical Officer of Health (MOoH).

When considering the former, the PRA makes unsafe sex work practices an offence. For the purposes of the legislation, safe commercial sex practices require the use of an appropriate barrier or sheath for all penetrative sex (including oral sex) or other activity that carries a risk of acquiring or transmitting sexually transmitted infections. The obligation to ensure these safe sex practices are used is placed upon sex workers, clients and the operators of business of prostitution. From the perspective of a business operator, this obligation specifically includes provision of information and displaying health information.

Example of the Ministry of Health poster

The PRA also empowers the MOoH to appoint inspectors who may enter premises to assess whether the safe sex work practices obligations in the PRA are being upheld. Part of this assessment can involve meeting and interviewing with the business operator, sex workers or clients. Health promotion visits of brothels in the greater Wellington region were undertaken in late 2015 to assess current standards and compliance with the PRA; this work was carried out in consultation with the New Zealand Prostitutes' Collective (NZPC).

Finally, given their powers under the PRA, the local MOoH can be contacted for advice if a sex work/client presents to your practice with concerns about unsafe commercial sex practices.

Support services for sex workers

The NZPC is a key organization that provides support services for sex workers. The NZPC has branches across New Zealand, including Wellington. The organisation offers a range of services for female, male, and transgender sex workers. These services include:

- A drop-in center.
- Condoms and water based lubricants.
- Health information.
- Free and anonymous sexual health clinic
  - Wellington clinic times are Tuesday 15:00-18:00 and Wednesdays from 16:00 to 21:00.
- Legal advice.
- Support for individuals seeking to enter or exit the sex industry.

The contact details for the Wellington branch are:

Phone: 04 382 8791
Email: **info@nzpc.org.nz**
Address: 204 Willis Street, Wellington

Further information

Further information on sex work in New Zealand and the PRA can be found at:

- New Zealand Prostitutes Collective website: **http://www.nzpc.org.nz/**
- A guide to Occupational Health and Safety in the New Zealand Sex Industry: **http://www.business.govt.nz/worksafe/information-guidance/all-guidance-items/sex-industry-a-guide-to-occupational-health-and-safety-in-the-new-zealand**

References

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2. Strathdee SA, Crago A-L, Butler J, Bekker L-G, Beyrer C. Dispelling myths about sex workers and HIV. The Lancet. 2015;385(9962):4-7.
3. Danna D. Client-only criminalization in the city of Stockholm: A local research on the application of the "Swedish Model" of prostitution policy. Sexuality Research and Social Policy. 2012;9(1):80-93.
4. Levy J, Jakobsson P. Sweden's abolitionist discourse and law: Effects on the dynamics of Swedish sex work and on the lives of Sweden's sex workers. Criminology and Criminal Justice. 2014;14(5):593-607.
5. Fitzharris P, Hannan C, Baker D, Soeberg M, Piper S, Ritchie K. Report of the prostitution law review committee on the operation of the prostitution reform act 2003. Government of New Zealand, Wellington. 2008.
6. Abel GM. A decade of decriminalization: Sex work 'down under'but not underground. Criminology and Criminal Justice. 2014;14(5):580-92.
7. ABEL GM, FITZGERALD LJ, BRUNTON C. The Impact of Decriminalisation on the Number of Sex Workers in New Zealand. Journal of Social Policy. 2009;38(03):515-31.

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**

For enquiries regarding the Public Health Post, please contact Dr Jonathan Kennedy, medical officer, Regional Public Health, by email **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.**

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