

PUBLIC HEALTH POST

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

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RELAUNCHING HEALTHY SKIN IN GREATER WELLINGTON REGION

The *Healthy Skin in Greater Wellington* project, launched in 2012, aimed to reduce the high rate of child hospital admissions from skin infections. The project developed consistent skin care messages to children and their carers wherever they are seen; summarised as ‘clean, cut, and cover’. The project also created skin packs that included key messages and plasters to cover sores and cuts.



While considering joint projects, the Regional Public Health-Primary Health Organisation forum noted the rising incidence of child hospitalisations for skin infections and therefore proposed relaunching Healthy Skin in Greater Wellington project at the start of summer – with skin infections peaking over this period. Skin packs have been prepared and are being distributed through schools and general practices, with a priority for those serving disadvantaged communities. The RPH website has a [page on skin resources](#) that includes a protocol for managing skin infections. (There is also a 3D Health Pathway on skin infections).

The positive impact of a healthy skins project in the Bay of Plenty was recently published in *Nursing Review*¹, noting that the project was built on RPH’s Healthy Skin in Greater Wellington initiative. The article highlighted the value of the skin kits, especially plasters for children to cover cuts and sores.

Regional Public Health continues to support healthy skin as part of the school programme that provides support to primary schools, mostly for the lower decile ones. The aim is that this service is complementary to the primary care provided by their general practice. This includes standing orders for the treating minor skin infections, including use

of moisturisers and antiseptics to prevent serious infection. The nurses inform the child’s general practice and record any treatment supplied on the District Health Board record system that is accessible to general practice. If the child does not have a general practitioner, the nurse will help the family to enrol with one.

Regional Public Health data show 170 nurse reviews of skin conditions (under standing orders) over the last three years, including four adults treated as part of the family treatment for scabies.

Figure 1 shows the number of PHN consults (under standing orders), by school decile showing that it is mostly children attending the schools in the lower deciles being seen. The conditions seen and the outcome is shown in Figure 2, to show the percentage of cases referred for different conditions.



Figure 1. Number seen by PHN with skin condition, by decile of school, 2015-2018

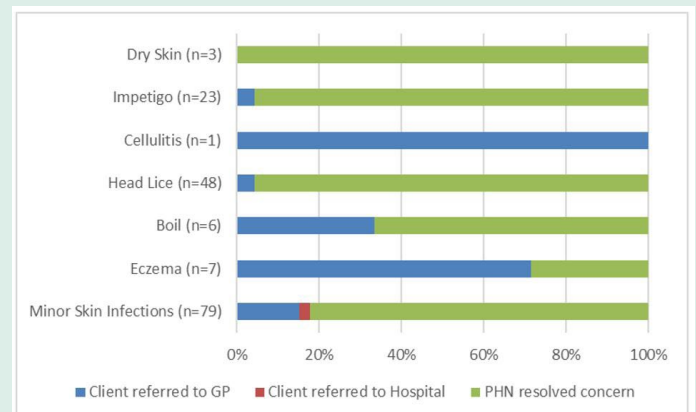


Figure 2. Conditions and outcomes for children seen by PHN at school

One of the aims of Healthy Skin in Greater Wellington was to ensure that common messages are used by all. The key messages developed are reproduced here:

Key messages for parents and caregivers:

Healthy skin messages

- Good food and nutrition is important for healthy skin
- Clean hands with soap and water often
- Cut and file fingernails
- Cover sores and cuts with plasters
- Keep skin clean
- Wear clean clothes
- Keep house clean inside and out
- Wash sheets and towels regularly
- Treat animals for fleas regularly

Child with minor cut, sores or other skin conditions

- Wash hands with soap and water often
- Clean and cover cuts and sores with plasters
- Check cuts and sores on a daily basis
- Cut and file fingernails
- Care for other skin conditions e.g. eczema - use creams and lotions
- Use own sheets and towels
- If you need help, ask the nurse or other health worker

See the doctor or nurse today if the sore or red area has any of the following:

- Is the size of a 10c piece or bigger
- Has pus
- Is getting bigger
- Has red streaks coming from it
- Is not getting better within 2 days
- Is near the eye

Child with skin infection that is getting worse

- See the doctor or nurse. Medication (antibiotics) may be needed
- Get medicine from the pharmacy straight away
- Take the full course of medicines (antibiotics) as prescribed
- Don't share medicines with others
- Supervise children taking medicine
- Go back to doctor if not getting better.

Child with Serious Skin Infection

- Your child will be sore and very sick
- Will need to go to hospital
- May need surgery

References:

¹ Cassie F. Free plasters = fewer skin infections. Nursing Review. 1 Oct 2018. <http://nursingreview.co.nz/free-plasters-fewer-skin-infections/>

GO TO THE DOCTOR...



... if a sore or redness has any ONE of the following:

Is the size of a 10c coin or bigger

Has pus

Is getting bigger

Has red streaks coming from it

Is not getting better within 2 days

Is near the eye (see a doctor urgently)

LOOKING AFTER SORES



Wash and dry your hands (20 second rule).

Use a clean cloth or paper towel to soak and wash the sores. Put the cloth or paper towel in the rubbish.

Dry sores with another clean cloth or paper towel. Put the cloth or paper towel in the rubbish.

Cover sores with a clean gauze cloth or sticking plaster. Change daily.

Wash and dry hands again.

If you have questions or are worried about the sores contact your doctor or nurse.

HEALTHY SKIN

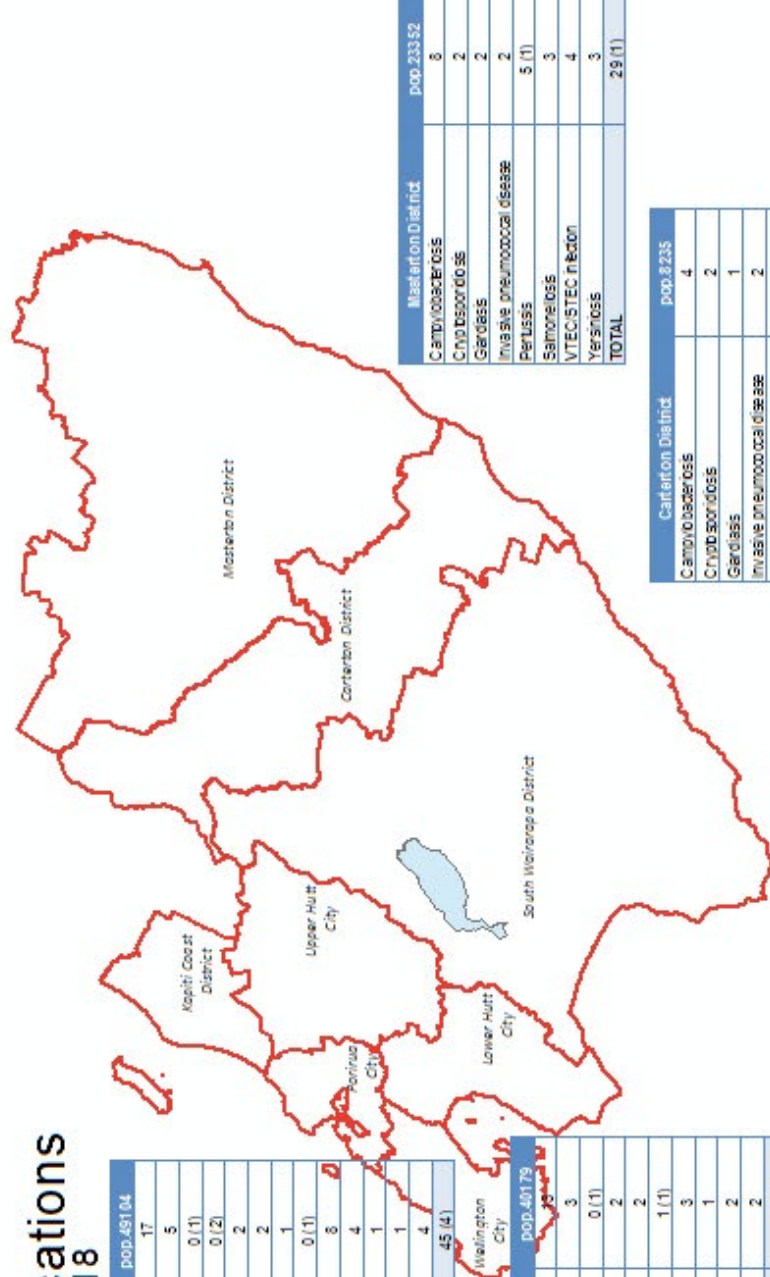
Regional Public Health
Better Health For The Greater Wellington Region
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HEALTHY SKIN

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Regional Public Health Notifications

1st July 2018 to 30th September 2018



Kapiti Coast District	pop.49104
Campylobacteriosis	17
Cryptosporidiosis	5
Dengue fever	0(1)
Gastroenteritis	0(2)
Giardiasis	2
Invasive pneumococcal disease	2
Measles	1
Mumps	0(1)
Peritussis	8
Salmonellosis	4
Shigellosis	1
VTEC/STEC infection	1
Yersiniosis	4
TOTAL	45 (4)

Upper Hutt City	pop.40179
Campylobacteriosis	3
Cryptosporidiosis	0(1)
Gastroenteritis	2
Giardiasis	2
Invasive pneumococcal disease	1(1)
Peritussis	3
Salmonellosis	1
Tuberculosis	2
VTEC/STEC infection	2
Yersiniosis	2
TOTAL	29 (2)

Lower Hutt City	pop.92238
Campylobacteriosis	21
Cryptosporidiosis	3
Gastroenteritis	0(1)
Giardiasis	9
Invasive pneumococcal disease	6
Listeriosis	1
Measles	1
Meningococcal disease	1
Peritussis	5(5)
Rheumatic fever	0(1)
Salmonellosis	4
VTEC/STEC infection	6
Yersiniosis	6
TOTAL	65 (7)

Wellington City	pop.400958
Campylobacteriosis	58
Cryptosporidiosis	19
Dengue fever	1
Gastroenteritis	0(5)
Giardiasis	23
Herpes B	1
Invasive pneumococcal disease	5
Meningococcal disease	1
Peritussis	26(7)
Rheumatic fever	0(1)
Rubella	0(1)
Salmonellosis	19
Shigellosis	3
Tuberculosis	2(3)
Typhoid fever	1
VTEC/STEC infection	9
Yersiniosis	21
TOTAL	189 (17)

Masterton District	pop.23352
Campylobacteriosis	6
Cryptosporidiosis	2
Giardiasis	2
Invasive pneumococcal disease	2
Peritussis	5(1)
Salmonellosis	3
VTEC/STEC infection	4
Yersiniosis	3
TOTAL	29 (1)

Carterton District	pop.8235
Campylobacteriosis	4
Cryptosporidiosis	2
Giardiasis	1
Invasive pneumococcal disease	2
VTEC/STEC infection	1
TOTAL	10

South Wairarapa District	pop.9528
Campylobacteriosis	5
Cryptosporidiosis	2
Giardiasis	1
Listeriosis	1
Peritussis	1
Salmonellosis	2
VTEC/STEC infection	2
Yersiniosis	1
TOTAL	15

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 brackets.
3. Notification data from: The Institute of Environmental Science and Research Ltd. EpiSurv database of notifiable conditions. 2018. Accessed 26/11/2018.

Figure. Notifiable cases in the Hutt Valley, Wairarapa and Wellington 1/7/2018 – 30/9/2018, tabulated by territorial authority

WHAT ARE YOU REPORTING?

THREE MONTHS OF NOTIFIED CASES IN THE HUTT VALLEY, WAIRARAPA AND WELLINGTON.

Dr Jonathan Kennedy, Medical Officer, Regional Public Health

Notifiable Condition	Hutt Valley	Capital and Coast	Wairarapa	Totals
Campylobacteriosis	34	96	17	147
Cryptosporidiosis	6	26	6	38
Dengue fever		1 (1)		1 (1)
Gastroenteritis	0 (2)	0 (7)		0 (9)
Giardiasis	11	28	4	43
Hepatitis B		1		1
Invasive pneumococcal disease	8	10	4	22
Leptospirosis			1	1
Listeriosis	1			1
Malaria	1	1		2
Meningococcal disease	1	2		3
Mumps		0 (1)		0 (1)
Pertussis	6 (6)	44 (11)	6 (1)	56 (18)
Rheumatic fever	0 (1)	1 (1)		1 (2)
Rubella		0 (1)		0 (1)
Salmonellosis	7	24	5	36
Shigellosis		5		5
Tuberculosis	1	6 (3)		7 (3)
Typhoid fever		1		1
VTEC/STEC infection	8	11	7	26
Yersiniosis	10	28	4	42
TOTALS	94 (9)	285 (25)	54 (1)	433 (35)

Figure. Notified cases by DHB in the Hutt Valley, Wairarapa and Wellington 1/7/2018 – 30/9/2018. Table includes 'confirmed' cases with additional 'probable' cases in brackets.

Notes ^(1,2)

- One case of leptospirosis was reported in a 59 year-old man who had potential exposure to cattle, pigs and dogs, and who had received cuts and abrasions while swimming at a natural pool while hiking in the Pacific islands.
- Increased numbers of pertussis cases were reported especially later in September which contributed to a noticeable cluster of regional cases and hospitalisations from September continuing through to November 2018.
- Shiga-toxin producing *E. coli*. (STEC) cases of indeterminate significance continue to present challenges for public health follow up, in the context of the introduction of more sensitive PCR laboratory testing for faecal specimens.
- Yersiniosis cases included an 8 year-old male with consumption of raw milk as his main risk factor, and a 10 month old boy who consumed inadequately cooked meat and vegetable broth.

References

- The Institute of Environmental Science and Research Ltd. EpiSurv database of notifiable conditions. 2018.
- Regional Public Health. Notifiable condition surveillance records. 2018.

2018 AUSTRALASIAN TUBERCULOSIS CONFERENCE A SUCCESS

2018 AUSTRALASIAN TUBERCULOSIS CONFERENCE

30-31 August | Wellington, New Zealand

In August this year, Regional Public Health coordinated the 2018 Australasian Tuberculosis Conference. Tuberculosis (TB) remains a cause of high health burden around the world, and is ranked as one of the top ten contributors to mortality worldwide. Annually, over 300 cases occur in New Zealand. The conference was a valuable source of workforce development for professionals working in a changing landscape of greater multidrug resistance, increased migration from countries with high rates of TB, new diagnostic techniques and treatments, and changing tools for understanding TB epidemiology.

The 2018 Australasian TB Conference was held at Te Papa, Wellington on 30-31st August. It was opened by Louisa Wall, MP for Manurewa and inaugural member of the Asia Pacific TB Caucus. The conference covered all aspects of TB management, clinical care, public health and occupational health, infection control, policy and guideline development, research, immigration issues, and laboratory science. The conference attracted 177 delegates from professional groups such as clinical doctors, microbiologists, clinical nurses, laboratory scientists, infection control nurses, occupational health staff, public health doctors, public health nurses, government agency policy-makers, and researchers. Delegates were from a range of organisations and work settings including district health boards (44%), public health units (21%), universities and research centres (11%), other health organisations (10%), hospitals and laboratories (7%), and non-health organisations with a strong interest in tuberculosis (e.g. immigration sector).



The 2018 conference brought together key New Zealand and Australian delegates from across the specialist healthcare and academic workforce concerned with tuberculosis control. Our keynote speaker was Dr. Timothy Walker, John Radcliffe Hospital, University of Oxford, United Kingdom. Dr. Walker presented on the utilisation of whole genome sequencing. Delegates also heard from leading Australasian experts on current major topics including drug resistance, epidemiology, treatment and field investigations.

The following organisations/agencies provided partnership and sponsorship for the conference:

- Seed funding was provided by Lung Health
- The Thoracic Society of Australia and New Zealand endorsed and partnered with the Conference.
- QIAGEN: A provider of sample and assay technologies in more than 25 countries.
- New Zealand Ministry of Health: Leading New Zealand's health and disability system
- Environmental Science and Research: A Crown Research Institute that delivers solutions for local and central government, industries, and other organisations.
- Regional Public Health: The public health unit for the Wairarapa, Hutt Valley and Capital & Coast DHBs, Conference host and organiser
- Pacific Radiology



The 2018 Australasian TB Conference was fortunate to find the level of support and partnership provided by these agencies.

The Conference was organised by a Regional Public Health Organising Committee with support for content from medical specialists in the Wellington region who comprised the Conference Scientific Committee.

“Winds of Change: Tools for TB Elimination” was identified as an aspirational Conference theme that also referenced the windy city of Wellington. It also created a sense of purpose and focus for the event, and once identified, featured in all promotional material, blurbs and information flyers.



The conference format and coverage was well-received overall with one respondent remarking “I think there was something for everyone depending on your interests – academic/clinical/social impacts”.

The majority of delegates made positive remarks about the organisation and atmosphere of the conference, with mentions of high calibre speakers, an “inclusive approach”, “interesting, varied programme”, and “it was educationally very dense without much redundancy in the topics”.

Delegates were invited to comment on what they would do differently as a result of attending the conference. Several respondents’ comments indicated greater confidence and knowledge gains in terms of tuberculosis management, treatment of latent and multi-drug resistant tuberculosis, and being aware of policy and treatment developments that they would apply in their practice. It was clear that the conference was a motivating and inspiring experience with several respondents describing how they would take knowledge back to colleagues, be more active in producing research and case studies, support policy development and be equipped to respond to policy changes, and contribute to the elimination of tuberculosis. A few respondents were inspired to think more about the health sector response to Māori, Pacific, and as would be predicted migrant communities.

The Conference developed a resolution calling on the Hon Minister of Health to develop a New Zealand Tuberculosis Elimination Strategy to present to the United Nations General Assembly high level meeting on Tuberculosis convened on 26 September 2018.

Further sub-themes emerged as follows:

- New strategies for tuberculosis elimination
- Cross-border issues and latent tuberculosis infection
- Biomedical advances toward tuberculosis elimination
- Clinical tuberculosis topics
- Microbiology and clinical
- Public health topics
- Genomic, diagnostic and strategic directions
- Clinical dimensions
- Drug resistance and public health challenges
- New Zealand tuberculosis guidelines

The call for abstracts generated 25 abstract submissions which were reviewed by a sub-group of the scientific committee. Abstracts were selected for content and to enable the development of coherent parallel break-out sessions.

Regional Public Health conducted a conference delegate survey to which more than half of delegates responded. Delegates indicated that the conference provided good coverage of topics and, in particular, many delegates commented positively on whole genome sequencing and its various uses as a tool for research, surveillance, and clinical management (including for drug resistance). Several delegates were positive about the coverage of multi-drug resistant tuberculosis, and latent tuberculosis infection.

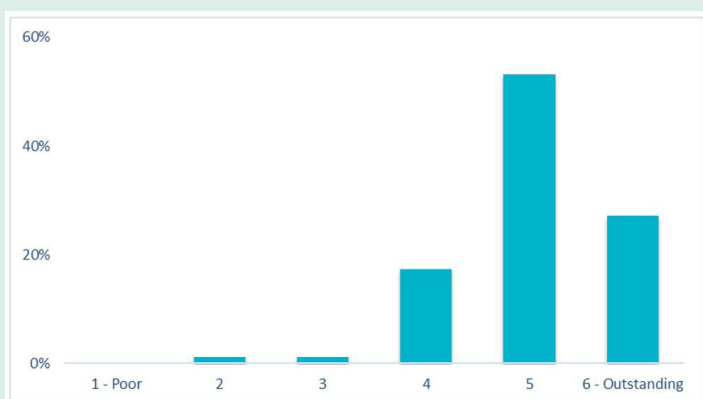
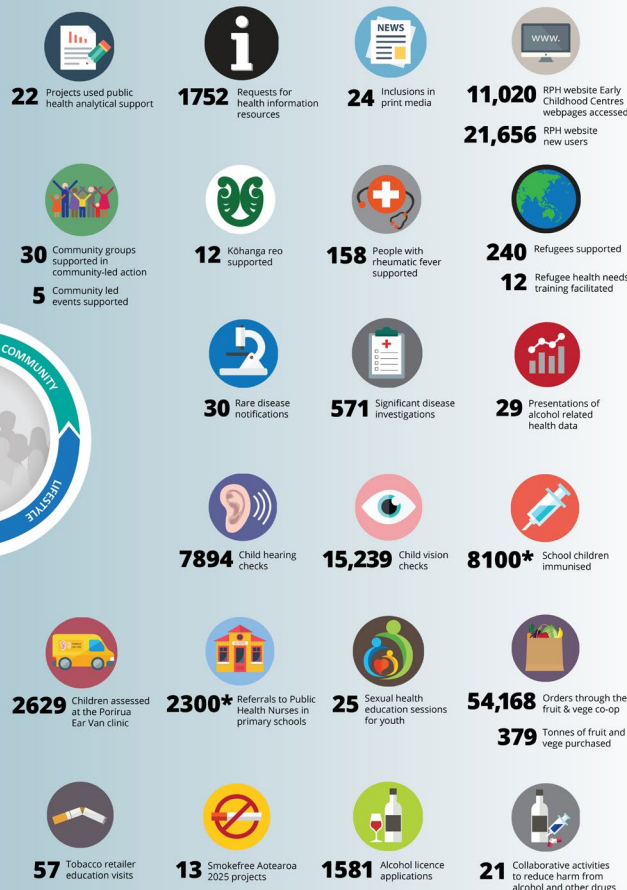


Fig 1: How the survey respondents rated the conference overall (n=81)





* Approximately

DISEASE NOTIFICATION – HOW YOUR GENERAL PRACTICE CAN HELP

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 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.