



### **Waikato Public Health Bulletin**

Teenaa koutou katoa. We hope you enjoy this edition of the Waikato Public Health Bulletin and we welcome your feedback. https://www.surveymonkey.com/r/8GYMX9K

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# Legionnaires Disease / Legionellosis

Legionella bacteria is found in the environment, with *L. pneumophilia* being mostly associated with warm-water systems and *L. longbeachae* with soil. People can get the disease after inhaling mist or spray from water containing *legionella* bacteria, or from inhaling dust from soil containing the bacteria.

The symptoms can appear 'flu-like' from a mild infection known as Pontiac fever to a serious form of pneumonia called Legionnaires' disease.

During the spring and summer gardening season, people are most at risk of catching Legionnaires' disease or Legionellosis from potting mix and compost.

For community-acquired pneumonia presentations this spring season, consider *L. longbeachae* if potting mix has been used as

this may influence the choice of investigation and antibiotic.

To minimise the risk of getting Legionellosis, gear up when handling compost, potting mix, and soil.

### 1. Mask up and wear gloves

Use well-fitting disposable face mask and wear gloves when handling compost and potting mix.

### 2. Cut (don't rip)

Open bags of compost or potting mix carefully and away from your face using scissors.

#### 3. Work outside

Work with compost or potting mix in a well-ventilated outdoor area.

#### 4. Compost dry? Damp it down

Dampen down compost or potting mix to reduce dust.

#### 5. Soap it up

Wash your hands thoroughly with soap and water after the work is done.

Additionally, ensure that hot water cylinders at home are set to at least 60°C (a tempering/mixing valve should be used to lower the water temperature at taps to reduce the risk of scalding).





## Te Whatu Ora Health New Zealand

### Notifiable Diseases - Reminder

Timely notifications are critical as they allow for appropriate public health action and control measures to be taken to reduce the risk of further spread of disease. Health practitioners are required by Section 74 of the Health Act 1956 to report to the Medical Officer of Health any patient they have 'reasonable suspicion' of suffering from a notifiable disease.

Please note that laboratory notifications do not replace the Health Practitioner's duty to notify under the Health Act.

Always arrange appropriate testing (see Health Pathways) for suspected notifiable diseases. Simultaneously please make sure to notify the Public Health Service on suspicion of a notifiable disease via BPAC e-referrals (and a phone call for urgent notifications).

Please refer to the <u>August 2023 edition of the public health bulletin</u> which specifies the notifiable diseases and circumstances that would warrant an urgent phone call to the Medical Officer of Health.

#### Measles and Mumps PCR

The hospital laboratory where these PCRs are processed will usually check with the Public Health Service before processing diagnostic requests. To ensure timely testing and public health action for measles and mumps, please make sure to do a BPAC notification upon requesting PCR and phone the Medical Officer of Health if appropriate.

### National Oral Health Day: Switch to Water Challenge

November 1st is National Oral Health day and the New Zealand Dental Association runs an annual campaign to raise awareness about the importance of oral health through education, advocacy and access to oral care.

The Switch to Water Challenge is all about switching sugary drinks to water for 30 days. The aim is to reduce sugar intake and build better habits, with water becoming the drink of choice over time.

Tooth decay occurs when sugar feeds the bacteria in the mouth and produces acid. This acid attacks the teeth and causes gradual destruction of the tooth. Drinks that are acidic have a high erosive potential. They soften tooth enamel and dissolve the outer layer. The longer it takes to drink a sugary, acidic drink, the greater the damage due to prolonged contact time with the teeth.



Sugary drinks usually have no nutritional value and contribute to excess calories. Sugar and acid levels in sugary and 'diet' or zero-calorie drinks can cause tooth decay and erosion. Water is fresh, free and readily available on tap and has no added sugar, no calories and is non-acidic.

Switching sugary drinks to water is a great first step towards better health. Join the nationwide challenge and register here as an individual, workplace, community group, school or whaanau to commit to switching sugary drinks to water for 30 days! Participating individuals and groups go in the draw to win cash prize up to \$1500. The 30 day challenge can start anytime between the 1st- 15th of November. Visit the website for more resources and information.





### **White Ribbon Day**

Each year White Ribbon Day falls on 25th of November, to celebrate the many men willing to show leadership and commitment to promoting safe, healthy relationships within families and encourage men to challenge each other on attitudes and behaviours that are abusive.

White Ribbon Campaign aims to flip the script of "boys will be boys" by taking back the phrase that excuses poor behaviour that stems from outdated gender stereotypes. Phrases like this reinforce the rigid rules of masculinity that are linked to violence. White Ribbon campaign aims to change the narrative by promoting, teaching, and role modelling 'respectful relationships' and 'healthy masculinity' for young men.



Show your support by wearing a white ribbon on November 25<sup>th</sup> to ending domestic

violence in Aotearoa New Zealand. Visit the website for more information and resources and find out how everyone can become part of the solution.

## Diabetes Action Month 2023: Eyes on Diabetes

Diabetes Action Month is an awareness campaign by Diabetes NZ bringing Kiwis together to take action for New Zealand's largest and fastest growing health condition. The campaign runs annually nationwide, to encourage action, education, awareness and advocacy for New Zealanders with all types of diabetes and their whaanau, as well as those at risk of diabetes.



This year's theme is 'Eyes on Diabetes' to raise awareness on the impact of diabetes on vision and actions people can take to look after their eyes. Diabetes is the leading cause of preventable blindness in Aotearoa and everyone with diabetes is at risk of losing their vision.

Eye conditions often affecting people with diabetes include diabetic retinopathy,

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glaucoma and cataracts. 1 in 3 people with diabetes will develop diabetic retinopathy in their lifetime, which damages the tiny blood vessels in the back of the eye (retina). This causes blood vessels to weaken and leak fluid or blood, damaging one's vision permanently. Visit the website for more information and resources on diabetes and eye health <a href="here">here</a>.

## The Waikato Regional Diabetes Service – Retinal Screening Service

The Waikato Regional Diabetes Service offers free retinal photo-screening (eye check) for all people with diabetes along with many other services. Diabetic Retinal Referrals can be made by primary care via BPAC e-referral. Alternatively, please contact Sarah Akerstrom Diabetes Retinal Screening Programme Coordinator – 07 859 9170 (0800 393 727336 / 0800 EYE SCREEN) or sarah.akerstrom@waikatodhb.health.nz for referral and information on the mobile screening schedule.

The Retinal Screening team travels all around the Waikato in their mobile van – travelling to Thames, Coromandel, Whangamata, Waihi, Whitianga, Tairua, Huntly, Ngaruawahia, Te Awamutu, Cambridge, Tokoroa, Kawhia, Matamata. Morrinsville. Te Kuiti and Taumarunui, Hamilton and Melville Hall.

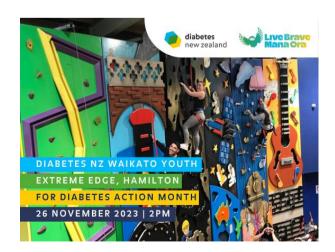
The Waikato Regional Diabetes Service also provides support, education and advice to healthcare professionals in primary care who support the majority of people living with type 2 diabetes. Primary care is encouraged to contact their Primary Health Organisation (PHO) Diabetes Nurse/Clinician in the first instance. For more information visit the Te Whatu Ora Waikato webpage for the Waikato Regional Diabetes Service.

### Diabetes Action Month: Sneaker Friday

Take part in Sneaker Friday on 17 November by wearing your sneakers and donating to support Kiwis living with diabetes! Visit the website for more information.



Diabetes NZ Waikato Youth team have an Activity Day at Extreme Edge on Sunday 26th November. This is for tamariki, rangatahi and pakeke aged 3 - 30 years of age who attend a Waikato Diabetes Clinic. Register <a href="here">here</a>.





## Te Whatu Ora Health New Zealand

# Public Health Bulletin Feedback Survey

Please take a few minutes to provide us with your honest feedback at:

https://www.survevmonkev.com/r/8GYMX9K

We aim to improve our delivery of public health information based on your responses. Thank you for your time and participation!

### **Staff News**



Public Health Intelligence & Policy Team
From Left: Kalae-Moana Kora, Dyfed Thomas, Rebekah Anna,
Rose Black. Absent: Michael Keehan

Farewelling Dyfed Thomas, Manager for Public Health Intelligence & Policy team - we thank Dyfed for his wonderful service to Public Health and wish him all the best for his

new role as Technical Lead in the Population Health Gain team at Service Improvement and Innovation at Te Whatu Ora.



Dr Noor Aljawahiri

Dr Noor Aljawahiri has joined the Waikato Public Health Service in the PGY2 House Officer role for the next 3 months. Haere mai!

### 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:**

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

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### **Notifiable diseases - Trends**

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

*Stats NZ estimated 8.69% of the population resided in Waikato in 2021						
	Waikato cases per month			Cases per month over the last year		
	waikato cases per month		(mean)			
Disease name	eptembe	October	Trend	Waikato	National	% Waikato*
Botulism	0	0		0.0	0.0	-
Brucellosis	0	0		0.1	0.4	25
Campylobacteriosis	61	31	▼	52.8	534.8	10
COVID-19	902	956	<b>A</b>	4,217.9	51,173.6	8
Cryptosporidiosis	39	13	▼	8.8	69.7	13
Decompression sickness	0	0		0.0	0.1	0
Dengue fever	0	1	<b>A</b>	0.1	4.5	2
Diphtheria	0	0		0.0	0.3	0
Gastroenteritis - unknown cause	4	1	▼	1.7	23.9	7
Gastroenteritis / foodborne intoxication	5	7	<b>A</b>	6.3	15.4	41
Giardiasis	13	11	▼	10.6	77.1	14
Haemophilus influenzae type b	0	0		0.1	0.7	14
Hepatitis A	0	0		0.2	4.3	5
Hepatitis B	0	0		0.2	1.9	11
Hepatitis C	1	2	<b>A</b>	0.3	3.8	8
Hepatitis NOS	0	0		0.2	0.5	40
Hydatid disease	0	0		0.0	0.3	0
Invasive pneumococcal disease	2	2		6.0	62.1	10
Latent tuberculosis infection	1	0	▼	1.3	9.6	14
Lead Poisoning	0	0		0.0	0.0	-
Legionellosis	0	2	<b>A</b>	1.3	20.4	6
Leprosy	0	0		0.0	0.3	0
Leptospirosis	3	2	▼	2.6	15.6	17
Listeriosis	0	1	<b>A</b>	0.4	3.3	12
Listeriosis - perinatal	0	0		0.0	0.3	0
Malaria	0	0		0.1	4.4	2
Measles	0	1	<b>A</b>	0.2	1.8	11
Meningococcal disease	0	0		0.4	5.7	7
Mumps	0	0		0.0	1.3	0
Murine Typhus	0	0		0.0	0.0	-
Pertussis	1	1		0.7	9.3	8
Q fever	0	0		0.0	0.0	-
Rheumatic fever - initial attack	0	2	<b>A</b>	1.0	12.8	8
Rheumatic fever - recurrent attack	0	0		0.3	1.0	30
Salmonellosis	3	3		5.2	72.3	7
Shigellosis	2	1	▼	0.5	11.3	4
Taeniasis	0	0		0.0	0.1	0
Tetanus	0	0		0.0	0.2	0
Tuberculosis disease - new case	1	1		2.4	24.3	10
Tuberculosis disease - relapse or reactivation	0	0		0.0	1.1	0
Tuberculosis infection - on preventive treatment	0	0		0.0	0.2	0
Typhoid fever	0	0		0.6	6.5	9
VTEC/STEC infection	13	4	<b>V</b>	6.9	84.8	8
Yersiniosis	6	6		8.5	120.4	7