

# 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 39 - November 2019

## THE MEDICAL OFFICER OF HEALTH'S ROLE IN CURBING ALCOHOL RELATED HARM

During the last week of August 2019 TV3 news ran a four part "because it matters" series focused on the problem of alcohol in New Zealand. In the second part, RPH's Dr Stephen Palmer was one of three Medical Officers of Health who called for urgent, meaningful action by the government to address our shameful drinking culture:

<https://www.newshub.co.nz/home/politics/2019/08/justice-minister-andrew-little-warns-alcohol-industry-a-law-review-is-on-the-cards.html>



Later in part 2 Justice Minister, Andrew Little, confirmed that he wants a review of our alcohol laws within "one to two years". The Prime Minister affirmed this in part 3 of the series:

<https://www.newshub.co.nz/home/new-zealand/2019/08/bias-and-inconsistent-decisions-raise-concerns-about-authorities-tasked-with-liquor-licensing.html>

This change is a significant turn-around as up till then it appeared that government had little appetite to revisit the alcohol laws.

Some may not be aware that New Zealand is one of very few countries where health has an input into the liquor licensing process. Since 1990 the Medical Officer of Health is one of three reporting agencies, along with the police and the liquor licensing inspector. Up until the 2012 Act the focus was only on bars and club licences, however, with the new Act input was extended to all types of liquor licence.

Under the leadership of Dr Palmer, RPH has pushed the new Act about as far as it can go in curbing alcohol-related

harm. We were involved in two liquor licence decisions that went all the way to the High Court where ground-breaking caselaw was established.

The new Sale and Supply of Alcohol Act has two key objectives: the sale, supply, and consumption of alcohol should be undertaken safely and responsibly; and the harm caused by the excessive or inappropriate consumption of alcohol should be minimized. It is a challenge to address the second limb of the Object of the Act in liquor licence decisions and any health statistics needed to be linked back to the named premises, the so-called "causal-nexus".

Our first High Court case was for Liquor King in Kent Terrace, close to Courtenay Place. The Wellington City District Licensing Committee (WDLC) reduced the liquor store's trading hours from 11pm to 9pm on Friday and Saturday evenings as this coincided with the high number of alcohol-related attendances at Wellington Hospital's Emergency Department (ED). Lion Retail appealed this decision and the Alcohol Regulatory and Licensing Authority (ARLA) reversed this decision on the basis that the ED statistics could not be linked back to this liquor store. Dr Palmer successfully challenged this decision in the High Court.

Essentially, Justice Clark agreed that a nexus was required, but that the nexus was between the application in question and the Act's object

of minimising harm and not between any specific harm and the conduct of a specific premises. Instead the Court found that "requiring proof of a 'causative link is not only unrealistic but is contrary to the correct legal position", which it held was more akin to a risk analysis and not anything involving standards of proof.



The High Court confirmed that evidence of only a general nature can be attributed to specific premises where the vulnerability of a locality and the nature of a premises could lead a reasonable decision-maker to a finding that the impact of granting a licence (including a renewal) would lead to a real risk of prospective harm.

This High Court decision in 2018 reinstated the WDLC decision and is a tipping point that shifts the balance in the case law towards the use of the precautionary principle.



The second High Court case, this year, was for the Capital Liquor in Manners Street, at the other end of Courtenay Place. Here WDLC reduced the trading hours from 10.30pm to 6pm, 7 days a week. At appeal ARLA reaffirmed the decision made by WDLC and reinstated 6pm closing on the Friday before Christmas. However, the licensee ignored this and the bottle store continued trading late until Christmas Eve (3 days) when the police and the liquor licensing inspector pointed out they were breaking the law.

The licensee took the ARLA decision to the High Court, where Justice Clark reaffirmed her Liquor King decision and extended it further by confirming that dishonesty can be taken into account in liquor licensing decisions.

Also, she confirmed that the economic viability of the alcohol business cannot be considered in decisions relating to liquor licences.

This progress in case law is important and has flowed on to enable us and communities to make some progress in relation to other liquor store licences. But, this is a very slow way to make progress in addressing the country's drinking culture. It is not only slow but requires considerable effort and the need to involve lawyers with the associated expense. This is one of the reasons why the three Medical Officers of Health in the TV3 news series are calling for urgent action from the government.

This progress in case law is important and has flowed on to enable us and communities to make some progress in relation to other liquor store licences (for example the recent decline to issue a new bottle store licence in Khandallah <https://www.stuff.co.nz/dominion-post/news/116412524/controversial-proposed-wellington-liquor-store-denied>). But, this is a very slow way to make progress in addressing the country's drinking culture. It is not only slow but requires considerable effort and the need to involve lawyers with the associated expense. This is one of the reasons why the three Medical Officers of Health in the TV3 news series are calling for urgent action from the government. In the meantime, evidence provided from the community can be influential in the issue of alcohol licences. If you have concerns about the impact of alcohol within the area you live or, as a health practitioner, on the community you work with, there are opportunities to raise these concerns during licensing processes. For further information see <https://www.alcohol.org.nz/alcohol-management-laws/licensing-local-policies/alcohol-licensing/objecting-to-a-licence> or contact a member of the RPH Alcohol team.

## IMMUNISATION CO-DELIVERY IN WAIRARAPA

This year the Wairarapa public health nursing team implemented co-delivery of the Tdap (Tetanus, Diphtheria and Pertussis) and HPV (Human Papillomavirus) vaccines in school year 7.

With no additional funding to support a national co-delivery roll out of the SBIP 'co-delivery transition year', the Ministry of Health decided not to recommend a national co-delivery programme for Tdap and HPV. However, smaller



Image: Wairarapa public health nursing team delivering vaccinations in schools

DHBs who wished to proceed with co-delivery using current funding could do so.

The Wairarapa public health nursing team decided to

implement to co-delivery of Tdap and HPV vaccines.

This transition has now been complete and its success is reflected in the positive and supportive feedback from nursing staff and schools.

This operational change to the National Immunisation Programme will have the following benefits:

- Improvement in efficiency and increased Tdap and HPV coverage in school based immunisation programme (SBIP)
- Reduced time at school visit for immunisation, resulting in less disruption for students and teachers
- More time for public health nursing services in schools
- Reduced administration and follow up time for the public health nurses and school staff
- Convenience for parents with reduced information requests and only one consent form to complete.

## WHAT ARE YOU REPORTING?

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

Notifiable condition	Number of cases			
	Hutt Valley	Capital & Coast	Wairarapa	Total
Campylobacteriosis	24	97	26	147
Cryptosporidiosis	2	9	4	15
Dengue fever	3	3	1	7
Gastroenteritis - unknown cause	1	3	4	8
Gastroenteritis/foodborne intoxication	1		1	2
Giardiasis	12	28	7	47
Hepatitis B	1			1
Invasive pneumococcal disease	5	14	4	23
Latent TB	2	7		9
Legionellosis	2	1		3
Listeriosis - perinatal		1		1
Malaria	1	1		2
Measles	2	8	1	11
Meningococcal disease	3	5	2	10
Mumps	1			1
Paratyphoid fever		1		1
Pertussis	18	44		62
Rheumatic fever - initial attack		2		2
Salmonellosis	8	16		24
Shigellosis	1	4	2	7
Tuberculosis - new case	3	7		10
VTEC/STEC infection	5	17	8	30
Yersiniosis	17	38	7	62
<b>Grand total</b>	<b>112</b>	<b>306</b>	<b>67</b>	<b>485</b>

Table. Notified cases by DHB in the Hutt Valley, Wairarapa and Wellington 1/7/2019 – 30/9/2019. EpiSurv report P016 accessed 18/11/19.

#### Notes <sup>(1,2)</sup>

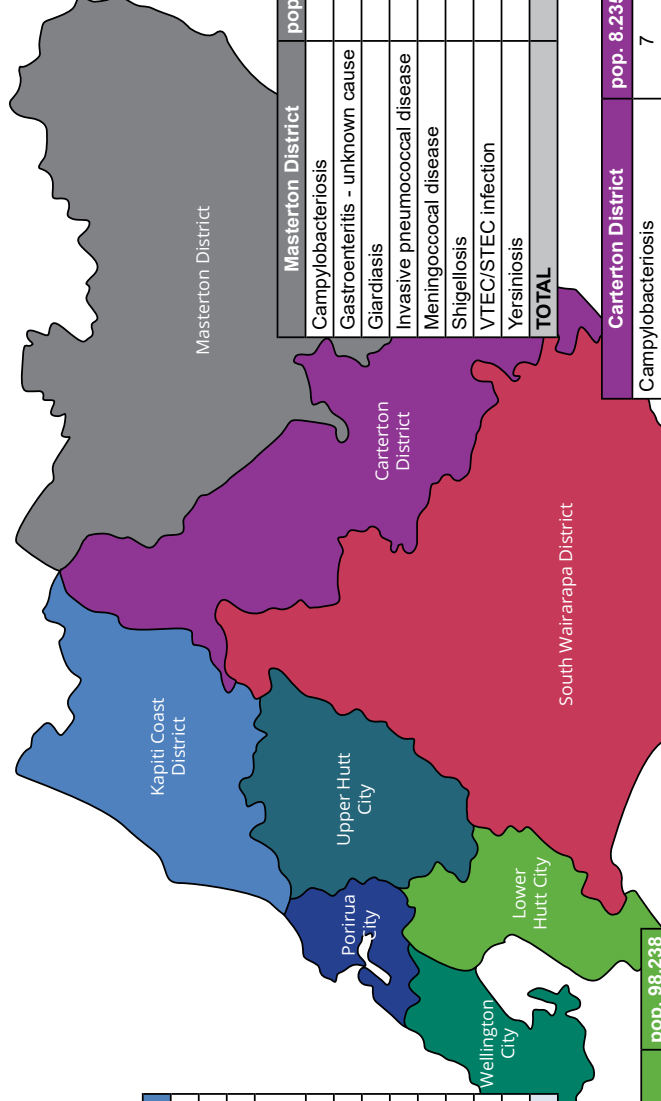
1. Meningococcal disease. There were 10 cases notified during the quarter, ranging in age from 1-95 years old. Cases were widely distributed across the region, including Lower Hutt (3 cases), Porirua (2), Kāpiti Coast (1), Wellington (2) and Masterton (2) territorial authority areas; 3 cases occurred among Māori, 1 in Pacific and 6 among NZ European ethnicity. Four of the cases had group W disease (of the remainder, 3 had group B, 1 had group C and group could not be determined for 3). None of the cases were linked.
2. The two rheumatic fever cases were an 15-year-old boy from Wellington and a 7-year-old girl from Porirua; both were of Pacific ethnicity.
3. Legionellosis. There were 3 legionellosis cases notified during the quarter, 2 from Lower Hutt City and one from Kāpiti Coast District. The cases were aged from 45-68 years. Two had *Legionella longbeachae* infection, both of whom had been exposed to potting mix in their incubation periods; the remaining patient was infected with *L. pneumophila* and had a history of international travel with likely exposure to potentially-contaminated water aerosols during travel.
4. Measles. The 11 cases of confirmed measles notified between July and September 2019 in the region were part of the national outbreak of measles; all cases in the greater Wellington region were either directly or indirectly linked to cases occurring in other parts of New Zealand, particularly Auckland. Cases ranged in age from 7 months to 32 years; 6 of the 11 were aged between 21-24 years. Of the 11 cases, 3 occurred among Māori, 3 among Pacific peoples, 4 among NZ Europeans and 1 among people of Asian ethnicity.

#### References

1. The Institute of Environmental Science and Research Ltd (ESR). EpiSurv database of notifiable conditions. 2019.
2. Regional Public Health. Notifiable condition surveillance records. 2019.

# Regional Public Health Notifications

1st July 2019 to 30 September 2019



Wellington City	pop. 190,956
Campylobacteriosis	58
Cryptosporidiosis	6
Dengue fever	3
Gastroenteritis - unknown cause	3
Giardiasis	20
Invasive pneumococcal disease	8
Latent tuberculosis infection	7
Measles	4
Meningococcal disease	2
Pertussis	22
Rheumatic fever	1
Salmonellosis	14
Shigellosis	3
Tuberculosis disease	7
VTEC/S/TEC infection	13
Yersiniosis	30
<b>TOTAL</b>	<b>201</b>

Kapiti Coast District	pop. 49,104
Campylobacteriosis	24
Cryptosporidiosis	2
Giardiasis	1
Invasive pneumococcal disease	1
Legionellosis	1
Malaria	1
Measles	3
Meningococcal disease	1
Pertussis	12
Salmonellosis	1
VTEC/STEC infection	3
Yersiniosis	3
<b>TOTAL</b>	<b>53</b>

Porirua City	pop. 51,717
Campylobacteriosis	15
Cryptosporidiosis	1
Giardiasis	7
Invasive pneumococcal disease	5
Listeriosis - perinatal	1
Measles	1
Meningococcal disease	2
Paratyphoid fever	1
Pertussis	10
Rheumatic fever - initial attack	1
Salmonellosis	1
Shigellosis	1
VTEC/STEC infection	1
Yersiniosis	5
<b>TOTAL</b>	<b>52</b>

Lower Hutt City	pop. 98,238
Campylobacteriosis	18
Cryptosporidiosis	2
Dengue fever	2
Gastroenteritis/foodborne intoxication	1
Giardiasis	11
Hepatitis B	1
Invasive pneumococcal disease	3
Latent tuberculosis infection	2
Legionellosis	2
Malaria	1
Measles	2
Meningococcal disease	3
Pertussis	11
Salmonellosis	7
Tuberculosis disease	2
VTEC/STEC infection	5
Yersiniosis	12
<b>TOTAL</b>	<b>85</b>

Upper Hutt City	pop. 40,179
Campylobacteriosis	6
Dengue fever	1
Gastroenteritis - unknown cause	1
Giardiasis	1
Invasive pneumococcal disease	2
Mumps	1
Pertussis	7
Salmonellosis	1
Shigellosis	1
Tuberculosis disease	1
Yersiniosis	5
<b>TOTAL</b>	<b>27</b>

Carterton District	pop. 8,235
Campylobacteriosis	7
Cryptosporidiosis	2
Gastroenteritis - unknown cause	1
Gastroenteritis/foodborne intoxication	1
Giardiasis	2
Invasive pneumococcal disease	2
Measles	1
VTEC/STEC infection	3
Yersiniosis	1
<b>TOTAL</b>	<b>20</b>

South Wairarapa District	pop. 9,528
Campylobacteriosis	6
Cryptosporidiosis	2
Dengue fever	1
Gastroenteritis - unknown cause	2
VTEC/STEC infection	2
<b>TOTAL</b>	<b>13</b>

Masterton District	pop. 23,352
Campylobacteriosis	13
Gastroenteritis - unknown cause	1
Giardiasis	5
Invasive pneumococcal disease	2
Meningococcal disease	2
Shigellosis	2
VTEC/STEC infection	3
Yersiniosis	6
<b>TOTAL</b>	<b>34</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 brackets.
3. Notification data from: The Institute of Environmental Science and Research Ltd. EpiSurv database of notifiable conditions. 2019. EpiSurv report P016 accessed 18/11/2019.

Figure: Notifiable cases in the Hutt Valley, Wairarapa and Wellington 01/07/2019 – 30/09/2019, tabulated by territorial authority.



## UPDATE FROM THE PORIRUA CHILDREN'S EAR VAN

These updates for health professionals regarding aspects of ear health are based on the Ear Van team's extensive experience in treating a wide range of children's ear problems.

### Wax removal:

When referring children for wax removal please be aware that wax is often dry and impacted, and adheres to the very sensitive ear canal skin.

To make the removal process as painless as possible we recommend the wax is softened with oil or drops before coming to the ear van. When using oil it is advised to fill up the entire ear canal and let it soak in for 5-10 minutes.

Please rule out first whether the child has a history of an eardrum perforation, e.g. burst eardrum, grommets or previous discharging ears.

### Foreign body removal:

We use an operating microscope and specialised instruments for foreign body (FB) removal. To attempt FB removal otherwise can be a painful experience or end in injury. When a previous unsuccessful attempt was painful

the child will often not comply which results in an ENT referral and a general anaesthetic.

We therefore recommend that FB removal is only attempted through use of an operating microscope and specialised instruments, or else referring to Ear Van or similarly equipped facility.

### Hearing tests:

These are not routinely done in the ear van due to environmental factors. The ear nurses can only test school age children on a case by case basis.

Four year olds are encouraged to have their B4 School Check.

Children under the age of 4 need to be referred to the Hospital Audiology Department.

There are Vision and Hearing community clinics, which school aged children can be referred to. For details on these please visit the Regional Public Health website (<http://www.rph.org.nz/public-health-topics/vision-and-hearing-screening/>).

## REDUCING THE SPREAD OF ILLNESS IN EARLY CHILDHOOD CENTRES (ECCS)

Regional Public Health have developed a video learning series to educate and support early childcare centres to reduce the spread of illness and keep centre environments healthy. 'Taonga Mokopuna' is made up of 6 short videos outlining simple steps that help reduce the spread of illness. They include advice on gastroenteritis outbreaks, handwashing, illness policy and nappy changing.

It is very important for centres that advice from GPs is consistent with Ministry of Health guidelines. Under ECC licensing regulations, centres must do everything they can "to ensure that children do not come into contact with any person (adult or child) suffering from a condition likely to be passed on to children and likely to have a detrimental effect on them."

GPs have the ability to support centres and whanau to reduce the spread of illness by providing advice that is consistent with Ministry of Health guidelines. **In issue 37 (June 2019) Public Health Post** we discussed exclusion periods for infectious illness in children who attend early childcare centres. More detailed information, factsheets

with policies and guidelines specific to ECCs can be found on the Regional Public Health website: [healthyecc.org.nz](http://healthyecc.org.nz).

Taonga Mokopuna is an innovative way that Regional Public Health is providing support and advice to centres. You can view the videos [here](#).

The screenshot shows the Regional Public Health website interface. At the top, there is a navigation bar with links for 'About us', 'Public health topics', 'News and events', 'Resources', 'Health professionals', and 'Contact us'. Below this is a large purple banner with the text 'TAONGA MOKOPUNA'. Underneath the banner, there is a section titled 'Taonga Mokopuna video learning series'. This section includes a welcome message, a description of the series, and a list of video topics: Introduction, Gastroenteritis Outbreaks, Illness Policy, Handwashing, Hygienic Nappy Changing, Healthy Centre Environments, and Keeping your centre healthy. Each topic is accompanied by a small thumbnail image.

## REFERRALS TO SCHOOL PUBLIC HEALTH NURSES

Did you know Regional Public Health public health nurses work with primary and intermediate age tamariki/children across the Hutt Valley, Wairarapa, Wellington, Porirua and Kāpiti Coast? Public health nurses also work with pre-school children in Wairarapa only.

This free health service includes assistance with:

- Health advice
- Skin conditions
- Breathing problems
- Behavioural and developmental concerns
- Wetting and soiling
- Vision and hearing concerns
- Mental health
- Child protection

The nurses work closely with families and whanau to help them access the support they need. Health professionals

and schools can refer a child to this free service by filling out the referral form.

Referral forms and contact details can be found on the Regional Public Health website: <http://www.rph.org.nz/public-health-topics/schools>



## 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 at [rph@huttvalleydhb.org.nz](mailto:rph@huttvalleydhb.org.nz) 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 the email address 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)

Produced by: Regional Public Health  
Private Bag 31-907, Lower Hutt 5040  
Ph: (04) 570 9002, Fax: (04) 570 9211

For enquiries regarding the Public Health Post, please contact Demelza O'Brien, Regional Public Health, by email [demelza.obrien@huttvalleydhb.org.nz](mailto:demelza.obrien@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.



**WELL HOMES**  
**MY HOME IS MY MARAE**  
 Is your whare warm & dry?  
*Kōrero mai*

☎ 0800 675 675  
 ✉ [wellhomes@huttvalleydhb.org.nz](mailto:wellhomes@huttvalleydhb.org.nz)  
 📘 Well Homes Wellington






WELL HOMES IS A FREE SERVICE THAT MAY BE ABLE TO HELP YOUR WHANAU WITH:



- |  |  |   |
|--|--|---|
|  BEDS & BEDDING |  INSULATION                   |  OTHER - I.E. HEALTH OR SOCIAL REFERRALS |
|  CARPET         |  MINOR REPAIRS                |  SOCIAL HOUSING RELOCATION               |
|  CURTAINS       |  MOULD CLEANING KITS          |  VENTILATION                             |
|  HEATING        |  MSD/WORK & INCOME ASSISTANCE |   |

**REFER VIA:**

- FAX REFERRAL FORM TO (04) 570 9211.
- EMAIL REFERRAL FORM TO [WELLHOMES@HUTTVALLEYDHB.ORG.NZ](mailto:WELLHOMES@HUTTVALLEYDHB.ORG.NZ).
- E-REFERRAL ON CONCERTO/MAP:
  - HUTT VALLEY DHB - ADD NEW DOCUMENT, CREATE INTERNAL REFERRAL, SELECT 'EREF HEALTHY HOMES'.
  - CCDHB - ADD NEW DOCUMENT, SELECT 'HEALTHY HOUSING REFERRAL'.
- MEDTECH OUTBOX FORM.
- SELF REFERRAL = 0800 675 675, OR GO TO [WWW.RPH.ORG.NZ/WELLHOMES](http://WWW.RPH.ORG.NZ/WELLHOMES).



**WELL HOMES**  
 Wellington Healthy Housing Initiative

 Well Homes Wellington  
 0800 675 675  
 [wellhomes@huttvalleydhb.org.nz](mailto:wellhomes@huttvalleydhb.org.nz)