



Te Kawa Mataaho
Public Service Commission

Better Public Services Result 3

Immunisation - Case Study: Immunise on Time to Protect Babies [archived]

1 May 2018: The Government announced in January 2018 that the Better Public Services programme would not continue in this form. These pages have been archived.



Getting babies immunised on time is one of the best ways of protecting them from potentially fatal diseases like whooping cough, meningitis and pneumonia. High immunisation rates also help protect other vulnerable people in our communities who aren't able to be immunised.

Achieving record immunisation rates for under two-year-olds last year was a great result, says Ministry of Health Immunisation champion Dr Pat Tuohy. "And it is fantastic that we are already

close to achieving our target of immunising 95 percent of all eight-month-old babies".

"We're seeing just how vital on-time vaccination for babies is at the moment with the current whooping cough outbreak. It takes all three vaccinations at six weeks, three months and five months to make sure baby is fully vaccinated, protecting them from whooping cough and other serious illnesses. It's vital these are on time to reduce the baby's chance of catching the disease," says Dr Tuohy.

Parents sharing their experience of whooping cough (<http://www.health.govt.nz/news-media/news-items/parents-share-their-experiences-whooping-cough>) with their babies on the Ministry of Health's website also help raise awareness of the disease as rates in New Zealand continue to remain high.

Babies are particularly vulnerable to whooping cough until they have received all three immunisations at six weeks, three months and five months old. It is therefore important to immunise on time, every time, and for people who are ill to stay away from babies until they are fully immunised.

Mothers can also help protect their newborn babies by having a whooping cough booster in the last few weeks of their pregnancy.

The Ministry of Health along with its partners are working to increase infant immunisation rates through:

- Promoting immunisation through primary and community health services
- linking pregnant women into maternity services sooner
- assisting pregnant women to enrol with a GP before their baby is born
- speeding up enrolment of newborn babies with GPs.



Te Kawa Mataaho
Public Service Commission

Better Public Services Result 3

Immunisation - Case Study: 'You just shouldn't take the risk' [archived]

1 May 2018: The Government announced in January 2018 that the Better Public Services programme would not continue in this form. These pages have been archived.



Christchurch mother Jenah Ramsey knows the importance of immunising people in close contact with young babies.

Although her son Nixon Harlick had his first immunisations on time at six weeks of age, he wasn't old enough to have had his second 12-week immunisations when his father Jason became sick with a cold and cough which turned out to be whooping cough. The couple's other two preschoolers had been fully immunised.

For Jenah watching her 11-week-old cough until he turned blue and struggled to breathe was terrifying. Despite being with him in hospital, there was little she or health professionals could do except hold an oxygen mask to his face and hope he would continue breathing.

When interviewed for this story, Nixon had been in hospital for seven days and there was little sign of him improving. When he finally breathes, he usually cries, setting off another coughing fit and so the cycle continues.

"At the moment, I just don't know when this is going to end. It is just the most frightening thing when he can't breathe," Jenah said.

Whooping cough had exhausted the pair. On occasions Nixon had been violently coughing and rather than cry, he was so exhausted he just fell fast asleep, in the middle of an attack. Jenah's ability to sleep had meanwhile become more difficult as she was afraid to sleep having once awoken to find Nixon had gone blue.

"I just feel so sorry for him. He's only been in the world such a short time and it's so nasty,' Jenah said. 'A friend rang me this afternoon and I told her off. She waited until her baby was 18 weeks old before his first immunisations. You just shouldn't take that risk."

Visit the whooping cough (<http://www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/whooping-cough>) page for more information on the effects of whooping cough and the free immunisations that can help protect your children.



Te Kawa Mataaho
Public Service Commission

Better Public Services Result 3 - Case Study: Reducing the incidence of Rheumatic Fever [archived]

1 May 2018: The Government announced in January 2018 that the Better Public Services programme would not continue in this form. These pages have been archived.



A complicated problem like rheumatic fever requires innovative and creative approaches to healthcare. In Auckland, when a family is identified as being at risk of developing rheumatic fever they are offered assistance and advice from a new programme.

The Auckland-wide Healthy Homes Initiative (AWHI) currently operates across greater Auckland, which has the highest numbers of rheumatic fever cases in New Zealand.

Families who are eligible for AWHI are identified in a number of ways, either by one of the children being admitted to a paediatric hospital, if one of the children has had rheumatic fever in the past, or if children have had multiple Group A Streptococcal sore throats identified by an in-school throat checking programme.

There are broad social issues that can impact on the health and wellbeing of children and a contributor for rheumatic fever is housing conditions, particularly living in crowded homes.

Many families whose lives are impacted by rheumatic fever are also accessing services from other government agencies, including housing and financial assistance. By bringing this support together and focussing on the needs of each family we can improve their housing conditions and

reduce overcrowding, which in turn can reduce their risk of developing rheumatic fever and other related conditions.

The Auckland-wide Healthy Homes Initiative brings families together with a support worker who assesses their housing conditions and offers help and advice.

This can range from getting home insulation, curtains and household repairs to ensure their home is warm, giving help to access a larger home through a social housing provider, ensuring families are receiving the correct financial assistance via the Ministry of Social Development, and linking families together with community, church and charitable organisations who can help with other household needs.

It is still early days for the programme, but since referrals starting in December 2013 there have already been 81 families referred into the service.



Te Kawa Mataaho
Public Service Commission

Better Public Services Result 3 - Case Study: Working with new mothers to boost immunisation rates [archived]

1 May 2018: The Government announced in January 2018 that the Better Public Services programme would not continue in this form. These pages have been archived.



Pictured from left: Michaela Kamo, Shona East holding baby Nathan and Esther Mackay in Tauranga Hospital's maternity unit.

Michaela Kamo is a familiar face at Tauranga Hospital's maternity unit. In her role as immunisation advocate and outreach administrator for the Western Bay of Plenty Primary Health Organisation (PHO), she visits the unit three days a week to meet new mothers and give them information about the benefits of immunising their babies.

'I'm not a nurse; I come in as a parent,' Michaela says. 'I have three children, so I've been through the system. I know how busy we all are as parents, and I know how it feels to bring your children in for vaccination.'

Michaela's role was created two years ago in response to low immunisation rates in the area. There are similar lay advocates in other countries who work to increase immunisation rates in their local communities.

When Michaela visits the ward, she introduces herself to new mothers and gives them pamphlets and resources from the Immunisation Advisory Centre (IMAC). IMAC is a nationwide organisation based at the School of Population Health at The University of Auckland and supported by the

Ministry of Health to promote immunisation around the country. Michaela also tells the new mothers about IMAC's free 0800 phone number and website, which can help with any questions they may have about immunisation.

'They can read the pamphlets while their babies are asleep, call a phone line or check out the phone and web resources later,' she says.

Michaela also gives each new mother a fridge magnet that lists the date of their baby's next immunisation.

'I get the biggest response from the fridge magnets – mothers find them really helpful,' Michaela says.

She supports parents through immunising their babies, including making follow-up phone calls and sending text messages, and says that mothers appreciate her visit, particularly if they are first-time mothers.

'Parents are often grateful that they can access reliable information about immunisation and can talk it through with someone,' she says.

Michaela used to visit the maternity ward to enrol babies with a GP, but now ward clerks have taken over enrolments. Maternity unit manager Esther Mackay says the system works well, with Michaela talking to parents about immunising their babies and the administration staff member going around the ward every day with a form parents can fill out to register their babies with the local PHO.

Michaela is also part of an outreach immunisation team that vaccinates babies in their own homes. She and another staff member take turns to accompany two vaccinators on home visits.

In addition, Michaela follows up on babies who are not enrolled with a GP – and talks to parents' groups about immunisation.

'Part of my advocacy role is to make sure everyone is working together to plug any gaps in the system,' Michaela says. 'It's all about working together well and being more efficient.'

The team approach to immunisation is paying off. For the three months to 31 March 2013, the Bay of Plenty DHB achieved 88 percent immunisation coverage for children aged eight months, exceeding the national target of 85 percent. Chief Executive Phil Cammish says the DHB achieved its results by working closely with PHOs, GPs and practice nurses.



Te Kawa Mataaho
Public Service Commission

Better Public Services Result 3 - Case Study: DHBs work together to bring immunisation message to life [archived]

1 May 2018: The Government announced in January 2018 that the Better Public Services programme would not continue in this form. These pages have been archived.



Bronwyn and Arama Morunga's family is one of several featured in a new series of online immunisation videos produced by Northland DHB working together with the three Auckland based DHBs: Waitemata, Auckland and Counties Manukau.

The videos help support the Better Public Services (BPS) target to increase New Zealand's infant immunisation rate to 95% by promoting immunisation information in a more

accessible way.

The Morunga family video highlights the importance the video places on being healthy. They lead a busy lifestyle with four young children in Northland and believe getting their children immunised on time has helped them stay healthy.

'I love taking the boys hunting; it's a good way of being active. If they were sick all the time, that wouldn't be able to happen. Immunisation has helped us to live this lifestyle,' says Arama.

Maternity charge midwife at Auckland DHB, Karen Upton, had raised the idea of a new video resource for women after using other successful videos.

'Like most District Health Boards we've got shelves of written resources promoting health. This initiative was about taking the same immunisation on time message but presenting it in a more user friendly way, to reach and connect with our target audience; pregnant women,' says Northland DHB producer Liz Inch.

A DVD copy of the video is used at antenatal classes. The videos are also posted on Facebook, YouTube and the DHBs' websites.

They feature information from paediatricians, GPs, hospital and community based midwives and a vaccine specialist about the importance of immunising on time to protect mums and babies against preventable diseases. That's coupled with stories from families about immunisation and the experience of dealing with sick children who have developed vaccine preventable diseases, such as rotavirus.

Liz Inch says the videos were shown to consumer groups in the development phase to make sure they would resonate with pregnant women.

'The family aspect of the videos is really important. People like to see families like themselves that they can relate to. Through feedback, that emerged as the key to connecting with the audience.'

Working together, the DHBs were able to expand their resources and networks. Each DHB worked with its local community to find the best people to feature on the web based resource.

It was through this process that Auckland mum Samara Sergeant was found. She features on a DVD about the rotavirus vaccine, added to the childhood immunisation schedule in July 2014. Samara's pre-schooler developed rotavirus and ended up in Waitakere Hospital.

'I'd definitely immunise against it. Kids dehydrate so fast, and if you don't know the symptoms it might be too late.'

The videos went online at the end of April this year to coincide with Immunisation Week 2015.

Since then more than 800 DVD copies have been distributed and the videos have been viewed more than twelve hundred times from the Northland DHB Facebook page since 23 April. The videos are now available online at

<http://www.northlanddhb.org.nz/Communications/NorthlandDHBVideoResources/Immunisation.aspx>
(<http://www.northlanddhb.org.nz/Communications/NorthlandDHBVideoResources/Immunisation.aspx>)

So far feedback has been positive. The DHBs are now looking at adapting the videos for use on mobile phones.

And as for the Northland Morunga as the experience of featuring in the video has had the added bonus of prompting Dad, Arama, to go and get his influenza immunisation.

'Everyone can talk a good game but not everyone can play a good game. I made the conscious, informed decision to get the job. We have a huge population of have up here and we'd like to make a difference.



Te Kawa Mataaho
Public Service Commission

Better Public Services Result 3 - Case Study: Teamwork ensures more babies protected from preventable diseases [archived]

1 May 2018: The Government announced in January 2018 that the Better Public Services programme would not continue in this form. These pages have been archived.



Practice Nurse Sue Stevenson with mum Tyler Barrett and her baby Nadia Barrett-Thomas.

First time mum Tyler Barrett always knew she would get her baby immunised.

‘My mum suffers from hearing loss. Her Mum caught rubella when she was pregnant. I didn’t want to take that risk with my little girl, Nadia,’ says the 18 year old Mum.

Tyler’s midwife informed her about immunisation before Nadia was born.

‘I was already keen for my daughter to have all those childhood immunisations, and of course my Mum was all for it too.’

‘I remember when a friend’s baby got the rotavirus and got so sick he had to be hospitalised. When I heard that the rotavirus vaccine was on the immunisation list for babies, I thought yes she’s going to have that,’ says Tyler.

Baby Nadia who is now just over seven months old, had her primary course of immunisations on time (six weeks, three and five months) at the Tasman Medical Centre. Practice Nurse Sue Stevenson did them all.

Having everyone in the medical practice focused on immunisation, including reception staff has paid off for Tasman Medical Centre in Nelson.

In the three months to 31 December 2014, the medical centre which has more than 6000 patients, including about 370 under the age of five, achieved 100 percent immunisation coverage for babies aged eight months.

Practice Nurse Sue Stevenson puts the result down to good old fashioned teamwork.

‘Everyone’s on board with getting our enrolled children immunised on time. The doctors, nurses and our reception staff are all on alert.

‘There have been a few occasions when patients have come in for something else and our reception staff picked up while they were in the waiting room that they had missed their immunisation. They inform our nursing staff and often those children are immunised on that visit.’

Sue says it helps that the reception staff work closely with the nurses and go through the recall lists each week and ring and book children in for their immunisations.

‘That team approach, where everyone has a role to play, and is doing their bit really makes a big difference. We’re all striving towards the same goal.’

Sue says checking the basic contact details for families each time they come into the practice is also very important.

‘It only takes a minute to check the contact details, but that minute can save lots of time down the track when we’re doing follow up calls or reminding parents that their baby’s three or five month immunisations are due.’

The Tasman Medical Centre has a team of five nurses all equipped to do vaccinations.

‘We give families the option of having the same nurse do the primary course of immunisations (six weeks, three and five months).

The medical centre also has a late clinic once a week, to catch those working parents who can’t bring their children in for their immunisations in standard working hours.

‘Feedback from our working families about the late clinic has been really positive. It makes it easy for Mum or Dad to bring baby in while the other looks after the older siblings at home. They don’t need to take time off work and it improves the chances of the baby being immunised on time,’ says Sue.

Keeping track of babies who are overdue for their immunisations is an ongoing methodical task.

An alert flashes up on the medical centre’s computer system when a child is overdue. Reception staff do a weekly download of this list and phone parents to book their babies in. The National Immunisation Register is also updated. If staff can’t track them down after trying on three separate

occasions, the case is referred to the PHO's Immunisation Outreach Service.

'To achieve the best immunisation coverage for our babies, we need to link up in a timely way to those resources outside our medical centre. That's how we connect to those hard to reach families. The teamwork extends beyond our medical centre and it is vital.'

[Back to Better Public Services home page \(/better-public-services\)](#) / [Result 3: Increase infant immunisation rates \(/bps-supporting-vulnerable-children#result3\)](#)

Last modified: 19 February 2015



Te Kawa Mataaho
Public Service Commission

Better Public Services Result 3 - Case Study: Pacific innovations take centre stage [archived]

1 May 2018: The Government announced in January 2018 that the Better Public Services programme would not continue in this form. These pages have been archived.



Pacific community groups are using innovative ways to deliver rheumatic fever prevention messages – from quiz nights and performing arts to sports events and t-shirt designs.

Eleven community groups in the wider Auckland and Wellington regions have been funded as part of the Rheumatic Fever Prevention Programme's Pacific Community Innovations Fund.

These groups – six churches, three community groups, one sports club and one performing arts group – were each awarded \$25,000 after a formal tendering process late in 2014. The first activities began in December 2014, with the Mafutaga Faifeau Samoa church group in the Hutt Valley delivering rheumatic fever prevention messages at a Christmas Carols event that attracted hundreds of church-goers and also included a kilikiti (cricket) tournament.

Ministry of Health Chief Advisor Pacific Matafanua Hilda Fa'asalele estimates thousands of Pacific people have so far been exposed to the community groups' activities and rheumatic fever prevention messages, through face-to-face engagement or social media platforms.

"As a Better Public Services (BPS) initiative, through the Rheumatic Fever Prevention Programme, the innovations fund aims to harness the amazing resource and energy of communities, non-governmental organisations and the health sector, and to involve users in shaping and spreading

innovation," Matafanua Hilda Fa'asalele said.

"The stark reality is that Pacific children and young people are about 40 times more likely than non-Pacific children and young people to be admitted to hospital with rheumatic fever.

"Mainstream approaches and models of care are sometimes less effective in appropriately addressing health outcomes for Pacific communities. The innovations fund provides the opportunity to try community-driven approaches developed and delivered by Pacific communities who understand the daily barriers faced by their families."

Fund activities will continue to be rolled out in the wider Wellington and Auckland regions until October 2015.

Events planned include: quiz competitions, rheumatic fever-related song, poster, speech and digital competitions, health promotion and train the trainer workshops, interactive drama workshops for children, community awareness raising at rugby and netball events, and promotional opportunities on community social media networks.



Te Kawa Mataaho
Public Service Commission

Better Public Services Result 3 - Case Study: Recall and reminders lead to record immunisation rates [archived]

1 May 2018: The Government announced in January 2018 that the Better Public Services programme would not continue in this form. These pages have been archived.



Photo shows (from left to right) Claire Adams, mum Makere Rolleston, baby Te Aorewa Reriti and big sister Ngahina Reriti

When busy mum of three Makere Rolleston heard about a friend's child who'd been ill for days with a rotavirus, she breathed a sigh of relief that her baby girl, Te Aorewa, was unlikely to suffer the same fate.

Six-month-old Te Aorewa has been immunised on time, and since July 2014 this includes protection against rotavirus.

'I'm glad Te Aorewa has had the rotavirus vaccine. It was horrible hearing what my friend's child went through, the vomiting, diarrhoea, and sunken eyes.

'There are too many diseases out there. I want the best for my kids. If they are healthy they have the best start in life, it sets the foundation to help them learn and grow,' says mum Makere.

Te Aorewa received her vaccines at the Baymed Medical Centre in Mt Maunganui. Between the centre and another in Papamoa, Baymed has achieved a 100-percent coverage rate with all eight month old babies enrolled in the practices completing their primary course of immunisation (six weeks, three and five months) on time.

That exceeds the national target of 95 percent of infants aged eight months immunised on time by December 2014.

Mum Makere says it helps that the practice sends her a reminder before her children's immunisations are due.

'I'm busy with three kids and working part-time. Sometimes I forget when they are due.'

As Immunisation Champion for the two medical centres, it's the job of Registered Nurse Claire Adams, to help busy mums like Makere by offering a reminder to bring their children in for their immunisations.

'There is no quick fix behind achieving our 100 percent immunisation coverage rate for eight month olds. You just have to be methodical, persistent and focused on immunisation.'

Claire has a designated four-hour time slot each week where she focuses solely on either reminding parents their child's next immunisations are due or chasing up those who have missed their last one.

'This is where we make the gains. Previously I'd chase up parents when I had a spare moment. It was pretty ad hoc. Having that set four- hour window makes a difference.'

Claire follows the Western Bay of Plenty PHO's Guideline on Immunisation processes and the Outreach Immunisation Referral Guideline.

The "how to guide" for general practices is the brainchild of the PHO's Immunisation Co-ordinator Diane Newland.

It sets out the steps general practices can follow to lift their immunisation coverage rates. By timely recall of children for their immunisations and referring children that get behind to the Outreach Immunisation Service we will see better coverage and protection for the community,' says Diane.

At Baymed, Registered Nurse Claire Adams sends a letter or text to families a fortnight before the baby's immunisation is due. This is followed up with a phone call and further text if necessary. And through the practices computer recall system, Claire keeps tabs on babies and children who are overdue. Alerts pop up on the computer screen. This is cross referenced with the National Immunisation Register (NIR).

'I probably deal with about 25 recalls a week – those babies that have missed their immunisation on time as well as those that are several weeks overdue. It requires quite a bit of time chasing people up. It is a matter of phoning people up, listening to their concerns and providing them with the right information to make an informed choice.'

'Parents are busy people, often we hear they have been unable to make that scheduled three month immunisation because baby's been sick or an older sibling has been unwell. And sometimes people simply forget,' says Claire.

When they are overdue by a month, Claire refers them to the PHO's Outreach Immunisation Service where the immunisation nurses go into homes.

The outreach service also receives referrals from other parts of the health sector such as NIR, Plunket, Tamariki Ora, the hospital's paediatric service and outreach services in other regions.

Sometimes the nurses working for the outreach service might just talk to the family about immunisation. A phone call from the service is often enough to prompt Mum to make an appointment at the GP, which is the preferred option.

'If parents are nervous about vaccinating their child, it often helps to talk to them in a friendly manner in their own environment. The nurses keep their immunisation gear in the car in case the family decides to proceed,' says Claire.

Claire says it really takes a team approach to making sure babies enrolled with the medical centre, like Te Aorewa are immunised on time.

'It starts right back with the midwife, providing new mums with the right immunisation information from birth. Then when mum or dad brings baby in for its six week check up, we work closely with our doctors to try and make sure they don't leave without at least being well informed and hopefully those first six week immunisations.'

[Back to Better Public Services home page \(/better-public-services\)](#) / [Result 3: Increase infant immunisation rates \(/bps-supporting-vulnerable-children#result3\)](#)



Te Kawa Mataaho
Public Service Commission

Better Public Services Result 3 - Case Study: ‘Dramatic’ fever hits South Auckland schools [archived]

1 May 2018: The Government announced in January 2018 that the Better Public Services programme would not continue in this form. These pages have been archived.



Rheumatic Fever Film Project

Ministry for Pacific Peoples

05:45 |

Theatrical performances carrying hard-hitting rheumatic fever prevention messages were piloted in 10 South Auckland schools in late 2014.

A further 35 dramatic fever performances are planned for schools in Auckland and Northland from March to May 2015.

The initiative is part of the Ministry’s Rheumatic Fever Prevention Programme (RFPP) partnership with the Ministry of Youth Development (MYD).

Auckland theatrical performance group, the Phoenix Trust, delivered the edutainment programme using drama, dance and music, to 10 low-decile schools in South Auckland.

Student feedback on the performance was overwhelmingly positive.

“I didn’t know that rheumatic fever was still a serious problem in New Zealand. I’m more informed now that the team has come in. Thanks to all those who have made this happen,” said 18-year-old Sarah.

Feedback from 13-year-old Sione was: “It was funny -- I liked it a lot. It was really cool.”

RFPP lead Dr Chrissie Pickin viewed and assessed the trust’s first public performance before it was taken into schools. She was delighted with the 20-minute show.

“The young actors delivering the performance gave us our key rheumatic fever prevention messages with humour, emotion and a real dramatic punch,” she said.

“The music and dance was wonderful and I’m extremely hopeful that the young people this performance is aimed at – Māori and Pacific aged 13 to 19 years – will take on-board messages about how they can prevent rheumatic fever.”

Back to Better Public Services home page (</better-public-services>) / Result 3: Increase infant immunisation rates (</bps-supporting-vulnerable-children#result3>)

Last modified: 19 February 2015



Better Public Services Result 3 - Case Study: Rotavirus return exhausts family [archived]

1 May 2018: The Government announced in January 2018 that the Better Public Services programme would not continue in this form. These pages have been archived.



For two months, rotavirus was an ongoing nightmare for Jan Goddard's family. A Waikato pharmacist and pharmacy manager, Jan returned to work part-time after seven months parental leave with baby daughter Abigail. The second day after Abigail started at daycare, Jan arrived to find eight of Abigail's new playmates were home with a tummy bug.

Five nights later Abigail vomited all over Jan and down the back of the couch. And so began the cycle, day and night, of vomiting, diarrhoea, breastfeeding and washing.

Between bouts Jan managed to keep breastfeeding Abigail while also giving her a fluid replacement solution and paracetamol.

"I was changing clothing and bedding after every feed. I had to start putting cloth nappies over the bedding to cut down on the washing."

Jan took Abigail to their doctor. While waiting for test results things continued to go downhill at home with six-year-old Molly waking the next morning saying her bed was wet. It was vomit. Now Molly was at home too.

By now it was confirmed Abigail had rotavirus, a virus that usually lasts two to 10 days. The doctor assured her Abigail should be okay if she stayed hydrated.

"Perseverance was the key," says Jan, who was now in a routine of scrubbing and disinfecting every surface and toy in the house to prevent further spread of infection.

"Rotavirus spreads like wild fire so we also had sterile hand gel everywhere so any unexpected visitors could keep their hands clean."

After eight days, Abigail began to improve. She put on weight and within a few days she had returned to daycare and Jan felt life was back to normal. But she was being optimistic. About a month later Abigail had a touch of diarrhoea, then vomited. Rotavirus was back.

Initially Jan tried to continue working part time, sending Abigail to her parents, but then her parents got the virus, Abigail got worse, and Jan went down with it. She spent 24 hours in bed and had to rely on her sister to help care for the children.

Finally, 11 days after the second bout, Abigail started to improve again and this time the virus didn't return.

Abigail is now six years old, but Jan remembers vividly the impact of rotavirus on her baby and family's lives.

"I still can't forget the smell and sense of exhaustion and concern. It can be so devastating and there is such a fine line with health. If she hadn't stayed hydrated, she could have very easily ended up in hospital."

What is rotavirus?

A highly infectious virus of the gut, rotavirus affects 90 percent of New Zealand children by the age of three years. It is estimated that one in 43 Kiwi children will have been hospitalised because of rotavirus by their fifth birthday, says Ministry of Health Chief Advisor Dr Bryn Jones.

Symptoms

Symptoms include rapid onset vomiting and watery diarrhoea that can last up to eight days. Vomiting usually settles within three days. Children can also have a fever and abdominal pain. It is most severe for babies and young children. Adults exposed to rotavirus usually don't develop significant symptoms. Anyone in contact with an infected child needs to be very diligent about hand washing, especially after changing nappies to prevent spread through contact with infected faeces.

Treatment

As this illness is caused by a virus, antibiotics do not help. Frequent small amounts of water or rehydration solutions are recommended to prevent dehydration. If parents are concerned, they should call Healthline 0800 611 116 or see their doctor.

Free vaccination protects against rotavirus

The best way to protect against rotavirus is to immunise. From 1 July 2014 the free rotavirus vaccine, RotaTeq, is available for all young babies. It's an oral vaccine – not an injection. It is important that infants start the three-dose course of RotaTeq before 15 weeks of age, and have it completed by eight months. It will be offered to babies at their six-week, three and five-month immunisation visits.

This vaccine provides excellent protection against infection during the first three to five years of life – the time that children are most susceptible to rotavirus gastroenteritis.

"Although a small number of children who have been vaccinated may still develop rotavirus gastroenteritis, the illness is on average much milder than for unvaccinated children," Dr Jones says.



Te Kawa Mataaho
Public Service Commission

Better Public Services Result 3 - Case Study: Toddler hospitalised with rare rotavirus complications [archived]

1 May 2018: The Government announced in January 2018 that the Better Public Services programme would not continue in this form. These pages have been archived.



When Jackie Broadbent found herself racing to hospital in an ambulance because her two-year-old child was fitting, she was frightened.

A geriatrician, Jackie is not prone to panic. She had kept five-year-old Dan and two-year-old Sophie home from daycare because Dan had diarrhoea and Sophie was a bit off colour.

Suddenly, mid-afternoon, Sophie went rigid and blue in the face: 'Initially I thought she was choking and then she started seizing.'

Within half an hour Jackie, Sophie and Dan were in an ambulance heading to the GP surgery, where Sophie was put on a drip and sent by ambulance to Christchurch Hospital. She had two more seizures on the way and

another five over the next few hours.

The seizures stopped once Sophie was given an intravenous infusion in the high dependency unit where she was monitored hourly over the following 24 hours. Although she had started to improve by morning she was still confused and quiet. Then she developed diarrhoea. Soon after, Jackie did as well. Samples were taken and rotavirus was diagnosed.

"One in 1000 children will have seizures from rotavirus, but it is certainly not a typical response," explains Jackie, adding she was hugely relieved to have a name for Sophie's condition and to know it wasn't life threatening.

Sophie spent two nights in hospital. Back at home she had diarrhoea for a couple more days and was off colour and wobbly on her feet. Dehydration is a big concern with rotavirus: 'The important thing is to get them to drink and keep drinking. It took Sophie a week to fully recover.'

Sophie's experience of rotavirus was extreme and rare, but Jackie says, even at the lower end, it is unpleasant to deal with.

"It is horrible watching your child suffering from rotavirus. It is also ghastly when you have young children at home with diarrhoea and vomiting and you're also racing to the toilet yourself," she says.

And then there is the loss of income or use of sick days because the whole family is affected.

It is very hard to prevent the spread of something like rotavirus.

"Children will suck or play with each other's toys. Whether at daycare or visiting a friend's house, it's a common scenario and it's just not possible to avoid exposing them to bugs."

When she heard of a rotavirus vaccine after her third child was born, Jackie didn't hesitate. Given orally, rather than by injection, it makes it easier for young children.

Jackie sees the importance of vaccination from another perspective as well. A couple of months after Sophie's hospitalisation, her son Dan was diagnosed with a brain tumour and over the past two years has gone through surgery, radiotherapy, chemotherapy and a stem cell transplant. Because of his low immune system, Dan is highly susceptible to disease and illness.

"This is a big problem for children with cancer or other chronic illnesses. I don't think parents who are not getting their children immunised against these childhood diseases realise how much difference it can make."

"You think rare things can't happen to your children, but they can. We are one of the first generations to be able to assume our kids will all live to adulthood. We have become complacent and don't understand the severe consequences of some of these diseases."

What is rotavirus?

A highly infectious virus of the gut, rotavirus affects 90 percent of New Zealand children by the age of three years. It is estimated that one in 43 Kiwi children will have been hospitalised because of rotavirus by their fifth birthday, says Ministry of Health Chief Advisor Dr Bryn Jones.

Symptoms

Symptoms include rapid onset vomiting and watery diarrhoea that can last up to eight days. Vomiting usually settles within three days. Children can also have a fever and abdominal pain. It is most severe for babies and young children. Adults exposed to rotavirus usually don't develop significant symptoms. Anyone in contact with an infected child needs to be very diligent about hand washing, especially after changing nappies to prevent spread through contact with infected faeces.

Treatment

As this illness is caused by a virus, antibiotics do not help. Frequent small amounts of water or rehydration solutions are recommended to prevent dehydration. If parents are concerned, they should call Healthline 0800 611 116 or see their doctor.

Free vaccination protects against rotavirus

The best way to protect against rotavirus is to immunise. From 1 July 2014 the free rotavirus vaccine, RotaTeq, is available for all young babies. It's an oral vaccine – not an injection. It is important that infants start the three-dose course of RotaTeq before 15 weeks of age, and have it completed by eight months. It will be offered to babies at their six-week, three and five-month immunisation visits.

This vaccine provides excellent protection against infection during the first three to five years of life – the time that children are most susceptible to rotavirus gastroenteritis.

"Although a small number of children who have been vaccinated may still develop rotavirus gastroenteritis, the illness is on average much milder than for unvaccinated children," Dr Jones says.



Te Kawa Mataaho
Public Service Commission

Better Public Services Result 3 - Case Study: Students make rheumatic fever short films [archived]

1 May 2018: The Government announced in January 2018 that the Better Public Services programme would not continue in this form. These pages have been archived.

Six rheumatic fever short films

(<https://www.youtube.com/channel/UCC7u3w3ouGoDhgbNnvHEizQ>) co-designed by Auckland students and released late last year represent another important step in raising rheumatic fever awareness.

Young people from four secondary schools and two community youth groups have been involved with the Rheumatic Fever Film Project, developing a range of storylines to deliver rheumatic fever prevention messages through youth-appropriate language and scenes.

The project has been led by the Ministry of Pacific Island Affairs in partnership with the Ministry of Health's Rheumatic Fever Prevention Programme (RFPP). It is part of the RFPP Youth Campaign, which aims to raise rheumatic fever awareness among 13-19 year-old Māori and Pacific youth living in areas with high rates of rheumatic fever.

“We know that kids listen to kids and youth listen to youth, so that’s one of the magic ingredients that makes this project such a success. It’s really handing over control to young people,” Ministry of Pacific Island Affairs (MPIA) Chief Executive Pauline Winter says.

“Crucially, the films raise awareness of rheumatic fever among young people and the communities most at risk of the disease. The students involved have also had the opportunity to claim National Certificate of Educational Achievement credits for their films, as well as showcasing the creative talent of budding young filmmakers.

It is also a good example of Better Public Services in action – the Ministries of Health and Pacific Island Affairs working together to improve outcomes for at-risk Pacific and Māori young people.”

Teenagers from Auckland’s James Cook High School, Mt Roskill Grammar, Kelston Boys High School, Tamaki College and two community youth groups took part in the project.

Rheumatic fever is a serious illness, which in New Zealand most often affects Māori and Pacific children and young people aged 4-19 years.

“It’s very important our youth learn more about this illness and the films will ensure that the key messages get to the film makers’ peers in a way that the young people want them to,” Pauline Winter says.

“Kids have got technology and different ways of communicating and this is allowing them to have their voice in a way that traditionally they wouldn’t have. And it’s not just any voice, it’s an informative voice.

“Making sure our young Pacific people are healthy is a critical part of achieving MPIA’s vision of more Successful Pacific Peoples.”

RFPP lead Dr Chrissie Pickin says that reducing rheumatic fever is a Government priority, with more than \$65 million invested over six years to bring rates down. As part of the Better Public Service focus, the Government has a target to reduce the incidence of rheumatic fever by two-thirds by June 2017.

“We want youngsters most at risk of this disease to understand that a strep throat infection can lead to rheumatic fever if it is not checked or treated with appropriate antibiotics,” Dr Pickin says.

“And, that once antibiotics are prescribed, the full course needs to be taken to properly treat the sore throat.”

[Back to Better Public Services home page \(/better-public-services\)](#) / [Result 3: Increase infant immunisation rates \(/bps-supporting-vulnerable-children#result3\)](#)



Te Kawa Mataaho
Public Service Commission

Better Public Services Result 3 Immunisation - Case Study: Twin girls' illness highlights the importance of immunising on time [archived]

1 May 2018: The Government announced in January 2018 that the Better Public Services programme would not continue in this form. These pages have been archived.



Spending time in hospital with their baby girl battling whooping cough wasn't how Ramona and Peter Muliaga envisaged their honeymoon.

The couple were getting ready for their wedding day when Marliena-May, one of their twin girls, started to become unwell. They made it through the wedding but as the day progressed they became increasingly concerned about the eight-week old baby's health.

By the next day they were so worried that they took Marliena-May to Christchurch Hospital, where she was diagnosed with whooping cough and admitted to a children's ward.

Because she was so young she had only had one whooping cough vaccination (at six weeks old) and was struggling to fight the disease. It was to be four weeks before Marliena- May and Ramona could go home.

"It certainly wasn't the honeymoon I'd been expecting," Ramona says. "I was really scared. Marliena was very little and very sick. She was attached to oxygen for a lot of the time."

Ramona slept by her baby's bed but says she felt she could do nothing to really help her. "Her attacks would happen mostly during the night. She'd just be coughing and coughing and coughing until her face went purple. It was a real struggle for her to breathe," Ramona says.

"The doctors would give her oxygen to help her breathe again. It was so scary. It was really hard to watch and I couldn't do anything."

At the same time as looking after Marliena-May, Ramona needed to spend time with her other baby Ayva-Rose. She says Peter looked after Ayva-Rose during the day but on some nights her sister-in-law would come to the hospital to be with Marliena-May, while she went home to spend time with Ayva-Rose and Peter.

When the twins were three months old, Marliena-May was discharged from hospital and the family enjoyed a month of good health before Ayva-Rose started coughing. Ramona recognized the familiar sound of whooping cough and immediately took the baby to her GP.

Ramona says she doesn't know how Ayva-Rose got sick. "It was such a long time after Marliena that we think it must have been from someone else with whooping cough."

Unlike Marliena-May, Ayva Rose had received two vaccinations when she became ill. This, combined with the antibiotics, seems to have made a big difference to the way Ayva-Rose could fight the illness compared with her sister, Ramona says.

"The worst of it was over within about five days, she didn't have to go to hospital and her coughing settled down quite quickly."

At six months, the babies are now healthy and thriving. "I'm just so happy that they didn't both get sick at the same time and that they have come through it OK," Ramona says.

If there is one message the newlyweds hope other parents take heed of is to: "Get your babies immunised and take them to the doctor quickly if you think they have whooping cough."

Visit the whooping cough (<http://www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/whooping-cough>) page for more information on the effects of whooping cough and the free immunisations that can help protect your children.



Te Kawa Mataaho
Public Service Commission

Better Public Services Result 3 - Case Study: "Change your fate" [archived]

1 May 2018: The Government announced in January 2018 that the Better Public Services programme would not continue in this form. These pages have been archived.



Pacific creativity and talent has been showcased by a group of young South Aucklanders and performing artists through the Youth Arts Space Rheumatic Fever Creative Hub.

Organised by the Youth Performance Trust (YPT) – a Pacific Community Innovations Fund recipient – the initiative brought together young South Auckland artists and experienced mentors to develop a unique response to rheumatic fever through dance,

music and visual arts.

Twenty-five students took part in the programme. They learned about rheumatic fever, created a dance, composed and recorded a song 'Change Your Fate', and designed and printed t-shirts with their own rheumatic fever prevention message. This activity culminated with several public performances in Otara and Mangere in front of hundreds of people, allowing workshop participants to get their message into the community.

The song 'Change Your Fate' (<http://soundcloud.com/youth-arts-space/sets/youth-arts-space-interview-at-niu-fm>) debuted on Niu FM radio's Afternoon Drive show in mid April 2015, with a final version sent to a range of Auckland radio stations in the last week of April.

A round-up video (<https://vimeo.com/128235892>) of the workshop and performances was released in mid April 2015. Social media response to the video has been overwhelmingly positive.

YPT coordinator Aaron Taouma said although there were many successful creative development outcomes from the project, it was important to ensure the key rheumatic fever prevention messages were understood by the youth artists.

"Participants reported that before coming to the workshop, they had limited knowledge of rheumatic fever, the relationship between sore throats, rheumatic fever and the possibility of rheumatic heart disease," he said.

"But after the workshop, all the participants reported knowing the link between sore throats and rheumatic fever, the importance of getting a sore throat checked early and completing a full course of antibiotics, as well as things they could do to keep households healthy.

"The 'Change Your Fate' message gives hope to the concept that one can change their fate in a world that perceives there only to be one fate for them. It also relates to the preventable nature of rheumatic fever and how we can all change the fate of the prevalence of rheumatic fever in communities, especially like South Auckland, and make a difference."

Mr Taouma said it was evident from the audience response to the public performances that people were captivated and engaged.

"Feedback I have received from people within the Otara/Manukau region is that they get a message of inspiration and increased awareness about rheumatic fever. It also made them seek out further information about it," he said.

The Youth Arts Space: Rheumatic Fever Creative Hub ran from 8-10 April, with public performances in the Otara and Mangere town centres on 11 April.

During its performance, the group was based at Fresh Gallery Otara. It was able to project a video made during the course on a wall outside the gallery.

Hub tutors included: Aaron Taouma (coordinator), Lance Su'a (music mentor), Justin Haiu (dance mentor), Albert Fale (dance assistant), Taga Tanuvasa (graphic arts mentor), Sione Faletau (performing arts mentor), Feleti Strickson-Pua (song writing mentor), and Courtney Sina-Meredith (spoken word mentor). The hub also had support from Ernest Semu (song instrumentation) and Elena Lome.

Check out the Youth Arts Space video: <https://vimeo.com/128235892>
(<https://vimeo.com/128235892>)



Te Kawa Mataaho
Public Service Commission

Better Public Services Result 3 - Case Study: Working together to reduce rheumatic fever in Porirua East [archived]

1 May 2018: The Government announced in January 2018 that the Better Public Services programme would not continue in this form. These pages have been archived.



The \$46 million government-funded Rheumatic Fever Prevention Programme is being strengthened by strong collaboration between a wide variety of agencies and local communities.

In Porirua East, where there is a high rate of rheumatic fever, implementation of the programme is supported by the Ministry of Health, Regional Public Health's public health nurses, Compass Health, schools and

local families/whanau.

Working alongside other health professionals, seven public health nurses visit the 12 schools in Porirua East a couple of times a week to swab the throats of children who report having sore throats.

Public Health Nurse Chris Campbell says, "Since the school-based throat swabbing programme started in Porirua in May 2012, the Porirua public health nurses have performed more than 4000 swabs, with over 370 of the swabs testing positive for Group A Streptococcus infection which can

cause rheumatic fever."

If a throat swab result is positive for Group A Strep, a public health nurse can take antibiotics to the child's home, or the family may choose to go to the GP. Antibiotics are important in halting the infection and preventing it from developing into rheumatic fever and potentially rheumatic heart disease.

The nurse will talk with the family about rheumatic fever, what causes it and how to prevent it, and the importance of their child completing the course of antibiotics. A kaiawhina (the health worker), employed by the Compass Primary Healthcare Network, also follows up to check that the medicine is being taken properly and the course of antibiotics is completed.

"The increased connection that public health nurses are having with children and their parents through the throat swabbing programme means that we are also able to offer more support with other health concerns. It's providing some great opportunities to improve the health of these children", Chris says.

Judith Wootton, principal at Porirua East's Windley School, has seen the impact of the disease on several of her students; "It is often quite considerable and it's distressing to know that it can be prevented if people know that sore throats need medical attention."

"The teachers really push the message about the need for throat swabs and are quite explicit with older students about how seriously rheumatic fever can damage your health," Judith says.

"Asking children if they have a sore throat and need to see the nurse is part of the day-to-day routine. Younger children are asked every day with the roll call and older ones are given regular reminders. Rheumatic fever is embedded in our health and hygiene programme, along with blowing your nose properly, washing your hands and eating healthy food," Judith says.

Windley School, which is the largest year 1-8 school in Porirua, has taken a multi-pronged approach to educating parents about sore throats and rheumatic fever. Whenever someone calls to say their child is going to be away sick, they are asked if the child has a sore throat, and if so advised to take them to their local medical centre to get it checked.

Tepa Dol, the school's public health nurse, and kaiawhina Rose Russell visit parents at home if a child is identified as having a strep throat. Rheumatic fever and the throat-swabbing programme are also highlighted regularly in school newsletters.

The throat-swabbing programme in Porirua is part of the Porirua Kids Project - a joint initiative between primary care providers, Primary Health Organisations, Regional Public Health and Capital and Coast District Health Board. The main aims of the Project are to reduce the high rates of rheumatic fever and serious skin infections in children in Porirua East.

Initiatives developed include primary care providers delivering more training for practice nurses in identifying and treating sore throats and a community awareness campaign - Strong Hearts in Porirua - which has been highlighting the link between sore throats and rheumatic fever.

Ministry of Health Rheumatic Fever Programme Lead Dr Chrissie Pickin says that more than 47,500 children have joined the government's school-based throat swabbing programme to reduce rheumatic fever.

"We now have 211 low decile primary and intermediate school and nine community based clinics taking part - with 146 new schools have joining in the last 12 months. These are all schools in communities with the highest rates of rheumatic fever. "

With additional money from the recent Budget, the programme will expand to provide rapid access nurse-led community services to children, who do not attend schools that are part of the throat swabbing programme. Existing school-based sore throat swabbing services will continue to be implemented in all areas where there are at risk children.

The new services step up the focus on Pacific children, as they have the highest rates of rheumatic fever. Nearly 90 percent of rheumatic fever cases in Pacific children occur in Auckland and Porirua so the focus will be in these areas.

Any family in Auckland whose children have housing-related health issues, that are eligible for help, will also be referred to services under the Auckland wide Healthy Homes Initiative.