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Public Health Perspectives

Presenting the Ministry of Health's public health focus

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A new spin on problem gambling

When it comes to gambling, not everyone's a winner. But the good news is … New Zealand is leading the world by using public health initiatives to prevent and minimise harm from problem gambling.

In recent years, gambling-related harm has emerged worldwide as a significant social and health issue. New Zealand has seen a significant rise in the consumption of gambling products and player losses over the last decade – with a parallel increase in the number of people seeking help for problem gambling.

The effect of problem gambling on individuals and communities is far-reaching: increased rates of bankruptcy, arrest and imprisonment, unemployment and workplace problems, poor health, and family break-up.

In 2003, Parliament passed the Gambling Act, which lists preventing and minimising the harm caused by gambling, including problem gambling, as one of its purposes.

Cabinet has decided that the Ministry of Health will be the department responsible, under the Act, for developing and delivering an integrated problem gambling strategy, with measures to promote public health by preventing and minimising the harm from gambling. The Ministry will assume this role from 1 July 2004.

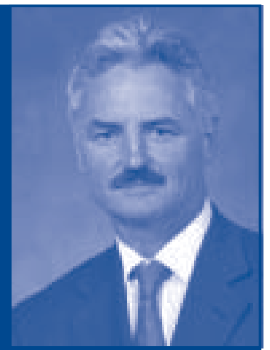
The Ministry has developed a draft strategic plan to address problem gambling across the continuum of harm. This approach includes primary prevention and population approaches, through to more select intervention services for individuals and their families and whānau. Alongside this, the Ministry has also prepared a needs assessment and three-year funding plan.

Services are to be funded by the problem gambling levy, which is a levy on the gambling profits of individual gambling sectors. Individual levy rates have been calculated for each sector in order to recoup the funding required to deliver a comprehensive problem gambling strategy.

The Ministry will be consulting on its *Preventing and Minimising Gambling Harm* document, which incorporates the strategic plan, needs assessment, funding plan and gambling sector levy rates, during late March and April of this year. Details can be found on the Ministry's website: www.moh.govt.nz

Editorial

Don Matheson
Deputy Director-General, Public Health



2004 has seen a flying start by Public Health. Avian flu has alerted the world to the ever present risk of another global flu pandemic. Weather conditions, and the impact of storms on Nuie as well the central and lower North Island, have required a public health response from local staff. They carry a reminder to us all to keep emergency preparedness up on the agenda.

Apart from the sudden and unpredicted events, the foci for the year will be the Meningococcal programme, the cancer control strategy implementation plan, and the Healthy Eating Healthy Action implementation plan. Other important initiatives include the development of the Public Health Workforce Action Plan; implementation of the actions outlined in *Achieving Health for All People* though contracting, service development and a focus on intersectoral activity; continuing to strengthen the collaborative relationship between the Ministry of Health and DHBs; and supporting the population health focus of PHOs and local authorities. And let's not forget the routine business of all parts of the sector – DHB providers, NGOs and the Ministry – in developing effective and evidence-based services at a community and national level. It makes a difference to the health of New Zealanders.

The Meningococcal Vaccine Strategy has now leapt two of the five major hurdles. The MeNZB meningococcal vaccine has now been produced for the first-stage roll-out from mid-2004 in Counties Manukau DHB and the eastern corridor of Auckland DHB. The production of the vaccine for the second-stage nationwide roll-out to all under 20 year olds is currently under way. The clinical trials are nearing completion with early results looking promising. Partially completed is the National Immunisation Register, which will underpin the immunisation campaign to track and monitor participants – we recently reached an important milestone in the certification of the software for the school-based programme. The challenges remaining include the granting of a licence upon the recommendations of the medicines regulator, and the delivery of the vaccine to all under 20 year olds. It is this final task – the safe delivery of the vaccine to communities at risk – that will demand all the skills of the public health workforce. Current immunisation programmes have not achieved the level of coverage that will be required to stop this epidemic in its tracks.

The Cancer Control Strategy team is now developing an implementation plan. This will be the first time that we have taken a comprehensive look at cancer, and the services required to control it from prevention through to palliative care. Population ageing alone will make a major contribution (*Cancer in New Zealand: trends and projections* Ministry of Health 2002). The need for effective preventive measures has never been greater.

An analytical work, soon to be published by the Ministry, *Looking Upstream: causes of death classified by risk and* condition has emphasised the importance of nutrition as a modifiable risk factor in New Zealand overall mortality. Some 8000 deaths a year could be prevented with attention to diet and nutrition. The Healthy Eating Healthy Action plan tackles this very issue. We're in good company because none other than the World Health Organization is considering its strategic approach to nutrition and physical activity at this year's World Health Assembly.

Mental health journalism fellowships for 2004

Applications are now being sought for the 2004 mental health journalism fellowships.

The fellowships are a joint initiative between Like Minds, Like Mine and the Carter Center Mental Health Program. This is the fourth year that two New Zealand journalists will be awarded the fellowship, which covers two expenses-paid trips to the Carter Center, Atlanta and a NZ$12,000 stipend for a research project on the topic of mental health.

2002–03 and 2003–04 Mental Health Journalism Fellows, advisors and guests.
Back row: Jim Chipp, Alex Spence, Gerard Vaughan
Middle row: Lauren McKenzie, Noel O'Hare
Front row: Raymond Narin, Mrs Carter, Todd Krieble

Gerard Vaughan, National Project Manager for *Like Minds, Like Mine*, says that when the Carter Center wanted to extend their USA-based fellowships to other countries, they chose New Zealand mainly because of the work that was being done here to address stigma and discrimination associated with the experience of mental illness.

'The purpose behind the fellowships is to assist in developing journalists who are more informed about the whole area of mental health. They give journalists the opportunity to take more time to investigate a topic without being constrained by the usual tight production and media deadlines,' says Gerard.

Previous New Zealand fellows have come from a range of media, including radio, television and print. Research topics have included youth mental health, mental health and employment, and media reporting of mental health.

For further information about the Carter Fellowships and how to apply visit www.cartercenter.org or email Huia Communications: likeminds@huia.co.nz . The application deadline is 3 May 2004.

Birdflu

So many aspects of our lives have an international dimension. And unfortunately, flu is no exception. There have been widespread outbreaks of Highly Pathogenic Avian Influenza (H5N1) reported in poultry in Asian countries this year. The H5N1 influenza virus spreads easily among bird flocks killing most of the birds that it infects.

Some people in close contact with infected birds have also become sick. Up to 1 March 2004 there have been 33 confirmed H5N1 infections in people of whom 22 have died. Millions or birds have been culled in the affected areas in an attempt to control the spread of the H5N1 virus.

To date New Zealand has not recorded any H5N1 infections in birds or in people. New Zealand does not import live birds and border procedures suggest it is unlikely that we will import the virus. The Ministry of Agriculture and Forestry (MAF) is leading our national response and is working with the poultry industry to ensure that local H5N1 infections would be recognised early to allow for rapid control.

A serious threat to human health will result if the H5N1 virus undergoes changes that allow it to spread easily from person to person causing an influenza pandemic. This change could occur in a person infected with both H5N1 and another strain of human influenza, through a recombination of the genetic material of the two viruses.

Planning for influenza pandemic events is ongoing. The Ministry of Health and District Health Boards have detailed plans to minimise morbidity and mortality and minimise the disruption that can be caused by these events. While it is not possible to predict whether the current events in Asia will lead to a pandemic of human disease, it is essential to have plans in place so that we can respond. For more information, including questions and answers, please see the Ministry of Health website: www.moh.govt.nz/birdflu

Public health workforce action plan

By now most managers of public health provider organisations will have completed their telephone interviews for the organisation survey. Thank you to all those managers who have patiently provided information either in the telephone interview or in the self completion questionnaire. If you have not yet returned your questionnaire then we would appreciate this as soon as possible, as the information from your organisation is important. Note that academic institutions have not yet been surveyed – we are still planning that work.

This is the first time anyone has tried to capture comprehensive information about the public health workforce in New Zealand and it has turned out to be quite a complex task. Most managers have had no difficulty in providing the information. There are, however, some organisations which, either because their public health work is only part of their business or because they use different words to describe their workforce, have not found the organisational survey easy to complete. Thank you for your perseverance.

We had hoped to kick off the individual survey in February. Instead, we want to first of all use the feedback from the organisational survey to iron out any difficulties. So the individual survey, which is a self completion questionnaire, should be on your desk in the near future, if it isn't already there. We need your support for this project to get a complete picture of the public health workforce.

The survey will show us who is working where, what issues they are working on, what skills and qualifications they have, what training and development they receive, what training they would like to receive, what problem they face in developing their future in public health, and many more.

A sector reference group has been appointed and had its first meeting in March. We are looking forward to working with this group and all the other public health workers who have indicated their interest in this project. We will be using the information from the survey and other work which has been progressing over the last six months (see *Public Health Perspectives*, December 2003), to develop the framework for the Public Health Workforce Action Plan. This will be developed for consultation around the middle of the year.

If you'd like to know more or to list your name on our 'Friends of PH workforce development' mailing list for regular updates please contact:

Viv Head (project manager) viv.jake@xtra.co.nz or Maggie McGregor (project sponsor) maggie_mcgregor@moh.govt.nz

Guideline of the proposed meningococcal B immunisation programme

A guideline of the proposed meningococcal B immunisation programme is expected to be distributed to District Health Boards and primary health providers this month.

The National Implementation Strategy gives a framework to the proposed immunisation programme. This document includes information about the roll-out model, workforce and training, communications, the roles of the Ministry and individual DHBs, as well as the rationale for the programme, background on the epidemic, clinical trials and the safety monitoring aspects of the programme.

Preventing suicide in the Pacific community

Recent fono in Auckland, Wellington and Christchurch have sparked increased interest in Pacific suicide prevention. Communication starts with language and one of the key needs is for information to be made available in Pacific languages. Another is health promotion materials. To make this happen, Suicide Prevention Information New Zealand (SPINZ) has contracted NIU Development Inc to develop information resources on suicide prevention specifically for Pacific peoples.

Mali Erick, chairperson of NIU, welcomes the initiative: 'We are grateful to SPINZ for giving Pacific peoples an opportunity to discuss our information needs, and look at future directions for preventing suicide within our Pacific communities.'

Project co-ordinator, Pefi Kingi, met with key Pacific peoples and health providers this year to discuss how to create community awareness of suicide within Pacific communities, as well as focusing on strategies that Pacific communities see as effective in preventing suicides.

Right from the outset of the fono, a national Pacific Suicide Prevention Reference Group was formed. It is made up of representatives of intersectoral Pacific providers from throughout the country. The key aims of the reference group are to provide support for their two representatives on the National Committee for the Suicide Prevention Strategy developed by the Ministry of Youth Development; to actively encourage the development and maintenance of support systems within families and communities; and to promote the need for increased services for Pacific families. A research project has been identified with a focus on the prevalence of Pacific suicide.

'We don't have so many young people that we can afford to lose them. It has been a huge concern and a heavy burden for the Cook Islands community that we have lost too many of our young people to suicide recently.'

In Wellington, Pastor Tauira addressed the fono saying, 'We don't have so many young people that we can afford to lose them. It has been a huge concern and a heavy burden for the Cook Islands community that we have lost too many of our young people to suicide recently. We need to have a collective strategy to combat this illness, and urgently!'

Pacific Suicide Prevention is intent on raising its profile: 'Even one suicide is an indictment on our communities'. To that end, it is working hard to ensure that the momentum of the current interest will keep reminding the Pacific community that 'suicide is not an option'.

The immunisation programme is subject to regulatory approval being granted but the strategy document has been written and distributed now to help DHBs to forward plan the proposed programme in their area.

The formation of the National Roll Out Advisory Group has marked another milestone for the Meningococcal Vaccine Strategy project. The group will meet monthly to advise, guide and assess the project and assist in planning at a national level. Members of the group bring a variety of skills and experience and will ensure that the proposed immunisation programme successfully reaches Māori and Pacific peoples to reduce the disproportionate burden of meningococcal disease on these communities.

NSU launches strategic plan

The National Screening Unit (NSU) has just released its Strategic Plan 2003–2008. The culmination of two years' development work, the document provides a framework for continually improving the quality and outcomes from the two current cancer screening programmes. The plan will be valuable when responding to emerging screening issues across the sector. It will guide the NSU towards achieving its vision of 'saving lives, reducing inequalities, and building the nation's health by leading the delivery of screening programmes, uncompromising in their quality and trusted by the communities we serve'.

The five-year strategic plan identifies a number of key challenges for screening programmes.

- Clearly orienting screening programmes as population health programmes that are planned, funded, delivered and monitored from a population perspective.
- Reducing inequalities in participation and outcomes of screening programmes for Māori to meet Treaty of Waitangi obligations, and reducing inequalities in screening for Pacific and people with low incomes.
- Maintaining strong quality improvement processes and monitoring that demonstrate the safety and effectiveness of New Zealand's organised screening programmes, and ensuring that the programmes are a wise use of health care resources.
- Informing decisions about screening with evidence obtained through ongoing research and development, systematic assessment of technological advances, and incorporating new knowledge in a timely manner.
- Bridging the 'gap' between expectations that health professionals and the public have of screening programmes and what they can actually deliver.

Existing NSU initiatives have already started to address these issues and the Strategic Plan builds on this work. The Plan is consistent with current health strategies and identifies two strategic outcomes – improving health and reducing inequalities. The plan includes performance indicators that the NSU will monitor to ensure the safety, effectiveness and cost-effectiveness of each programme.

Saving lives, reducing inequalities, and building the nation's health by leading the delivery of screening programmes, uncompromising in their quality and trusted by the communities we serve.

The strategic plan identifies how the NSU will continue to strengthen the foundations of the current screening programmes. The 2003/04 annual plan and work plans have been developed to reflect the progression of the screening programmes towards achieving the strategic outcomes. These work plans incorporate work in response to recommendations from the external reviews of the two programmes, ongoing monitoring activities, as well as projects to ensure the ongoing development of the programmes.

In addition, given the range of screening issues identified, the NSU will develop a wider strategic oversight role with respect to screening in the health sector. Priority areas for evaluation and oversight are:

- prostate cancer screening
- antenatal screening for Down Syndrome
- the newborn metabolic screening programme (Guthrie tests)
- newborn hearing screening
- colorectal cancer screening, including people at high risk of colorectal cancer.

Screening programmes require specific initiatives to ensure high levels of participation by Māori, Pacific and people from low socioeconomic groups. This is an ongoing challenge for the two existing programmes. Accordingly, reducing inequalities is one of the two NSU strategic outcomes identified in the Strategic Plan and there is a substantial work programme and dedicated resources to ensure that the programmes are reducing inequalities.

‘Blooming good’ *guidelines for drinking-water!*

By Alexander Kouzminov –
Senior Advisor, Physical Environment Team

One of the nice things about the New Zealand way of life is our access to clean drinking-water. But even water attracts the occasional problem. Naturally occurring cyanobacteria can crop up in any water. These are primarily freshwater aquatic organisms which are like bacteria. As their metabolism is based on photosynthesis, some people call them ‘blue-green algae’. Cyanobacteria may build up in surface waters as ‘blooms’ and blue-green ‘scums’.

Alexander Kouzminov

Blooms happen throughout New Zealand in fresh, estuarine and coastal waters, including those used for drinking-water supplies, recreation and stock-watering. Cyanobacteria can be a health risk where public, stock and aquatic ecosystems are exposed to water contaminated by their toxins (called cyanotoxins). In New Zealand we estimate that 20 percent of bloom samples are toxic – compared with 60 percent of blooms overseas. Furthermore, the number of blooms and their geographic spread is likely to grow with the increasing eutrophication of New Zealand’s freshwaters.

Apart from public heath impacts, blooms can have significant impacts on biodiversity, as well as the aesthetic properties of water. Cyanobacteria can also have economic impacts when communities have to spend more on treating their water supply. In some cases, a consumer might even need to find an alternative source. There are also social impacts from the disruption of recreational use of water supplies, for example, swimming pools.

The responsibility for preventing, monitoring and managing cyanobacteria rests with a number of parties, including drinking-water suppliers and regional and district councils.

To assist water supply authorities minimise the risk of public exposure to cyanotoxins the Ministry of Health has developed a new section for the *Guidelines for Drinking-Water Quality Management for New Zealand*. Some of this information has also been used in the Public Health Risk Management Plan dealing with source waters. The Guidelines provide advice to water supply authorities on how to monitor and manage cyanobacteria in drinking-water supplies and how to prevent potentially toxic cyanobacteria blooms. In addition, the Maximum Acceptable Values for cyanotobacteria and related toxins in drinking-water have been reviewed. Amendments to the drinking-water standards and the new section in the Guidelines are intended to minimise the risk of public exposure to cyanotoxins via drinking-water supplies.

Currently the Ministry of Health is working on a new section in the joint Ministry of Health and Ministry for the Environment *Microbiological Water Quality Guidelines for Marine and Freshwater Recreational Areas*. These will help regional and unitary councils, territorial authorities and public health services to develop effective measures, including contingency planning and long term actions to minimise bloom formation. The new guidelines will enable professionals to rapidly assess the level of risk to human and environmental health presented by toxic cyanobacteria bloom events. And that’s blooming good news for our water!

Water fluoridation projects can now be subsidised 100 percent

Paul Prendergast – Principal Public Health Engineer

Subsidies to fluoridate drinking-water can now cover the whole cost of the capital works of a fluoridation project at the discretion of the Health Minister.

Minister of Health, Annette King, says, 'Because of the important public health benefits of adding fluoride to drinking-water I may make funds available to cover up to 100 percent of the cost of the capital works required to add fluoride.'

Under the Sanitary Works Subsidy Scheme (SWSS), which came into effect on 1 July 2003, the subsidy available for works needed to add fluoride to community drinking-water was 50 percent of the cost of capital works.

'This is a great opportunity for communities that are currently missing out on the benefits of fluoridated water to put together a proposal and tap into the $1.5 million pool of money the government has made available annually for fluoridation projects,' says Ms King.

The Sanitary Works Subsidy Scheme is a government initiative to help small to medium-sized communities upgrade sewage treatment and disposal facilities and add fluoride to drinking-water.

A number of studies of the benefits of fluoridation to the primary and permanent teeth of children have demonstrated significant reductions in decay rates ranging from 20 to 80 percent.

The Institute of Environmental Science and Research Ltd report for the Ministry of Health, *The Cost Effectiveness of Fluoridated Water Supplies in New Zealand* (released in February 2000), showed that fluoridated water can be cost-effective for a community of 1000 people or even fewer.

Paul Prendergast
Principal Public Health Engineer

Communities wanting to take advantage of the subsidy can get further information from the water pages on Ministry's website: www.moh.govt.nz/water, under 'publications', or contact their local public health service where applications can be made to the Medical Officer of Health.

Health (National Cervical Screening Programme) Amendment Act

On 7 March 2004, the Governor-General signed the Health (National Cervical Screening Programme) Amendment Act 2004. This marked the end of an involved process to put a framework in legislation for the operation and evaluation of the National Cervical Screening Programme (NCSP).

The root of the Act is the Inquiry into the under reporting of abnormal smears in the Gisborne Region. The Inquiry highlighted the inadequacies of the current legislation, particularly in relation to the evaluation of the NCSP – a concern when evaluation should be viewed as a necessary part of treatment and services.

The new Act allows 'screening programme evaluators' to carry out evaluation of the NCSP. The scope of these evaluations will vary from regular evaluations, such as those based on national and regional statistics, to more infrequent, large evaluations, such as the current audit of invasive cervical cancer. The Act gives evaluators automatic access, to the extent necessary for evaluation purposes, to the health information of relevant women – that is women

Changes to smokefree legislation

The Smoke-free Environments Amendment Act was passed on 3 December 2003. There has been a lot of publicity about bars being required to go smokefree but the amendments are also going to freshen the air in many other social and workplace settings.

The Act aims to:

- prevent, so far as is reasonably practicable, the detrimental effect of other people's smoking on the health of people in indoor workplaces
- prevent young people in schools or pre-school institutions from being influenced by seeing other people smoke there
- reduce the social approval of tobacco use particularly among young people
- monitor and regulate the harmful constituents of tobacco products.

The main changes to the legislation are as follows.

- **Workplaces**. All substantially enclosed indoor workplaces will become 100 percent smokefree from **10 December 2004**. This includes all internal areas of factories, warehouses, hospitality venues (including restaurants, bars, clubs) and working taxis, trains, aircraft and passenger lounges.

who are enrolled on the Programme or who are not enrolled on the Programme but have developed cervical cancer.

It is important to point out that there are a number of safeguards in the Act to protect the confidentiality of health information accessed during evaluation. These include allowing health practitioners, such as GPs, the ability to oversee the access of this information. The safeguards help to achieve a balance between privacy values and the population health benefits of robust evaluation.

More information on the legislation changes are set out on the NCSP website www.healthywomen.org.nz .

- **Schools and Early Childhood Centres**. All buildings and grounds (indoor and out) became smokefree 24 hours a day, seven days a week, from **1 January 2004**. There are no exemptions for activities that may take place outside schools hours.

Tertiary institutions are not included; however, general workplace provisions do apply in workplaces.

- **Cigarette Vending Machines**. These machines can only be operated by staff from **10 December 2004**.
- **Under 18 Supply**. **From 10 December 2003**, it became an offence to supply tobacco to people under 18 years in a public place (selling to under 18's was an existing offence).
- **Herbal Cigarettes**. The new legislation now covers herbal smoking products in areas such as under 18 sale and supply, vending machine restrictions and health warnings.

Legislation Implementation

The National Drug Policy team is now working, with public health localities, DHBs and other providers to implement the legislation. A key ingredient for a seamless implementation is to ensure that the tobacco control community approaches this in a co-ordinated fashion and communicates consistent messages. To help achieve this, the NDP team has produced a range of resources, factsheets and signage. It will also be visiting the regions during March 2004 to discuss implementation issues with public health providers.

Evaluation

Initially, the impact of the Act will be evaluated over a three-year period.

Further information is available at www.ndp.govt.nz/smokefreelaw.html

New rules around prostitution

The Prostitution Reform Act 2003 (PRA) was given Royal Assent on 27 June 2003. The requirement for operators of businesses of prostitution to hold a certificate came into force on 28 December 2003. At the same time the Massage Parlours Act 1978 was repealed and the Massage Parlours Regulations 1979 were revoked.

Ministry of Health's role

The Ministry's responsibilities are limited to the powers to enter and inspect brothels to ensure compliance with section 8 and section 9 of the PRA (the adoption of safer sex practices).

The safer sex provisions are in two separate sections.

- Section 8 sets out the obligations on operators of businesses of prostitution to adopt and promote safer sex practices.
- Section 9 sets out the obligations on sex workers and their clients to adopt safer sex practices.

Sections 24–29 relate to the powers to enter and inspect compliance with the health and safety requirements set out in sections 8 and 9.

The PRA provides that Medical Officers of Health are inspectors but they may delegate that role to suitably qualified people.

The enforcement powers within the PRA allow Medical Officers of Health to take further action when health promotion approaches are unsuccessful. Medical Officers also have the ability to report any other offence or suspected offence to the police or any other relevant agency. This may include referring poor health and safety practices to OSH, or suspected underage sex workers or suspected coercion events to the police.

Public health-related complaints in relation to whether or not a person is complying, or has complied, will be carried out in accordance with the Ministry's established priorities and procedures outlined in the Ministry of Health *Enforcement Policy, Investigation and Prosecution Guidelines* (2001).

To ensure national consistency in the public health promotion and enforcement of sections 8 and 9 of the PRA the Ministry of Health will be holding a one-day implementation training course before June 2004. The Ministry will invite along Designated Officers who carry out routine investigations on the health promotion and enforcement requirements of the PRA.

Under section 8 of the Act, business operators can be fined up to $10,000 while section 9 allows for fines of up to $2,000 for sex workers and their clients.

The Ministry of Health has developed resources for operators, sex workers and clients to help them comply with the health and safety requirements. The resources include:

- *Health & Safety Information for Operators of Businesses of Prostitution*
  Code 1505 – Flyer in pads of 25
  Prostitution Reform Act 2003
- *Health & Safety Information for Sex Workers*
  Code 1506 – Flyer in pads of 25
  Prostitution Reform Act 2003
- *Information for Clients*
  Code 1507 – Sticker
  Prostitution Reform Act 2003
- *Information for Clients*
  Code 1509 – Flyer in pads of 25
  Prostitution Reform Act 2003
- *Information for Clients*
  Code 1508 – A4 Poster
  Prostitution Reform Act 2003

You can get these resources from your local health education resource provider. They are also available at www.healthed.govt.nz

Please feel free to contact Nicola Chapple on (04) 495 4426 or email nicola_chapple@moh.govt.nz for further information.

Getting it together for when the big emergency strikes

Just in case big trouble ever strikes New Zealand, extensive planning and review activities are well under way. Experts are addressing a large number of issues relevant to public health, primary, secondary, tertiary and mental health services.

Intersectoral initiatives

Much is already happening at an intersectoral level to prepare a response to terrorism:

- the development of strategy to deal with chemical, biological and radiological threats or incidents
- a working party, led by Health, considering the provision of triage in hot and warm zones of incident sites
- agreement to set up working parties to address the following issues by December 2004: integrated standard operating procedures; personal protective equipment; decontamination facilities; testing and monitoring; communications strategies for stakeholders and the public; and training.

Fire, Police and Health are the main bodies leading these streams of work, and other agencies will be invited to contribute as appropriate. Whilst government considers that there is a low level of risk of acts of terrorism in New Zealand it is seeking a more 'joined-up' approach to dealing with the issues and identifying key gaps that may need to be addressed. This work will also help to improve our approach to other related issues: for example, hazardous material events, accidents involving radioactive sources and serious outbreaks of infectious diseases.

Joined-up health planning

A major workshop to encourage more joined-up ways of planning within the health sector was held on 19 and 20 February, involving representatives from public health services and District Health Board (DHB) emergency planners. Given the importance of this issue, the Ministry of Health has invited public health services and DHBs to submit funding bids for projects that may enable them to get ahead faster with the revision of their plans and preparedness before 30 June 2004. The Ministry sees joined-up planning, exercising and training across the health sector as being as important as joined-up planning with other key agencies at a local and national level, as required by the Civil Defence Emergency Management Act 2002. This initiative is one of a number coming under the development a National Health Emergency Management Plan (NEMP). The Ministry NEMP team led by Chief Auditor Steve Brazier is also busy developing guidelines for emergency planning, and promoting the Co-ordinated Incident Management System (CIMS) approach to the management of emergencies.

National Clinical Action Plan

Recently the Ministry sought comment on the draft National Clinical Action Plan for Emerging Infectious Diseases, and is now analysing the numerous submissions which came back. The Plan Advisory Group will meet again in March to consider any changes, and the Ministry plans to visit DHBs to discuss some of the issues arising. Among other things, it will consider regional response structures on the CIMS model for serious emergencies.

Pandemic Action Plan

Work on the revision of the Pandemic Action Plan has continued against a backdrop of increased awareness of avian influenza. Health will lead the intersectoral response to any future pandemic.

This demands a clarity in roles and focus, both from the Ministry and the wider health sector. The plan will reflect the context of the sector with the Ministry responsible for the strategic aspects of the response and DHBs responsible for operational implementation. The key building block will be the adoption of the CIMS structure for emergency management response both within the Ministry and within the DHBs.

The pandemic response spans the health sector and it is important that it addresses aspects of public health, primary, secondary, tertiary and mental health care. A pandemic is also very different from other health emergencies in that it is likely to be nationwide, to require significant levels of community care and a particularly strong intersectoral approach at both national and local levels.

Continues on page 12

Getting it together for when the big emergency strikes

Continues from page 11

The Ministry expects to circulate for comment a draft discussion document in early April. After the review and consideration of feedback, the review should be completed by 30 June 2004.

Review of health sector capability and capacity to respond to unusual emergencies

District Health Boards, their public health services and other relevant providers will be asked to contribute to the review of health sector capability and capacity to deal with unusual emergencies (eg, a pandemic or acts of terrorism). Details of a national survey will be distributed for completion to relevant parties in April 2004. In addition, more detailed survey and modelling work will be carried out to identify key choke points in the ability to respond to biological, chemical, earthquake, bombing or radiological incidents. This will inform future advice to government on current capacity to respond, and options for addressing and resourcing critical gaps.

National Immunisation Register

The National Immunisation Register (NIR), an essential support tool for vaccinators, DHBs and the National Immunisation Programme (NIP), will be up and running this year.

The team has largely completed its policy work. They have produced draft manuals for NIR users and are getting ready to train NIR users. This will involve a training plan and packages.

Public communication resources (NIR pamphlet and poster) are ready to hit the streets. Resources will be available in various languages from authorised health education resource providers via the usual channels. Pdf files of resources translations will be available on the Health Education Resources website www.healthed.govt.nz or via the Ministry of Health website front page at www.moh.govt.nz

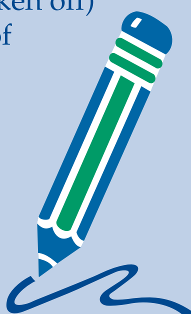
Within the IT workstream, the various sub-projects are progressing well. Orion developed the NIR software, and the Ministry will be testing it during February and March. The School-Based Vaccination System (SBVS) application has been developed by SIMPL with the assistance of Hutt Valley DHB, and was recently accepted by the Ministry of Health.

The NIR project is continuing with the overall decentralised approach whereby DHBs are responsible for local NIR implementation including provider management, training and communication, and local control of data quality.

The Ministry's DHB implementation team is focusing on 'going live' in the three Auckland DHBs, with specific emphasis on Counties Manukau DHB and the eastern corridor of Auckland DHB for the proposed Meningococcal B Immunisation Programme, and on Counties Manukau DHB and Westkids to maintain their Kidslink functionality. The NIR will reach the other DHBs on a staged basis, working from north to south, to support the proposed Meningococcal B Immunisation Programme.

Public Health Perspectives Mailing List

If you wish to be added to (or taken off) the mail list or advise a change of address please contact:



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