

## Auckland Regional Public Health Service

Rātonga Hauora ā Iwi o Tamaki Makaurau



Working with the people of Auckland, Counties Manukau and Waitemata

## Auckland Regional Public Health Service

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### **Submission from the Auckland Regional Public Health Service on the Primary Maternity Services Notice 2007.**

1. Thank you for the opportunity for the Auckland Regional Public Health Service to provide a submission on the Primary Maternity Services Notice 2007.
2. This submission represents the views of the Auckland Regional Public Health Service (ARPHS). ARPHS provides public health services for the three district health boards in the Auckland region (Auckland, Counties Manukau and Waitemata District Health Boards), with the primary governance mechanism for the Service resting with Auckland District Health Board. This submission represents the views of ARPHS and does not necessarily represent the views of the three District Health Boards.
3. ARPHS understands that all submissions will be available under the Official Information Act 1982, except if grounds set out under the Act apply.
4. The primary contact point for this submission is:

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## Executive Summary

5. Immunisation is viewed by the Ministry of Health as a crucial mechanism in the prevention of disease. Levels of vaccination in childhood fall short of the Ministry's goals<sup>1</sup>.
6. As a population health provider ARPHS deals with the effects and impact of vaccine preventable disease. ARPHS does not believe that the proposed Primary Maternity Services Notice 2007 ("the Notice") reflects the importance of immunisation as a method of improving child and population health.
7. ARPHS believes that a range of changes to the Notice will increase the levels of child immunisation and help the Ministry's achieve its immunisation targets with consequential benefits at both the individual and population levels.

## Introduction

8. ARPHS is a regional public health service provider and works towards improving, promoting and protecting the health of people in the Auckland Region. ARPHS has an active commitment to working with central and local government, other health service providers, iwi and local communities to develop effective strategies to promote and protect the health of the people of the Auckland Region.
9. ARPHS takes a whole of population approach but targets resources to those locations and people who will benefit the most. ARPHS operates in an outcomes based framework which reflects the reality that it cannot create public health by itself, but must work with a range of partners in a whole of community approach to achieve the public health ends sought. ARPHS has identified six vital few outcomes to be the focus of its efforts, namely:
  - Reduction in the incidence and impact of infectious disease.
  - Reduction in the incidence and impact of obesity, diabetes and cardiovascular disease.
  - Reduction in the incidence and impact of tobacco and alcohol related harm.
  - Reduction in the incidence and impact of cancer.
  - Reduction in the incidence and impact of environmental inequalities.
  - Reduction in the adverse effects of environmental hazards.
10. A reduction in the incidence and impact of communicable disease of childhood through monitoring, epidemiology, investigations of disease, supporting immunisation programmes, supporting the National Immunisation Register and other public health interventions is a key work programme within the wider infectious disease work stream.
11. ARPHS submission on the proposed Notice focuses only on those parts of the notice that are relevant to a public health approach to reducing the incidence and impact of communicable diseases of childhood.

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<sup>1</sup> Immunisation in New Zealand: Strategic Directions 2003 – 2006  
[http://www.moh.govt.nz/moh.nsf/49ba80c00757b8804c256673001d47d0/560a6eac4eb56ed9cc256e120076232a/\\$FILE/ImmunisationInNZ.pdf](http://www.moh.govt.nz/moh.nsf/49ba80c00757b8804c256673001d47d0/560a6eac4eb56ed9cc256e120076232a/$FILE/ImmunisationInNZ.pdf) and Immunisation Handbook page 7.

## Rationale for Immunisation

12. As noted on the Ministry's own web site<sup>2</sup> "The Government's commitment to immunisation is based on sound evidence. The national and international scientific consensus is that immunisation is one of the most cost effective means of preventing disease and improving health, and that risks associated with vaccines are rare". The Immunisation Advisory Centre<sup>3</sup> states "Immunisation has had a profound effect on the health of whole populations. It is second only to clean water in positive impact on health. Heavyweight successes include the worldwide eradication of smallpox disease and the eradication of polio from the Western Pacific region. More recently in New Zealand, bacterial meningitis and epiglottitis in children under 5 years caused by Haemophilus influenzae type b (Hib disease) has dropped from the 1992 high of 165 cases to the 2002 low of no reported cases, as a result of the Hib vaccine. This was previously the most common cause of bacterial meningitis in children under 5 years".
13. The effect on individuals of a failure to immunise can be traumatic and the "Piercing Memories<sup>4</sup>" section of the Immunisation Advisory Centre website contains a number of moving stories that illustrate the human cost of a lack of immunisation.
14. The cost of immunisation preventable disease on the community is enormous. In 2002 the former Minister of Health Annette King stated when launching the Government's initiative to combat meningococcal disease "The estimated social cost of the disease is \$75 million a year, including hospital and rehabilitation costs of about \$29 million a year<sup>5</sup>".

## Particular High Risk Groups

15. Immunisation provides benefits for all children. For particular high risk groups it is essential to support future health outcomes. Hepatitis B can be transferred directly from an infected mother to her infant. For this reason the Immunisation Handbook<sup>6</sup> recommends that children who are born to hepatitis B carrier mothers have an extra hepatitis B vaccination (and also immunoglobulin) at birth. Antenatal testing is specifically recommended for all pregnant women<sup>7</sup>.
16. All women should be assessed for the risk of TB by their lead maternity carer ("LMC") and neonatal BCG should be offered to infants at increased risk of TB<sup>8</sup>, such as those infants borne to parents who come from countries with high rates of tuberculosis, and those who have tuberculosis within their families. Neonates at risk should be identified antenatally by lead maternity care providers.

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<sup>2</sup> <http://www.moh.govt.nz/immunisation>

<sup>3</sup> <http://www.immune.org.nz/?t=610>

<sup>4</sup> <http://www.immune.org.nz/?t=620>

<sup>5</sup> <http://www.beehive.govt.nz/ViewDocument.aspx?DocumentID=12906>

<sup>6</sup> Ministry of Health. 2006. *Immunisation Handbook 2006*. Wellington. Ministry of Health

<sup>7</sup> Immunisation Handbook page 128

<sup>8</sup> Immunisation Handbook page 248

17. For some of the high risk population, accessing services is a multi-faceted problem that often precludes these children from attending well child services or GP PHO service. Potential problems in accessing services later makes it even more important that appropriate information and advocacy around immunisation is provided by the LMC.

### **Current Immunisation Levels**

19. There is no accurate current information on the percentage of children who have completed all of the recommended childhood immunisations and reliable data will not be available until the birth cohort component of the National Immunisation Register has been implemented<sup>9</sup>. The most recent estimate<sup>10</sup> of immunisation levels suggest that 77.4% of children were fully immunised at age 2 in 2005. Maori, however are significantly less likely to be fully immunised (69%).
20. Information available to ARPHS indicates that some babies born to carrier mothers are not being given hepatitis B vaccination at birth, in one case even when the mother, who knew her own carrier status, asked for her baby to be immunised.
21. ARPHS staff have received anecdotal information from the New Zealand Plunket Society in West Auckland and some paediatricians where comment was made that they see many women and babies who are not enrolled with a GP, or for that matter a well child provider.
22. There are also practical problems where late referrals are made. If a well child provider receives the referral from the midwife after the 6 weeks period has ended, it is difficult to organise and get the BCG vaccination on time. If it is delayed a baby will have to be mantouxed first before receiving the BCG, whereas at birth it only requires a BCG.

### **Specific Comments on the Proposed Section 88 Notice**

#### ***CB2 Audit***

23. The clause gives the Ministry a right to audit maternity providers. Immunisation and information provision about immunisation should be one of the matters that the Ministry regularly and routinely audits. Auditing of maternity providers is one route through which the Ministry will be able to improve current levels of immunisation.
24. Data matching between maternity provider claims and information held in the NIR about the infants the subject of the claims would provide one possible method of identifying maternity providers where subsequent immunisation rates are significantly lower than the average.

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<sup>9</sup> Parliamentary Question number 7684 and 7686 to the Minister of Health accessible through <http://www.clerk.parliament.govt.nz/>

<sup>10</sup> Immunisation Handbook page 7.

### **CB3 Manner of providing primary maternity services**

25. ARPHS notes that there is nothing in this clause to stipulate that the maternity service must be supplied in accordance with the requirements of the notice.

### **CB13 Practitioners to include the required information on all prescriptions and referrals.**

26. ARPHS recommends that an additional sub-clause relating to immunisation referral be added to clause CB13 to ensure that referrals for BCG immunisation provide appropriate details.

### **DA6 General Responsibilities of LMCs**

27. ARPHS recommends that an additional sub-clause be added to DA6(1)(c) to require antenatal testing in accordance with the Immunisation Handbook and that the benefits of immunisation are actively promoted.

### **DA9 Service linkages: transfer to well child services**

28. ARPHS recommends that guidelines for transfer to primary health services under clause DA9(2) should stipulate that immunisation status and details must be included in the information provided to the woman's well child service provider.
29. The wording of the proposed Notice implies that a woman will have a well child provider. This is not always the case and it should be made clear that where a woman does not have a well child service provider that the referral includes a facilitated introduction to a well child provider in a similar manner to clause DA10(3).

### **DA10 Service linkages: transfer to primary health services**

30. ARPHS recommends that guidelines for transfer to primary health services under clause DA10(2) should stipulate that immunisation status and details must be included in the information provided to the woman's general practitioner.

### **DA18 NIR Information**

31. The provision of vaccination information to the NIR is essential for monitoring purposes. ARPHS fully supports this provision and recommends that it is one of the areas on which maternity providers are routinely audited.

### **DA19 Service Specifications for first and second trimester**

32. ARPHS recommends that an additional sub-clause be added to DA19(1)(c) to require that antenatal testing in accordance with the Immunisation Handbook occurs.

***DA21 Service Specification: third trimester***

33. ARPHS believes that the current wording of Clause DA21(c) isn't strong enough. It is not sufficient to simply "provide information" on immunisation. The benefits of immunisation to future health outcomes are well proven. For particular high risk groups e.g. where the mother has hepatitis B, failure to immunise carries a substantial risk of future ill health to the infant.
34. ARPHS recommends that the maternity provider and lead maternity carer be required to actively "promote and advocate for" all vaccinations contained in the childhood immunisation schedule. The maternity provider and LMC should also be required to actively "promote and advocate for the benefits of registration on the NIR".
35. Consideration should be given to clearly specifying what the Ministry's expectations around the promotion of immunisation and NIR registration to reduce the possibility of non-compliance with the wording in Clause DA21(c) through misunderstanding by maternity providers.

***DA27 Service Specification: services following birth***

36. ARPHS does not believe that clause DA27(1)(d)(v) goes far enough. It is insufficient to merely provide information on immunisation and the NIR. Immunisation should be actively promoted to both parents of the baby. Immunisation in accordance with the childhood immunisation schedule should be offered on the appropriately scheduled post natal visits in clause DA27(1)(b).
37. Where the Immunisation Handbook recommends immunisation against hepatitis B and tuberculosis for high risk babies the maternity service specification should require referral to an appropriate provider if the LMC cannot provide the service. Very few maternity providers or LMCs are also gazetted BCG vaccinators and ARPHS believes that it is essential that an appropriate referral and vaccination be made for the future health of the child.
38. Consideration should be given to clearly specifying what the Ministry's expectations around the promotion of immunisation and NIR registration to reduce the possibility of non-compliance with the wording in Clause DA27(1)(d)(v) through misunderstanding by maternity providers.

## **Conclusion**

39. ARPHS welcomes the opportunity to comment on the Primary Maternity Services Notice 2007. From a public and population health perspective it is crucial that immunisation is actively and effectively promoted. Merely providing information on immunisation is insufficient to ensure that public health is protected and that individuals do not bear the consequences of a failure to immunise throughout their later life.

Yours sincerely

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Cc Dr Chris Wong, Public Health Directorate, Ministry of Health.