



Well Child Tamariki Ora (WCTO) Provider Update

August 2018

From the WCTO Promotion Team at the Immunisation Advisory Centre

In this newsletter:

- An important update from the Immunisation Advisory Centre about MMR vaccines
- Tips for how to talk to families/whānau about immunisations
- In brief: Let's talk about oral health & Keep antibiotics working
- Upcoming events
- WCTO Symposium reminder

Information about the MMR vaccine

Last month, two infants died in Samoa shortly after being given their MMR vaccination. We would like to first acknowledge these families' tragic losses and the concerns of the communities both in Samoa and in NZ.

MMR is a vaccine given after one year of age to protect against three diseases: measles, mumps and rubella.

- MMR vaccines have been used for decades all over the world including NZ and they have a long track record of safety.
- The vaccines used in Samoa are not the same as the ones used in NZ.
- The vaccines used in NZ and Samoa are extremely safe.
- There has never been a death associated with the administration of the MMR vaccine in NZ.

Rarely a tragic event such as this one in Samoa occurs. It is currently unknown what occurred in these episodes. There are two main reasons why something like this might happen:

- Medical error, where the vaccine is prepared for injection incorrectly and the wrong substance is injected.
- Contamination of the vaccine or diluent.

At the request of the Samoan Ministry of Health, the World Health Organization has urgently mobilised an immunisation expert from the Western Pacific Regional Office to assist with the investigation and a forensic pathology team from Melbourne, Australia, to support the Government in the forensic work that will contribute to the evaluation of what caused these events.

The MMR vaccine used in Samoa is a five-dose vial. The batch lot of the vaccine administered to these two children has been in use in Samoa since August 2017 with no safety concerns. The same batch lot is also in use in a number of South American and Caribbean countries, including Belize, Ecuador, St. Vincent, Trinidad Tobago, Chile, Aruba, Dutch Antilles, St. Kitts & Nevis and Cuba, with no reports of adverse events.

Until the investigation is complete, it is premature to speculate on the cause of this tragedy.

The Ministry of Health in NZ has provided a statement regarding the investigation into MMR vaccine safety in Samoa. [This statement can be found by clicking this link.](#)

Suggestions for how WCTO providers could respond to concerns about the Samoan MMR vaccine events and other vaccination concerns.

We are currently developing this guidance for health professionals. Please feel free to use this in its current form.

1. Answer people's questions honestly, avoid reference to any false information. If specifically asked about false information don't repeat it, focus on the correct information.
2. Avoid using any derogatory terms about people who choose not to immunise (e.g. anti-vaccine, anti-science).
3. Affirm how many people choose to vaccinate in NZ (around 92% to 95%). Identify the many mothers/fathers like them who choose immunisation.
4. Frame immunisation conversations with the positive outcome you want for a person's child, not the vaccine you want them to get. For example, a healthy happy childhood free from unnecessary time in hospital.
5. Totally avoid fear-based communications, i.e., telling parents about the dire consequences of not vaccinating, showing sick children (this pushes people away not towards immunisation as fear builds).
6. Do not dismiss or invalidate parent fears about immunisation. Empathise. A surprising number of parents are concerned about the pain of the injection for example. Reinforce their care and love for the child and suggest positive strategies to help manage the pain and or specific concern.
7. A person is more likely to choose to vaccinate if they see it fits in with their existing beliefs and values. All people hold competing beliefs and values. Identify the beliefs and the shared values that may be helpful to immunisation (e.g., parental love, responsibility, care for others, other parents like me can be trusted).

e.g., "I know you are concerned about taking care of your family being a responsible parent, choosing an HPV vaccine for your daughter will protect her health when she is mother like you" – to someone with strong family values
8. For those with strong unfavourable beliefs about immunisation it is better to establish a respectful and empathetic relationship than directly challenge beliefs. Trust is key to people believing evidence - you may not be the best person to build that trust. Consider who else you can work with who may be more trusted.
9. If you are a parent, connect with them as a parent as well as a health professional.
10. Reiterate and repeat the positive information and data as much as possible *within the context of their helpful beliefs and values*. It may take more than one discussion and with multiple messengers. Do not push, as authoritarian approaches are usually rejected by most people. Seek to persuade over time.



Let's talk about oral health



Baby teeth are important and necessary for the health of children's permanent teeth. Children should be brushing their teeth twice a day with a smear of adult strength toothpaste and a brushing routine should start as soon as the first tooth appears in the mouth. Children aged under 8 years should be actively supervised by an adult.

Dental caries - commonly called 'tooth decay' - is the most common chronic disease seen in children and one of the leading causes of hospital admissions for NZ children. The good news is that dental caries is preventable, by using good oral hygiene practices, avoiding high-sugar and low pH diet and with regular visits to a Community Oral Health Service (COHS) clinic.

New Zealand children are entitled to free dental care either from a dentist or dental therapist until their 18th birthday.

To enrol in the COHS parents/caregivers can call 0800 TALK TEETH (0800 825 583) from anywhere in NZ and by following the prompts, be put through to their nearest COHS clinic, where staff will help with the enrolment process.

HealthEd resource HE2248 available in seven languages: <https://www.healthed.govt.nz/resource/its-easy-protect-your-familys-smile>

Keeping antibiotics working

Growing concerns about antibiotic resistance saw the recent launch of PHARAMC'S *Keep Antibiotics Working* campaign. The campaign's key messages warn against the over-use of antibiotics, which can lead to strengthening bacteria as they get better at protecting themselves. This could mean that antibiotics become less effective, and might not work when really needed. Research from the *Growing up in New Zealand Study* showed that 62% of children in the cohort sampled (N=5,581) were prescribed antibiotics by the age of 1 year, and 97% had received one or more courses by age 5 years.¹

The *Keep Antibiotics Working* website cautions against taking antibiotics for colds and flu, indicating 'rest is best' to manage the viruses that cause colds and flu. While recognising that a check by the family doctor is always best if you think a child has an earache, the campaign suggests that many earaches are best managed with pain relief, not antibiotics. Go to the campaign website at www.keepantibioticsworking.nz for more information on infections that require antibiotics and those that do not.



¹ Hobbs, M., Grant, C., Ritchie, S. et al. (2017) Antibiotic consumption by New Zealand children: Exposure is near universal by the age of 5 years. *J Antimicrob Chemother*, 72: 1832–1840, doi:10.1093/jac/dkx060

Upcoming events and notable days

- Breathe Better September Asthma Awareness month
- Well Child Tamariki Ora Symposium: 16 August, Christchurch (see below)
- Father's Day 2nd September
- World Contraception Day 26th September
- World Mental Health Day 10th October
- Well Child Tamariki Ora Symposium: 8 November, Rotorua (The Blue Baths, more details to be circulated)

Symposium reminder

We are pleased to offer four regional Well Child Tamariki Ora Symposiums over the next 12 months, starting in Christchurch. These symposiums are for anyone who delivers the Well Child programme. They aim to provide information to support your delivery, and an opportunity to renew networks and/or create new networks with WCTO colleagues.

2018 Well Child Tamariki Ora Symposium: 16 August, Christchurch Golf Club, 45 Horseshoe Lake Rd.

Come and join your Well Child Tamariki Ora colleagues for a full day of interesting and useful presentations and discussions. The range of topics covered will include:

- Opening address - Judge Andrew Becroft (via video)
- Well Child Tamariki Ora Programme: an update - Ministry of Health
- Infant Mental Health - Dr Peter McIlroy
- Infant and Child Nutrition - Anna Richards
- Essential Immunisation Information - IMAC
- Approaches to Difficult Conversations - Dr Mark Wallace Bell
- Innovations in Well Child Tamariki Ora Practice

The day commences at 9:30 am, finishing at 4:30 pm. Morning tea, lunch and afternoon refreshments are included in the registration fee.

Registration: \$85.00 + GST, per person. If you want to complete a bulk registration, please email imacadmin@auckland.ac.nz for more options. [Click here to see more and register](#)

Note that we will also be holding similar symposiums in Central, Midland and Auckland between November 2018 and the first half of 2019.

Website address: www.wellchild.org.nz

Remaining newsletter mail-out dates for 2018: 12th November



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