

KIDS HEALTH NEWS

This is a publication for frontline health professionals, where specific child/tamariki health information is brought together from a variety of sources. Our goal is to encourage consistent messaging, communication and collaboration across the range of child/tamariki healthcare services.

Kids Health News is now available on MDHB website: www.midcentraldhb.govt.nz/Publications/Newsletters/KidsHealth/



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Guest Editorial by Dr Rob Weir,
Medical Officer of Health, MidCentral Health (MCH)

IMPORTANCE OF HEALTH PROVIDER RECOMMENDATION TO IMMUNISE



One of the six health targets focuses on the proportion of two year olds who are fully vaccinated. MCH is on track to meet the target of 90% fully vaccinated two year olds by July 2011, having achieved 91% in the last quarter. The target shifts to 95% by July 2012. This target was selected based on the level of coverage required to reach herd immunity for measles. The 2011 and 2012 targets are of considerable importance but coverage at other ages is also important. The two year milestone is 11 months after the last scheduled vaccination dose (HiberixTM, MMR[®] and Prevenar[®] at 15 months).

Immunisation provides a highly effective means of reducing morbidity and mortality from the vaccine preventable diseases on the National Schedule. To make the most of this preventive strategy, we need to aim for on time vaccination of as many children as possible. For infants and children, this means focussing on all vaccinations on the National Schedule, which includes doses at six weeks, three months, five months, 15 months, four years, 11 years and 12 years (girls only). It also means focussing on influenza vaccination for those eligible through the National Schedule.

As Medical Officer of Health, I am part of the team focussing on vaccination in the MCH area. I am conscious that ensuring a strong vaccination programme requires strong systems across the health system and includes a wide range of stakeholders and strategies to achieve high levels of benefit from the vaccination programme.

Primary care has a central role to play if we are to achieve high coverage levels in a timely manner. This includes having good systems in place to ensure precall and recall occurs appropriately and opportunistic vaccination occurs when appropriate. We also know that a recommendation by a health care provider is a very strong motivator for vaccination to occur. There is good evidence that people coming in to the surgery with mixed feelings about receiving a vaccination usually do receive the vaccination when it is recommended by the health care provider. This implies that the consultation that has taken place effectively provided sufficient information to establish the effectiveness of vaccination and to dispel any uncertainties the recipient/caregiver had.

I encourage all vaccination providers to understand the powerful voice they have in determining whether vaccination occurs. It is hoped that the provision of appropriate information can help to reduce the size of our population who are classified as 'decliners'. Further assistance is available from your immunisation co-ordinator or 0800 IMMUNE.

ECZEMA AN ITCHY BUSINESS



Eczema is a condition when the skin becomes dry, sensitive and inflamed causing redness and intense itching. It can be controlled with treatment as well as limiting things that irritate the child's skin. There is no single cause to eczema. However, there are a number of things in the environment that could make it worse:

- House dust mites
- Ordinary soap
- Overheating at night
- Dusty materials
- Allergies to some foods
- Wearing wool next to the skin.

Unless it has been clearly identified that the child is allergic to a food, their diet should not be restricted.

Key steps to managing eczema:

- Bath daily using a moisturiser
- Moisturise, moisturise, moisturise, moisturise, moisturise during the day. Funded and recommended moisturisers include Healthy E Fatty Cream and Emulsifying Ointment
- Use steroid creams during a flare
- Prevent infections with careful hygiene
- Identify and try to avoid known triggers.

CHILDREN'S ECZEMA SERVICE

The new Children's Eczema Service is available for children and family/whanau in the MDHB region. This nurse led clinic is supported by Paediatrician oversight. Clinics commenced 23 June at Health on Main, with the Horowhenua Clinic due to commence in July at Horowhenua Health Centre.

Health professionals are able to directly access the service and make referrals. An initial consultation of up to 90 minutes will include education, advice on best practice management and the development of an individualised action plan. The family will then receive follow up phone contact and a follow up consultation 12 weeks later, before being discharged back to their GP Team.

For further information or advice on the Children's Eczema Service or Eczema management please contact:

Clinical Nurse Specialists, Child Health Community, Nicola Lean, nicola.lean@midcentraldhb.govt.nz, ph (06) 350 4548 or Jackie Pawson, jackie.pawson@midcentraldhb.govt.nz, ph (06) 350 4541.

DRIVEWAY SAFETY



According to SafeKids, every two weeks a vehicle runs over a NZ child on a private driveway causing serious injury, with five children a year being killed. This estimate could understate the size of the problem as there is no universal description for such injuries, eg no ICD10 code. Children aged under five, especially around two years of age, are at increased risk. Often it is a parent or friend of the family who drives the car involved.

Separating pedestrian access and play areas from the driveway improves safety, particularly on shared driveways. SafeKids have asked local councils to adopt these requirements in their District Plan.

For adults, the message is to:

- Check for children before driving
- Supervise children around vehicles
- Separate play areas from driveways.

www.safekids.org.nz

Nigel Fitzpatrick, Health Promotion Advisor, Public Health Services MCH

NEW CHILDREN'S COMMISSIONER

Dr Russell Wills, Clinical Director of Paediatrics and Community Paediatrician in Hawkes Bay, will take up the role of Children's Commissioner from July. A highly respected paediatrician – he has led NZ in areas of Family Violence and Child Abuse prevention, population health and identifying the wider social and health issues for children and families most in need. Dr Wills is recognised as a true advocate for children and we wish him well for his tenure.

NEW WEBSITES

www.who.int/violence_injury_prevention/child/injury/world_report/en/index.html
World report on child injury prevention.

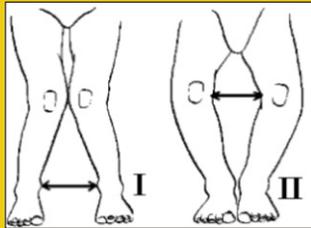
www.cymrc.health.govt.nz The Child and Youth Mortality Review Committee aims to learn from tragedy and to identify, address and potentially decrease the numbers of infant, child and youth deaths. Changes in the way things are done and systems – often across the whole community – are critically important.

KNOCK KNEES, BOW LEGS AND FLAT FEET

COMMON CHILDHOOD PRESENTATIONS

• KNOCK KNEES (Genu Valgum)

The majority of children aged between 3–7 years are slightly knock kneed. It is quite normal for children of this age to have a gap of 2.5–5cm between the inside borders of their ankles (Fig I). If by eight years the gap is still greater than 9cm, then refer to orthopaedics. A 5–7cm gap in adulthood is still normal. Mild knock knees do not cause problems and early treatments, such as splints are not useful.



• BOW LEGS (Genu Varum)

Lower limbs often appear bowed in the first few years of life, but improve spontaneously as the child approaches three years old. No specific treatment is required. If the bowing persists beyond the age of three and the gap between the knees (Fig II) is greater than 5cm and worsening, refer for paediatric review.

When to refer these conditions to Child Health or Orthopaedics:

- Problem in only one leg
- Associated pain or limp
- Failure to thrive or short stature
- History of chronic illness: rickets, kidney problems, bone disorders
- Gaps between the feet and knees, not improving at the designated ages.

• FLAT FEET (Pes Planus)



Is normal in infants and very common in children under the age of 6 years. The arch begins to develop between 2–3 years and heightens spontaneously up to six years of age. It is important to assess the feet to ensure they are

pain free and flexible. Splints and operations rarely indicated. Ask the child to stand on their toes and look to see if the arch restores itself – this is normal. Also the arch restores itself when the child's foot is at rest. Assess growth and development, the straightness of the spine and rule out spasticity.



When to refer to Child Health or Orthopaedics:

- Non flexible foot
- Pain or limp
- Unilateral flat foot
- Abnormal muscle power
- Spinal abnormality (curvature, hairy patch)
- Pain and documented swelling in other joints (possible rheumatology problem).

SUMMARY:

- Bow legs and knock knees are quite normal in growing children.
- A pain free flat foot is a normal foot.
- Orthotics, physio, special shoes or splints have no proven value in these conditions.
- If a child presents with concerns (as stated above) please refer onto Orthopaedics for isolated bony issues and to Child Health for generalised health or developmental issues.

References: www.southbirminghamvts.co.uk
Starship Children's Hospital: Health Point Guidelines

By Gabrielle Scott, Coordinator & Giles Bates, Community Paediatrician, Child Development Service MCH.

IMMUNISATION UPDATE

Thank you all for the continuing support for increasing our immunisation rates in this region.

Upcoming training available:

- Vaccinator training course, Palmerston North 6, 7 Sep
- Update for vaccinators, Palmerston North, 8 Nov
- There is also a flexible learning vaccinator training course now available.

If you wish to register please contact IMAC, ph 0800 VTC UPD (882 873).

The flu vaccine is available until 31 July. There has been no word of this being extended this year, so please remind all eligible patients to have their flu vaccination by this date.

Please continue to advise parents about the: **0800 JABS 4 U (0800 522 748)**. This line is available to check on a child's current status, refer to the outreach service, or to seek advice on immunisation queries.

Deb Winiata and Vicki Rowden,
Immunisation Co-ordinators, Central PHO,
ph (06) 354 9107, fax (06) 354 6107,
email: deborah.winiata@compasshealth.org.nz
victoria.rowden@compasshealth.org.nz



YOUTH HEALTH

We draw your attention to two recent important publications in regard to New Zealand Youth. The first is the report led by Prof Sir Peter Gluckman, the Prime Minister's Science Advisor, www.pmsa.org.nz/wp-content/uploads/2011/06/Improving-the-Transition-report.pdf, that focuses on how to improve outcomes for young people in their transition from childhood to adulthood in NZ. It notes that the length of adolescence has increased with the earlier onset of puberty, and the crucial importance of the early years.

The second publication is by Dr Simon Denny and other leading

adolescent physicians and researchers: *Health and wellbeing of young people who attend secondary school in Aotearoa, NZ: what has changed from 2001 to 2007? J Paeds and Child Health, 2011;47:191–197.* There are some pleasing improvements during the 2000s with overall reductions in suicidal attempts, tobacco use and depressive symptoms in males, and more students feeling connected to school and home. Unfortunately, there is still a significant group of young people who have major health, mental health and drug and alcohol problems, many of whom having experienced socio-economic adversity.



COMING EVENTS

WELLCHILD FORUM

The WellChild Forum is held from 10am to 12noon on a quarterly basis. It provides an opportunity for agencies working to improve child health to meet and gain knowledge of new developments.

A new community-based breast feeding initiative and a Whanau Ora navigator are the guest speakers proposed for the next WellChild Forum meeting, 6 September at the Cancer Society Addis House. Once speakers have been confirmed, a notice is sent out to all members in early August. Membership is free.

To register contact Nigel Fitzpatrick, Secretary at Public Health email: nigel.fitzpatrick@midcentraldhb.govt.nz

BE WITH BABY

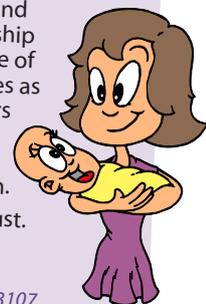
A group programme for children, aged 0–4 years and their mums when their relationship has been impacted by family violence.

Be With Baby aims to:

- Create a safe place for mother and infant to interact and enhance their relationship
- Increase the confidence of the women in their roles as individuals and mothers
- Enhance the healing from violence journey for both baby and mum.

Next group starts in August.

To make a referral contact:
Bonnie Kuru-Brown,
ph (06) 355 9088, cell 022 104 3107,
email womenscentrepn@xtra.co.nz



KEY DATES

18–24 July
1–7 August
12 August
15–21 August
26 August
6 September

Women's Refuge Awareness and Appeal Week
World Breastfeeding Week
World Youth Day
Cystic Fibrosis Week
Cancer Society "Daffodil Day"
WellChild Forum