

# 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/AllPublications/pages/default.aspx?query=Kids#](http://www.midcentraldhb.govt.nz/Publications/AllPublications/pages/default.aspx?query=Kids#)

Editorial by Megan Pybus, Community Registrar,  
Child Health, MidCentral Health

## OPTIMISING THE MANAGEMENT OF ASTHMA IN THE COMMUNITY



Recently, MidCentral District Health Board (MDHB) published its Map of Medicine guidelines for the management of asthma in children. I recommend them as a very useful resource to help you optimise your management of children with this very common condition.

Asthma is common in New Zealand. When we compare internationally, such as in the International Study of Asthma and Allergies in Children (ISAAC), New Zealand has one of the highest prevalence of asthma in the world<sup>1</sup>. Nearly a third of New Zealand children reported that they had "ever had" asthma in phase three of the ISAAC study<sup>2</sup>. In MDHB, asthma accounts for 8.6 % of all acute admissions to hospital for children 0–14 years, the second most common reason for an acute admission<sup>3</sup>.

It is vital that asthma is managed well in primary care for the well-being of MDHB children. At the Paediatric Society Annual Scientific meeting in Palmerston North at the end of last year, Dr Paul Brand emphasised the importance of ensuring good adherence in patients with chronic disease. He had some excellent tips for aiding adherence that are very applicable to children with asthma. Education alone does not improve adherence with medication use – we need to be able to have a non-judgemental dialogue with the family about medications. "Seek to understand, then to be understood" was one take-home message – first understand the family's belief system around asthma, be empathetic with them about the challenges of having a child with a chronic condition, and then negotiate an individualised plan with the family. Close follow up can also aid adherence and allow you to reinforce key education messages.

Doing the basics well is important in all aspects of clinical work and this is certainly true in asthma management. Make sure you take the time to talk about the impact of parental smoking on childhood asthma – and provide resources for quitting (Quitline 0800 778 778, or the website for families with internet access – [www.quit.org.nz](http://www.quit.org.nz)). Remember that children with asthma who require regular preventer medication are eligible for the flu vaccine – now is the time of year to get onto it! And finally, if you don't yet have access to the Map of Medicine website, email [info@mapofmedicine.com](mailto:info@mapofmedicine.com) for assistance. Together let's try and make a difference for children with asthma in MDHB.

#### References:

1. Worldwide variation in prevalence of symptoms of asthma, allergic rhinoconjunctivitis, and atopic eczema: ISAAC. The International Study of Asthma and Allergies in Childhood (ISAAC) Steering Committee. *Lancet*. 1998 Apr 25;351(9111):1225–32.
2. Asher MI, Stewart AW, Clayton T, Crane J, Ellwood PJ, Mackay R, et al. Has the prevalence and severity of symptoms of asthma changed among children in New Zealand? ISAAC Phase Three. *N. Z. Med. J.* 2008 Oct 17;121(1284):52–63.
3. Craig E, Adams J, Oben G, Reddington A, Wicken A, Simpson J. The health status of children and young people in MidCentral and Whanganui. *NZ Child and Youth Epidemiology Service*; 2011.



## THE HEALTHY SKIN PROJECT

A campaign to reduce skin infections has been initiated by MidCentral Health's Public Health Services commencing in March 2013.

The incidence of serious skin infections in New Zealand children is significantly higher than in comparative countries, says Dr Keri Ratima, Medical Officer at Public Health Services. Dr Ratima adds that "evidence has shown that with timely and appropriate care, a range of health conditions are amenable to treatment and hospital admissions can be avoided."

A pilot project will begin in designated schools where Public Health Nurses based at that school will be able to offer treatment and support to children for various skin infections. In addition, the prevention and reduction of skin infections is supported by a range of practices including encouraging parents to provide healthy meals, establishing good hygiene practices and, in some circumstances, referring parents for extra bed linen. Some parents have found it difficult to overcome and break the cycle associated with skin infections, so this project aims to support them to achieve this. The project is being well assisted by Palmerston North Methodist Goodwill who have offered support for the pilot project.

The Public Health Services health promotion team will be working to promote skin healthy messages in the community over the next twelve months.

**For further information on healthy skin, please contact Jan Guppy, Public Health Services on (06) 350 4560.**



## ECZEMA IT'S AN ITCHY BUSINESS

Are you remembering the key steps to managing eczema?

- Bath daily with a moisturiser added.
- Moisturise, moisturise, moisturise, moisturise, moisturise during the day (funded and recommended moisturisers include Healthy E Fatty Cream and Emulsifying Ointment).
- Use the steroid ointment during a flare.
- No hands in moisturiser tubs.

And remember to avoid:

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

#### Note:

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

For further information or referral advice please contact: Children's Eczema Service Phone: (06) 350 4540.

**Nicola Lean, Clinical Nurse Specialist, Child Health Community**



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# AN INVESTMENT IN MAINTAINING WELLNESS

Palmerston North's bid to become a WHO accredited Safe Community was reinvigorated following a recent visit from Safe Community Foundation New Zealand Board Member, Laurie Gabites.

This followed a meeting between Palmerston North City Council, health and ACC officers on the objectives needed by the city if the bid was to go ahead. Palmerston North City Council had decided to become a Safe Community in late 2012.

**"An investment in maintaining wellness" is one way of describing the goal of a safe Community, according to Dr Carolyn Coggan, Director of the NZ Safe Communities Foundation (SCFNZ).**

She states: "Current evidence suggests that community-based injury prevention will work best when it:

- addresses the multiple factors that contribute to injury
- encourages environmental and behavioural change
- engages the people who are most at risk
- involves action across all sectors of society, and
- is sustained and reinforced over time.

Internationally the World Health Organisation (WHO) Safe Communities model is the best example of the importance of partnerships between injury prevention specialists and community groups in injury prevention initiatives."

To make sure the ideas are put into action, Palmerston North will be visited by a SCFNZ representative once it believes it is ready for such a visit, to check that it meets the following criteria.

"Accredited WHO Safe Communities must have:

- an infrastructure based on partnership and collaborations, governed by a cross-sectional group that is responsible for safety promotion in their community
- long-term, sustainable programmes covering both genders and all ages, environments and situations
- programmes that target high-risk groups and environments, and programmes that promote safety for vulnerable groups
- programmes that document the frequency and causes of injury
- evaluation measures to assess their programmes, processes and the effects of change, and
- ongoing participation in national and international Safe Communities networks"

[www.safecommunities.org.nz/resources/reports/, report 1](http://www.safecommunities.org.nz/resources/reports/report_1), accessed March 2013.

Check out [www.safecommunities.org.nz/](http://www.safecommunities.org.nz/) and or you can contact Nigel Fitzpatrick at Public Health Services, phone 350 9110 if you wish to contribute or want more information.

## IMMUNISATION UPDATE

### *Boostrix in Pregnancy*

From 1st January 2013, Boostrix vaccine is fully funded for pregnant women between 28 and 38 weeks of pregnancy – this is available from your general practice.

### *Influenza Vaccines*

Influenza season has commenced. Influenza immunisation is FREE for:

- Pregnant women
- Children with asthma on regular preventative therapy and other children with chronic respiratory disorders (refer to the Immunisation Handbook 2011 for clarification)
- Children with medical conditions leading to higher risk of severe outcomes
- Children under the age of five years who have been hospitalised for a respiratory illness or have a history of significant respiratory illness will be funded for influenza vaccine from 1 April 2013
- People aged 65 years and over and anyone under 65 years with specific long-term medical conditions.

Flu vaccine is approved in New Zealand for use in children from six months of age, but only funded if they meet the above criteria.

\*Remember you can spread the flu to people including your family/whanau and friends who may be more at risk from flu associated complications.

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## SOME REMINDER MESSAGES ABOUT BABY'S DEVELOPMENT

There's a lot happening during playtime. Little ones are lifting, dropping, looking, pouring, bouncing, hiding, building, knocking down, and more.

And while they are having all this fun, they are also learning. They are learning how to solve problems, such as how to get the block tower to stand up and discovering new concepts – like what sinks and floats. They are experimenting with new roles and language during dress-up time, and figuring out how to use their bodies in new ways in the playground. Play is the true work of childhood.

When you join in your child's play, he or she is also learning that they are loved and important and fun to be around. A child's social-emotional development is as important as the brain and physical development. This gives the self-confidence that your child needs to build loving and supportive relationships.

It is the desire to connect with others that motivates children to learn. The sense of who he or she is in the world deeply impacts how much and how well they learn, as well as the quality of the relationships built with others.

Reference Zero to Three: [www.zerotothree.org](http://www.zerotothree.org)

**Gabrielle Scott, Coordinator, Child Development Service, MidCentral Health**



## USEFUL LINKS

### **MATERNAL AND CHILD HEALTH RESOURCE LIST**

The Ministry of Health has published on their website the resource list created as part of the Stocktake of maternal and child health information resources project.

<http://www.health.govt.nz/our-work/life-stages/maternity-services/maternal-and-child-health-resource-list>

### **THE HEALTH OF PACIFIC CHILDREN AND YOUNG PEOPLE IN NEW ZEALAND**

The latest Pacific Child and Youth Health report reviewing the Health Status of Pacific Children and Young People in New Zealand is now available. You will need to scroll to the bottom of the webpage (2011–2013 reporting cycle) and click on the blue 2011 report icon to download the pdf.

<http://dnmeds.otago.ac.nz/departments/womens/paediatrics/research/nzcyes/pacific.html>

### **COLLABORATIVE CLINICAL PATHWAYS (CCP)**

To access news articles on Collaborative Clinical Pathways in MidCentral DHB.

[www.centralpho.org.nz/home/collaborative\\_clinical\\_pathways/](http://www.centralpho.org.nz/home/collaborative_clinical_pathways/)