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# Te Kete Hauora

## Report on Regional Swine Flu Hui

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|---------------------|-----------------|
| <b>Prepared by:</b> | Naomi Manu      |
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## Associated Documents

| Document Name   | Author     | Version | Release Date |
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| MOH Communications Review Māori Novel Influenza H1N1 09 Swine Flu | Huia Lloyd | V5      | 07/09/2009   |
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# 1. Background

Novel Influenza A H1N1 09 (also known as swine flu) is the latest influenza pandemic infecting people worldwide.

It was first detected in people in Mexico and the United States in April 2009, and by early June 2009, over 70 countries had reported people who had at some time been sick with the new virus.

Pandemics are characterised by the global spread of a virus and can cause unusually high death rates. During the 20<sup>th</sup> century a number of influenza viruses have spread through the world:

- 1918 – H1N1 ‘Spanish flu’
- 1957 – H2N2 ‘Asian Flu’
- 1968 – H3N2 ‘Hong Kong flu’

Novel Influenza A H1N1 09 ‘swine flu’ is a different strain of influenza from the seasonal flu viruses which circulate around New Zealand in winter. H1N1 09 can spread from person-to-person, in much the same way that regular seasonal influenza viruses spread.

Since 1 April 2009, 667 Māori have tested positive for H1N1. The impact of H1N1 has been mild to moderate and it appears that many of the preventative messages around hand washing, covering coughs and sneezes, and staying home if unwell has been well accepted and practised in Māori communities.

## 2. Executive Summary

Novel Influenza A H1N1 09, commonly known as 'swine flu', is a new virus.

The peak period for wave one of this virus was July / August 2009. There were 18 deaths, six of which were Māori, from swine flu when the first New Zealand case was identified in May 2009 to October 2009.

In response to the Māori population being one of the high risk groups for this virus, a national road show was conducted by Te Kete Hauora, the Māori Health Directorate of the Ministry of Health with support from Te Puni Kōkiri, to engage directly with Māori communities to see how they managed with this virus in their communities.

Response to the series of hui was positive overall. Many attendees expressed support for the Ministry of Health, local DHB and Health Providers quick response to the virus. Communication from the Ministry of Health was regular, and health and marae workers were quick to praise the level, volume and regularity of information being disseminated by the Ministry of Health.

Generally it was felt that communications were framed well and timely. People did not worry about where information came from and in some cases noted that at times, they 'googled' to get quick facts and guidelines around managing the virus. Participants noted that the search term 'Swine Flu' leads directly to the Ministry of Health website, however a term like "swine flu deaths" directed them to news stories. While at times there was an over abundance of information, overall, people preferred too much information, than not enough.

There was some criticism of the lack of Māori focused and Māori language resources, however, the Road Shows were also an opportunity to launch the newly designed brochures providing guidelines to manage influenza and the High Five Te Reo Māori resources targeted at tamariki (young children).

There was some criticism of the television ads, which participants believed were too clinical and while there were Māori language ads, they had no relevance and no 'real life' context. People preferred to see live Māori communities, faces or even a more Māori stylised animation of the current animated advertisements.

### 3. Regional Swine Flu Hui

As part of the Māori Communications plan for swine flu, it was recommended by the Deputy Director General Teresa Wall that a series of information hui (swine flu road shows) be conducted with Māori communities around the country. The regional swine flu hui were organised with the support of Te Puni Kōkiri.

A meeting with the Regional Directors of Te Puni Kōkiri was held 19 July 2009 in Wellington seeking support from Te Puni Kōkiri to conduct a national road show. The purpose of the road show was to:

- Increase knowledge about the novel H1N1 09 flu, its transmission, including impact and distribution across the New Zealand population
- Provide attendees with information on what could happen if there is a resurgence of the virus ( a second wave), and why
- Discuss how marae might manage their corporate business (Hui and tangi) and limit the transmission in the likelihood of a second wave of the virus
- Provide information on what resources are available and where they can be sourced
- Discuss what information, advice and support communities received and its usefulness
- Encourage ongoing good public health management for infectious diseases including availability of flu vaccine, and child immunizations
- Provide a cross government collaborative approach to evaluate the effectiveness of the Swine Flu response in targeting Māori, thus providing two government departments with a single understanding of the key communications and engagement issues

Target audiences were marae and marae committees, Māori Health providers and medical practitioners, Medical Officers of Health and DHB Māori Managers.

Participant groups included: District Health Boards; Civil Defence and Emergency Organisations; Māori Health Providers; Māori community organisations; Officials representing Members of Parliament; NZ Police; Iwi Rūnanga and Representatives; Marae and Marae committees and Primary Health Organisations.

## 4. Summary of Themes

Throughout the hui key themes emerged from the various regions and different communities.

Participants overall expressed a positive view about the knowledge of swine flu in their communities and the general response from health services. This however, contrasted against the mixed messages about spread and to some extent how to provide and access care.

The presence of the local DHB staff at all the regional swine flu hui was valuable for many of the marae community members present. District Health Board staff were able to speak directly about the management of swine flu within their region, and clarify some myths around care. They were also able to provide local statistics to give a more regional summary of swine flu within their communities.

In most regions, participants identified the need of marae to be resourced to stop the spread of swine flu and had actively attempted to put resources in place such as hand gels in the kitchen, to making decisions to stop kissing and hongi at hui. There were instances where many participants disagreed strongly with the messages about hongi and kissing. However, on hearing all the facts, generally agreed that this position was a temporary measure for the greater good of the community and for the mana and integrity of the marae.

In two regions Civil Defence attended and provided valuable input into discussions about large scale planning. There were varying levels of linkages between DHB's, Māori Health Providers and Civil Defence. The regional hui was the first opportunity for many of them to meet. In some cases, participants were able to facilitate a new process, or invite each other to existing processes that enabled the District Health Board, Iwi, Primary Health Organisations, Māori providers and the wider Māori community to meet more regularly.

Some regions created a pandemic plan that could be easily adopted by any marae. These plans are currently available regionally and there are plans to place this on a national network for all marae and on the Māori Health website.

The establishment of marae packs (containing resources for stopping the spread) was raised in some regions by participants and after some discussions with the Te Kete Hauora representatives, they supported the concept of the Ministry of Health exploring the development of this tool.

Question and Answer sessions were held at each of the swine flu hui. The various questions were collated and are appended to this report as Appendix 3.

## ***Major Themes***

There were some general concerns about some aspects of the pandemic response that participants felt needed to be addressed.

### **4.1 Marae core business**

**Preparedness.** There was a sense that some marae lacked preparedness and that on some marae, there was confusion around appropriate hosting practices.

There were some diverse ways marae managers and committees managed swine flu within their marae communities, including:

- shutting down during the peak period of swine flu
- establishing 'rahui' (stop) on kissing, hongi and/or shaking hands
- asking members to leave if they had been diagnosed or had symptoms
- carrying on as usual and would not compromise Tikanga.

**Capacity.** Marae members who attended the Road Shows identified their inability to purchase swine flu prevention materials like hand gels, paper hand towel wipes for ablution blocks, and many lack hot water systems.

### **4.2 Cultural commitments**

**Personnel.** Marae members identified pressure to conduct marae duties such as karanga and whaikorero while sick, because there was no one else with the expertise.

**Tikanga.** There was resistance to compromising Tikanga and removing hongi or kissing from marae protocol.

### **4.3 Public information**

**English and Te Reo.** Many considered the television advertisements were cold and unappealing. Some suggested that television advertisements should feature marae or other 'natural Māori environments'.

**Access to information.** Many attendees highlighted the difficulty in finding succinct information on the Ministry of Health website around swine flu especially in the early stages of the response. In particular, they found it difficult to access downloadable

information for quick distribution. Some resorted to 'googling' for information such as fact sheets.

**Print media.** Many preferred to see information in 'local community papers'. Magazines, apart from Tu Mai and Mana, and metropolitan newspapers are not always purchased or read.

**Simple language.** Medical jargon was not easily understood and could be a deterrent.

**Champions.** Messaging would be better received from qualified locals or national people.

#### 4.4 Healthline access

**Clarity of free or local Healthline / influenza hotline numbers.** Many participants noted their attempt to ring their local or national health line and confusion around which number was the right number.

**Poor advice.** Some participants found the national call free Healthline number advice unhelpful.

**Overload.** During the peak period identified, some participants identified that the wait time for Healthline was a serious barrier to accessing good information fast.

#### 4.5 Treatment

**Tamiflu information.** There was confusion about access to Tamiflu and who was eligible for free access or who had to pay. There was a belief that Tamiflu was for avian flu but not swine flu. And there was confusion between anti virals and vaccines.

**Swab samples.** Participants wanted to be swabbed. They would have preferred to have it done for piece of mind. They were also concerned about the length of time it took for results to come back and felt that they may have spread the virus whilst waiting for a test result.

**Vaccination.** Participants were confused about the vaccination programme just as many participants were unclear about Tamiflu. There is a general lack of understanding about the difference between anti-virals and vaccines.

## 4.6 Primary Care

**Where to go?** While people were advised not to go to the doctors if they believed they had swine flu, they were unsure of what to do next. Some people with health issues were genuinely alarmed.

**Capacity.** A number of health providers who attended identified that they were working up to 80 hour weeks at the peak of the outbreak and all resources were focussed on swine flu care and prevention to the detriment of other contracts. They had no spare capacity and had the swine flu numbers been larger or the peak had lasted longer, they would not have coped.

**Capacity of beds in hospitals.** Some DHB staff who attended identified that some elective surgeries had to be postponed as wards and intensive care became full with swine flu cases. This redirected nursing staff to caring for swine flu cases.

**Access.** Some regions had a number of small communities that were isolated or a long way from any medical establishment. There were significant concerns for these communities regarding the affordability of access and provision of information.

## 6. Communications and Community Engagement Plan

Findings from the hui will be used to inform the ongoing public information campaigns on swine flu, immunisation, and general hygiene. Feedback is also being used to inform Ministry of Health communications and to provide guidance around cultural issues for Māori.

Māori Community Organisations and District Health Boards are also developing pandemic plans to assist in preparedness for Māori and minimise the spread of swine flu.

## 7. Appendix 1 – Panui and notification letters

### ***Letter To DHB CEO's, Māori Managers, Māori Health Providers***

Cc: Chief Executive Officer, DHB  
GM Māori, DHB  
Medical Officers of Health  
Māori Health Providers

Tēnā koe

#### **Swine Flu Information Hui**

This is to inform you that I will be hosting regional hui to discuss the impact of novel influenza H1N1 09 (swine flu) in your community.

Invitations have been extended to marae committees, DHB Chief Executive Officers, DHB Māori Managers, Medical Officers of Health and Māori health providers in your region.

Please see the attached invitation to marae committees. You are more than welcome to pass on this invitation to your own Māori networks.

The purpose of the hui are to:

- Increase knowledge about the novel H1N1 09 flu, its transmission including impact and distribution across the New Zealand population
- Discuss how marae manage their corporate business (Hui and tangi) and limit the transmission in the likelihood of a second wave of the virus
- Provide attendees with information on what could happen if there is a resurgence of the virus
- Discuss why we think there is likely to be a second wave of the virus
- Provide information on what resources are available and where they can be sourced
- Encourage ongoing good public health management for infectious diseases including availability of flu vaccine, and child immunizations.

These hui will also provide you with some information on a study that will require Māori volunteers, so the Ministry of Health can establish the level of immunity the New Zealand population has developed to swine flu.

The Ministry of Health is also keen to get your feedback on what worked well and what didn't in your region, in terms of information and services during the pandemic. This information will be used as part of our future pandemic planning.

For further information or to RSVP, contact Tina Nixon on 04 816 2987 or email directly to [tina\\_nixon@moh.govt.nz](mailto:tina_nixon@moh.govt.nz).

Kia piki tō ora,

Teresa Wall  
Deputy Director General  
Māori Health Directorate  
Ministry of Health

# Kia Hiwa Ra! Kia Hiwa Ra!

## Swine Flu Information Hui

Teresa Wall, Deputy Director General, Māori Health Directorate, would like to invite your marae committee to a hui to discuss the impact of novel influenza H1N1 09 (swine flu) has had in your community.

Invitations have been extended to marae committees, DHB Chief Executive Officers, DHB Māori Managers, Medical Officers of Health and Māori health providers in your region.

Attached is a list of dates and locations for these Hui.

The purposes of the hui are to:

- Increase knowledge about the novel H1N1 09 flu, its transmission including impact and distribution across the New Zealand population
- Provide attendees with information on what could happen if there is a resurgence of the virus ( a second wave), and why
- Discuss how marae might manage their corporate business (Hui and tangi) and limit the transmission in the likelihood of a second wave of the virus
- Provide information on what resources are available and where they can be sourced
- Discuss what information, advice and support your community received and its usefulness
- Encourage ongoing good public health management for infectious diseases including availability of flu vaccine, and child immunizations.

For further information or to RSVP, contact Tina Nixon on 04 816 2987 or email directly to [tina\\_nixon@moh.govt.nz](mailto:tina_nixon@moh.govt.nz).

Teresa Wall  
Deputy Director General  
Māori Health Directorate  
Ministry of Health

## 8. Appendix 2 – Regional Swine Flu Hui Schedule

| <b>Date 2009</b>       | <b>Centre</b> | <b>Venue</b>  | <b>Time</b>    |
|------------------------|---------------|---|----------------|
| Wednesday 16 September | Auckland      | Papakura Marae<br>Hunua Road<br>Papakura  | 11am – 1pm     |
| Friday 18 September    | Auckland      | Te Mahurehure Marae<br>65 Premier Ave<br>Pt Chevalier<br>Auckland   | 11am – 1pm     |
| Wednesday 23 September | Hamilton      | Kirikiroa Marae<br>Dey Street<br>Hamilton   | 11am – 1pm     |
| Thursday 24 September  | Rotorua       | Te Pakira Marae<br>Whakarewarewa<br>Rotorua   | 11am – 1pm     |
| Friday 25 September    | Tauranga      | Maungatapu Marae<br>Wikitoria Street<br>Maungatapu<br>Tauranga 3112   | 11am – 1pm     |
| Wednesday 30 September | Gisborne      | Tokomaru Bay  | 1pm – 5pm      |
| Wednesday 30 September | Hastings      | Pukemokimoki Marae<br>191 Riverbend Rd<br>Maraenui<br>Napier  | 10am – 12.30pm |
| Thursday 1 October     | Wellington    | Lower Hutt<br>Koraunui Marae<br>152 Stokes Valley<br>Road,<br>Lower Hutt  | 1pm – 3pm      |
| Thursday 1 October     | Wellington    | Te Puna Ora<br>26 Ngati Toa Street<br>(opp Takapuwahia<br>Marae)<br>Porirua   | 11am – 1pm     |
| Friday 2 October       | Whanganui     | Putiki Marae<br>Putiki Drive<br>Whanganui<br><br>TPK office<br>357 Victoria Avenue<br>Whanganui                                     | 1pm – 3pm      |
| Wednesday 7 October    | Christchurch  | Ngā Hau e Wha<br>National Marae<br>250 Pages Rd<br>Christchurch<br><br>TPK Attn: Jason<br>Level 3<br>115 Kilmore St<br>Christchurch | 11am – 1pm     |
| Thursday 8 October     | Dunedin       | Araiteuru Marae   | 10am – 12.30pm |



|                  |           |  |            |
|------------------|-----------|--|------------|
|                  |           | 24 Shetland St<br>Waikari<br>Dunedin<br><br>TPK Attn: Jo<br>Ground Floor<br>258 Stuart St<br>Dunedin |            |
| Friday 9 October | Whangarei | Pehiaweri Marae<br>Kiripaka Rd<br>Glenbirvie<br>Whangarei  | 11am – 1pm |

## 9. Appendix 3 – Swine Flu Questions & Answers

|   | Question   | Answer  |
|---|--|---|
| 1 | Are there going to be more resources in Te Reo Māori? Kohanga and Kura Kaupapa audiences need their messages in Māori.   | Currently we have produced two brochures focused around hand washing that targets our tamariki. These are here today for you to take and distribute.  |
| 2 | Is Tamiflu a cure? And is it free? And how long does it last?  | Tamiflu is free to 'high risk' groups. It is not a cure.  |
| 3 | Where can we (marae) get funding to purchase hand gels and other resources to stop the spread as we cannot afford to buy all those flash things like gels, hand towels, and have hot water turned on all the time in anticipation of the next hui. | Most marae have hot water, as this is required for the kitchen. It is not necessarily about the expensive products, but more about changing their behaviour which does not necessarily involve cost.  |
| 4 | How many waves of swine flu are there?   | We are unsure, but if historical evidence of any type of influenza pandemic is anything to go by, then there will likely be a second and possibly a third wave.   |
| 5 | Who is the Ministry of Health to tell us how to conduct our Tikanga on our Marae?  | We are not telling you to stop Tikanga. We are asking that you think of ways to manage the spread of the virus. Some examples of what some Marae have done are a 'rahui' on hongis until the virus is over. Others have cancelled hui. Some have put in place gel at the beginning and end of a hongis. It is up to you and your Marae committee to determine to what extent you wish to manage the spread. |



|    | Question  | Answer  |
|----|---|---|
| 6  | How can we come up with a Marae pandemic plan? We do not have people qualified to do this.                          | We were shown a plan [from the Hawkes Bay Road Show] that was simple and easy to follow they were happy to distribute and for any Marae to put their 'tohu' on and implement. This will be made available to anyone who wishes to adopt it.   |
| 7  | We found the Healthline not particularly useful. I don't want to speak to a call centre person. Are they qualified? | All Healthline people who were dealing with Swine Flu inquiries are trained nurses and MUST have a current practising certificate to be a Healthline operator. The improvement of Healthline is a priority project for the Ministry   |
| 8  | Can the Ministry of Health send all Marae gel and face masks.   | We are exploring marae packs, but this may not be the most effective way in managing the next pandemic wave.<br><br>Some DHB's in some hui also offered to sell gel and face masks at cost directly to Marae.<br><br>The issue around the use of masks is being worked through internationally and here in NZ |
| 9  | What is the life of the virus once you cough?   | Approximately 24 hours. That is why it is important to wash your hands regularly?   |
| 10 | How often and how long should I was my hands?   | You should wash your hands after each toilet stop, before handling food, after coughing or sneezing. It has been suggested to sing 'Happy Birthday' to yourself for the duration of washing your hands to ensure thorough washing of your hands.  |

## 10. Appendix 4 – Slides from presentation





Mate rewharewha (poaka)  
Influenza (swine flu)

Te Kete Hauora  
Ministry of Health





### Agenda for Today

- Powerpoint presentation
- Discussion around swine flu
- Wrap up
- Whakamutunga





### Topics

- Influenza
  - types
- Transmission
- Impact
- Marae Management
- Sero prevalence
- What worked and what didn't – lessons learned





### Types of Influenza

- Influenza Type A is the most common
- Influenza Type B can cause epidemics but is generally milder
- Influenza Type C has never been connected with a large epidemic



### Influenza Type A

- Can be divided into sub-types and broken further down into strains
- Current sub-types found in people are influenza A (H1N1) and influenza A (H3N2) viruses
- A new influenza A (H1N1) virus emerged to cause illness in people




### Novel Influenza A (H1N1)

- Pandemic (H1N1) 2009–swine flu
- first reported in Mexico in March 2009
- laboratory testing showed that similar to virus that occurs in pigs
- Impact different from seasonal flu
- Easy to spread but few deaths

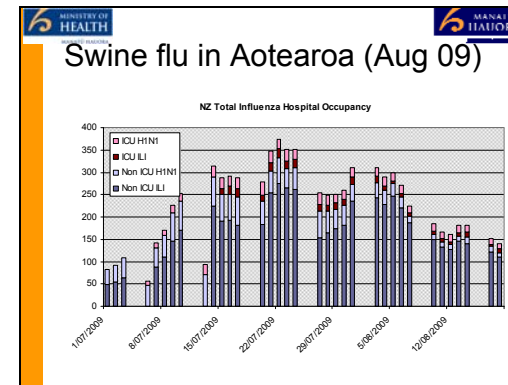
### History of Influenza Pandemic in Aotearoa New Zealand

- 1918 – H1N1 'Spanish flu'
- 1957 – H2N2 'Asian flu'
- 1968 – H3N2 'Hong Kong flu'
- 2009 – H1N1 09 'Swine flu'



### Comparison and impact on Māori

| PANDEMIC                        | INTERNATIONAL  | NZ   | MĀORI                              |
|---------------------------------|--|--|------------------------------------|
| 1918 – Spanish flu H1N1 virus   | 50 – 100 million deaths<br><i>Mostly young adults</i>    | 30-50% infection<br>Est 8000 dead<br>(.74% death rate) | Est 2160 dead<br>(4.2% death rate) |
| 1957 – Asian flu H2N2 virus     | 1 – 4 million deaths<br><i>Mostly children + elderly</i> | 70-80% infection<br>Est. 800 dead                      | Unknown                            |
| 1968 – Hong Kong flu H3N2 virus | 1 – 4 million deaths<br><i>Mostly elderly</i>            | 70-80% infection<br>Est. 1000 dead                     | Unknown                            |
| 2009 – Swine flu H1N1 09 virus  | September 2009<br>3205 deaths worldwide                  | 17 dead<br>(confirmed only)                            | 6 dead                             |

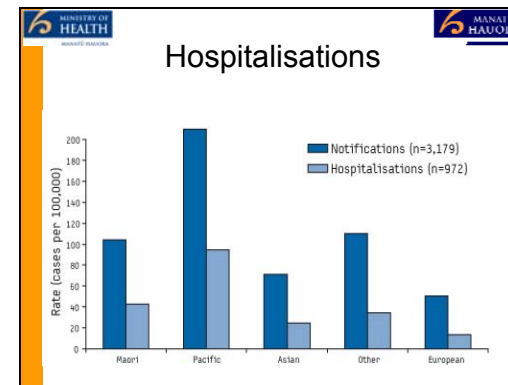


### Impact on Health system

- The pandemic was mild
- But our ICU's just coped
- High pressure on hospitals for two – three weeks
- Downstream effect

### Impact on Health Services

- Demand heaviest in geographic areas where it was most intense
- Length of stay in ICU 7.2 days normally - 2.7 days)
- Occupancy peak: 25% of all NZ ICU activity for 1 – 2 weeks
- In general system coped well as sickness rate was lower than expected



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## Who were most at risk?

- Different presentation than normal flu
- Shift to younger people – first death in Mexico was a man in his 40's
- Higher rates Pacific Island peoples, and Maori
- Those with pre – existing conditions most at risk
- Pregnant women

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## Management

- Nz has well developed pandemic plan with distinctive phases.
- Keep it out
- Stamp it out – April – June
- **Manage it**
- Recover

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## The second wave

- Historically pandemics have had second and third waves



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## Swine flu – signs and symptoms

- Fever (38° or above)
- Cough or sore throat
- Runny / stuff nose
- Body aches / head ache
- Chills /fatigue
- Diarrhoea

Similar to normal flu and can last up to 5 days. Coughing can last up to 2 weeks.

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## How is it spread

- Coughing and sneezing
- The droplets are released into the air
- It is also possible to get influenza by touching contaminated surfaces, and then touching your nose, mouth or eyes.
- Hands are very efficient spreaders of the disease

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## So what can we do on the Marae

- There are lots of practical things we can do to limit the spread

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## Keep contact short

- If you are sick stay home
- Avoid Hongi and kissing
- Limit the time that Roopu stay on the Marae

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## Provide facilities for people to wash and dry hands

- Provide liquid soap or gel in clean areas
- Encourage people to wash hands frequently

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## Encourage the use of tissues

- Encourage use of tissues
- Provide lined bins or plastic bags for disposal

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## Use well ventilated areas

- Influenza spreads more quickly when rooms are not ventilated
- Open windows or hold hui outside

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## Limit numbers in the kitchen

- If people are sick they should not go into the kitchen

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## Seroprevalence survey

- What?
  - Survey (blood analysis) to determine numbers (degree) of people affected by Pandemic H1N1 virus
- Who?
  - Target groups – Maori, Pacific, general population ages 0-4, 5-17, 18-30, 31-65
- Why?
  - To confirm at-risk groups to better inform vaccination, antiviral and other interventions actions NZ can take to manage a future resurgence (wave 2) or next pandemic
- When?
  - Starts in 2-3 weeks, results for target groups expected to come in between Early Nov 2009 and February 2010

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### Possible Pandemic Immunisation Programme

- Government has agreed in principle to offer vaccine to frontline health workers and key response agencies as a contingency measure
- World Health Organization deciding whether pandemic influenza to be included in 2010 seasonal influenza vaccine
- If included, seasonal programme may be brought forward and/or extended
- If not, Government may consider standalone pandemic influenza immunisation programme before winter 2010
- Any programme would need to consider groups at risk of more severe outcomes

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### Principles

- A programme will not be launched until the vaccine to be used is licensed and approved for use.
- A programme is contingent on appropriate safety and monitoring processes being in place.
- Vaccination would be administered by suitably qualified and trained persons.
- Vaccination would involve an appropriate informed consent process.
- Vaccination would be free to eligible individuals.

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### Swine Flu in your communities

**Information**

- Did you feel fully informed about swine flu, and its transmission?

**Marae and core business**

- How did the marae manage the risk of swine flu around its usual activities? (hui and tangi).
- Did you have a pandemic plan?

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### Swine Flu in your communities

- What brochures and posters did you have and where did you get them?
- What has worked in your community? Did you do anything differently ?

