



Reducing the risk of a measles outbreak

Southern DHB is encouraging people to check they are up-to-date with their vaccinations for measles mumps and rubella (MMR), as low immunisation rates and reopening international borders increase the chances of a measles outbreak.

Measles is a serious and highly-contagious disease that would put additional pressure on our health system as it contends with the COVID-19 pandemic.

“Two doses of the MMR vaccine will protect 99% of people against measles,” says Deborah Kay-Corkin, Southern DHB’s Measles Campaign Coordinator. “We can stop outbreaks of measles if enough people have their MMR vaccination.”

People can check their Plunket or WellChild books, or ask their doctors to find out whether they have received two doses.

“If you’re still not sure, we recommend you get vaccinated,” she says. **“There are no additional safety concerns with having an additional MMR dose. You can also have it at the same time as your COVID-19 vaccine.”**

MMR vaccines are available through GPs, at many Southern pharmacies on a walk-in basis, and at the vaccination clinics at Meridian Mall in Dunedin and the Civic Theatre in Invercargill.

The MMR vaccine is free for those born in or after 1969. Those born before 1969 are already considered to be immune.

Students busy helping hospital

Otago Polytechnic design students are working to solve a problem of the future – ensuring there are places for hospital staff to have sensitive phone calls and conversations in our New Dunedin Hospital.

Open-plan workspaces will enable staff to work in more collaborative ways, but a challenge of open-plan working can be finding space for private conversations when meeting rooms are booked.

To this end, the students are designing ‘flexible focus environments’ – freestanding, private, noise-reducing pods staff can use for activities such as telehealth calls with patients. The students have undertaken research and design, created cardboard mock-ups, and presented their work to the project team.

Bridget Dickson, New Dunedin Hospital

Project Director, says there designs are inspiring.

“Some are modular and can be joined together to create bigger spaces, some have been inspired by the natural environment, and some can be configured for multiple uses,” Bridget says.

The students are now building prototypes from more permanent materials, which will be displayed for hospital staff to test and provide feedback on.

“We’re giving the students an opportunity to apply their skills to a real-world situation. In return, they’re making an amazing contribution – and it’s heartening to see such skilful, sustainability-focused and imaginative work from the designers of the future.”



Booster protection extended to 16+

Booster protection against COVID-19 has been extended to include younger rangatahi, with 16 and 17-year-olds now able to get boosted 6 months after their second dose. This means that 7,200 young people in the Southern district are now eligible for a booster dose or will become eligible within the next 6 months. It is also a timely reminder for the remaining 683 people in this age group to get out and get their primary doses to protect themselves, their whānau and their community against COVID-19.

A booster dose is especially recommended for 16 and 17-year-olds who are at higher risk of severe outcomes from COVID-19, including those who are immunocompromised (or living with a family member who is immunocompromised) and Māori and Pasifika rangatahi.

You can check when you are due for a booster by visiting mycovidrecord.nz or referring to your purple vaccination card, if you have one. If your second dose was six months ago you can get your booster by:

- finding a walk-in vaccination centre at BookMyVaccine.nz.
- From 14 April, 16 and 17-year-olds will be able to book an appointment on BookMyVaccine.nz.
- COVID-19 vaccines will continue to be available at mobile and pop-up vaccination clinics.

For more information on the booster dose for this age group, visit www.southernhealth.nz/COVID19/vaccine

Are you 16 or 17 years old?

Has it been 6 months or more since your second dose?

It's your turn now.

Get Boosted!



Dunedin Hospital gets new MRI machine

For the first time, Dunedin Hospital will soon be operating two magnetic resonance imaging (MRI) machines, a development expected to significantly reduce wait times for local patients.

A 39-tonne crane deposited the 4-tonne, 2.3m x 2.2m machine into the radiology department through a specially-cut hatch in the Dunedin Hospital roof.

“It was an intensive undertaking as the crane needed to navigate a small space between buildings and avoid our fourth-storey covered foot bridge,” says Stephen Jenkins, Radiology Service Manager. “Ambulances were able to access ED throughout this period, however there were some public access restrictions while the crane was in operation to ensure public safety.”

Once inside, the MRI was moved on a guerny to its final position, though a wall had to be temporarily removed to get it there.

When Dunedin Hospital acquired a new computerised tomography (CT) scanner in 2021, it resulted in a dramatic reduction in waiting times – and a similar result is expected with the new MRI.

“By using both machines simultaneously we can reduce the current waiting list, and should meet the Ministry of Health target that 90% of outpatients receive their MRI scan within six weeks,” he says.

“It may be that one machine is primarily operated as an acute scanner, and the other primarily for elective patients.”

Another benefit is that in the event one machine fails, the Hospital will still be in a position to conduct MRI scans while the affected machine is repaired.

Having two scanners at Dunedin Hospital also provides the ability to increase training of MRI technicians, who must attain a postgraduate qualification requiring two to three years of on-the-job training. This is valuable preparation ahead of the opening of the New



Dunedin Hospital, which will have three MRI machines, requiring additional staff to operate them.

Mr Jenkins is grateful for the support and understanding of the public and Dunedin

Hospital colleagues during the disruption caused when installing the new MRI.

“There were no complaints from anyone – they all understood the importance of this technology for Dunedin Hospital,” he says.

Had COVID? You should still get vaccinated

The best way to protect yourself and your whānau is to get vaccinated and boosted, even if you’ve already had COVID-19. Being vaccinated provides better protection than any immunity you might get from being infected with the virus.

It’s recommended for people of all ages to wait 3 months after testing positive for COVID-19 before getting any COVID-19 vaccination because this can give you better protection and an increased immune response to the vaccine dose.

Easter and Anzac Clinic hours across the Southern District

Get protection for you and your whānau at a COVID-19 vaccine clinic. There are 25 clinics open across the district over the Easter and Anzac holiday weekends, with many offering walk-in vaccinations and vaccinations for 5 to 11-year-olds.

Find a clinic near you on the Southern Health Website: www.southernhealth.nz/COVID19/clinics

Cutting-edge tech will reduce emissions

When consultant anaesthetist Matt Jenks calculated Southern DHB’s carbon footprint, medical gases like nitrous oxide were responsible for 12% of emissions.

Nitrous oxide is an anaesthetic, analgesic and sedative – however, it is also a greenhouse gas about 250 times as potent as carbon dioxide.

The New Dunedin Hospital will deliver nitrous oxide more sustainably using a process called ‘scavenging’.

“Scavenging collects exhaled gas through masks or nose pieces so it can be vented,” says Dr Jenks. “New technology separates the gas into oxygen and nitrogen so it can be safely released into the air.”

This technology is already in use in Scandinavia and the UK, and is being trialled in Australia.

“When it becomes available here, the new hospital will be equipped and ready to use it.”

Champions of the community

The Community Health Council (CHC) plays a vital role in ensuring the patient voice is well-represented at Southern DHB and WellSouth.

The CHC is made up of 10 community representatives from across the Southern district. All have strong networks within their local communities so they can best represent the interests of the people in their area.

“The Southern District is the country’s largest geographic region and the most sparsely populated, bringing a unique set of needs,” says Karen Browne, CHC Chair. “We provide the consumer perspective to ensure better health outcomes and improved quality of service.”

Currently, the CHC is advising or working on around 25 different health care issues and initiatives, including frailty, vaccinations, diabetes, telehealth, mental health and digital transformation.

Board Update



Pete Hodgson, Chair

The more things change, the more they stay the same

On June 30, the Southern District Health Board will cease to exist. All 20 DHBs will be wrapped up into one new organisation called Health NZ. This is the biggest shake up of our health system in 20 years.

But, a day later on July 1, the public will notice no difference. The services will be just the same and all our clinicians and health workers will still be hard at it.

The more things change the more they stay the same. So why bother?

There are a few reasons behind the reforms. One is that there is a really serious disparity between Māori and non-Māori, with Māori life expectancy at seven or eight years less than that of non-Māori. So, there is a second new organisation being formed called the Maori Health Authority and it will partner with Health NZ to reduce that large gap.

It is not the only disparity in New Zealand – other ethnic groups have a lower life expectancy too, and across all of society, men don’t live as long as women. But the gap between Māori and non-Māori is very large indeed, and though that gap has many more causes than health care, a more responsive health system is certainly part of the answer.

There are other inequalities to try and sort out and many of them are due to geography. This is some times called post code health care, where access to services depends to some extent on where you live. It is a common problem in other countries, too.

The Government’s response to these issues has been to abolish DHBs and centralise the commissioning of services. To ensure that community input remains, locality networks will be progressively formed. So, nothing much will change on day one, but as the months turn into years my hope and expectation is that we will be able to make a good health system better.