



# BREATH EXPRESS

AUTUMN 2021

**Nelson Asthma Society**  
9 Cambridge St  
Richmond  
Phone (03) 544 1562  
Mobile (027) 546 7675  
Email:  
asthma.nelson@xtra.co.nz  
Website:  
www.nelsonasthma.co.nz

**What the Society Offers**  
Current Membership: 265

- Better Breathers Club exercise groups
- Free Pulmonary Rehab course
- Asthma Education Centre
- Telephone advice
- Free local newsletters
- Free national newsletters
- Up to date asthma information
- Programmes, fact sheets and information pamphlets
- Speaker available
- Dust Mite covers for sale

**Nelson Bays Primary Health Respiratory Educator**

Jacquie Westenra

**Our Medical Advisers**  
Dr Suzanne Washington

**Our Committee**

Rosalie Adamson,  
-President  
David Kenning,  
-Treasurer  
Lynn McNeill  
-Secretary  
Tania Appelman  
Judy Kelly  
John Russell  
Peter Soundy

**Manager**  
Sue Alsop

## **PRESIDENT'S PIECE**

### **Autumn (Ngahuru)**

Summer, has it been? I'm hopeful that some of the warmth will come back to us before Easter is upon us. Wishful thinking maybe?

SO .....

Time to get your winter **Care Plans** in place with your Nurse or GP. Whether you have Asthma/COPD or any Respiratory Condition, please see your GP OR NURSE for an update. If you feel your respiratory health is not well controlled then please book in now before the cold sets in. Most General Practices can give you a funded or partially funded appointment to discuss your respiratory health. So **BE BOLD** and make an appointment.

Dr Suzanne, our Medical Advisor, has put some great information together for you to read on how to get the best out of your GP appointment, and Jacquie, our PHO Respiratory Nurse, has discussed COPD, so I will keep my report brief.

### **Better Breathers/Pulmonary Rehabilitation/Circuit Classes**

Our classes have continued, despite a couple of Covid interruptions. We have great processes in place when these happen. Thank you for playing your part in keeping our community safe.

Being able to email you quickly has made life easier with keeping you informed at short notice.

We are always trying to improve our classes and their content. So please let Sue know if you have any "brain waves", any little ideas that can make your classes better for you.

We had our first Pulmonary Rehab course in Golden Bay at the end of last year, with plans to potentially set up a Golden Bay Better Breathers class as well. It takes a lot of planning and additional finances to set classes up, and keep them running so we don't make a loss. Any suggestions for gaining funding or ideas for fundraising are welcome too.

### **Committee**

Welcome Tania Appelman to our committee. Our committee meets once per month and we are always looking for new members. So talk to Sue if this sounds like you.

Enjoy your newsletter.

He waka eke noa  
*We're all in this together*

Regards,

*Rosalie Adamson*

**Rosalie Adamson, President**

## **Committee Volunteers**

**Please consider volunteering to become a committee member**



**We meet every 4th Monday of every month (except in January) for 1 hour in the morning, and would welcome your input, thoughts and ideas.**

**AGM**

Notice of 45th Annual General Meeting  
Club Waimea  
345 Queen Street, Richmond

**Tuesday 15 June 2021  
at 11.30 am**

**A G E N D A**

Welcome  
Apologies  
Minutes of 44th AGM  
President's Annual Report  
Financial Report  
Election of Officers  
General Business

**RSVP**

31<sup>st</sup> May to Lynn McNeill, Secretary  
(03) 544 1562 or 027 482 1424

**Afternoon Tea to be served**

*Members, can you please email the office,  
[asthma.nelson@xtra.co.nz](mailto:asthma.nelson@xtra.co.nz), in order to  
receive newsletters and invoices electronically  
in the future. Thanks, NAS*

**HAVE YOU BEEN DIAGNOSED WITH THE  
LUNG CONDITION BRONCHIECTASIS?**

If so, you are welcome  
to attend Brunch with us!

Date: 4th of May  
Time: 11.30am

**Registration is required**

Please either email [asthma.nelson@xtra.co.nz](mailto:asthma.nelson@xtra.co.nz),  
using the subject line Bx,  
or phone Sue on 03 5441562.

**John  
Ilott**  
Charitable Trust

***This event is sponsored by the John Ilott Trust***

**Autumn Fundraiser  
HAND HELD**

**FANS  
\$10 EACH**

**See page 7 to see how  
a fan could be useful  
to help combat  
breathlessness**

**CHECK OUT OUR  
WEBSITE!**

**<https://nelsonasthma.co.nz>**

*The Society passes on its  
condolences to the families of  
members and friends  
who have recently lost  
loved ones, or who are  
unwell at present.*



Better  
Breathers  
Club

**April—August****BETTER BREATHERS CIRCUIT**

Club Waimea, 345 Queen Street, Richmond  
Every Tuesday and Friday during school terms  
10.00—11.00 am

*April 6th, 9th, 13th and 16th  
May 4th, 7th, 11th, 14th, 18th, 21st, 25th and 28th  
June 1st, 15th, 18th, 22nd, 25th and 29th  
July 2nd, 6th, 9th, 27th and 30th  
August 3rd, 6th, 10th, 13th, 17th, 20th, 24th, 27th and 31st*

**\$5 per class**



**PERFECT FOR THOSE WHO HAVE  
COMPLETED THE PULMONARY  
REHABILITATION  
PROGRAMME**

**BETTER BREATHERS NELSON**

Reformed Church, 15 Burrough Place,  
Enner Glynn.  
Every Wednesday during school terms  
1.00 — 2.30 pm

*April 7th and 14th,  
May 5th, 12th, 19th, 26th  
June 2nd, 9th, 16th, 23rd and 30th  
July 7th and 28th  
August 4th, 11th, 18th and 25th*

**The Respiratory Support group meets at 12pm  
before this class starts – everyone is welcome!**

**BETTER BREATHERS MOTUEKA**

Te Awhina Marae, Tokomaru Rooms,  
117 Pah Street, Motueka  
2nd & 4th Monday of the month.  
11.30am—12.30pm

*April 12th—NO CLASS 26th  
May 10th and 24th  
June 14th and 28th  
July 12th and 26th  
August 9th and 23rd*

ACC approved classes



***\$5 PER CLASS, OR \$3 IF YOU HAVE A NELSON ASTHMA SOCIETY MEMBERSHIP!***

Contact Sue at the Nelson Asthma Society 03 544 1562 or email [asthma.nelson@xtra.co.nz](mailto:asthma.nelson@xtra.co.nz)  
for more information. Also visit our website at <https://nelsonasthma.co.nz>

## HOW TO GET THE MOST OUT OF YOUR GP APPOINTMENT

I hope all readers of this article are enrolled with their own GP (General Practitioner).

GPs are medical doctors who have done basic medical and surgical training, and have gone on to do further training over several years to become specialists in General Practice (known in some other countries as Family Medicine). Much of the training is on communication skills, but also covers ALL of the specialties of medicine and surgery; though not in so much depth, obviously, as the specialists of those individual fields. Many GPs have done a few years in different specialists before settling on General Practice as a career and this can bring particular interests and skills to their practice. Some GPs do other types of medical work alongside GP, for example skin surgery, or working at the hospital breast clinic.



Enrolment at a particular practice allows cheaper visits for you and an opportunity for you to get to know not only the doctor with whom you are enrolled, but also the team of nurses and receptionists.

A record of every visit forms your medical notes and this is accessible to any GP who might see you in that practice.

Most GPs work part time due to the intensive nature of the work, so sometimes you may not be able to see your enrolled GP, especially if the reason for your visit is urgent and cannot be booked ahead. Your notes contain your list of medical problems, medications and hospital visits, so that even a new or locum GP can help look after you well. Parts of your GP notes are also accessible to doctors at hospitals in the South Island if necessary.

I have been a GP for over 20 years. What I love most about it is getting to know people and learning about myself also, through them. I have seen my young patients grow up into adults who then have their own children, and some I have seen through until they depart this life. It is a very special and very privileged relationship.

You may book an appointment to see your GP by phone, in person, or online usually through what is called a patient portal.

Each appointment slot is 15 minutes long. Each half day is called a session for the GP to work, and most will see 12 patients per session.

There are some clinics who run a drop-in system, for example, the Medical and Injury Centre, but most GPs have an appointment system.

Consultations can be in person or “face-to-face” or remote, ie telephone consults. We have been doing these much more frequently since covid-19 came along, and they still work well for some people and in some settings. There is still a charge for these, just like a face-to-face consult. Occasionally it is necessary to come in at a later time/date for examination to finish off the consult.

Try to arrive a little ahead of time for your appointment to make sure the receptionists can update any contact details or enrolment (this needs to be done every 2 years). GPs really do try to run on time for appointments! It is very stressful to be running late.

The main reason for this to happen is that one or more patients took longer to assess and treat than 15 minutes. All it takes is for one person to be acutely unwell and require more time, tests like an ECG or bloods, or perhaps a phone call to the hospital to refer them in, and the whole day is set back.

If time is tight for you, please let the receptionist know this and they can advise if the doctor is already running late and may be able to help you reschedule a better time for you. Also if you have been waiting what seems like a long time, check with reception to make sure they are aware you have arrived, and to find out why there is a delay. Mistakes happen, waiting rooms can be busy and people arriving can be missed. Usually your arrival shows on our computer screen so we are aware you are there.



Have a clear agenda for your appointment. What problem(s) are you wanting to talk about?

Perhaps write down what your concerns are, what your symptoms are, how long they have been present. Consider bringing along a support person if the problems are complex or upsetting. It can be very useful to have another set of ears present.

*(Continued on page 4)*

Try to be reasonable in terms of how many problems you wish to be addressed in a single 15 minute appointment. If you have multiple things to discuss, it may be a good idea to book a double appointment.

Usually 1-2 problems per appointment is probably enough to try and deal with. Any more than that, and things can be rushed, the GP will feel overwhelmed, and sometimes the most important problem can be the last one on the list.

If I see a patient with a list, I ask them to run through it quickly and I can then see which one(s) might be the most important to deal with on that day. Sometimes the person will tell me which the most important ones are to them, and this will guide things. It may be appropriate to make a follow up appointment to deal with the rest. Sometimes practice nurses can deal with certain problems instead of the GP.

During the appointment, the GP will ask what the problem is, then ask more questions to expand on it and try to ascertain what the diagnosis might be. Then the GP may need to examine you. Your consent for this is usually asked verbally, and you are entitled to ask for a support person or chaperone to be present.

After this, usually there will be a discussion about what the possible diagnosis is, and what the plan is- perhaps further investigations like blood tests or an X ray, or a trial of medication.

There will usually be a follow up plan made and if the problem is one which could become serious, there should be what is called a "safety-net plan". This might be to attend the medical and injury centre over the weekend if the symptoms get worse or do not improve, for example.

The GP may need to make a referral on your behalf to a specialist. Depending on urgency, this would usually be done within 1-2 weeks of your appointment.

Treatment plans are made involving YOU, as the patient. If you feel unhappy about anything being suggested, ask questions and explain how you feel.



After seeing patients over the session, the GP then has to complete consultation notes, referrals, sign prescriptions which may have been requested, complete reports for ACC or insurance companies, do an occasional home visit and possibly eat lunch. Much of the administrative work is done by GPs in our own time.

Acting on results of investigations is an important part of GP and you may be asked to book a follow up appointment to discuss results, or to review you. Not all problems can be fixed or sorted out in one appointment. Sometimes illnesses and diseases take time to evolve. There is a charge for follow up visits even if it is about the same problem. We are professionals and have to charge for our time. Sometimes there will be funding available to take financial pressure off patients who find this difficult. Reception staff are often able to help in this situation.

I hope you have found this article useful. GPs really want to do the best for our patients. Many GPs are now reaching retirement age and not as many new doctors are choosing GP as a career, so there is now a national GP shortage. This is probably already impacting on the time it may take for you to get an appointment. We always try to have urgent appointments available on every day so we can still see those who need to be seen, however if this is not possible, we will advise on what to do instead.

Our practice nurses provide a great triage and advice service. Healthline (0800 611116) is another option if you cannot get through or it's the weekend/out of hours, or the Medical and Injury Centre 98 Waimea Road Nelson (orange building next to the ED at the hospital) -5468881.

Regards  
Dr Suzanne

*Thanks to all our supporters, including*

**NetworkTasman**  
**TRUST**

 **tasman**  
district council

**Pub**   
**Charity**  
Limited

 **THE LION**  
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Proud to Support Our Community

**John**  
**Ilott**  
Charitable Trust

## NEW GUIDELINES ON CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

Last month the Asthma and Respiratory Foundation NZ released new guidelines on Chronic Obstructive Pulmonary Disease (COPD). These guidelines inform doctors and nurses of the latest evidence-based information on assessment, diagnosis, strategies to slow lung decline, prevent exacerbations (worsening) and manage symptoms. These guidelines assist your doctor or nurse provide you with the best possible care and give you information and support you need to best manage and live positively with COPD.



### Key messages from the guidelines are:

- \* COPD is different from asthma. Some people can have both COPD and asthma.
- \* Maori and Pacific people have much higher rates of COPD than other New Zealanders.
- \* Cigarette smoke or inhaled noxious particles causes inflammation (swelling) in the lungs which can lead to COPD. Asthma may become COPD in some patients, this is caused also from many years of inflammation in the airways of the lungs. People with a rare genetic disorder called alpha-1 antitrypsin are at risk of COPD.
- \* COPD symptoms may be cough, sputum (phlegm), wheeze or shortness of breath which are chronic or don't go away over time.
- \* COPD is more common in adults over the age of 40 years.
- \* Having a spirometry (lung function test) is important to confirm COPD. Peak flow meters are not useful in COPD.
- \* Stopping smoking is the most important treatment. Help to quit smoking needs to be offered to those who smoke.
- \* Pulmonary Rehabilitation should be offered to every person with COPD.
- \* Persons should aim to do 20-30 minutes (or more) physical activity each day. Also include muscle strengthening exercises 2 or more times a week. Aim to "huff and puff". Working harder at breathing when exercising will not harm the lungs.
- \* Help manage breathlessness (shortness of breath) through pursed-lip breathing, diaphragmatic (tummy) breathing, positioning (leaning, sitting or standing) and using a fan towards the face. Have a breathlessness plan.
- \* Clearing sputum from the lungs can help symptoms. For example, practicing deeper breathing, followed by huffing and cough can work well. Referral to a physiotherapist might be helpful.
- \* Written action plans help a person with COPD see when symptoms are worsening, when and what to do.
- \* Knowledge of COPD and inhalers help a person make positive lifestyle choices and use an inhaler so it works best for them.
- \* Inhalers can help control symptoms and prevent exacerbations. Long-acting muscarinic antagonist (LAMA) is a reliever inhaler which is recommended. Examples are Spiriva (tiotropium), Incruse (umeclidinium) and Seebri (glycopyrronium). Other inhalers can be added if needed.
- \* Inhaled steroid (preventer) inhalers should be used for asthma. Some people with COPD may benefit from one if they have frequent exacerbations.
- \* Flu vaccination is highly recommended. Pneumococcal vaccination may prevent pneumonia and is available but is not funded in NZ.

***It is HIGHLY RECOMMENDED for anyone with a respiratory condition to vaccinate each year against flu.***



## About Me

(tick all that apply)

- I am a known CO<sub>2</sub> retainer
- I have an Advance Care Plan
- I am happy for this plan to be shared with other healthcare providers
- Long term home oxygen and flow rate  L/min

### Remember

- Keep your action plan up to date
- Make sure your inhalers aren't empty or expired
- Take your medications as prescribed
- Ensure you always carry your reliever
- Regularly check your inhaler technique with your healthcare professional

## My Breathlessness Plan



1. Stop what you are doing



2. Find a resting position



3. Use your fan, or the breeze



4. Begin your preferred breathing position for 2-3 minutes

**If you are still feeling breathless, follow your Action Plan on the next page**

### Using a spacer

If you use a metered dose inhaler (MDI), a spacer will help get the correct dose of medication into your lungs.



Ask your healthcare professional about a spacer, they can provide them free of charge. If you don't already have one, you need one. Spacers increase your medications effectiveness.

1. Shake the inhaler well (holding it upright)
2. Fit the inhaler into the opening at the end of the spacer
3. Seal lips firmly around the mouth piece, press the inhaler once only
4. Take 4-6 slow breaths in and out through your mouth. Do not remove the spacer from your mouth between breaths  
OR take one slow deep breath in and hold this for 10 seconds
5. Repeat steps 1-4 for further doses



### Washing your spacer

Wash your spacer once a week with warm water and dishwashing liquid.

**Do not rinse, drip dry** to ensure that your medicine gets into your lungs and doesn't stick to the sides of the spacer.

# Asthma + Respiratory FOUNDATION NZ

## COPD

(Chronic Obstructive Pulmonary Disease)

### Action Plan

This COPD Action Plan belongs to: \_\_\_\_\_

**Better Breathing, Better Living**

Produced by Asthma and Respiratory Foundation NZ

info@asthmaandrespiratory.org.nz  
asthmaandrespiratory.org.nz

## Asthma + Respiratory FOUNDATION NZ YOUR COPD ACTION PLAN

Name: \_\_\_\_\_ Healthcare practice: \_\_\_\_\_  
Date of plan: \_\_\_\_\_ Healthcare practice phone: \_\_\_\_\_

### Know your COPD symptoms

#### When I am well my 'normal' is

- I have a usual amount of cough / phlegm.
- I can do my usual activities.
- Exercise / activity
- Oxygen Saturations  % breathing room air

### Know when and how to take your medicine

	puffs	every morning
	puffs	every night
	puffs	every morning
	puffs	every night
Reliever:	puffs	when you need it to relieve your symptoms

**These signs suggest my COPD is worse:**

- I am more breathless
- I need my reliever medicine more often
- I am more tired / lethargic
- I am losing my appetite
- I may have signs of a fever (hot/cold flushes, temperature)

**What should I do?**

- Breathing control techniques
- Energy conservation techniques
- Chest clearance
- Take reliever inhaler regularly (for example every 4 hours)
- Make an appointment to see my Primary Health Care team within 3 days

**Start prednisone:**

Prednisone  mg for  days

**If I have all of the following symptoms it is a sign of a chest infection:**

- There is an increase in the amount of phlegm
- My phlegm has changed to a darker colour
- I am more breathless than usual

**Start antibiotics for signs of a chest infection:**

times per day for  days

**I am becoming more unwell if:**

- I am getting worse despite the extra medicines
- OR
- I am no better 48 hours after taking prednisone

**What should I do?**

- Breathing control techniques
- Energy conservation techniques
- Chest clearance
- Phone my Primary Health Care team to make an urgent appointment today or go to After Hours Medical Centre

**Important:** You need to see a doctor today

**Other instructions:**

**I'm extremely unwell**

- I am very breathless
- I am not getting any relief from my reliever medicine
- I am scared
- I maybe unusually confused or drowsy
- I may have chest pain

**What should I do?**

- Dial 111 for an ambulance or press your medical alarm button
- Take extra reliever as needed until the ambulance arrives
- Breathing control techniques

Plan prepared by: \_\_\_\_\_

Next review date: \_\_\_\_\_

Signature: \_\_\_\_\_

Tips for  
managing  
breathlessness  
at home

# BREATHLESSNESS QUICK REFERENCE

## CONSERVE YOUR ENERGY & PACE YOURSELF

**Plan your day:** Will I have time for a break?

**Prioritise tasks:** What's most important?

**Adapt tasks:** Can it be done easier?

**Delegate:** Can someone else help?



## USE A FAN

Use either a hand-held fan, free-standing fan, a desktop fan, or the breeze through an open door or window. Hold the fan about 15 centimetres from your face so you can feel the air on your top lip.



## CHANGE YOUR POSITION



- Lean forward with arms resting on your knees or the sides of a chair and position knees slightly apart.



- Lean forward over a table or surface resting on your arms up on some pillows or similar.



- Lean forward with arms resting on a surface eg supermarket trolley, or back of a chair. Alternately rest standing with your back against a wall.

## BREATHING TECHNIQUES

- **Breathing Control/Tummy Control:** Place hands on tummy, breathe in (tummy goes out), breathe out (tummy goes in)
- **Pursed-Lip Breathing:** Breathe in through your nose, breathe out like through a straw
- **Blow as you Go:** Breathe in before exerting effort, breathe out while making the effort
- **Paced Breathing:** Breathe in for a few counts, breathe out for a few counts
- **Breathe around the rectangle**

## DISTRACTION & MEDITATION

Focus on things that bring you pleasure or calmness, such as mindfulness or meditation.



## EXERCISE

Regular activity should be done in moderation. Ask to be referred to your local pulmonary rehabilitation program.

## TAKE YOUR MEDICATION

Use your prescribed medication as directed. If you have difficulty managing your breathlessness, talk to your doctor or nurse practitioner as there may be other medications that may help.



## WHEN FEELING BREATHLESS...



Stop what you're doing



Rest your position



Use your fan



Start your breathing technique

No.1

# COVID-19 vaccine: FAQs

## Who is included in the initial vaccine roll-out?

The initial roll-out is for all border and MIQ workers covered by the current Required Testing Order (2020) and those they live with – ‘household contacts’.

This applies to all workers currently undergoing mandatory COVID-19 testing as part of their work. These workers are considered to be the people most at risk of exposure to COVID-19 on a daily basis so we need to protect them and those they live with as a priority.

## When will I find out more about the details of getting vaccinated?

Detailed information on vaccination locations, when you are likely to get your vaccination and how to arrange your vaccination will be finalised soon and we will let you know.

## Once vaccinated, will I still need to be tested?

Yes. The data is clear that the vaccines protect individuals from the effects of the virus, however it is still too early for researchers to determine whether a vaccinated person could still transmit the virus to someone else. While this remains unclear, we need to assume there is still a risk of transmission. This means the mandatory testing of our border and MIQ workforce needs to continue.

## Do I need to be vigilant about hygiene after I'm vaccinated?

It is also an important reminder that the vaccines are not a substitute for good hygiene practices of

washing hands, coughing and sneezing into your elbow, wearing masks or face coverings and other precautions, including PPE.

## Does the vaccine prevent me from transmitting the virus to others?

We don't know at this stage. We do know that being vaccinated does not remove the need for PPE, regular testing and continuing with other precautions.

## Who is a 'household contact'?

This means anyone who usually lives with you, whether they're related to you or not. It also includes people who live with you part-time. This covers papakāinga as well.

## When will my household contacts get vaccinated?

Household contacts will be vaccinated as part of the initial roll-out, after border and MIQ workers have had their first dose.

## How will my household contacts be contacted to arrange their vaccination?

It is important we get this process right. We are close to finalising how we will contact your household contacts to ensure they get the information they'll need to arrange their vaccinations. We will let you know as soon as we can.

## Is the vaccine safe?

There's never been this level of global collaboration amongst scientists and governments in vaccine development – and that

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against  
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New Zealand Government



has improved the speed of its development and the launch of clinical trials around the world.

We are moving swiftly but without taking any short cuts or compromising safety.

Vaccine companies have been sharing their data all over the world, which has sped up the research process and led to a number of innovations, such as the use of the messenger RNA technology.

The agencies that regulate vaccines, like New Zealand's Medsafe, have been able to start assessing the clinical trial data much sooner than they normally would. Large manufacturing plants have been developed, enabling vaccines to be produced more swiftly and on a larger scale than previously possible.

We will also continue to receive data from large, ongoing clinical trials, enabling us to monitor the safety and effectiveness of the vaccines right through the initial roll-out and into their ongoing use.

All these changes mean that safety approvals that used to take a long time have happened faster. There have been no shortcuts.

### Is the vaccine effective against new strains of the virus?

The Ministry of Health is evaluating preliminary data from other countries about the impact new strains may have on vaccine effectiveness. Some companies have indicated they may make changes to the vaccine to ensure they work properly – this is similar to the regular changes made to the influenza vaccine.

### How do the vaccines work?

Vaccines work by teaching the body's immune system to respond quickly to infection without being exposed to the infection itself.

Traditionally, most vaccines work by introducing modified versions, or bits of the virus, to the immune system, prompting the body's immune system to respond by making protective antibodies so that when you come across the real infection your body is prepared to fight it off.

Some of the COVID-19 vaccines, such as the Pfizer vaccine, use a different approach. These are known as 'messenger RNA' vaccines. These vaccines don't use virus cells at all – instead they contain a piece of RNA code that essentially teaches your body to recognise the virus, so it can respond straight away if you get infected.

Each vaccine is slightly different and has its own characteristics. Specific information about each vaccine will be made available as Medsafe completes its approval processes.

### Will I have a choice of which vaccine I receive?

No. The four vaccines New Zealand has secured are going through the approval process at different times. The Pfizer vaccine is the only current vaccine that has been approved by Medsafe as being safe and effective for use in New Zealand.

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 **MINISTRY OF  
HEALTH**  
MANATŪ HĀTORA

# Getting your COVID-19 vaccine: what to expect

Vaccines are one of the ways we can fight the COVID-19 pandemic and protect the welfare and wellbeing of our communities.

## Protection

COVID-19 vaccines are free and available to everyone in New Zealand.

Vaccines protect your health and prevent disease by working with your body's natural defences so you are ready to fight the virus, if you are exposed.

The COVID-19 vaccine works by triggering your immune system to produce antibodies and blood cells that work against the COVID-19 virus.

Getting a COVID-19 vaccine is an important step you can take to protect yourself from the effects of the virus. However, we don't yet know if it will stop you from catching and passing on the virus.

Once you've been vaccinated, continue to take precautions to prevent the spread of COVID-19. Thoroughly wash and dry your hands. Cough or sneeze into your elbow and stay home if you feel unwell. This will help you protect yourself, your whānau and others.

Continue using the COVID tracer app, turn on your phone's Bluetooth function, and you may wish to wear a face covering or mask.

## Safety

Medsafe only grants consent for a vaccine to be used in New Zealand once they are satisfied it's safe and effective enough to use. All COVID-19 vaccines will go through the same safety test and must meet the same robust standards.

## Pfizer vaccine

This vaccine will not give you COVID-19. You'll need two doses, three weeks apart. To ensure you have the best protection, make sure you get both doses of the vaccine. If you can't make your appointment, reschedule as soon as possible.

## Things to consider before getting your vaccine

If you have had a severe or immediate allergic reaction to any vaccine or injection in the past, please discuss this with your vaccinator.

If you are on blood-thinning medications or have a bleeding disorder, please let your vaccinator know.

If you are pregnant or breastfeeding, please talk to your vaccinator, GP or midwife.

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If you are receiving the cancer drugs Keytruda, Opdivo, Yervoy, or Tecentriq, talk with your specialist about whether you should receive the vaccine.

We are not currently offering the Pfizer vaccine to those under 16 years of age until further data is available.

If you have symptoms of COVID-19, get a test and stay at home until you get your results. You can be vaccinated once you have a negative test.

## What happens after my vaccine

You'll need to wait 30 minutes after your vaccination so medical staff can check you do not have a serious allergic reaction.

## Potential side effects

The most common reported reactions are pain at the injection site, a headache and feeling tired or fatigued.

Muscle aches, feeling generally unwell, chills, fever, joint pain and nausea may also occur. This shows that the vaccine is working.

Like all medicines, the vaccine may cause side effects in some people. These are

common, are usually mild and don't last long and won't stop you from having the second dose or going about your daily life.

Some side effects may temporarily affect your ability to drive or use machinery.

Serious allergic reactions do occur but are extremely rare. Our vaccinators are trained to manage these.

## Further support and information

If you experience symptoms that could be COVID-19 related, such as a new continuous cough, a high temperature/fever or a loss or change in your normal sense of taste or smell, stay home and get a COVID-19 test.

If you are unsure about your symptoms or if they get worse, call Healthline on 0800 358 5453.

If you have an immediate concern about your safety, call 111, and make sure you tell them you've had a COVID-19 vaccination so that they can assess you properly.

[www.health.govt.nz/covid-vaccine](http://www.health.govt.nz/covid-vaccine) or  
[www.immune.govt.nz](http://www.immune.govt.nz)

**Unite  
against  
COVID-19**

**New Zealand Government**

 **MINISTRY OF  
HEALTH**  
MAMATO HAUORA



# How do you know if **your asthma** is under control?

## Rethink your normal

Is your asthma really controlled? Patients may accept the burden of asthma symptoms as part of their daily lives<sup>1</sup>

## Did you know?

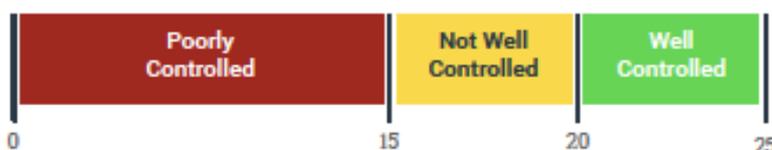
Up to 71% of patients' asthma is uncontrolled despite treatment<sup>2</sup>

# 71%

## What is the Asthma Control Test?

The Asthma Control Test is a clinically validated easy-to-use questionnaire, which can be used by both **adults and children** to assess asthma control over the last **four weeks**<sup>3-5</sup>

This simple test accurately assesses your everyday symptoms in less than 5 minutes, and provides a score from 5 (poorly-controlled) to 25 (well-controlled asthma)<sup>3-5</sup>



## Who can take the test?



**Adults and adolescents**  
(12+ years)  
(5 questions)<sup>5</sup>



**Children**  
aged 4-11 years  
(7 questions)<sup>5</sup>

## So you've taken the Asthma Control Test, what's next?

If your score is less than 20, you may need some help managing your asthma and you should discuss your score with your doctor at your next appointment

Based on your score, your healthcare provider can help you take appropriate action to better manage your asthma<sup>5</sup>



Don't let your asthma control you

**Take the Asthma Control Test today**  
and discuss the results with your doctor!

[www.asthmacontroltest.com](http://www.asthmacontroltest.com)



### References

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2. Woodcock A, et al. *Lancet.* 2017;390:2247-2255.
3. Schatz M, et al. *J Allergy Clin Immunol.* 2009;124:719-723.e1.
4. Schatz M, et al. *J Allergy Clin Immunol.* 2006;117:549-556.
5. Welcome to the Asthma Control Test, GSK. Available at: <https://www.asthmacontroltest.com/en-gb/welcome/> (last accessed August 2020).

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