



1944-2018

SEVENTYFOURTH ANNUAL REPORT AND

STATEMENT OF ACCOUNTS

FOR YEAR ENDED 31 MARCH 2018

CHAIRMAN: Jennifer Paynter

DEPUTY CHAIRMAN: Kathy Smith

SECRETARY / TREASURER: Bette Swan

HON. SOLICITOR: Anthony Segedin

AUDITOR: Jocelyn Dutton

BANKERS: Bank of New Zealand

LIFE MEMBERS: Mrs D J Savage, Dr W H Johnston

REGISTERED OFFICE: Respiratory Services, Auckland City Hospital,
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REGISTERED CHARITY CC26862

74th ANNUAL GENERAL MEETING

24 AUGUST 2018

CHAIRMAN'S REPORT 2018:

Welcome to the 74th Annual General Meeting of Lung Health Auckland

What I love most about being the Chairman of Lung Health is being part of an organisation which offers assistance to patients with respiratory illnesses going through a difficult period. It gives me extreme satisfaction seeing the gratefulness expressed by the person being helped.

But as one of my patients brought to my attention Lung Health Auckland is invisible. As ~~For~~ one of my longer staying patients, ~~who said~~ she really appreciated the TVs ~~TV's~~ in the rooms. ~~she stated~~. When I said they had been donated by Lung Health Auckland and the Cystic Fibrosis Society she replied "I thought it was too generous for the DHB to supply TVs ~~TV's~~. Where is your plaque?" Today we are going to discuss ways we may be able to change this.

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Lung Health Auckland is very versatile in how we assist patients. From providing food vouchers, buying heaters and paying for power to run the heaters. We have provided means for patients to attend appointments through petrol vouchers, HOP cards and taxi chits. Additionally, we are able to be adaptable and responsive to the particular needs that a patient may have. Sometimes the help we are able to give is very specific to that person, but is the one thing that makes the difference for them.

We have been able to assist the nurses from the Respiratory Ward and the pharmacist from Auckland City Hospital to attend conferences.

An important aspect to what we do is that we cover many areas of lung health. Although the beginnings of Lung Health Auckland lie in the field of tuberculosis, we now offer assistance to patients with many other different lung conditions, including lung cancer, cystic fibrosis, bronchiectasis, COPD, neo-natal lung conditions and asthma. While many of these areas have other support organisations, we provide a practical support that may not be available anywhere else.

Other activities Lung Health have been a part of include providing goodies for the Respiratory Ward patients at Easter and Christmas.

We again gave a \$40 food voucher and a Christmas cake for patients in need last Christmas instead of a food hamper. This was much appreciated

Once again Lung Health ~~celebrated, sponsored the afternoon tea for~~ World TB Day in March. ~~Thank you, Kathy Smith, for organising this~~ ~~time by providing a thank you~~ ~~afternoon tea to the nursing staff of both Auckland City Hospital respiratory ward~~

and the Public Health nurses of Auckland Regional Public Health Service at Cornwall Complex.~~event.~~

Every year Lung Health gives a little more assistance to one or two patients. This year we have helped a MDRTB case get to their multiple appointments with taxi to enable monitoring of treatment. Treatment for MDRTB can include the patient having to be available for their medications twice a day for 18 months. While they are on IV Amikacin (up to 8 months) they have to either go to a District Nurse office or attend Auckland City Hospital. They also require fortnightly audiology while on Amikacin. New TB drugs Bedaquiline and Delamanid offer better outcomes, but they too have side effects such as lengthening the QT interval as measured on an ECG. To monitor this the patient is required to have weekly ECG for 24 weeks. The drugs are not well tolerated often causing severe nausea. Weekly bloods are also required.

Adrian Harrison sent me a systematic review and meta-analysis on interventions to improve adherence to Tuberculosis treatment (Muller, A.M et al. The International Journal of Tuberculosis and Lung Disease. Volume 22, number 7 1 July 2018, pp. 731-740). The results showed a significant increase in cure rates, by 18% with DOTS and by 16% with patient education and counselling, was observed. In addition, the default rate decreased by 49% with DOTS, by 26% with financial incentives and by 13% with patient education and counselling. There was no statistically significant reduction in mortality rates with these interventions. The study concluded that the use of DOTS and patient education/counselling significantly improved cure rates; DOTS, patient education/counselling and financial incentives led to a reduction in the default rate. This article demonstrates the value of the assistance that Lung Health is able to provide in supporting our Public Health nurses

I am very grateful for the foresight of the founding members in 1942 for setting up this Charitable Trust. And to those who set up the Asser Trust where funds are made available to help Respiratory Patients. Unfortunately, the Asser Trust has not had a call for submissions since 2016.

The Executive Committee, Bette Swan, Kathy Smith and Jenny Paynter have continued to meet each month to review expenditure and requests for assistance. Once again, we have liaised with Graeme McLeod via email for thoughts regarding our investment portfolio, and with Anthony Segedin for legal advice.

Profits from previous TB Conferences which had been held by Lung Health Auckland has given the Hutt Valley organizing committee for the 2018 Australasian Tuberculosis Conference being held 30-31 August 2018 \$10,000 as a seeding grant. Lung Health Auckland is also assisting ward nurses to be able to attend this conference.

I wish to sincerely thank the following people for their ongoing support in keeping Lung Health Auckland a vibrant and functioning Charitable Trust helping 100's of people in Auckland with both Respiratory Illnesses and Tuberculosis each year.

Bette Swan for her ongoing enthusiastic care for all requests for help, often in her own time. Bette you do an amazing job.

The executive committee Bette Swan and Kathy Smith for their commitment to meeting monthly.

To Graeme McLeod for his ongoing financial advice and to Anthony Segedin for his legal advice.

To Jocelyn Dutton for promptly auditing the Lung Health Auckland's accounts

To the Public Health' nurses who assist many of the TB patients to clinic appointments saving Lung Health Auckland the cost of transport

And to the members for without you we would not be able to meet the requirements of a charitable trust.

Jenny Paynter

Chairman

Lung Health Auckland

BREAKDOWN OF WELFARE EXPENDITURE 2017-2018

Food Vouchers	10780.00
Taxi Fares	16425.56
Petrol Vouchers	1900.00
Prescription Charges	721.40
Food	365.35
Power & Rent	9914.03
Other Assistance	2622.63
Cell Phone Top Up	310.00
Pt Transport	130.00
Pt Equipment	508.00
Other Amenities	7309.51
Conference & Travel Grants	250.00
TOTAL:	51236.48

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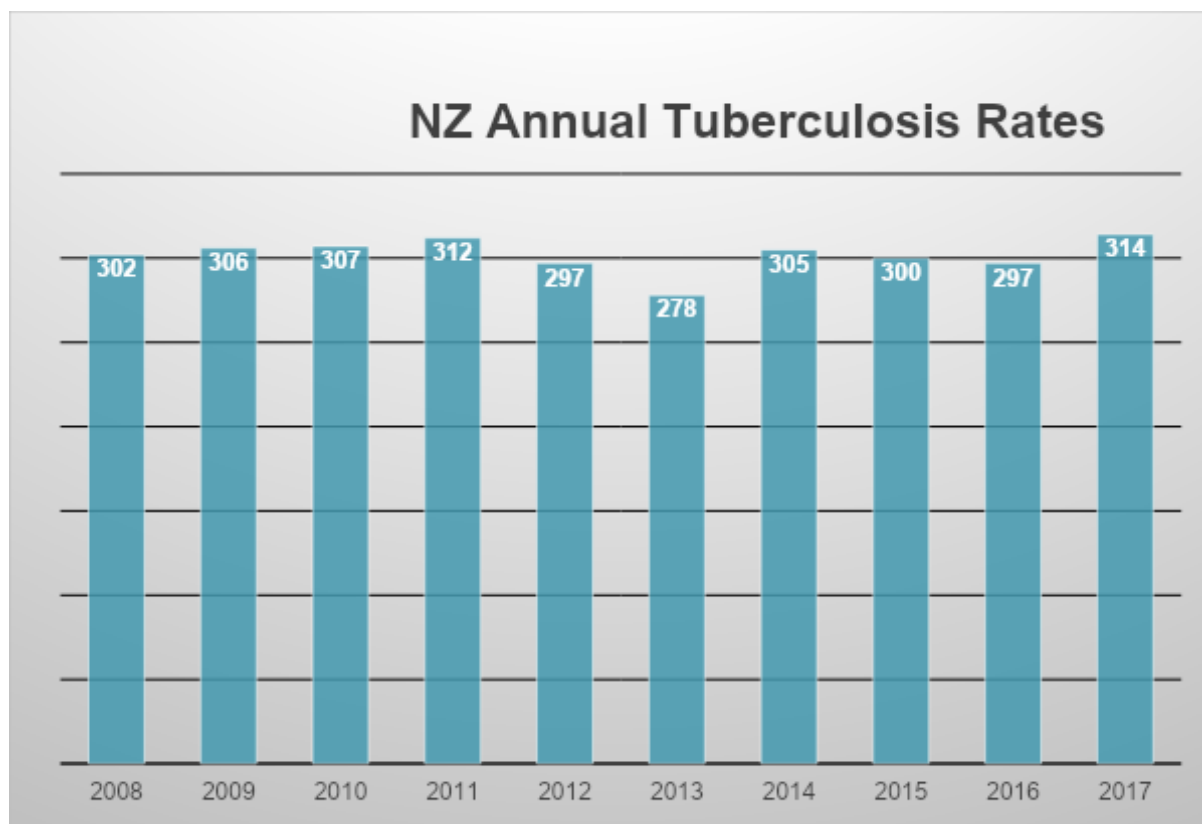
INCIDENCE OF TUBERCULOSIS THROUGHOUT NEW ZEALAND 2017

Figures supplied by Surveillance Query Team, Institute of Environmental Science & Research Ltd

TB cases notified in the year ending 31.12.17 = **314**

New Zealand totals, earlier years:

2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
302	306	307	312	297	278	305	300	297	314



Notification by District Health Board 2016 (2015)

The data giving rates of TB by District Health Board is only available up to 2016

Northland	2 (3)	Waitemata	34 (40)
Auckland	57 (62)	Counties/Manukau	61 (67)
Waikato	26 (23)	Lakes	6 (7)
Bay of Plenty	11 (7)	Tairāwhiti	1 (1)
Taranaki	3 (3)	Hawke's Bay	16 (9)
Whanganui	2 (3)	MidCentral	6 (7)
Hutt	4 (4)	Capital and Coast	21 (23)
Wairarapa	3 (0)	Nelson Marlborough	5 (3)
West Coast	1 (1)	Canterbury	29 (32)
South Canterbury	2 (0)	Southern	7 (5)

Auckland TB cases notified in the year ending 2016 = **152** (169)

Auckland notifications, previous years:

2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
136	161	178	160	167	147	135	156	169	152

