



The Paediatric Society of New Zealand Te Kāhui Mātai Arotamariki o Aotearoa

30 March 2021

Thank you for the opportunity to provide feedback on the “Aotearoa New Zealand National Sepsis Action Plan”.

The PSNZ would like to note that the early recognition and treatment of sepsis is a very important area that will prevent mortality and morbidity. Sepsis has been historically difficult to study and prevent due to the difficulty around an agreed definition, and the recognition that this is slightly different for paediatric patients. Sepsis causes significant morbidity and mortality in neonates and young people and paediatric perspectives should be included in the national sepsis action plan.

We agree very strongly with your commitment to equity and believe that representation from tangata whenua experts to ensure that mātauranga māori and tikanga practices are followed throughout the whole process is essential. The group should also include Pasifika representation and consumer representation. Increasing public awareness strategies should be developed by mātauranga māori experts with experience in communicating to caregivers and whānau. We look forward to seeing detail in the action plan about how this will be achieved.

We recommend collaboration with a wider paediatric group to ensure the plan is successful. A paediatric working group should be established, that includes general paediatricians, paediatric emergency specialists, neonatal paediatricians and paediatric infectious disease specialists, from around Aotearoa. These professionals represent the front line and expertise in managing paediatric sepsis.

Collaboration with the paediatric community will also ensure that our knowledge is shared. For example, New Zealand has an extremely valuable resource in the New Zealand Mortality Review Data group, which operates out of the University of Otago. The NZMRDG collects and stores mortality information from a variety of sources. The University of Otago also runs the New Zealand Paediatric Surveillance Unit, which carries out national surveillance of selected childhood conditions. Both of these established resources could be used to create monitoring programs for paediatric sepsis. The Perinatal and Maternal Mortality Review Committee (PMMRC) also collects sepsis related data.

The Paediatric Society of New Zealand is currently involved in work programs to create a national vital signs chart and standardized paediatric early warning scores, with newborn charts and early warning scores already in place. These tools are likely to be helpful in the early recognition of sepsis (and hopefully help to improve time to treatment of sepsis) in all the paediatric populations. Their exact role, and that of sepsis pathways, needs ongoing study in the New Zealand context, including the effect on antibiotic stewardship.

Paediatric Quality improvement programs addressing paediatric sepsis are already in development and used at both Starship Hospital and within Canterbury DHB. This work and expertise should be built on rather than duplicated. If these programs looked similar around the country, it would be easier to adapt them as our understanding of how best to recognise and treat sepsis improves.

In summary, we welcome the initiative for a national sepsis action plan. We have suggested meaningful engagement with Paediatric and Māori and Pasifika stakeholders, and with that occurring we would be happy to endorse the plan.

Yours sincerely

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President PSNZ