



Is there a cure for CF?

There is no cure, however, advances in the understanding of CF, improved treatments and new medications have significantly improved the quality of life and life-expectancy of people with CF. With ongoing research there is every reason to be hopeful of ultimately finding a cure.

What can I do to help?

Cystic Fibrosis New Zealand (CFNZ) helps optimise the quality of life for people with CF by providing information, support, advocacy and funding research.

You can support the work of CFNZ by:

- making a personal donation to CFNZ
- fundraising
- providing event sponsorship
- participating in our annual CF awareness week
- volunteering at your local CFNZ branch
- leaving a bequest to CFNZ in your will.

About Cystic Fibrosis New Zealand

Established in 1968 as a volunteer support group for parents with a newly diagnosed child, we dedicate ourselves to shaping a brighter future for everyone with CF.

Our team of fieldworkers visit and support families, provide information packs, cover the costs of essential medical equipment, hospital allowances, welfare assistance, and other means of support. We also fund CF research and advocate on behalf of the community for better access to services and care.

As well as our national office, based near Starship Hospital in Auckland, we have regional branches that are run by CF families for CF families. The branches provide invaluable friendship, advice and a caring support network.



*A special thank you to
The Lion Foundation for making
this publication possible.*



**For more information about
cystic fibrosis or how we can help you:**

info@cfnz.org.nz

Telephone 09 308 9161

Freephone 0800 651 122

PO Box 110 067

Auckland Hospital, Auckland 1148

Suite 2, 79 Grafton Road

Grafton, Auckland 1148

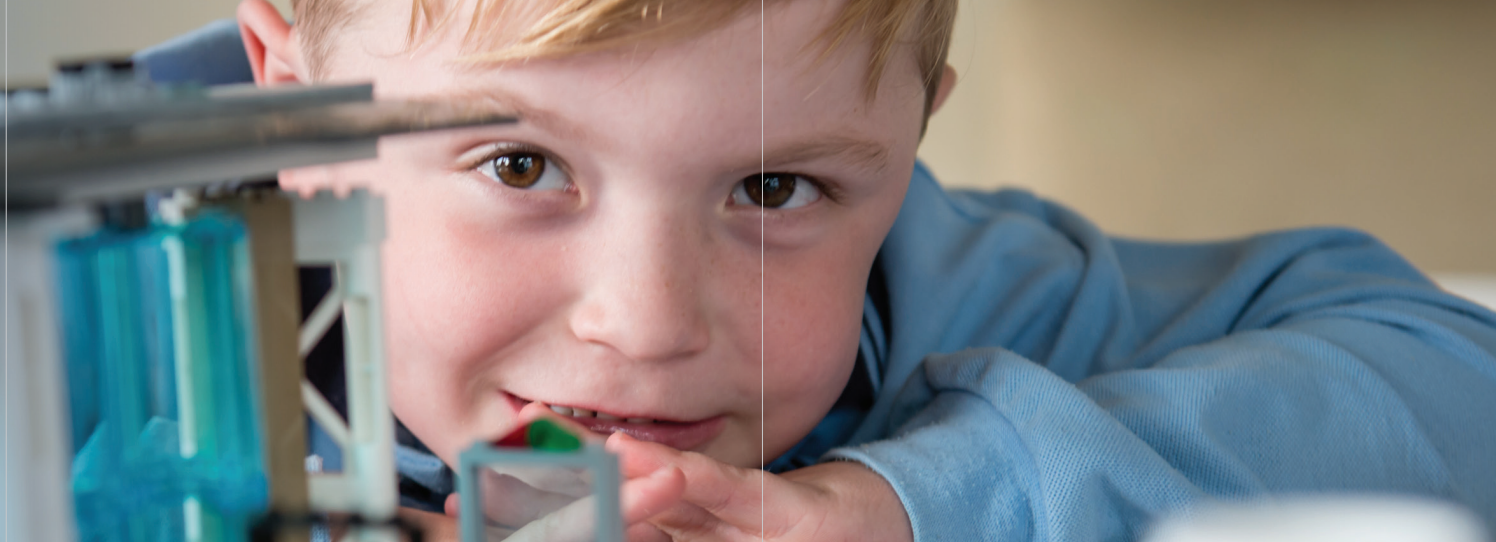
cfnz.org.nz



Understanding cystic fibrosis



cfnz.org.nz



What is cystic fibrosis?

Cystic fibrosis (CF) is New Zealand's most common life-limiting genetic condition. It mainly affects the lungs and pancreas, but over time affects other organs too.

It is caused by a faulty gene passed down from both parents and is usually diagnosed soon after birth.

CF causes mucus in the body to become thick and sticky. In the lungs, this thick mucus is difficult to cough up, trapping certain bacteria and causing inflammation and infections. The sticky mucus also blocks the flow of digestive enzymes from the pancreas to the stomach causing problems with digestion and absorption of food.

How common is CF?

One in 25 people in New Zealand carry the CF gene – most people don't know they are carriers. If two people carry the gene, with every pregnancy there is a:

- **25% (1 in 4) chance**
their child will have CF
- **50% (1 in 2) chance**
their child will be a carrier but not have CF
- **25% (1 in 4) chance**
their child will not be a carrier and will not have CF.

One in 3500 New Zealand babies are born with CF.

What are the symptoms of CF?

CF affects everyone differently.



People with CF may face other challenges such as CF-related diabetes, fertility issues, liver disease, ear, nose and sinus problems, complications from antibiotic use and osteoporosis.

Certain bacteria can cause long-term damage to a person's lungs when they have CF, potentially impacting their quality of life, lifespan or opportunities for future treatments such as a lung transplant.

People with CF can't be in close contact with other people with CF.

How is CF diagnosed?

Babies in New Zealand are tested for CF through the Newborn Metabolic Screening Programme, often referred to as the Guthrie Heel Prick test. This test is usually done about 48 hours after birth. If results from this test indicate CF, further testing, including a sweat test, will be performed to confirm the diagnosis.

For a small number of babies, the first symptom of CF is a blocked intestine at birth called meconium ileus.

Most people are diagnosed with CF in the first few weeks after birth, however, occasionally children and adults are diagnosed.

How is CF treated?

People with CF must do daily chest physiotherapy and nebuliser treatments to keep their lungs free of mucus. Most people with CF take digestive enzymes to help their bodies absorb nutrients, especially fats, from their food, and they must eat a diet high in fat and salt.

Regular clinic visits, hospital admissions and long-term antibiotics are common for people with CF.