

## MONTHLY SURVEILLANCE REPORT

This monthly report contains data and commentary on disease trends and events up to and including the end of June 2002 (see also forthcoming issues of the *New Zealand Public Health Report*). Its purpose is to provide timely information for use by designated officers and public health service staff. Data contained within is based on information recorded on EpiSurv by public health service staff up until 8<sup>th</sup> July 2002. As this information may be updated over time, the results should be regarded as provisional only.

Note: where rates are quoted, “current rate” refers to the rate for the 12 month period ending June 2002 and “previous rate” refers to the rate for the 12 month period ending June 2001.

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## 1. Major surveillance issues

- *Campylobacteriosis*. 824 cases of campylobacteriosis were notified in June 2002. This total is higher than the average for June, which is typically a month with low campylobacteriosis incidence. Relative to the size of the population, the highest rate of campylobacteriosis in June 2002 was observed in the combined Auckland health districts.
- *Dengue fever*. Seven cases of dengue fever were notified in June 2002, bringing the year to date total to 39. Of the six cases with information recorded on overseas travel, five had recently returned from Rarotonga.
- *Leptospirosis*. Eleven cases of leptospirosis were notified in June 2002. Eight of these cases were from Hawkes Bay Health District, seven of whom were from Wairoa District. Nine of the ten cases with information recorded about occupation worked in meat processing.
- *Meningococcal disease*. 71 cases of meningococcal disease were notified in June 2002, bringing the year to date total to 238. This total is less than that recorded for the same period in 2001 (247), but is higher than in other years of the current epidemic. Two deaths due to meningococcal disease were reported.
- *Pertussis*. The epidemic which began in June 1999 is persisting, with 91 cases notified in June. The majority of June cases were from the South Island, particularly from South Canterbury, Canterbury, and West Coast health districts.

## 2. Key disease trends

### Campylobacteriosis

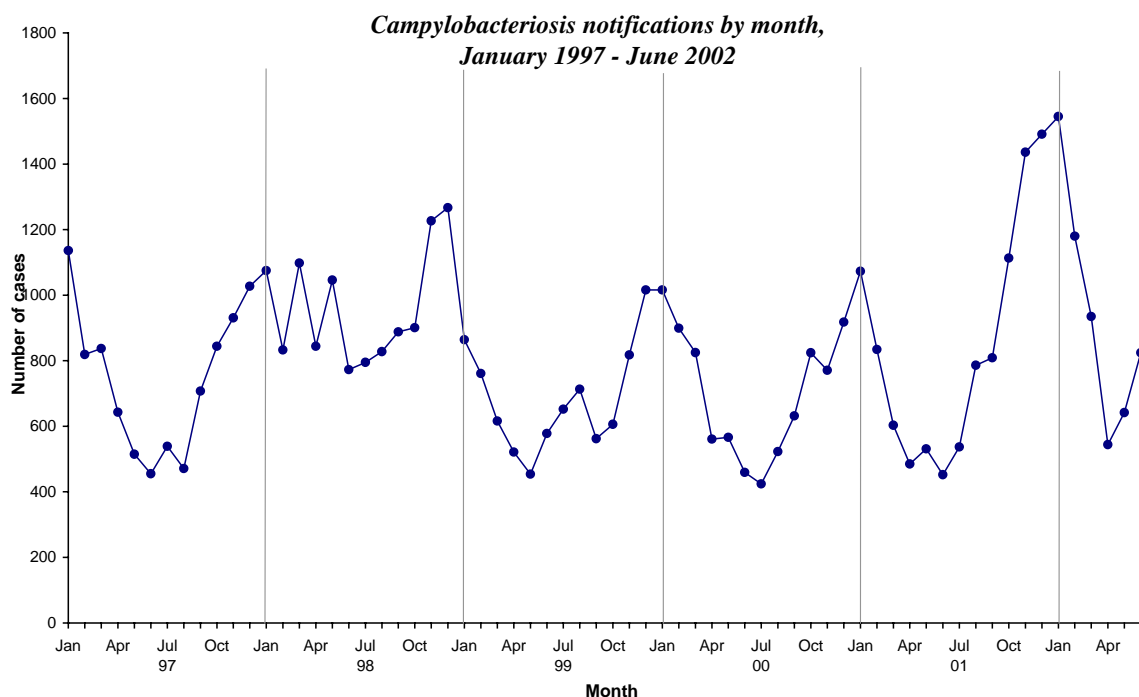
There were 824 cases of campylobacteriosis notified during June 2002. In contrast, 452 cases were notified during the same month last year. June is typically a month with low campylobacteriosis incidence. The June 2002 total greatly exceeds the average of 496 notifications in the months of June in 1999, 2000 and 2001. There were 22 hospitalisations among June 2002 notifications (4.5% of cases for whom this information was recorded).

Rates higher than the national rate of 318.0 per 100 000 for the past 12-month period have been seen in Wellington (457.2), South Canterbury (395.4), Hutt (383.0), North West Auckland (374.4), Central Auckland (372.2), Waikato (364.2), Taupo (361.8) and Taranaki (326.7) health districts.

Of the 824 cases notified in June, the combined Auckland health districts reported the greatest number<sup>1</sup> with 425 (51.6%) cases. Typing information was obtained on isolates from 29 of the 425 Auckland cases. Of the 29 isolates, nine (31%) were serotype 1,44, compared with one isolate with this serotype among 49 typed isolates collected from Auckland cases during a period of elevated campylobacteriosis notifications in November 2001. No novel sources of infection have been identified from the descriptive data on Auckland campylobacteriosis cases in June.

Final reports on three outbreaks of campylobacteriosis were made this month: two from Auckland outbreaks in April 2002 and April-May 2002 respectively, and the third from a Rotorua outbreak in January-March 2002. The April 2002 Auckland outbreak and the Rotorua outbreak were both suspected on epidemiological (based on case histories) and environmental grounds. The April-May 2002 Auckland outbreak was suspected on epidemiological grounds based on case histories. The mode of transmission was confirmed for two of the outbreaks: the Auckland outbreak (April 2002) was found to be foodborne, and the Rotorua outbreak, zoonotic.

The following graph shows campylobacteriosis notifications by month since January 1997. It demonstrates the marked seasonality of campylobacteriosis incidence and the typical summer peak, which has been prominent this year.



Risk factor information was infrequently recorded on the case report forms, with only 10.3% (85/824) of notifications in June including information on human contact and only 10.7% (88/824) including information on contact with farm animals. Of these, 40.9% (36/88) reported exposure to farm animals, and 8.2% (7/85) had a history of contact with other symptomatic people.

<sup>1</sup> Relative to the size of the population, incidence was also highest in the combined Auckland health districts.

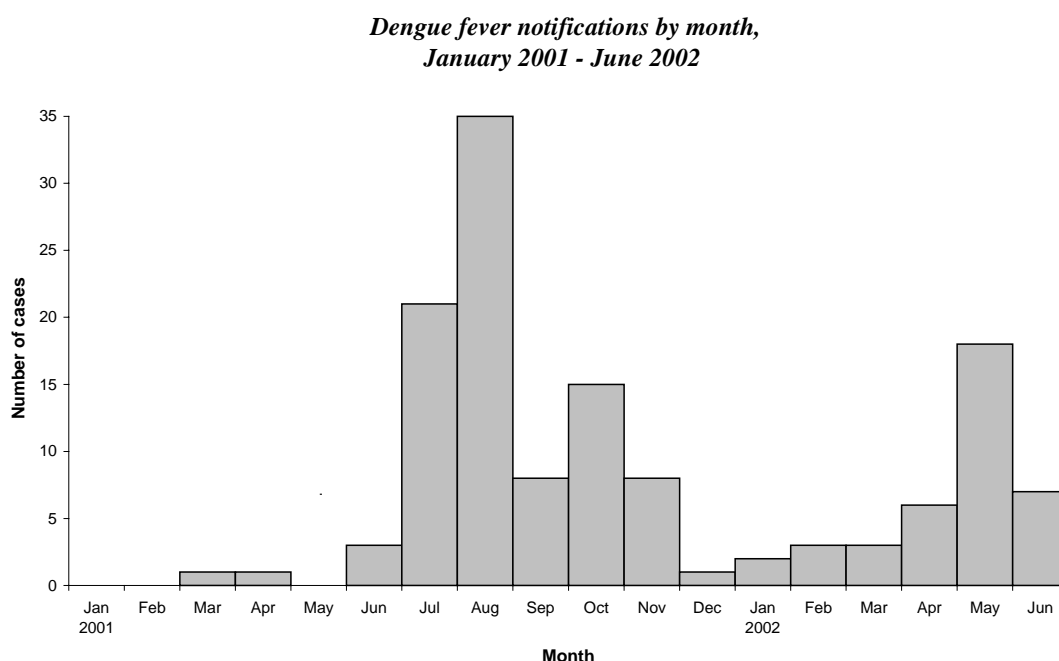
*(Additional information on serotyping provided by Greg Simmons, Medical Officer of Health, Auckland District Health Board)*

## Dengue fever

Seven cases of dengue fever were notified in June 2002, bringing the year to date total to 39<sup>1</sup>. Five of the seven June cases have been laboratory confirmed. The remaining two 'probable' cases were the infant and husband of a confirmed case. The cases, five males and two females, ranged in age from ten months to 40 years.

Information on overseas travel was recorded for six cases. Of these, five were New Zealand residents who had recently travelled overseas to Rarotonga, and one was a New Zealand resident who had been in Fiji.

A large increase in the number of cases of dengue fever notified in New Zealand was observed during 2001, and is described fully in the *New Zealand Public Health Report* (2001; 8: 81-4). The following graph shows the number of dengue notifications each month since January 2001.



## Diphtheria

One laboratory confirmed case of diphtheria was notified from Central Auckland Health District in June 2002. The case was a four year old male Pacific Islander,

<sup>1</sup> Note that a further three cases of dengue have been notified for the month of May, since the last Monthly Surveillance Report was written.

hospitalised with septic arthritis. The child had a history of travel to Tonga approximately six months prior to diagnosis. The case was immunised and has been excluded from pre-school for the appropriate period.

### ***Haemophilus influenzae* type b disease**

One laboratory-confirmed cases of *Haemophilus influenzae* type b disease (Hib) was notified in June 2002, bringing the year to date total to three. The June case was a 52 year-old European male from North West Auckland Health District. The case was reported to have had septicaemia and epiglottitis and was hospitalised. No contact with a presumptive case of the disease was reported.

### **Influenza**

During June (weeks 23 – 26), 884 consultations for influenza-like illness were reported to the Influenza Sentinel Surveillance System. Consultations were reported from 91 general practices, and from 22 out of 24 health districts. The average weekly consultation rate for June was 62.4 per 100 000 patient population, compared to a rate of 88.9 per patient population during the same month last year. Eastern Bay of Plenty had the highest consultation rate (519.2 per 100 000), followed by Gisborne (128.3 per 100 000).

A total of 269 swabs were sent for testing during June from sentinel surveillance. Two hundred and seventy-six influenza swabs were received by the regional virology laboratories. Of these, 66 were Influenza A and 41 were further subtyped as Influenza A/Moscow/10/99 (H3N2). Fifteen were typed as Influenza B and two were further typed as Influenza B/Hong Kong/330/01. The distribution of sentinel isolates by health district for the month of June is shown in the following table.

*Distribution of sentinel isolates by health district, June 2002*

	NW	CA	SA	WK	BE	GS	HB	TK	MW	WR	WN	HU	NM	CB	SC	OT
A (untyped)	2	2	1											16		4
A (H3N2)	1		1		5	2	1	1	4	10	11		3		1	1
B		1	11	1												
B/Hong Kong/330/01						1						1				
<b>Total</b>	<b>3</b>	<b>3</b>	<b>13</b>	<b>1</b>	<b>5</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>4</b>	<b>10</b>	<b>11</b>	<b>1</b>	<b>3</b>	<b>16</b>	<b>1</b>	<b>5</b>

In addition, a total of 100 influenza isolates were identified from laboratory-based (non-sentinel) surveillance in June. Of these, 91 were Influenza A and eight were further subtyped as Influenza A/Moscow/10/99 (H3N2). Nine were typed as Influenza B and one was further typed as Influenza B/Hong Kong/330/01.

## **Leprosy**

One laboratory confirmed case of leprosy was notified in June from the Central Auckland Health District. The case was a 40 year-old Pacific Island female. No information on risk factors was recorded. In comparison, a total of two cases of leprosy were notified during 2001: a 31-year-old male Pacific Islander from Central Auckland Health District, and a 30-year-old female Pacific Islander from South Auckland Health District.

## **Leptospirosis**

A total of 11 cases of leptospirosis was notified in June 2002, bringing the year to date total to 78.<sup>1</sup> Eight cases in June were reported from Hawkes Bay Health District, while Waikato, South Canterbury and Tauranga health districts reported one case each. Seven of the eight Hawkes Bay cases were reported from Wairoa District territorial authority area. Place of work was not recorded for any of these seven cases.

Occupation was recorded for 10 of the 11 cases. Nine cases worked in the meat processing industry and one was a farmer. It was not known if the remaining case had been exposed to wild or farm animals or to meat products.

Cases ranged in age from 28 to 56 years. Nine cases were male and two were female. Of the ten cases for whom ethnicity was recorded, six were Maori and four were of European ethnicity. There was one hospitalisation among the two cases for whom this information was recorded.

## **Measles**

Two cases of measles were notified during June 2002, bringing the year to date total to 15.<sup>2</sup> The June notifications were a one-month-old European female from Nelson-Marlborough Health District and a one-year-old European male from Otago Health District. No information on risk factors or vaccination status was recorded for either case. Neither case has been laboratory confirmed, although results are awaited for the Otago case. There was one additional laboratory reported case during June 2002,<sup>3</sup> that of a 30-year-old female.

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<sup>1</sup> Note that one further case of leptospirosis has been notified for the month of May, since the last Monthly Surveillance Report was written.

<sup>2</sup> Note that several cases of measles have been de-notified since the May Monthly Surveillance Report was written.

<sup>3</sup> Note that the number of cases laboratory-reported in any given month, is based on the number of specimens received in that given month.

The last measles epidemic began in March 1997. The timing of future measles epidemics is difficult to predict because of a lack of reliable vaccine coverage data and the unknown impact of measles catch-up vaccination campaigns.

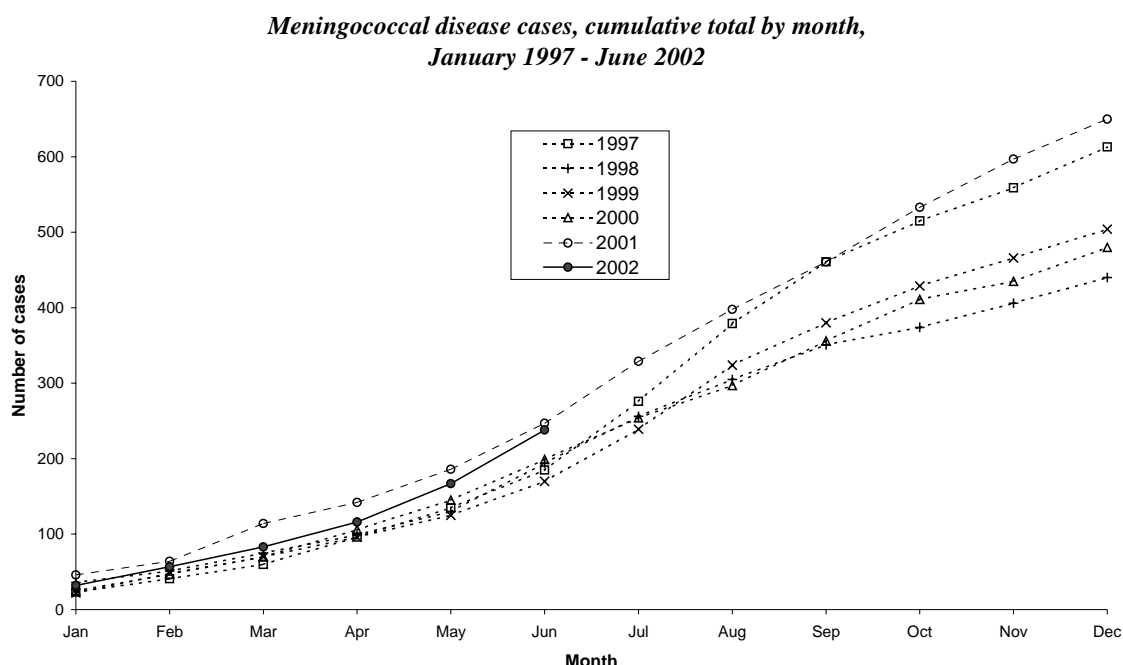
Local public health services should continue efforts to improve measles surveillance by encouraging case notification on suspicion and laboratory investigation of such cases. It is also important to record risk factor information and vaccination status for cases, particularly those that are laboratory confirmed.

## Meningococcal disease

Seventy-one cases of meningococcal disease were notified during June 2002. This is the highest monthly total so far this year and surpasses May 2002 when 51 cases were notified. In comparison, 61 cases were notified in June 2001. However, the 2002 year to date total of 238 cases is less than that recorded for the same period in 2001 (247 cases). Of the 71 cases notified during June this year, 33 had been laboratory confirmed at the time of this report.

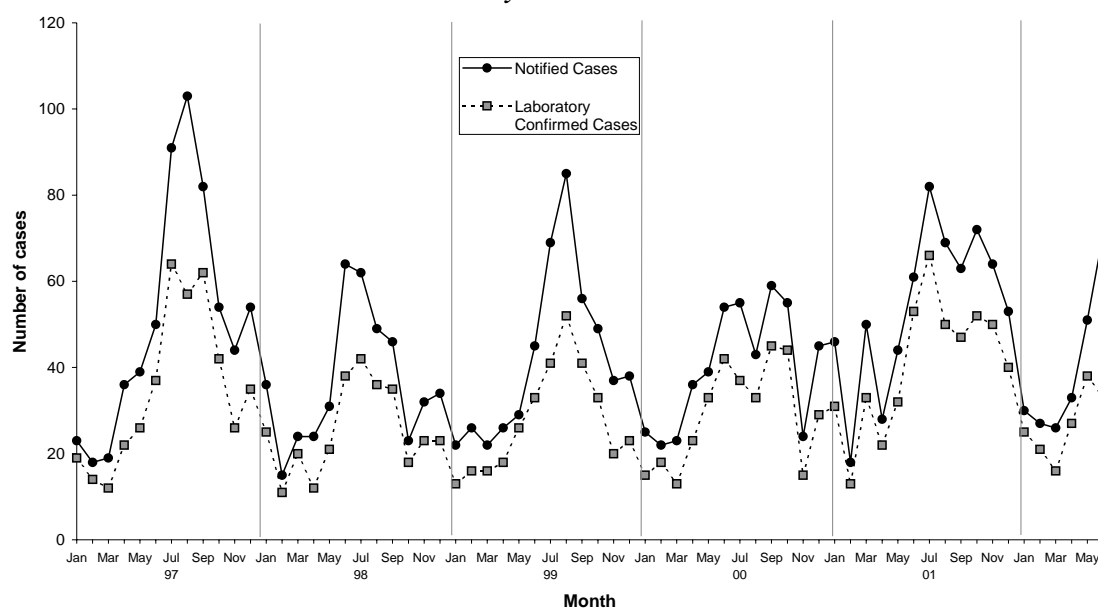
Two of the cases notified this month were fatal: a 16-year-old female from South Auckland and a 69-year-old female from Tauranga health districts. This brings the number of fatal cases this year to eight.

The following graph shows the cumulative number of meningococcal disease cases each month since 1997.



The following graph shows notified and laboratory confirmed meningococcal disease cases by month since January 1997.

***Meningococcal notified and laboratory-confirmed cases by month,  
January 1997 - June 2002***



Note: Meningococcal data in this report is derived using the earliest available data for the case (i.e. onset or hospitalisation date, if available, rather than report date).

## Mumps

Six cases of mumps were notified during June 2002, two of whom have been laboratory confirmed. This brings the year to date total to 31.<sup>1</sup> One case each was reported from North West Auckland, South Auckland, Nelson-Marlborough, Canterbury, Otago, and Southland health districts. One case received the first two doses of the MMR vaccine, three cases received one dose only and two cases were not vaccinated. The vaccinated cases ranged in age between five and ten years.

*Mumps notifications by age, vaccination status, and recorded risk factors,  
June 2002*

Health District	Lab-confirmed	Age	Contact with a case	Overseas during incubation period	Vaccination status	Number of doses of MMR vaccine
South Auckland	Not done	10y	Unknown	No	Yes	1
North West Auckland	Not done	5y	No	No	Yes	2
Nelson-Marlborough	Yes	15y	No	No	No	0
Canterbury	Not done	6y	No	No	Yes	1
Otago	Yes	36y	No	No	No	0
Southland	Not done	5y	Unknown	No	Yes	1

<sup>1</sup> Note that several cases of mumps have been de-notified since the May Monthly Surveillance Report was written.



## Pertussis

During June 2002, 91 cases of pertussis were notified, compared to 70 cases in June 2001. One late notification of pertussis from Rotorua Health District was an infant that had died in October 2001. Of the June 2002 cases, 38.5% (35/91) were either confirmed by isolation of *Bordetella pertussis* or were recorded as having had contact with a confirmed case of the disease. A further 30 cases (33.0%) were recorded as 'probable' cases. Five hospitalisations (or 8.3% of cases for whom this information was recorded) were reported.

Sixty-four cases (or 97.0% of cases for whom ethnicity was recorded) were European. There were also two Maori cases. Cases ranged in age from one month to 72 years. The majority (62.6%) of cases were aged nine years or less. The following table shows the number of doses of pertussis vaccine given to June 2002 cases in each relevant age group.

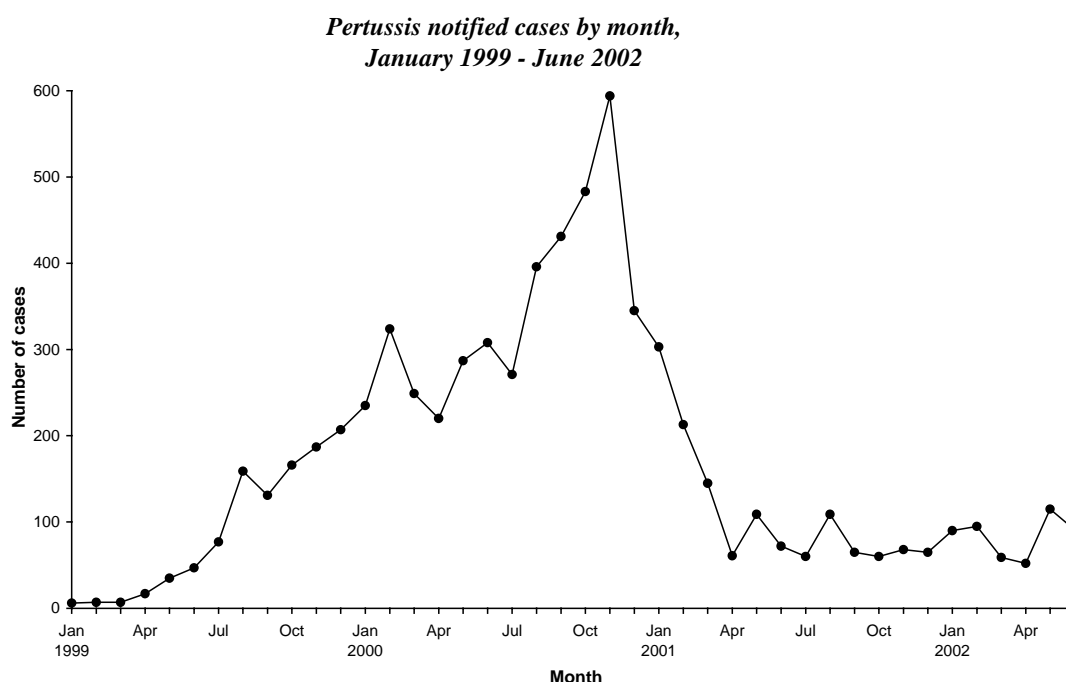
*Age group of pertussis notifications and vaccination received, June 2002*

Age group	Total Cases	Vaccination status						
		One dose	Two doses	Three doses	Four doses	Vaccinated (no dose info)	Not vaccinated	Unknown status
0-5 weeks	2	(0)	(0)	(0)	(0)	0	1	1
6 wks-2 mths	1	1	(0)	(0)	(0)	0	0	0
3-4 months	0	0	0	(0)	(0)	0	0	0
5-14 months	5	1	0	1	(0)	0	1	2
15 mths-4 yrs	17	0	0	0	7	1	3	6
5+ years	66	1	1	13	20	8	1	22
<b>Total</b>	<b>91</b>	<b>3</b>	<b>1</b>	<b>14</b>	<b>27</b>	<b>9</b>	<b>6</b>	<b>31</b>

<sup>1</sup> Bracketed numbers indicate cases ineligible for vaccination

A total of 6975 cases of pertussis have been notified since the current epidemic began in June 1999. Of these, 3263 (46.8%) cases have been laboratory confirmed by isolation and a further 13.3% were epidemiologically linked to a confirmed case. There have been 521 hospitalisations (8.1% of cases for whom this information was recorded) and two deaths reported.

The following graph shows the number of cases of pertussis notified nationally each month since January 1999.



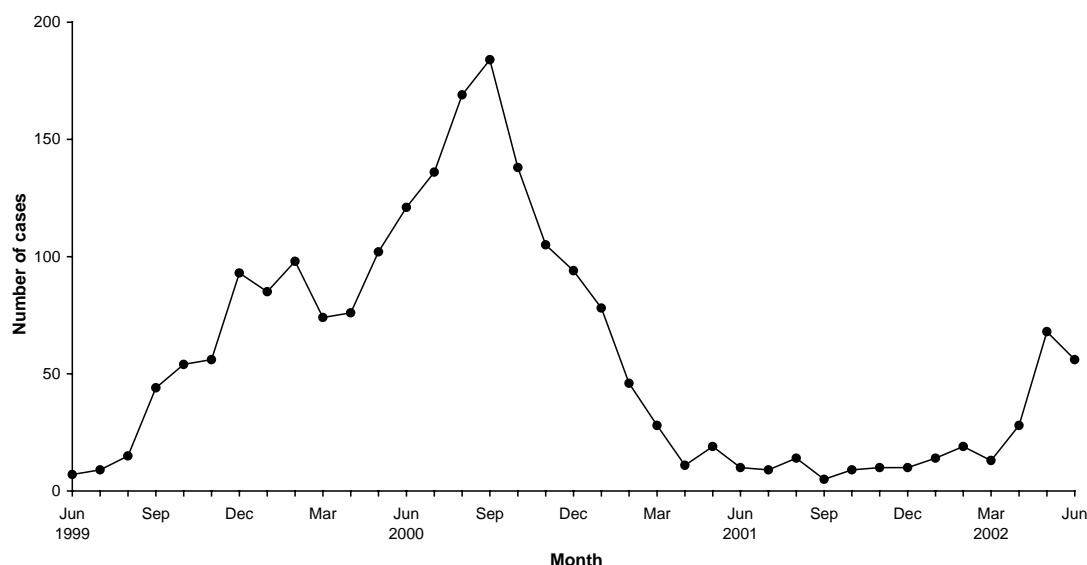
Incidence is still well above the inter-epidemic level of about 15 cases a month. June notifications were highest in South Canterbury (24 cases), West Coast (18) and Canterbury (14) health districts.<sup>1</sup> Twenty-three of the South Canterbury cases were reported from the Timaru District territorial authority area, and one case was from Ashburton District territorial authority area. The Canterbury cases came from Christchurch City (7 cases), Waimakariri District (4), Selwyn District (2) and Kaikoura District (1) territorial authority areas. Seventeen West Coast cases were reported from the Grey District territorial authority area, and one case was from Westland District territorial authority area.

There were no outbreaks of pertussis reported in June.

The following graph shows the combined number of monthly notifications from South Canterbury, Canterbury and West Coast health districts, since the epidemic began in June 1999.

<sup>1</sup> Since June 1999, the greatest number of notifications has been from Canterbury Health District (23% of all notifications); followed by Nelson-Marlborough and Waikato health districts, each accounting for 12% of notifications.

*Pertussis notifications from Canterbury, South Canterbury and West Coast  
by month, June 1999 - June 2002*



## Rickettsial disease

One laboratory-confirmed case of rickettsial disease<sup>1</sup> was reported from North West Auckland Health District in June 2002. The case was a 48 year-old European male reported to be living on a rural property with confirmed rat infestation. This is the second confirmed case of rickettsial disease this year. All but one of the seven cases notified since January 2001 have been from North West Auckland Health District.

## Rubella

Five cases of rubella were notified during June 2002, bringing the year to date total to 23. Two cases in June were reported from Hawkes Bay Health District, and one case each was reported from North West Auckland, Tauranga, and Nelson-Marlborough health districts. The cases ranged in age from 15 months to 19 years. A total of three cases attended school or pre-school. There was one additional laboratory-reported<sup>2</sup> case of rubella during June 2002, that of a 21 year-old female.

The table below illustrates the associated risk factors for notified cases.

<sup>1</sup> Notified as murine typhus.

<sup>2</sup> Laboratory reporting of cases is based on specimen date as opposed to notification date.

*Rubella notifications by age, immunisation status, and recorded risk factors,  
June 2002*

Health District	Lab-confirmed	Age	Contact with a case	Overseas during incubation period	Vaccination status	Number of doses of MMR vaccine
North West Auckland	Awaiting results	7y	Unknown	No	Yes	1
Tauranga	Not done	15m	No	No	Yes	1
Hawkes Bay	Not done	1y	Unknown	No	No	0
Hawkes Bay	No	3y	Unknown	No	Yes	1
Nelson-Marlborough	Awaiting results	19y	Yes	No	No	0

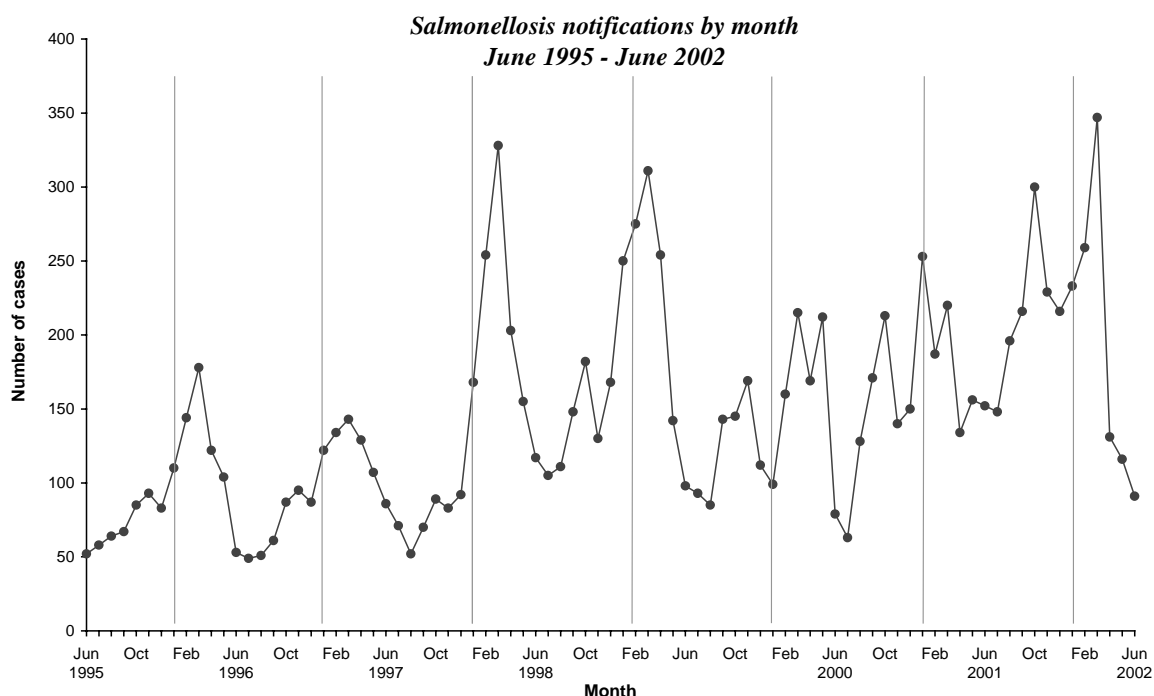
## **Salmonellosis**

A total of 91 cases of Salmonella was notified in June 2002. In comparison, 115 cases were notified in May 2002, and 152 cases in June 2001. There were six hospitalisations in June (10.2% of cases for whom this information was recorded). Information on risk factors was infrequently recorded.

Relative to the size of the population, incidence in June was greatest in Southland Health District with seven cases, and Waikato Health District with thirteen cases. Annual rates of disease for the 12-month period ending June 2002 were highest in Nelson-Marlborough (155.3 cases per 100 000) and South Canterbury (116.5 per 100 000) health districts.

Four completed reports from salmonellosis outbreaks were received in June: three from the combined Auckland health districts and one from Manawatu Health District. The reports related to outbreaks occurring between December 2001 and June 2002. See the 'Outbreak' section of this report for details.

The following graph shows the number of Salmonellosis notifications each month for the past twelve-month period.



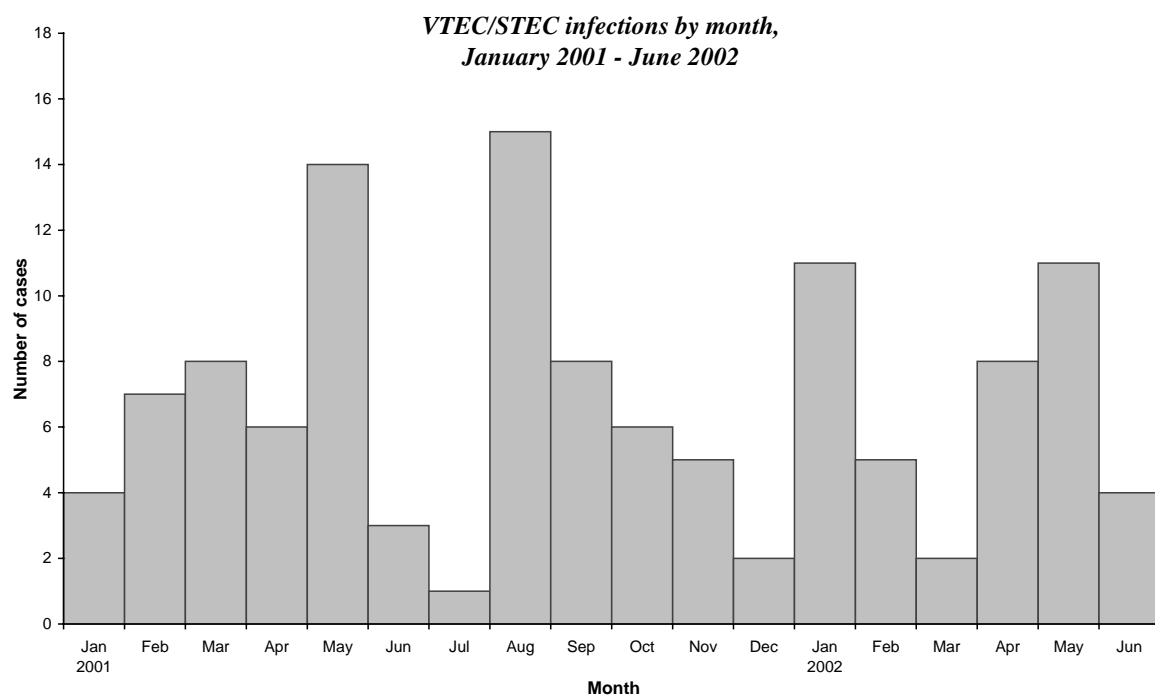
The ESR Enteric Reference Laboratory (ERL) identified 92 human cases from *Salmonella* isolates received during June 2002. The predominant type identified was *S. Typhimurium* 160 (STM 160) with 16 cases. The number of STM 160 cases in June 2002 is similar to that observed in May (17 cases), however the contribution of STM 160 to the total *Salmonella* burden has increased from 12.7% in May to 17.6% in June. The incidence of STM 160 peaked at 126 cases in November 2001, 46.8% of the total number of isolates received in that month.

## VTEC/STEC Infection

Four cases of VTEC/STEC infection were notified in June. This is in contrast to the 11 cases notified in May, two of whom (from Northland and Taranaki) were complicated by haemolytic uraemic syndrome (HUS). The Northland case was a female aged 3 years and the Taranaki case was a male aged 2 years.

All four of the June cases were reported from Waikato Health District. Two of the cases were males, aged 9 months and 1 year, and the two female cases were aged 3 years and 25 years. Three of the four cases were recorded to have had contact with animals (pets and farm animals).

The following graph shows VTEC/STEC notifications by month since January 2001.



### 3. Deaths from notifiable diseases (excluding AIDS and CJD)

Six deaths from notifiable diseases were reported between 4<sup>th</sup> June and 8<sup>th</sup> July 2002. Note, that as a death may be reported some time after the case is originally notified, deaths reported in a given time period do not necessarily correspond to cases notified in the same time period.

Disease	No. of deaths reported 4 <sup>th</sup> June – 8 <sup>th</sup> July 2002	Cumulative no. of deaths reported in 2002
Campylobacteriosis	0	1
<i>Haemophilus influenzae b</i> (Hib)	0	1
Pertussis	1 <sup>1</sup>	1
Legionellosis	1 <sup>2</sup>	2
Listeriosis	1 <sup>3</sup>	1
Meningococcal disease	2	8
Tuberculosis disease	1	2
<b>Total</b>	<b>6</b>	<b>16</b>

<sup>1</sup> The pertussis death occurred in October 2001 although the case was not notified until June 2002.

<sup>2</sup> The recently reported legionellosis death occurred in May 2002 when the case was notified.

<sup>3</sup> The recently reported listeriosis death was perinatal and occurred in April 2002 when the case was notified.

<sup>4</sup> Only deaths occurring prior to 30<sup>th</sup> June 2002 have been notified.

#### 4. Outbreaks

Outbreaks, for which ESR received sufficient information to report on during June 2002, are summarised in the table below and individually listed in the following pages.

*Summary of June 2002 recorded outbreaks:*

Organism/Toxin/Illness	Number of outbreaks	Total number of cases
<i>Bacillus cereus</i>	2	16
<i>Campylobacter</i>	3	9
<i>Clostridium perfringens</i>	1	2
Gastroenteritis	5	13
Hepatitis A virus	1	27
<i>Leptospira pomona</i>	1	3
Norwalk-like virus	4	104
<i>Salmonella</i>	4	12
<b>Total</b>	<b>21</b>	<b>186</b>

An additional 18 preliminary outbreak reports were received during June 2002 from Auckland (campylobacter, gastroenteritis and *shigella*), Tauranga (norwalk-like virus), Hawkes Bay (hepatitis A) and Canterbury (norwalk-like virus) health districts. These outbreaks will be reported in the monthly table, when further information has become available.

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The following people contributed to this report: Liza Lopez, Michael Eglinton, Rebecca McDowell, Trev Margolin, Liz Sneyd, and Craig Thornley.

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### Completed outbreak reports received by ESR during June 2002:

Suspected pathogen/ toxin/illness	Public Health Service	Month of OB	Duration of OB (days)	Cases			Est. no. exposed	Setting	Suspected mode of transmission	Probable factors contributing to OB
				Lab Conf	Oth Conf	Prob.				
<i>Bacillus cereus</i>	Wellington	May02	2	1	0	3	N/A	Restaurant / cafe	Foodborne (chinese meal)	Unknown
<i>Bacillus cereus</i>	Wellington	Jun02	1	4	2	6	7	Takeaways	Foodborne (fish & chips)	Unknown
<i>Campylobacter</i>	Auckland	Apr02	2	1	0	1	4	Restaurant / cafe	Foodborne (chicken salad)	Cross contamination
<i>Campylobacter</i>	Auckland	Apr02-May02	16	1	0	2	8	Home	Unknown	Unknown
<i>Campylobacter jejuni</i>	Rotorua	Jan02-Mar02	46	4	0	0	Unk	Restaurant / cafe	Zoonotic (sparrows on tables)	Exposure to infected animals or animal products
<i>Clostridium perfringens</i>	Auckland	Nov01	1	2	0	0	2	Restaurant / cafe	Foodborne (hot roast pork sandwich)	Inadequate cooling or refrigeration; improper hot holding

# Outbreaks cont.

Suspected pathogen/ toxin/illness	Public Health Service	Month of OB	Duration of OB (days)	Lab Conf	Cases Oth Conf	Prob.	Est. no. exposed	Setting	Suspected mode of transmission	Probable factors contributing to OB
Gastroenteritis	Auckland	Mar02	2	0	0	4	4	Home	Unknown	Unknown
Gastroenteritis	Auckland	Apr02	2	0	0	2	9	Unknown	Unknown	Unknown
Gastroenteritis	Auckland	Apr02	1	0	0	2	2	Home	Unknown	Unknown
Gastroenteritis	Auckland	May02	3	0	0	2	2	Home	Person to person	Exposure to infected people
Gastroenteritis	Auckland	May02	2	0	0	3	3	Home; supermarket / delicatessen	Foodborne (sugar tainted by washing powder)	Cross contamination
Hepatitis A	National	Jan02-Apr02	94	27	0	0	N/A	Unknown	Foodborne (raw blueberries)	Consumption of raw food
<i>Leptospira pomona</i>	Nelson	Feb02-Mar02	26	3	0	0	Unk	Abattoir	Zoonotic	Unknown
Norwalk-like virus	Auckland	May02	1	1	0	3	4	Home; takeaways	Foodborne (fish & chip meal); person to person	Exposure to infected people

**Outbreaks cont.**

Suspected pathogen/ toxin/illness	Public Health Service	Month of OB	Duration of OB (days)	Lab Conf	Cases Oth Conf	Prob.	Est. no. exposed	Setting	Suspected mode of transmission	Probable factors contributing to OB
Norwalk-like virus	Manawatu	May02-Jun02	15	5	0	25	125	Rest home	Person to person	Exposure to infected people; warm environment; lack of ventilation
Norwalk-like virus	Wellington	Apr02	3	2	0	65	Unk	Camp	Person to person	Sharing cabins / toilet facilities / staff helpers cleaning soiled cabins /linen
Norwalk-like virus	Canterbury	May02	1	1	0	2	3	Restaurant / cafe	Unknown	Unknown
<i>Salmonella</i>	Auckland	Dec01	3	1	0	4	7	Home	Foodborne (turkey)	Undercooking
<i>Salmonella</i>	Auckland	Mar02	2	1	0	1	3	Home; supermarket / delicatessen	Foodborne (mussels)	Unknown
<i>Salmonella</i>	Auckland	May02	3	2	0	0	Unk	Home	Person to person	Exposure to infected people
<i>Salmonella</i>	Manawatu	Jun02	2	1	0	2	4	Home; restaurant / cafe	Foodborne	Unknown

## 5. National surveillance data and trends

### 5.1 Disease incidence and rates

Disease <sup>1,2</sup>	Current year - 2002 <sup>3</sup>			Previous year - 2001		
	Jun 2002 cases	Cumulative total since 1 January	Current rate <sup>3</sup>	Jun 2001 cases	Cumulative total since 1 January	Previous rate <sup>3</sup>
AIDS	1	10	0.6	0	12	0.6
Campylobacteriosis	824	5713	318.0	452	3975	215.8
Cholera	0	1	0.1	0	0	0
Cryptosporidiosis	29	189	23.4	60	521	31.1
Dengue fever	7	39	3.4	3	5	0.3
Gastroenteritis <sup>5</sup>	143	505	28.6	69	379	20.3
Giardiasis	129	854	43.7	144	823	42.9
<i>H. influenzae</i> type b disease	1	3	0.2	3	7	0.4
Hepatitis A	8	89	3.2	4	29	2.6
Hepatitis B (acute) <sup>6</sup>	6	35	1.6	4	33	1.9
Hepatitis C (acute) <sup>6</sup>	5	27	1.6	3	26	1.8
Hydatid disease	0	0	0.1	1	2	0.1
Influenza <sup>7</sup>	151	206	17.4	190	220	12.2
Lead absorption	7	48	2.8	10	72	3.7
Legionellosis <sup>7</sup>	5	23	1.1	4	40	2.2
Leprosy	1	1	0.1	0	2	0.2
Leptospirosis	11	78	3.5	10	52	2.7
Listeriosis	0	7	0.5	0	7	0.4
Malaria	4	37	1.5	5	34	3.0
Measles	2	15	1.8	9	30	1.5
Meningococcal disease <sup>8</sup>	73	239	17.2	57	243	14.1
Mumps	6	31	1.6	6	26	1.3
Paratyphoid	2	9	0.7	3	14	0.9
Pertussis	91	500	24.7	70	909	91.8
Rheumatic fever	2	43	2.4	10	71	4.8
Rickettsial disease	1	2	0.2	0	0	0.1
Rubella	5	23	1.0	2	14	0.9
Salmonellosis	91	1173	66.3	152	1112	52.9
Shigellosis	10	67	3.5	13	94	3.9
Tetanus	0	1	0.1	1	3	0.1
Tuberculosis	26	169	9.6	29	188	9.9
Typhoid	1	17	0.7	1	16	0.7
VTEC / STEC infection	4	41	2.0	4	42	1.9
Yersiniosis	31	263	12.9	22	209	10.2

**Notes:** <sup>1</sup> Creutzfeldt-Jacob disease (notifiable since 1 June 1996) will now be reported annually, as opposed to monthly.

<sup>2</sup> Other notifiable infectious diseases reported in June: Diphtheria

<sup>3</sup> These data are provisional

<sup>4</sup> Rate is based on the cumulative total for the current year (12 months up to and including June 2002) or the previous year (12 months up to and including June 2001), expressed as cases per 100 000

<sup>5</sup> Cases of gastroenteritis from a common source or foodborne intoxication eg, staphylococcal intoxication or toxic shellfish poisoning

<sup>6</sup> Only acute cases of this disease are currently notifiable

<sup>7</sup> Surveillance data based on laboratory-reported cases only

<sup>8</sup> These totals and rates are based on the EpiSurv report date as opposed to the earliest available date used in the meningococcal disease section

## 5.2. Monthly totals for June 2002 and preceding 12 months<sup>1</sup>

Disease	June 2002	May 2002	Apr 2002	Mar 2002	Feb 2002	Jan 2002	Dec 2001	Nov 2001	Oct 2001	Sep 2001	Aug 2001	Jul 2001	Jun 2001
AIDS	1	1	3	1	3	1	4	1	2	1	3	3	0
Campylobacteriosis	824	674	547	940	1183	1545	1491	1436	1113	809	786	537	452
Cholera	0	0	1	0	0	0	0	0	1	0	2	0	0
Cryptosporidiosis	29	42	17	24	39	38	44	101	240	188	83	30	60
Dengue fever	7	18	6	3	3	2	1	8	15	8	35	21	3
Gastroenteritis <sup>2</sup>	143	64	72	102	62	62	72	71	100	99	92	129	69
Giardiasis	129	167	132	151	145	130	118	142	135	125	139	122	144
Haemophilus influenzae type b	1	2	0	0	0	0	0	1	0	0	2	1	3
Hepatitis A	8	9	18	28	17	9	6	7	4	1	10	4	4
Hepatitis B (acute) <sup>3</sup>	6	8	5	3	5	8	2	5	6	1	6	3	4
Hepatitis C (acute) <sup>3</sup>	5	6	4	8	2	2	5	4	4	6	7	7	3
Hydatid disease	0	0	0	0	0	0	0	0	3	1	0	1	1
Influenza <sup>4</sup>	151	30	16	3	3	3	1	1	19	49	172	204	190
Lead absorption	7	14	4	7	9	7	7	11	4	10	10	16	10
Legionellosis <sup>4</sup>	5	4	3	4	0	7	5	3	3	0	2	4	4
Leprosy	1	0	0	0	0	0	0	0	0	0	0	1	0
Leptospirosis	11	16	14	8	18	11	10	12	5	2	14	10	10
Listeriosis	0	0	1	2	2	2	1	3	1	3	2	1	0
Malaria	4	6	6	3	8	10	5	4	2	3	3	3	5
Measles	2	2	2	3	4	2	6	10	19	6	9	3	9
Meningococcal disease <sup>5</sup>	73	49	33	28	25	31	57	66	65	68	66	83	57
Mumps	6	7	4	5	6	3	2	1	3	8	9	7	6
Paratyphoid	2	3	1	3	0	0	1	3	4	2	7	1	3
Pertussis	91	115	52	58	95	89	65	68	58	65	107	62	70
Rheumatic Fever	2	3	1	5	16	16	4	3	1	7	12	19	10
Rickettsial disease	1	1	0	0	0	0	0	0	2	0	2	1	0
Rubella	5	8	6	1	1	2	3	1	0	2	4	6	2
Salmonellosis	91	115	129	346	259	233	216	229	300	216	196	148	152
Shigellosis	10	13	12	10	11	11	5	6	10	16	8	18	13
Tetanus	0	1	0	0	0	0	1	0	0	0	0	0	1
Tuberculosis	26	27	27	25	28	36	42	29	36	28	25	29	29
Typhoid	1	3	2	6	4	1	4	3	0	2	0	2	1
VTEC/STEC infection	4	11	8	2	5	11	1	4	7	7	14	1	4
Yersiniosis	31	42	33	42	44	71	38	34	59	28	35	26	22

**Notes:** <sup>1</sup> Creutzfeldt-Jacob disease (notifiable since 1 June 1996) will now be reported annually, as opposed to monthly.

<sup>2</sup> Cases of gastroenteritis from a common source or foodborne intoxication eg, staphylococcal intoxication or toxic shellfish poisoning

<sup>3</sup> Only acute cases of this disease are currently notifiable

<sup>4</sup> Surveillance data based on laboratory-reported cases only

<sup>5</sup> These totals and rates are based on the EpiSurv report date as opposed to the earliest available date used in the meningococcal disease section

# Surveillance data by health district - June 2002

Cases this month

Current rate<sup>1</sup>

Disease	Cases for June 2002, <sup>2</sup> and current rate <sup>1,2</sup> by health district <sup>3,4</sup>																								
	Northland	NW Auck	Central Auck	South Auck	Waikato	Tauranga	Eastern BoP	Gisborne	Rotorua	Taupo	Taranaki	Ruapehu	Hawkes Bay	Wanganui	Manawatu	Wairarapa	Wellington	Hutt	Nelson-Marl	West Coast	Canterbury	South Cant	Otago	Southland	
AIDS <sup>5</sup>	0	0			0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	0	0			0.3	0.8	0	0	1.6	0	0	0	0	0	0	0	4.9		0	0	0.5	0	0	0	
Campylobacteriosis	31	164	151	110	69	25	1	4	9	4	13	1	9	4	8	0	55	26	8	7	47	21	34	23	
	206.9	374.4	372.2	267.1	364.2	281.1	171.2	191.2	263.6	361.8	326.7	126.0	309.3	250.0	219.5	264.0	457.2	383.0	146.3	257.1	316.7	395.4	298.0	285.1	
Cholera	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	0	0.5	0.3	0.3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Cryptosporidiosis	0	2	1	0	0	1	0	0	0	0	0	0	1	0	0	0	11	4	2	0	5	0	0	2	
	17.1	9.1	4.9	9.9	55.7	20.9	14.3	9.1	34.1	53.9	18.4	14.0	37.6	30.8	32.6	18.3	24.8	12.1	11.4	36.3	15.9	65.3	42.7	64.8	
Dengue fever	0	0	2	1	1	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	
	2.9	4.9	8.2	5.1	2.3	2.3	2.0	0	1.6	12.7	1.0	0	0	1.7	4.1	0	2.0	6.1	0.8	0	2.5	1.3	1.2	1.9	
Gastroenteritis	0	9	7	4	0	0	0	0	0	0	0	0	0	1	30	0	6	1	0	0	81	1	0	3	
	3.6	21.4	31.8	10.7	5.5	3.1	8.2	63.7	18.6	34.9	22.3	0	8.4	20.6	34.7	20.9	30.0	25.0	22.1	16.5	100.8	1.3	43.3	12.0	
Giardiasis	2	9	24	11	17	5	0	1	1	3	0	0	13	5	1	0	9	9	1	1	9	0	6	2	
	22.1	47.0	62.8	41.8	49.9	47.2	22.4	66.0	35.7	47.6	16.5	21.0	91.9	41.1	30.6	31.4	53.2	44.0	43.3	52.7	34.9	28.2	28.3	15.7	
H. influenzae type b disease	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	0	0.2	0	0	0	0	0	0	0	0	1.0	0	1.4	0	0	0	0.4	0	0	0	0.5	0	0	0	
Hepatitis A	1	1	3	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	1	0	0	0	0	0	
	1.4	4.0	7.9	7.5	5.8	0	0	4.6	1.6	3.2	0	0	2.8	0	0.7	2.6	2.0	5.3	1.6	0	0.5	0	0	0.9	
Hepatitis B	0	0	2	1	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	
	0.7	1.2	3.0	1.1	1.9	2.3	0	4.6	0	3.2	0	0	2.8	0	1.4	0	2.0	0	1.6	0	2.2	0	1.8	0	
Hepatitis C	0	0	0	0	0	2	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	2	0	0	
	0.7	0.2	0.5	0.8	0.3	14.7	2.0	0.0	7.8	9.5	0.0	0.0	0.7	0.0	0.0	0.0	3.5	2.3	0.0	6.6	1.2	2.6	0.6	0.9	
Hydatids disease	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	0.7	0.2	0	0	0	0	0	2.3	0	0	0	0	0	0	0	0	0.4	0	0	0	0.2	0	0	0	
Lead absorption	0	0	0	0	2	0	0	1	0	0	0	0	0	0	1	0	1	1	0	0	0	0	1	0	
	3.6	1.2	2.2	0.5	5.2	3.1	2.0	9.1	3.1	0	3.9	7.0	1.4	1.7	5.4	2.6	0.4	0.8	2.5	0	3.5	9.0	7.8	2.8	
Legionellosis <sup>6</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	4	0	0	0	
	2.1	0.5	0.5	0.5	1.6	0	0	0	0	6.3	0	0	0.7	1.7	0	2.6	1.2	2.3	1.6	0	2.5	2.6	0.6	0	
Leprosy	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	0	0	0.5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Leptospirosis	0	0	0	0	1	1	0	0	0	0	0	0	8	0	0	0	0	0	0	0	0	1	0	0	
	9.3	1.9	0	0.3	5.8	5.4	2.0	15.9	1.6	0	1.9	14.0	20.2	1.7	6.8	2.6	0.8	0	4.9	6.6	1.2	14.1	1.8	0.9	
Listeriosis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	0.7	0.5	0.5	0.3	0.3	1.5	0	2.3	0	0	1.0	0	0	0	0	0	0.4	0.8	0	0	0.5	1.3	1.2	0	
Malaria	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	
	0.7	0.7	0.8	0.8	1.9	1.5	0	0	3.1	3.2	1.0	14.0	0.7	0	7.5	0	0.4	0.8	2.5	0	2.5	2.6	2.4	0	
Measles	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	
	1.4	0.2	0.8	1.3	0.6	5.4	0	4.6	0	0	1.9	0	2.8	0	0.7	0	2.4	0	6.5	3.3	2.7	1.3	2.4	7.4	
Meningococcal disease <sup>6</sup>	4	8	8	19	2	4	2	1	1	1	0	0	6	1	3	1	2	0	0	1	3	0	4	2	
	25.7	10.5	19.0	30.6	19.4	20.9	34.7	18.2	48.1	38.1	10.7	7.0	18.8	8.6	16.3	28.7	8.3	13.7	4.9	3.3	5.7	5.1	35.5	11.1	
Mumps	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	1	1	
	2.9	1.4	0.8	1.3	0.3	0.8	4.1	0	1.6	0	0	0	2.1	1.7	0	0	1.6	2.3	3.3	3.3	2.0	0	6.0	3.7	
Paratyphoid	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	
	0	0.9	1.4	1.3	0.6	0.8	0	0	0	0	1.0	0	1.4	0	0	0	1.2	0.8	0.8	0	0.2	1.3	0	0	
Pertussis	0	3	2	2	6	0	0	0	0	1	0	0	1	2	1	0	4	2	6	18	14	24	0	5	
	10.7	15.4	10.3	9.3	41.8	9.3	2.0	6.8	4.7	9.5	6.8	21.0	9.8	10.3	7.5	5.2	26.8	35.6	125.0	187.9	31.4	97.3	4.8	38.9	
Rheumatic fever	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	6.4	0.7	3.8	9.6	2.6	3.1	8.2	4.6	0	3.2	1.0	7.0	1.4	1.7	0	2.6	0.4	0	0	0	0.2	0	0	0	
Rickettsial disease	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	0	1.2	0.3	0	0.3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Rubella	0	1	0	0	0	1	0	0	0	0	0	0	2	0	0	0	0	0	1	0	0	0	0	0	
	0.7	0.5	0.3	0.5	0	0.8	0	0	0	0	1.0	0	9.8	0	0	2.6	1.6	0.8	2.5	3.3	1.5	0	0	0.9	
Salmonellosis	4	8	8	8	13	1	0	1	0	0	4	0	2	1	6	0	4	2	2	0	12	3	5	7	
	54.2	47.2	57.9	48.5	59.0	44.9	63.2	66.0	65.1	92.0	60.1	35.0	97.5	71.9	58.4	73.2	67.0	53.8	154.4	95.6	63.2	116.5	99.3	93.5	
Shigellosis	0	1	3	1	0	0	0	0	0	0	1	0	0	0	0	0	3	0	0	0	1	0	0	0	
	0.7	5.6	7.6	7.5	1.0	1.																			

1 Current rate is based on the cumulative total for the 12 months up to and including June 2002 expressed as cases per 100 000

2 These data are provisional

3 AIDS data is reported for the greater Auckland and Wellington areas, rather than by health