
MONTHLY SURVEILLANCE REPORT

This monthly report contains data and commentary on disease trends and events up to and including the end of January 2003 (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 4 February 2003. As this information may be updated over time, the results should be regarded as provisional only.

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1. Major surveillance issues

- *Brucellosis*: One case of brucellosis, due to recurrence of an earlier infection, was notified in January 2003.
- *Campylobacteriosis*: 1783 cases of campylobacteriosis were notified in January – the highest monthly total recorded in the past 9 years. Elevated rates of disease were experienced by Wellington, Taupo, Tauranga, Hutt and Rotorua health districts.
- *Cholera*: One laboratory-confirmed case of cholera was notified, following recent travel to Thailand.
- *Dengue fever*: 8 dengue fever notifications were received in January. Seven cases were linked to overseas travel – Fiji (4 cases), Thailand (2 cases) and India (1 case).
- *Haemophilus influenzae type b disease*: two cases of *Haemophilus influenzae* type b disease were notified in January. One case was an infant who had received the first dose of vaccine.
- *Leptospirosis*: 16 cases of leptospirosis were notified in January, eight of whom worked in the meat processing industry.
- *Meningococcal disease*: 34 cases were reported in January 2003, compared to 29 cases during December 2002.
- *Pertussis*: 65 cases were notified during January, of whom 23 were from Nelson-Marlborough Health District.
- *Ross River virus*: During January one laboratory-confirmed case of Ross River virus was notified in a visitor to New Zealand from Australia.
- *Salmonellosis*: 158 notifications were received in January 2003 – the highest monthly total since March 2002.

2. Key disease trends

Brucellosis

One case of brucellosis was notified in January 2003. The case, a 52-year-old dairy farmer from Eastern Bay of Plenty Health District, was experiencing a recurrence of an earlier infection due to past exposure on the Isle of Man.

Campylobacteriosis

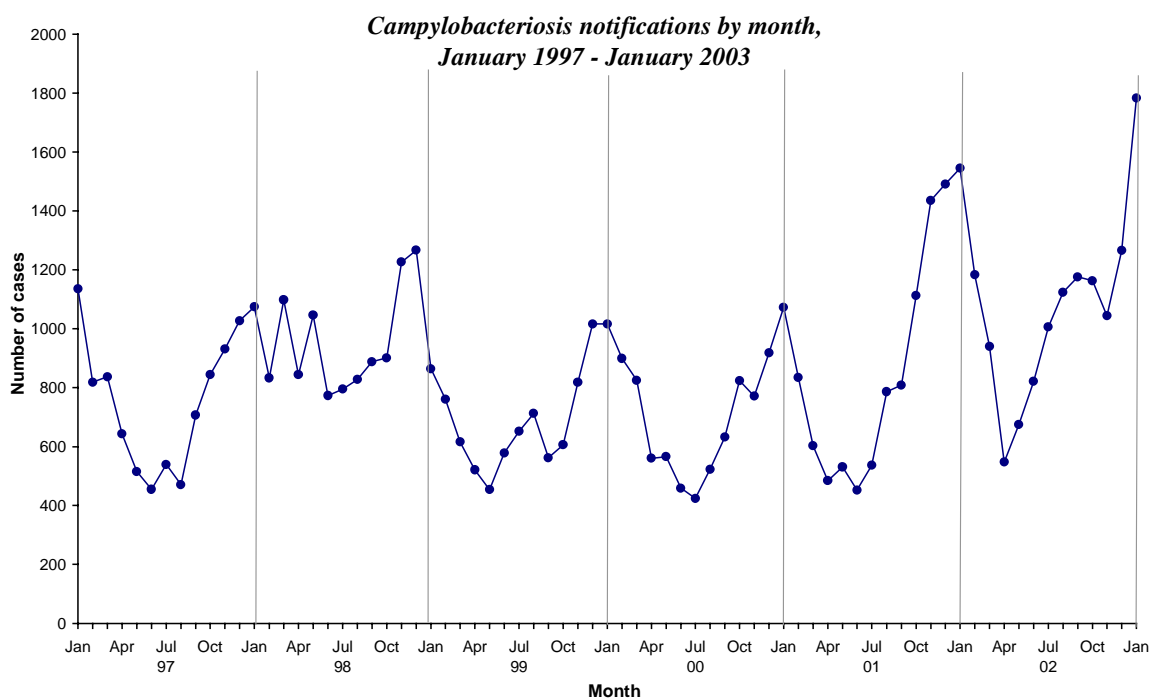
There were 1783 cases of campylobacteriosis notified during January 2003 of whom 1623 (91.0%) were confirmed. This is the highest monthly total recorded in the past nine years. Although January is typically a high incidence month, the 41% increase in notifications from December 2002 (1266 cases) to January 2003 was particularly high.

Incidence rates in January 2003 were highest in the '20 to 29 years' age group with a monthly rate of 70.3 per 100 000 population (314 cases), and next highest in the '1 to 4 years' age group with a monthly rate of 56.0 cases per 100 000 (121 cases). This compared to an overall monthly rate of 47.7 per 100 000. In comparison, annual rates for 2002 were highest in the '1 to 4 years' age group and next highest in the '20-29 years' age group. Approximately 89% of January cases (for whom ethnicity was recorded) were of European ethnicity. The male to female ratio was 1.2:1. There were 57 hospitalisations (6.7% of cases for whom this information was recorded).

Among all health districts, the incidence rate in January was highest in Wellington Health District with a monthly rate of 104.1 per 100 000 (264 cases) - over twice the national rate. Monthly rates were next highest in Taupo, Tauranga, Hutt and Rotorua health districts with rates between 65 and 70 cases per 100 000 population. Of the 24 health districts, 22 reported more cases during January 2003 than the previous month. In absolute numbers, Wellington's notifications rose the most - from 142 cases in December to 264 cases in January. However the neighbouring health districts of Rotorua and Tauranga experienced the largest relative monthly increase: Rotorua's notifications rose from 14 in December 2002 to 42 cases in January 2003, and Tauranga's rose from 23 to 90 cases over the same time period. During both 2002 and 2001 the crude annual rate of campylobacteriosis was highest in the Wellington Health District, whereas during both 1999 and 2000 it was highest in South Canterbury Health District¹.

The following graph shows campylobacteriosis notifications each month since January 1997.

¹ In 2002, age adjusted rates were highest in South Canterbury Health District. In 2001, they were highest in Wellington Health District



Risk factor information was infrequently recorded on the case report forms, with only 19% (341/1783) of notifications in January including information on human contact and only 21% (377/1783) including information on contact with farm animals. Of these, 13% (45/341) had a history of contact with other symptomatic people, and 19% (73/377) reported exposure to farm animals. Of the 343 cases for whom this information was recorded, 68% (234 cases) consumed food at a food premise during the incubation period. In comparison, 54% of cases notified during 2002 reported 'eating out' during the incubation period.

At the time of this report, 1241 notifications for the month of February 2003 had been received. These included 207 cases from Canterbury Health District alone.

Cholera

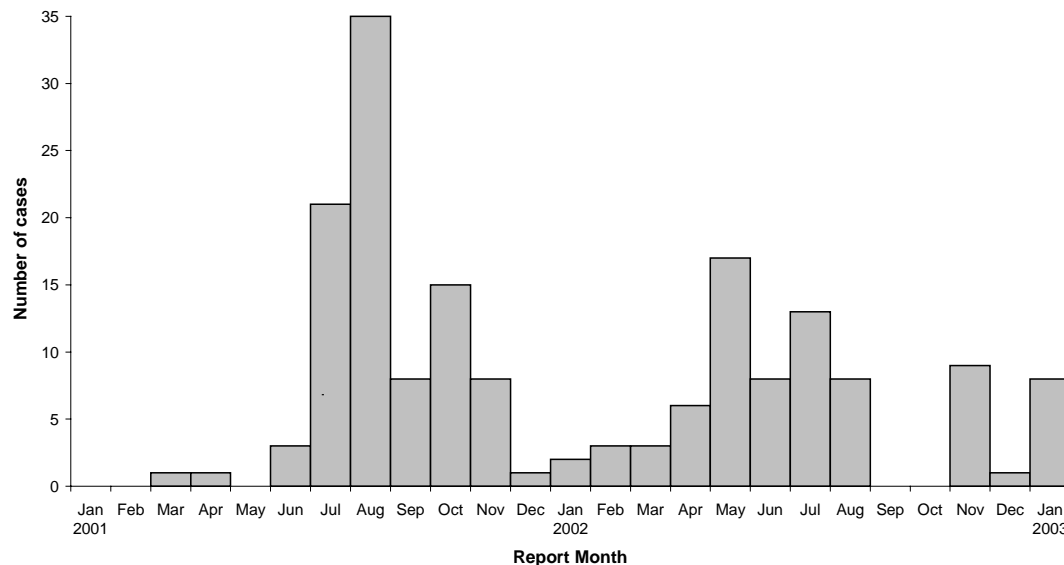
One laboratory-confirmed case of cholera was notified in January 2003. The case, a 50-year-old male, had been in Thailand during the incubation period for the disease. This is the second imported case of cholera notified since the beginning of 2002.

Dengue

Eight laboratory-confirmed cases of dengue fever were notified in January 2003. All seven cases for whom travel information was recorded had been overseas during the incubation period: four cases had been in Fiji, two in Thailand and one in India. The cases ranged in age from 16 to 41 years. Four cases were male and four were female. Of the six cases for whom hospitalisation status was recorded, four cases were hospitalised.

The following graph shows the number of monthly dengue notifications for the past two years.

*Dengue fever notifications by month,
January 2001 - January 2003*



At the time of this report, six dengue fever notifications for the month of February 2003 had been received.

***Haemophilus influenzae* type b disease**

Two laboratory-confirmed cases of *Haemophilus influenzae* type b (Hib) disease were notified in January 2003: a 70-year-old female from Tauranga Health District, and a ten-month-old female from Manawatu Health District. Both cases were reported to have had septicaemia and were hospitalised. The 70-year-old had not been vaccinated, whereas the infant had received the first dose of vaccine but no subsequent doses. This is the first notified case of Hib in a child or infant since November 2001.

Legionellosis

Five cases of legionellosis were notified in January, of whom three were laboratory confirmed. Four cases were notified from the Auckland Region and one from Taranaki Health District. One case was aged 30 years, two cases were aged between 50 and 59 years, and two cases were aged over 70 years. One confirmed case had been exposed to potting mix from which *Legionella longbeachae* was isolated. Four cases were hospitalised and one confirmed case aged 75 years died.

Leptosporidiosis

Sixteen cases of leptospirosis were notified in January 2003, compared to 11 during the same month last year, and an average of 12 per month during 2002. Nelson-Marlborough and South Canterbury health districts reported the greatest number of cases (3 cases each). Occupation was recorded for 12 of the 16 cases, of whom eight worked in the meat processing industry, and four were farmers. Cases ranged in age from 19 to 54 years. All cases except one were male. Of the 13 cases for whom ethnicity was recorded, two were Maori and 11 were of European ethnicity. There were four hospitalisations among the eight cases for whom this information was recorded.

At the time of this report, eight notifications for the month of February 2003 had been received.

Listeriosis

Two laboratory-confirmed cases of listeriosis were notified in January, including one perinatal case. The infant of an ill mother died soon after delivery at 21 weeks gestation. The non-perinatal case was a 68-year-old male from Manawatu Health District. It was not known if he had an underlying illness.

Measles

There were four cases of measles notified in January 2003, compared to an average of two cases per month during 2002. One case (a 13-year-old female from Waikato Health District) was laboratory-confirmed. The case was unvaccinated and had been in Indonesia during the incubation period. The remaining three cases, reported from Otago (1 case) and Hutt (2 cases) health districts, were all aged one year or younger. None had been vaccinated.

At the time of this report one notification for the month of February 2003 had been received.

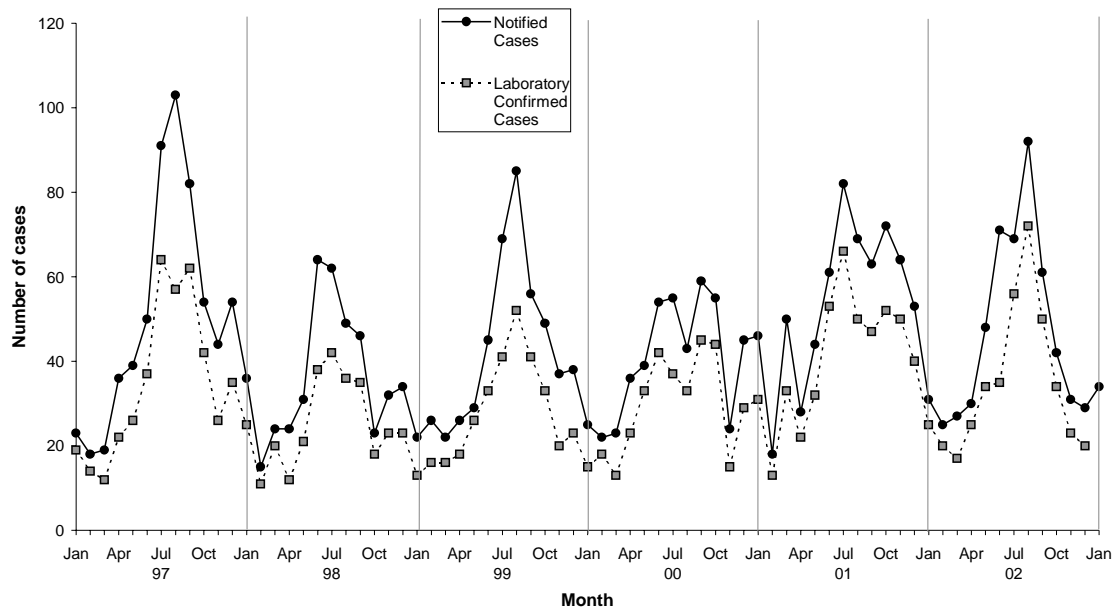
Meningococcal disease

Based on the earliest¹ date available, 34 cases of meningococcal disease were notified during January 2003. At the time of this report, the number of laboratory confirmed cases was unavailable. In comparison, 31 cases were notified during the same month last year, and 29 cases (of whom 20 were laboratory-confirmed) were reported during December 2002.

¹ The 'earliest' date refers to the earliest recorded date among the following: the report date, the onset date, the hospitalisation date and the death date. 'Earliest' date, as opposed to 'report date' alone, is used throughout the analysis of meningococcal disease notification data in this section.

The following graph displays the number of notified and laboratory-confirmed meningococcal disease cases each month since January 1997.

*Meningococcal notified and laboratory-confirmed cases by month,
January 1997 - January 2003*



In January the greatest number of cases was reported from South Auckland Health District (6 cases); although, monthly incidence rates were highest in Rotorua, Taupo and Tauranga health districts, both of which experienced rates more than double the national monthly rate of 0.9 per 100 000. Of the 32 cases for whom hospitalisation information was recorded, 31 were hospitalised. There were no fatalities reported among January notifications. Ethnicity was recorded for 29 of the 34 cases. Of these, 17 (50%) were of European ethnicity, 8 (28%) were Maori, 3 (10%) were Pacific Islands People¹, and one was of 'Other' ethnicity. Age-specific rates were highest in the 'less than one year' and '15 to 19 years' age categories, with monthly rates of 12.8 per 100 000 (7 cases) and 4.1 per 100 000 (11 cases) respectively.

Mumps

Six cases of mumps were notified in January. Two cases were reported from Waikato Health District, and one case each from North West Auckland, Central Auckland, Hawkes Bay and Otago health districts. No cases were laboratory confirmed, although results are awaited for two. Five cases were children aged between two and five years and one case was aged 51 years. Vaccination status was recorded for all five children: a two-year-old received at least one dose of vaccine; a four-year-old and a five-year-

¹ By convention the 'prioritised' classification of ethnicity is used throughout this report - whereby, irrespective of the number of responses to the ethnicity question, cases are assigned to a *single* ethnic group based on the following hierarchy: Maori, Pacific Islands People, Other ethnicity, European. This can frequently lead to an undercount of the number of cases identifying themselves as Pacific Islands People, since cases identifying with both Maori and Pacific Islands ethnic groups are classified as Maori.

old each received one dose of vaccine; and two cases aged two and three years respectively, were unvaccinated. Three cases were male and three were female.

At the time of this report five notifications for the month of February 2003 had been received.

Pertussis

During January 2003, there were 65 cases of pertussis notified. This is the smallest number of monthly notifications since April 2002 when 51 cases were notified. Of the 65 January cases, 68% (44 cases) were either confirmed by serological means, by PCR or by isolation of *Bordetella pertussis*. Five of the remaining 21 cases were epidemiologically linked to confirmed cases of the disease. A further four cases were recorded as having had a cough lasting two or more weeks and one or more of the following: (i) a cough ending in apnoea or vomiting, (ii) a paroxysmal cough, (iii) an inspiratory whoop. Of the 29 cases for whom this information was recorded, a total of 14 (48%) reported contact with a laboratory confirmed case of the disease.

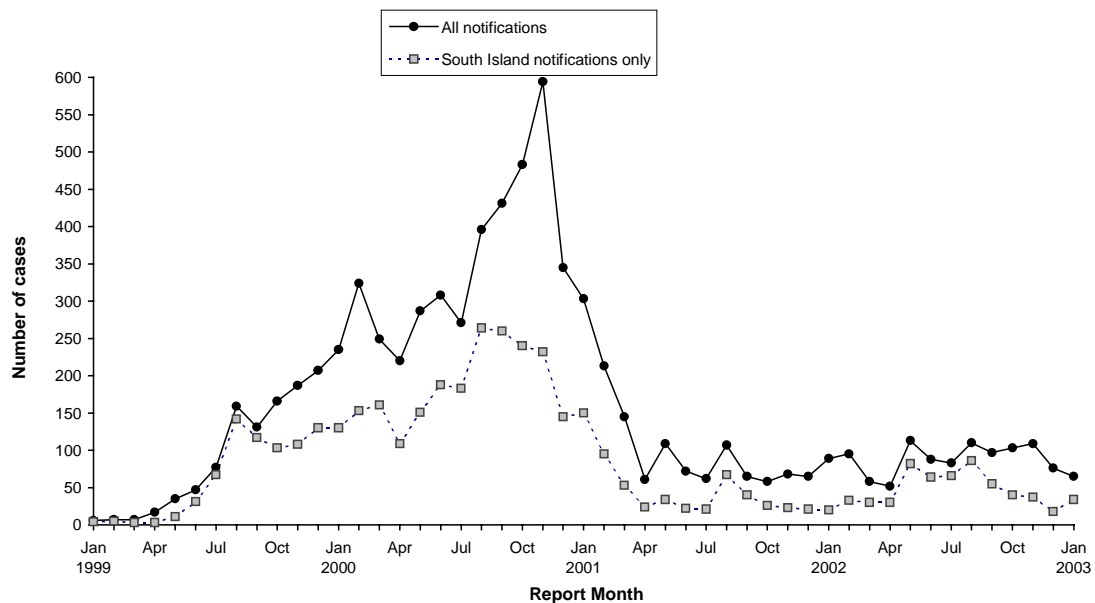
On EpiSurv, hospitalisation information was recorded for 57 of the 65 cases, of whom 6 (11%) were hospitalised. Three hospitalised cases were infants under one year of age; two cases were children aged between five and fourteen years; and one case was aged over 70 years. In comparison, hospital discharge data¹ indicate that the number of hospitalised cases of pertussis during January 2003 was seven. Of these, four were aged under one year and three were aged between five and fourteen years.

A total of 34 cases (52%) were notified from the South Island in January 2003, compared to 25% of notifications during December 2002. Notifications from Nelson-Marlborough Health District rose sharply from ten cases in December to 23 cases in January. Among all health districts, Nelson-Marlborough not only reported the greatest number of cases in December, but also experienced the highest monthly incidence rate of 18.8 cases per 100 000, compared to a national rate of just 1.7 per 100 000.

The following graph shows the number of cases of pertussis notified nationally and from the South Island, each month since January 1999.

¹ Rebecca Kay from NZHIS is thanked for providing the raw hospital discharge data.

*Notified cases of pertussis by month,
January 1999 - January 2003*



Ethnicity was recorded for 58 of the 65 January notifications. Of these, 50 cases (86%) were of European ethnicity, 5 (9%) Maori, and three cases of 'Other' ethnicity. Cases ranged in age from one month to 73 years. Notification rates were highest in the 'less than one year' age group and next highest in the '1 to 4 years' age group with monthly rates of 12.8 per 100 000 (7 cases) and 6.0 (13 cases), respectively. The male to female ratio was 1: 1.3. The following table shows the number of doses of pertussis vaccine given to January cases in each relevant age group.

Age and vaccination status of pertussis notifications, January 2003

Age group ²	Total Cases	Vaccination status ¹						
		Vaccinated (without dose information)	One dose	Two doses	Three doses	Four doses	Not vaccinated	Unknown status
0-<6 weeks	1	0	(0)	(0)	(0)	(0)	1	0
6 wks-<3 mths	4	0	1	(0)	(0)	(0)	1	2
3-<5 months	1	0	0	0	(0)	(0)	1	0
5-<15 months	3	0	1	0	1	(0)	1	0
15 mths-<5 yrs	11	0	0	0	0	2	7	2
5+ years	44	4	1	2	5	6	4	22
Total	64	4	3	2	6	8	15	26

¹ Bracketed numbers indicate cases ineligible for vaccination

² Age was not recorded for one case.

At the time of this report, 48 notifications for the month of February 2003 had been received.

Ross River virus infection

One laboratory-confirmed case of Ross River virus infection was notified in January 2003 from Taupo Health District. The case, a 15-year-old Australian male, was a visitor to New Zealand from Darwin. This brings the total number of cases reported since the disease became notifiable in the late 1970s to 11. The other ten cases were notified in 1980, 1997, 1998, 1999, 2000 (2 cases), 2001 (3 cases) and 2002 (1 case).

Rubella

Two cases of rubella were notified in January. The cases, aged one and two years respectively, were reported from Wellington Health District. The one-year-old was unvaccinated, whereas the two-year-old had received at least one dose of vaccine. Neither case was laboratory confirmed.

At the time of this report three notifications for the month of February 2003 had been received.

Salmonellosis

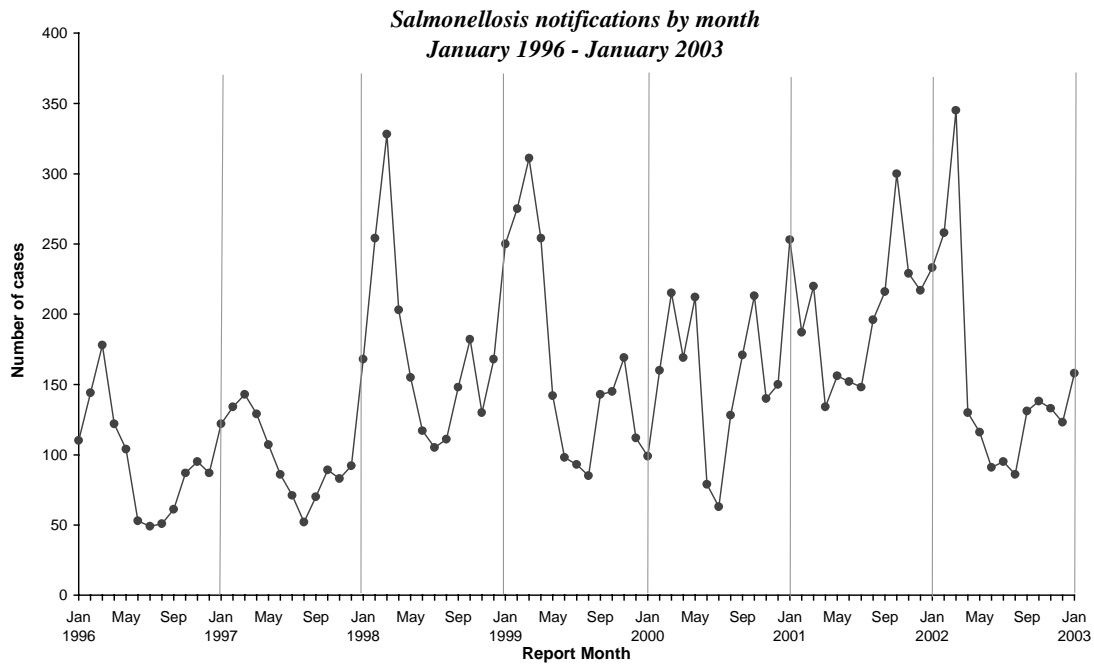
There were 158 cases of *Salmonella* notified in January 2003. This is the greatest number of monthly notifications since March 2002 when 345 cases were notified. In comparison, 233 notifications were received during January 2002.

Age-specific rates were highest in the 'less than one year' and the '1 to 4 years' age groups, with respectively 18.3 and 12.5 notifications per month per 100 000, compared to an overall monthly rate of 4.2. Hospitalisation information was recorded for 83 cases, of whom 13 (16%) were hospitalised.

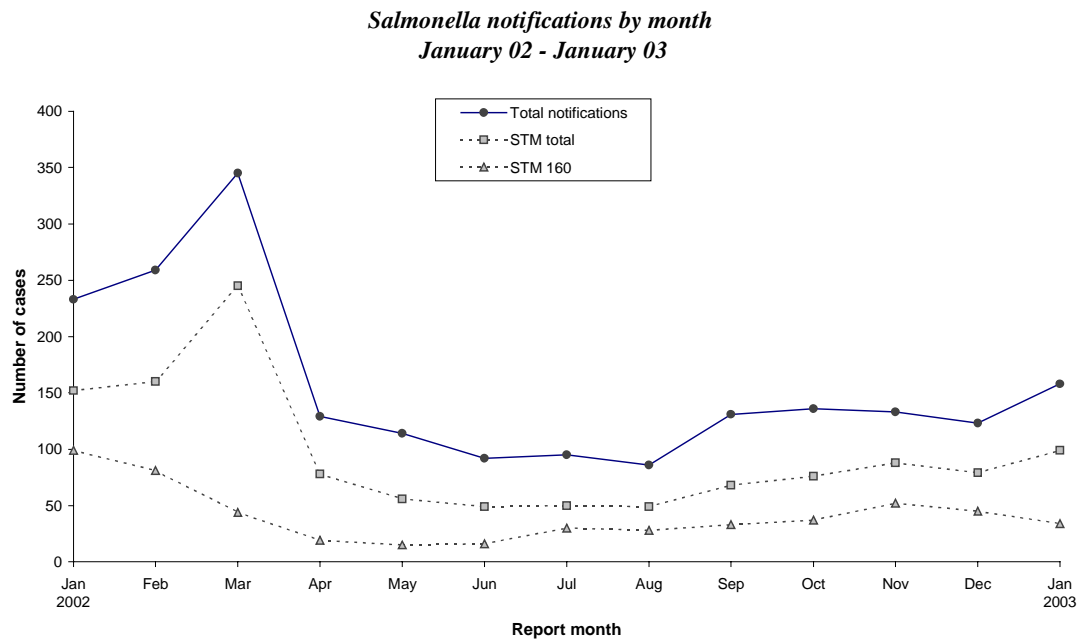
Of the 62 January cases for whom overseas travel information was recorded, 16 (26%) had been overseas during the incubation period. Countries visited included Fiji, Thailand, Cambodia, Philippines (2 cases each), Vietnam, Egypt, Zimbabwe, Mexico, Malaysia and Australia (1 case each).

January notifications were highest in Central Auckland Health and Waikato health districts, with respectively 25 and 22 cases reported, compared to just seven notifications the previous month for both health districts. South Canterbury experienced the highest monthly incidence rate of 12.8 cases per 100 000 - over three times the overall rate of 4.2 per 100 000.

The following graph shows the number of Salmonellosis notifications each month since January 1996.



Of the 158 notifications, 156 (99%) could be matched to human cases identified by the ESR Enteric Reference Laboratory (ERL). Of these, the predominant type identified was *S. Typhimurium* 160 (34 cases or 22%)¹. In comparison, during January 2002, *S. Typhimurium* 160 was identified in 99 (42%) of the 233 notified cases. The following graph illustrates the trend in the number of *S. Typhimurium* isolations among notified cases, since January 2002.



At the time of this report, 166 notifications for the month of February 2003 had been received.

¹ The ERL isolated *Salmonella* from a total of 185 human cases in January 2003. Of these, 114 were identified as *S. Typhimurium* and 41 as *S. Typhimurium* 160. Due to an inevitable lag between laboratory testing and notification, some of these cases will likely be notified in February 2003.

Tuberculosis

There were 35 cases of tuberculosis notified during January 2003. In both December 2002 and January 2002 there were also 35 cases notified. Of the recent month's cases, 31 (89%) were aged 15 years or over. Rates of disease were highest in the '20-29 years' age group. The male to female ratio was 2.2:1. Two deaths in females aged over 70 years were reported.

Thirty-two (91%) cases were reported by hospital-based practitioners. Three cases were reported to have an immunosuppressive illness. Information on country of birth was recorded for 32 cases, of whom 22 (69%) were born overseas. Of the 22 overseas-born cases, 18 were of 'Other' ethnicity and four were Pacific Islands people. The most commonly recorded overseas country of birth was India (7 cases). Nine of ten cases born in New Zealand were Maori and one was of European ethnicity.

The majority (21/35 or 60%) of notifications were from Northland or the Auckland region. It was possible to associate the NZDep 2001 index of socioeconomic deprivation with 34 cases whose addresses could be geocoded to at least street level. On a scale of one to ten, with ten representing the most deprived score, it was found that a score of 1, 2, or 3 was associated with 12% of cases; a score of 4, 5, 6 or 7 was associated with 26% of cases; and score of 8, 9 or 10 with 62% of cases. A score of ten was associated with 50% of cases born in New Zealand and with 18% of cases born overseas.

At the time of this report 34 notifications for the month of February 2003 had been received.

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An electronic version of this report and previous month's reports may be downloaded from the Public Health Surveillance section on ESR's Website (www.esr.cri.nz).

3. Deaths from notifiable diseases

The table below lists all deaths from notifiable diseases (with the exception of AIDS and CJD) that have been reported since the last Monthly Surveillance Report was written. Note that the 'notification date' (referring to the date on which the relevant Public Health Unit was first notified of the case) is not necessarily the same as the date on which the death was first reported. For a given disease, cases are listed in the order that the deaths were reported.

Disease	Health district	Age group	Sex	Notification date	Death date
Legionellosis	Central Auckland	70+	male	22 Jan 03	2 Jan 03
Listeriosis - perinatal	Central Auckland	20+ wks gestation	N/A	6 Jan 03	24 Dec 02
Meningococcal disease	Southland	50-59	female	20 Jun 02	11 Aug 02
Salmonellosis	Otago	40-49	female	24 Dec 02	31 Dec 02
Tuberculosis disease	Central Auckland	70+	female	7 Jan 03	21 Dec 02
	North West Auckland	70+	female	17 Jan 03	23 Jan 03

4. Outbreaks

This Monthly Surveillance Report includes data on outbreaks for which final reports had been entered into EpiSurv during January 2003, and on outbreaks that were initially reported during January 2003 but were still listed as 'interim' as of the 4th February 2003.

Final outbreak reports

Final reports on 23 outbreaks involving 227 cases were received in January 2003. Of these, 11 Norwalk-like virus (NLV) outbreaks accounted for the majority (195/227 or 86%) of cases. Four of these NLV outbreaks, accounting for 137 of the 195 cases, occurred in rest homes: one in Auckland, two in Canterbury, and one in South Canterbury. Three NLV outbreaks occurred in restaurants or cafes, one further outbreak was attributed to foodborne transmission in an aircraft, and one outbreak to person-to-person transmission in a Canterbury hospital ward. In comparison, during December 2002, final reports for six NLV outbreaks, accounting for 168 cases were received. The following two tables provide a summary and details of all final outbreak reports.

Summary of final reported outbreaks, January 2003

Organism/Toxin/Illness	Number of outbreaks	Total number of cases
<i>Bacillus cereus</i>	1	2
<i>Campylobacter</i>	4	10
<i>Cryptosporidium parvum</i>	1	3
Gastroenteritis	2	4
<i>Giardia</i>	2	6
NLV	11	195
<i>Salmonella</i>	1	2
<i>Salmonella</i> Typhimurium 160	1	5
Total	23	227

Details of final reported outbreaks, January 2003¹

Pathogen/ toxin/ illness	Health district ²	Month ³	No. ill	Lab Conf ⁴	No. Hosp	Setting	Mode of transmission (vehicle/source)	Evidence ⁵
<i>Bacillus cereus</i>	CB	Dec02	2	2	0	Takeaways	Foodborne (chicken fried rice with cashews and wontons)	Epi-H
<i>Campylobacter</i>	AK	Nov02	2	2	0	Hotel / motel	Foodborne (cold meats)	Epi-H
<i>Campylobacter</i>	MW	Dec02	2	2		Home	Foodborne (Cold shaved ham, salami, steak & sausages (precook), salads; person to person	Epi-H Env
<i>Campylobacter</i>	MW	Dec02	2	2		Camp	Unknown	Nil
<i>Campylobacter</i> -	OT	Jul02	4	4	0	Home	Unknown	
<i>Cryptosporidium parvum</i>	MW	Sep02	3	3	1	Home; farm	Zoonotic	Epi-H
Gastroenteritis	AK	Aug02	2	0	0		Unknown	Nil
Gastroenteritis	AK	Dec02	2	0	0	Takeaways	Foodborne (fried rice, beef satay & deep fried chicken)	Epi-H Env
<i>Giardia</i>	AK	Jan03	2	2	0	Home	Person to person	Epi-H
<i>Giardia</i>	AK	Dec02	4	2	0	Home	Person to person	Epi-H
NLV	AK	Dec02	3	1	0		Unknown	Epi-H
NLV	AK	Dec02	2	1	0		Unknown	Epi-H
NLV	AK	Dec02	8	3	0	Rest home	Person to person	Nil
NLV	TG	Nov02	4	1	0	Restaurant / cafe	Person to person	Epi-H Epi-S Env
NLV	TK	Dec02	10	1	0	Restaurant / cafe	Foodborne (oysters)	Epi-S Lab
NLV	CB	Nov02	16	1		Hospital (acute care)	Person to person	
NLV	SC	Jan03	28	1	0	Rest home	Foodborne; person to person	Epi-H
NLV	SO	Sep02	5			Aircraft	Foodborne (aircraft food)	Lab
NLV (probable)	CB	Nov02	80	0	0	Rest home	Person to person; airborne	
NLV (probable)	CB	Nov02	21	0	0	Rest home	Person to person	
Norwalk like virus	OT	Dec02	18	2	0	Restaurant / cafe	Unknown	Nil
<i>Salmonella</i>	AK	Jan03	2	2	0	Home	Person to person	Epi-H
<i>Salmonella</i> Typhimurium phage type 160	GS	Sep02	5	4	0	Home; farm	Waterborne	Epi-H Env Oth

¹ Blank fields indicate that no information had been entered in the applicable field in the outbreak report.

² Health district of the PHU that reported the outbreak: AK=Auckland; TG=Tauranga; GS=Gisborne; TK=Taranaki;
MW=Manawatu; CB=Canterbury; SC=South Canterbury; OT=Otago; SO=Southland.

³ Month outbreak commenced.

⁴ Number of microbiologically-confirmed cases.

⁵ Evidence for mode of transmission and vehicle/source: Epi-H=cases had history of exposure to implicated source; Epi-S=
statistical evidence from cohort or case-control study; Env=evidence from environmental investigation; Lab=pathogen/toxin/
chemical suspected to have caused illness identified in implicated source or from investigation of food handler; Oth=other;
Nil=no evidence collected.

Interim outbreak reports

Interim reports on 14 outbreaks involving at least 91 cases were made in January 2003. Among outbreaks, the most commonly recorded illnesses or pathogens were *Campylobacter* and gastroenteritis (with four outbreaks each). There were also two *Salmonella* outbreaks, one Norwalk-like virus outbreak, one tuberculosis outbreak, one ciguatera fish poisoning outbreak and one anti-cholinergic poisoning outbreak reported. The following table lists all interim outbreak reports made in January. Details of these outbreaks will be provided once final reports have been received.

Interim reported outbreaks, January 2003¹

Pathogen/toxin/ illness	Health district ²	Month ³	No. ill	Lab Conf ⁴	No. Hosp	Setting	Evidence ⁵
Anti-cholinergic poisoning	AK	Jan03	4		1	Home	Epi-H
<i>Campylobacter</i>	AK		2	1			
<i>Campylobacter</i>	HB	Dec02	5	2	0	Farm	
<i>Campylobacter</i>	CB	Jan03	2	2	0	Music festival in rural location	Epi-H Env Oth
<i>Campylobacter jejuni</i>	AK	Jan03	2		0		Nil
Ciguatera fish poisoning	AK		5	3			
Gastroenteritis	AK		2				
Gastroenteritis	AK		2				
Gastroenteritis	AK						
Gastroenteritis	AK		2				
<i>Mycobacterium tuberculosis</i>	AK	Jul02 ⁶	20	5	2		Epi-H
NLV	CB		20			Rest home	Nil
<i>Salmonella</i> paratyphi	AK	Dec02 ⁶	2	2	1		Epi-H
<i>Salmonella</i> Typhimurium DT 160	AK	Dec02 ⁶	23	17	0	Caterers; legend of the sea cruise ship	Epi-H Env

¹ Blank fields indicate that no information had been entered in the applicable field in the outbreak report.

² Health district of the PHU that reported the outbreak: AK=Auckland; HB= Hawkes Bay; CB=Canterbury.

³ Month outbreak commenced.

⁴ Microbiologically-confirmed cases.

⁵ Evidence for mode of transmission and vehicle/source: Epi-H=cases had history of exposure to implicated source; Epi-S= statistical evidence from cohort or case-control study; Env=evidence from environmental investigation; Lab=pathogen/toxin/ chemical suspected to have caused illness identified in implicated source or from investigation of food handler; Oth=other; Nil=no evidence collected.

⁶ Interim outbreak first reported to PHU in that month but entered onto EpiSurv in January.

5. National surveillance data and trends

Disease incidence and rates

Disease ¹	Current year - 2003 ²			Previous year - 2002		
	Jan 2003 cases	Cumulative total since 1 January	Current rate ³	Jan 2002 cases	Cumulative total since 1 January	Previous rate ³
AIDS	4	4	0.6	1	1	0.6
Campylobacteriosis	1783	1783	340.5	1544	1544	284.0
Cholera	1	1	0.1	0	0	0.1
Cryptosporidiosis	22	22	25.6	39	39	32.4
Dengue fever	8	8	2.0	2	2	2.5
Gastroenteritis ⁴	43	43	28.5	62	62	24.2
Giardiasis	132	132	41.5	130	130	43.5
<i>H. influenzae</i> type b disease	2	2	0.1	0	0	0.3
Hepatitis A	6	6	2.8	9	9	1.8
Hepatitis B (acute) ⁵	8	8	1.8	8	8	1.6
Hepatitis C (acute) ⁵	5	5	1.5	2	2	1.6
Hydatid disease	0	0	0.1	0	0	0.2
Influenza ⁶	0	0	18.6	3	3	17.8
Lead absorption	4	4	2.3	7	7	3.1
Legionellosis ⁶	5	5	1.2	7	7	1.6
Leprosy	0	0	0.1	0	0	0.1
Leptospirosis	16	16	3.9	11	11	2.9
Listeriosis	2	2	0.5	2	2	0.5
Malaria	3	3	1.4	10	10	1.6
Measles	4	4	0.7	2	2	2.1
Meningococcal disease ⁷	37	37	15.1	32	32	17.0
Mumps	6	6	1.8	3	3	1.5
Paratyphoid	2	2	0.5	0	0	0.8
Pertussis	65	65	28.0	88	88	29.8
Rheumatic fever	4	4	2.1	16	16	3.4
Rickettsial disease	0	0	0.2	0	0	0.1
Rubella	2	2	0.9	1	1	0.8
Salmonellosis	158	158	48.3	233	233	64.1
Shigellosis	10	10	3.0	11	11	4.3
Tetanus	0	0	0	0	0	0.1
Tuberculosis	35	35	10.2	35	35	9.9
Typhoid	1	1	0.6	1	1	0.6
VTEC / STEC infection	3	3	1.7	11	11	2.2
Yersiniosis	56	56	12.3	71	71	11.9

Notes: ¹ Other notifiable infectious diseases reported in January :Brucellosis, Ross River virus infection

² These data are provisional

³ Rate is based on the cumulative total for the current year (12 months up to and including January 2003) or the previous year (12 months up to and including January 2002), expressed as cases per 100 000

⁴ Cases of gastroenteritis from a common source or foodborne intoxication eg, staphylococcal intoxication or toxic shellfish poisoning

⁵ Only acute cases of this disease are currently notifiable

⁶ Surveillance data based on laboratory-reported cases only

⁷ These totals and rates are based on the EpiSurv report date as opposed to the earliest available date used in the meningococcal disease section

Monthly totals for January 2003 and preceding 12 months

Disease	Jan 2003	Dec 2002	Nov 2002	Oct 2002	Sep 2002	Aug 2002	Jul 2002	Jun 2002	May 2002	Apr 2002	Mar 2002	Feb 2002	Jan 2002
AIDS	4	0	2	0	4	1	1	1	1	3	1	3	1
Campylobacteriosis	1783	1266	1044	1163	1176	1124	1006	820	675	548	940	1183	1544
Cholera	1	0	0	0	0	0	0	0	0	1	0	0	0
Cryptosporidiosis	22	46	94	260	241	90	53	29	42	17	24	39	39
Dengue fever	8	1	9	0	0	8	13	8	17	6	3	3	2
Gastroenteritis ²	43	139	68	154	69	69	62	143	84	72	101	62	62
Giardiasis	132	114	110	113	107	122	128	128	167	132	152	145	130
Haemophilus influenzae type b	2	0	0	0	0	0	0	1	2	0	0	0	0
Hepatitis A	6	4	8	3	2	2	1	7	9	18	28	17	9
Hepatitis B (acute) ³	8	11	3	3	5	6	6	7	7	5	3	5	8
Hepatitis C (acute) ³	5	4	3	1	7	7	3	5	6	4	8	2	2
Hydatid disease	0	1	0	0	0	1	0	0	0	0	0	0	0
Influenza ⁴	0	0	1	22	103	136	230	151	30	16	3	3	3
Lead absorption	4	3	9	6	5	10	8	7	14	5	7	9	7
Legionellosis ⁴	5	4	2	4	4	4	7	5	4	3	4	0	7
Leprosy	0	0	1	0	0	0	1	1	0	1	0	0	0
Leptospirosis	16	8	14	10	13	6	14	10	16	14	8	18	11
Listeriosis	2	1	1	3	1	3	2	0	0	1	2	2	2
Malaria	3	2	2	3	6	3	6	5	6	6	3	8	10
Measles	4	0	2	3	0	4	3	1	2	2	3	3	2
Meningococcal disease ⁵	37	32	28	43	72	87	66	69	45	32	28	24	32
Mumps	6	3	6	10	6	4	4	6	7	4	5	6	3
Paratyphoid	2	1	1	0	0	2	2	3	3	1	3	0	0
Pertussis	65	76	109	103	97	110	83	88	113	51	58	95	88
Rheumatic Fever	4	4	11	8	4	8	4	2	9	1	9	16	16
Rickettsial disease	0	0	0	0	2	2	0	1	1	0	0	0	0
Rubella	2	2	1	1	1	5	1	5	8	5	2	1	1
Salmonellosis	158	123	133	138	131	86	95	91	116	130	345	258	233
Shigellosis	10	9	4	8	4	8	12	10	13	12	10	11	11
Tetanus	0	0	0	0	0	0	0	0	1	0	0	0	0
Tuberculosis	35	35	33	48	29	35	41	22	27	26	24	27	35
Typhoid	1	1	0	3	0	0	2	1	3	2	6	4	1
VTEC/STEC infection	3	5	3	5	6	6	7	4	11	8	2	5	11
Yersiniosis	56	31	49	45	26	30	30	33	42	33	42	44	71

Notes: ¹ Later data are provisional

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

³ Only acute cases of this disease are currently notifiable

⁴ Surveillance data based on laboratory-reported cases only

⁵ These totals 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 - January 2003

Cases this month

Current rate¹

Disease	Cases for January 2003, ² and current rate ^{1,2} by health district ^{3,4}																							
	Northland	NW Auck	Central Auck	South Auck	Waikato	Tairāngia	Eastern BoP	Gisborne	Rotorua	Tau po	Taranaki	Ruapehu	Hawkes Bay	Wanganui	Manawatu	Wairarapa	Wellington	Hutt	Nelson-Marl	West Coast	Canterbury	South Cant	Otago	Southland
AIDS ⁵	0	2			1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
	0	0			1.0	0.8	0	0	1.6	0	0	0	0	0	0	0	3.9	0.8	0	0	0	0	0	0
Campylobacteriosis	33	185	160	131	172	90	11	22	42	22	48	5	82	29	51	17	264	87	32	6	150	45	46	53
	208.3	415.1	432.6	322.7	361.9	271.0	118.2	225.3	299.2	301.5	312.2	140.0	317.6	275.7	182.8	227.4	489.2	351.1	177.3	276.9	335.1	413.3	343.1	349.9
Cholera	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	0.2	0.3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cryptosporidiosis	0	1	0	0	2	1	0	0	0	0	0	0	1	0	1	0	1	0	3	0	6	2	3	1
	5.7	9.5	6.8	6.4	39.5	15.5	2.0	11.4	21.7	57.1	36.8	42.0	41.1	24.0	42.8	18.3	57.6	18.2	21.2	56.0	24.4	67.8	48.2	44.4
Dengue fever	0	0	5	1	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
	0	1.4	5.7	3.5	1.3	2.3	2.0	0	1.6	3.2	1.9	0	0	1.7	2.0	2.6	1.6	3.0	0	0	2.5	0	0.6	0
Gastroenteritis	0	2	7	4	3	0	0	1	0	2	0	0	0	2	0	2	4	0	0	0	12	1	2	1
	7.8	21.9	27.7	13.6	11.3	3.1	0	36.4	9.3	22.2	8.7	0	4.9	36.0	22.4	31.4	30.4	34.9	13.1	19.8	89.9	115.2	27.1	15.7
Giardiasis	1	14	20	12	13	10	0	1	4	1	0	2	3	2	6	0	21	3	5	0	9	1	1	3
	20.7	42.6	65.0	37.5	53.8	44.9	8.2	13.7	35.7	47.6	12.6	14.0	77.3	49.7	34.0	26.1	52.8	54.6	23.7	56.0	32.1	26.9	30.1	17.6
H. influenzae type b disease	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
	0	0.2	0	0	0	0.8	0	0	0	0	0	0	0.7	0	0.7	0	0	0	0	0	0.2	0	0	0
Hepatitis A	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	1	1	0	0	1	1	0	0
	1.4	4.0	7.1	4.3	5.8	0.8	2.0	0	0	3.2	0	0	3.5	0	1.4	0	0.8	4.6	1.6	0	0.7	1.3	0.6	0.9
Hepatitis B	0	0	2	1	0	0	0	2	1	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0
	2.1	1.4	2.7	1.9	1.9	3.1	0	18.2	1.6	6.3	1.0	7.0	2.1	3.4	0.7	2.6	0.8	0.8	2.5	0	1.5	0	0.6	0
Hepatitis C	1	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	1	0	0	1	0	0	0	0
	0.7	0.7	0.5	0.8	0.6	11.6	2.0	0.0	4.7	3.2	0.0	0.0	2.1	0.0	0.7	2.6	3.9	0.0	0.0	9.9	1.0	2.6	0.0	0.0
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	0.2	0	0.3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lead absorption	0	1	0	0	0	0	0	0	0	0	0	0	0	0	2	0	1	0	0	0	0	0	0	0
	3.6	1.6	1.6	0.5	3.6	0.8	0	9.1	0	0	4.8	0	2.1	3.4	5.4	2.6	1.2	0.8	0.8	0	2.7	6.4	5.4	1.9
Legionellosis ⁶	0	1	2	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0
	0.7	0.7	1.1	0	0.3	0.8	0	0	1.6	6.3	1.9	7.0	1.4	0	0	5.2	1.6	1.5	1.6	0	3.0	1.3	3.0	0
Leprosy	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	0.5	0.5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Leptospirosis	0	1	0	1	2	0	0	0	0	0	0	0	2	1	1	0	0	0	3	0	0	3	1	1
	5.7	1.2	0	0.8	6.8	5.4	2.0	13.7	0	0	4.8	14.0	20.2	8.6	8.2	2.6	0	0	12.3	6.6	1.0	14.1	4.2	2.8
Listeriosis	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
	0	0.5	1.1	0.5	0	1.5	0	0	0	0	0	0	0	0	1.4	0	0	0.8	0	0	0.7	1.3	0	0.9
Malaria	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0
	0	1.2	1.1	1.1	2.3	1.5	0	0	1.6	6.3	1.0	7.0	0.7	0	4.1	0	2.0	0.8	1.6	0	1.7	1.3	1.2	0.9
Measles	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	1	0
	0	0.5	0.3	0.3	1.0	0.8	0	0	0	0	0	0	0	0	0	0	0	1.5	4.1	16.5	1.2	1.3	0.6	0
Meningococcal disease ⁶	0	3	3	6	4	5	0	0	3	1	2	0	1	1	0	0	0	2	0	0	2	1	3	0
	19.3	8.1	12.0	23.2	12.6	29.4	30.6	13.7	55.8	66.6	10.7	7.0	20.2	10.3	6.8	7.8	10.2	10.6	1.6	23.1	8.2	10.2	31.3	12.0
Mumps	0	1	1	0	2	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0
	2.1	2.1	1.9	1.9	1.0	1.5	0	0	1.6	0	0	0	3.5	1.7	0	0	1.2	0.8	4.9	3.3	1.0	1.3	5.4	3.7
Paratyphoid	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.7	1.2	1.1	0.5	0	0	0	0	0	0	0	0	1.4	0	0	0	0.8	0	0.8	0	0	1.3	0	0
Pertussis	0	5	1	0	2	4	0	0	0	0	3	1	1	7	4	0	3	0	23	1	8	1	0	1
	3.6	20.0	7.1	7.2	25.6	10.1	6.1	2.3	4.7	12.7	24.2	14.0	10.4	70.2	24.5	15.7	18.9	37.9	85.0	260.4	50.3	202.2	3.0	27.8
Rheumatic fever	0	0	0	0	2	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
	5.7	0.9	2.7	6.7	2.9	3.9	4.1	4.6	1.6	0	0	7.0	2.1	1.7	0	2.6	2.0	0.8	0.8	0	0.2	0	0	0
Rickettsial 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	1.4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Rubella	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0
	0.7	0.2	0.5	0	0	0.8	4.1	0	0	0	1.0	0	9.1	0	0	0	1.6	0.8	2.5	6.6	0.5	0	0.6	0
Salmonellosis	5	11	25	14	22	1	4	2	6	0	3	0	9	2	2	0	13	4	3	0	13	10	6	3
	37.1	37.5	48.1	39.7	48.6	25.6	48.9	88.7	49.6	57.1	36.8	42.0	57.1	54.8	34.0	54.9	54.4	35.6	110.3	46.2	42.6	92.1	50.6	73.1
Shigellosis	0	1	4	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	2	0	1	0
	2.1	3.3	7.3	6.1	1.0	0.8	0	0	4.7	0	1.0	0	1.4	1.7	0	0	2.0	0.8	0.8	0	3.7	5.1	3.6	0.9
Tetanus	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.3	0	0
Tuberculosis	2	8	5	8	2	0	0	0	0	0	0	0	1	0	1	0	5	1	0	0	2	0	0	0
	7.1	16.8	20.4	16.2	8.1	7.0	0	4.6	4.7	9.5	1.0	0	20.2	3.4	4.8	10.5	12.2	11.4	1.6	0	4.5	5.1	4.2	1.9
Typhoid	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	1.4	0.3	2.9	0	0	0	0	0	0	0	0	0	0	0	0	1.2	0.8	0	0	0.2	0	0	0
VTEC / STEC	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
	1.4	0.2	1.1	0.8	4.9	0.8	10.2	0	4.7	3.2	3.9	0	1.4	1.7	0.7	0	1.2	0	0	0	4.0	1.3	0	1.9
Yersiniosis	1	9	5	1	1	2	2	7	3	0	0	1	1	0	2	0	6	1	0	0	11	2	1	0
	2.9	18.4	16.3	10.4	10.7	17.0	8.2	20.5	9.3	19.0	1.9	21.0	9.1	6.9	8.8	7.8	15.8	5.3	2.5	56.0	13.4	19.2	10.2	7.4

1 Current rate is based on the cumulative total for the 12 months up to and including January 2003 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 district