
MONTHLY NOTIFIABLE DISEASE SURVEILLANCE REPORT

Data contained within this monthly report are based on information recorded on EpiSurv by Public Health Service (PHS) staff at 10 September 2018. Changes made to EpiSurv after this date will not be reflected in this report. The data are provisional and include cases that are still under investigation, some of which may become 'Not a case'. For this reason, comparisons between the current year and the previous year should be treated with caution.

KEY NOTIFIABLE DISEASE TRENDS

Enteric Diseases

Enteric infections are the most common notifiable diseases, and several are increasing in incidence. This increase is partly due to changes in laboratory testing practices with a shift from culture methods to multiplex PCR, which tests for several diseases at the same time. This means more diseases are likely to be detected and in a timelier manner. For further information, see the [2016 Annual Notifiable Disease Report Commentary](#).

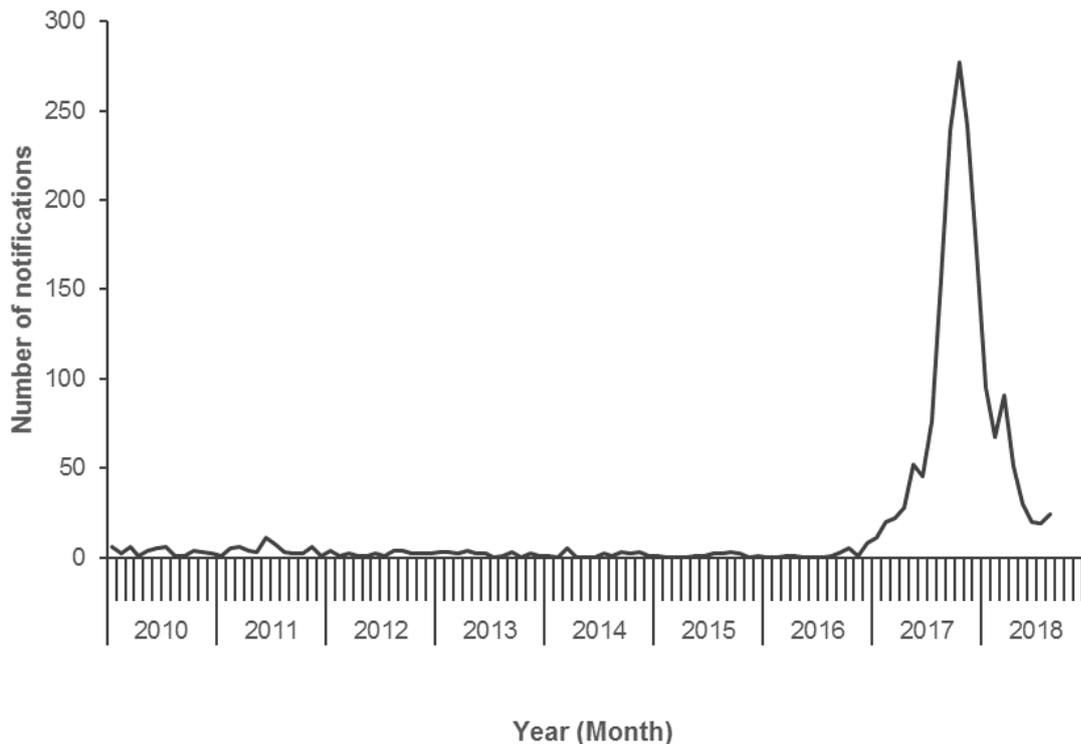
Meningococcal Disease

There have been 15 cases of group W meningococcal disease from January to August 2018, compared with six for the same period in 2017. More information on group W meningococcal disease can be found in the [March 2018 NZ Public Health Surveillance Report](#) and in the [May 2018 immunisation update](#).

Mumps

There were 24 cases (7 confirmed, 14 probable and 3 under investigation) of mumps notified in August 2018, compared with 156 cases in August 2017. Monthly mumps notifications have continued to decrease since the peak in October 2017 when 277 cases were reported (Figure 1).

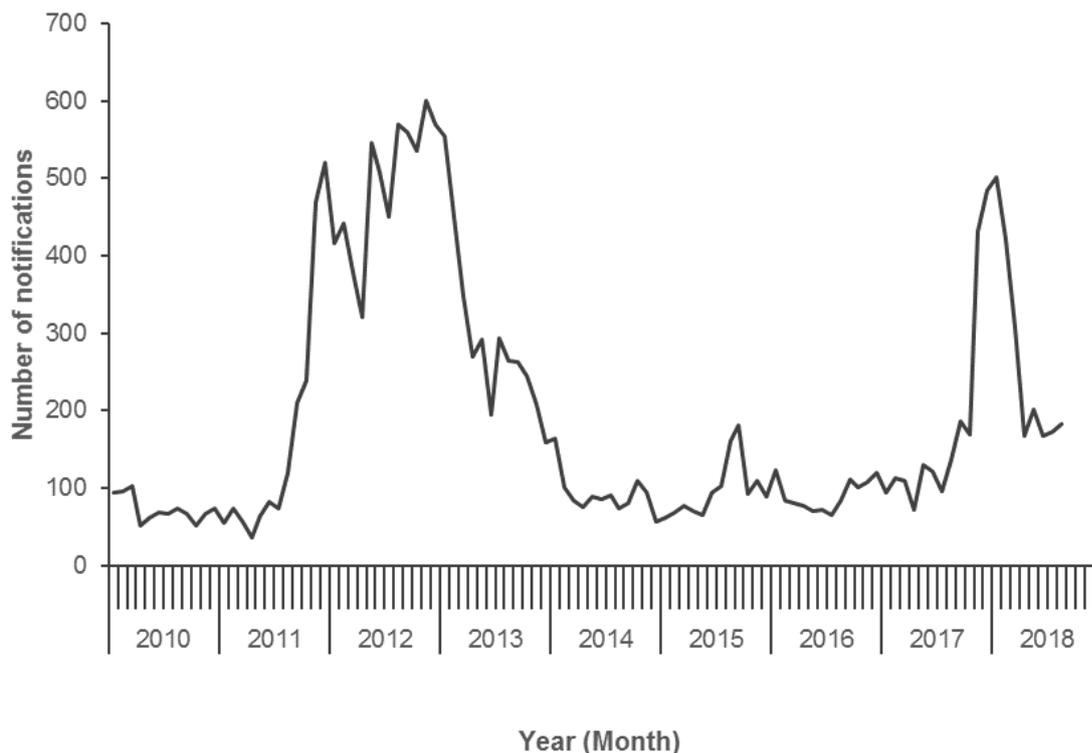
Figure 1: Mumps notifications by month, January 2010–August 2018



Pertussis

There were 182 cases (82 confirmed, 74 probable, 10 suspect and 16 under investigation) of pertussis notified in August 2018, compared with 137 cases for the same period in 2017. While pertussis cases have been decreasing since the peak in January 2018, there is a possibility that cases may increase again, as in the 2012 outbreak (Figure 2). A national outbreak is ongoing. For more information see the latest [Pertussis Report](#).

Figure 2. Pertussis notifications by month, January 2010–August 2018



Salmonellosis

There were 138 cases (137 confirmed, 1 under investigation) of salmonellosis notified in August 2018, compared with 104 cases for the same period in 2017. Almost a third (31.2%) of cases were from Canterbury or Southern DHBs (25 and 18 cases, respectively). Of the cases where overseas travel was known, 58.6% (51 cases) had travelled overseas during the incubation period; a higher proportion than in August 2017 (42.4%). The most common countries visited were Indonesia (13 cases), Cambodia (9 cases), Fiji and Laos (7 cases each), and Thailand (5 cases).

Toxic shellfish poisoning

A suspect case of toxic shellfish poisoning was reported during August. The case, a 43-year-old male from the Bay of Plenty, was admitted to hospital after consuming pipis collected from the Waihi estuary. There was a warning in place on the date that the shellfish were collected advising people not to eat shellfish from the estuary due the presence of toxic algae. Extensive testing of shellfish and algae from the estuary has not confirmed either toxic algae or biotoxin.

Tuberculosis disease

Thirty-six cases of tuberculosis disease (23 confirmed, 3 probable and 10 under investigation) were notified in August 2018, compared with 15 cases for the same period in 2017. Over half (52.8%, 19/36) of the cases were reported from the Auckland region. Of the cases where the country of birth was recorded, 68.0% (17/25) were born overseas.

OUTBREAKS

Influenza A

There were eight influenza A virus outbreaks reported in August 2018: six in the Wellington region and one each in MidCentral and Canterbury DHBs. Four outbreaks were associated with schools, two were in childcare centres, one was in a long-term care facility and one in an acute care hospital. In addition, there was an acute respiratory infection outbreak reported in Canterbury DHB at a long-term care facility. Further information on influenza surveillance can be found on the ESR website page [Flu Surveillance and Research](#).

Gastroenteritis with multiple pathogens

An outbreak of gastroenteritis involving 11 cases from Canterbury DHB was reported in August 2018. *Campylobacter*, *Giardia*, *Shigella*, and *Salmonella* were all identified from four clinical specimens. The cases were part of a school group that visited Laos and Cambodia. Contaminated food and water and inadequate sanitation infrastructure were all considered to be possible sources.

TABLES

Tables for August are available as excel files on the [Public Health Surveillance website](#).