

## RUBELLA

**Increase in Rubella:** Rubella has been circulating in high numbers over the recent months. Laboratory-diagnosed cases began to increase in August and have continued to increase markedly since then (Figure 4). While it is usual to see some increase in rubella cases in the spring months this outbreak is much larger than in recent years.

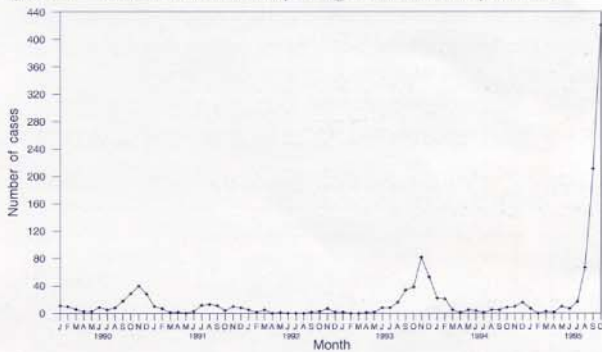
Cases have been reported from most parts of the country, with particularly high numbers from the Auckland region.

Many cases were reported in adult males (65% of cases, August to October). Previous vaccination policies were targeted at girls only. There have been 140 (20%) cases reported in adult females with seven of these reported as being pregnant.

This outbreak emphasises the need for laboratories to refer samples for IgM testing where rubella infection is suspected.

We are grateful to the laboratories that provide weekly laboratory surveillance data on rubella to us. ESR is currently expanding its lab-based surveillance activities to improve the quality of national data.

Figure 4. Rubella, laboratory diagnosed cases by month



## ADENO AND ENTEROVIRUSES

During July to September, 40 Adenoviruses were identified from referred strains or clinical isolates made at ESR:Health. Adenovirus types 1, 2, 5, and 7 predominated. Type 7 made up 25% of the isolates and originated from conjunctiva and/or respiratory specimens from the Auckland and Waikato regions. Over the same period Echoviruses 9 and 30 and Coxsackie B5 were the prevalent enteroviruses identified. Echovirus 30 was identified from CSF samples from mainly primary school age children. Coxsackie B5 and Echo 9 viruses were identified in patients ranging from young children to adults. Meningitis and/or respiratory symptoms predominated.

## RESPIRATORY VIRUSES

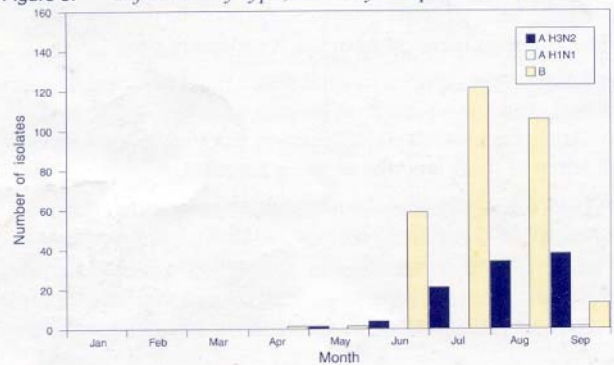
### Influenza

The influenza surveillance programme concluded at the end of September. A total of 522 influenza viruses were identified between May and September. Influenza B virus predominated in all months except for September when type A (H3N2) was the most commonly identified virus (Figure 5). The predominant Australian strain in 1995, type A (H1N1), was only identified in three cases in New Zealand, probably due to residual immunity from a large outbreak of a similar virus here in 1992.

WHO characterisation of New Zealand influenza isolates in 1995 indicated the type B viruses were mostly similar to B/Beijing/184/93 and most A (H3N2) viruses closely resembled A/Johannesburg/33/94.

Thank you to the many people involved in the influenza surveillance programme, whose valued contributions are essential for a successful programme.

Figure 5. Influenza by type, January - September 1995



### Respiratory syncytial virus

The winter RSV outbreak in the Canterbury region followed a similar pattern to previous years but North Island centres reported a lower incidence and a peak which occurred later than the past few years. Nationally, compared with last year, there was a 47% reduction in the number of reported cases during the peak month (Figure 6).

Figure 6. RSV, laboratory-diagnosed cases by month

