

MONTHLY SURVEILLANCE REPORT

This monthly report contains data and commentary on disease trends and events up to and including the end of January 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 February 7th, 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 January 2002 and “previous rate” refers to the rate for the 12 month period ending January 2001.

Table of contents

1. Major surveillance issues	2
2. Key disease trends	2
Campylobacteriosis	2
Giardiasis	3
Hepatitis A	4
Malaria	5
Measles	6
Meningococcal disease	8
Mumps	8
Pertussis	9
Rubella	11
Salmonellosis	12
Verotoxigenic or shiga-toxin producing <i>Escherichia coli</i> (VTEC/STEC) infection	13
Yersiniosis	14
E13 Outbreak Report	15
3. Deaths from notifiable diseases (excluding AIDS)	17
4. Outbreaks	18
5. National surveillance data and trends	26
6. Surveillance data by health district - January 2002	27

1. Major surveillance issues

- The elevated rate of campylobacteriosis continues, with January 2002 having the highest monthly total (1513) ever reported in New Zealand.
- Relatively high rates of salmonellosis persist, with 235 notifications in January 2002. Almost half of the lab-reported isolates were *Salmonella* Typhimurium phage type 160 (STM 160).
- The pertussis epidemic which began in June 1999 is persisting, with 91 notifications in January. This is well above the inter-epidemic level of approximately 15 cases per month.
- An echovirus type 13 (E13) outbreak which first appeared in September 2001 is ongoing.

2. Key disease trends

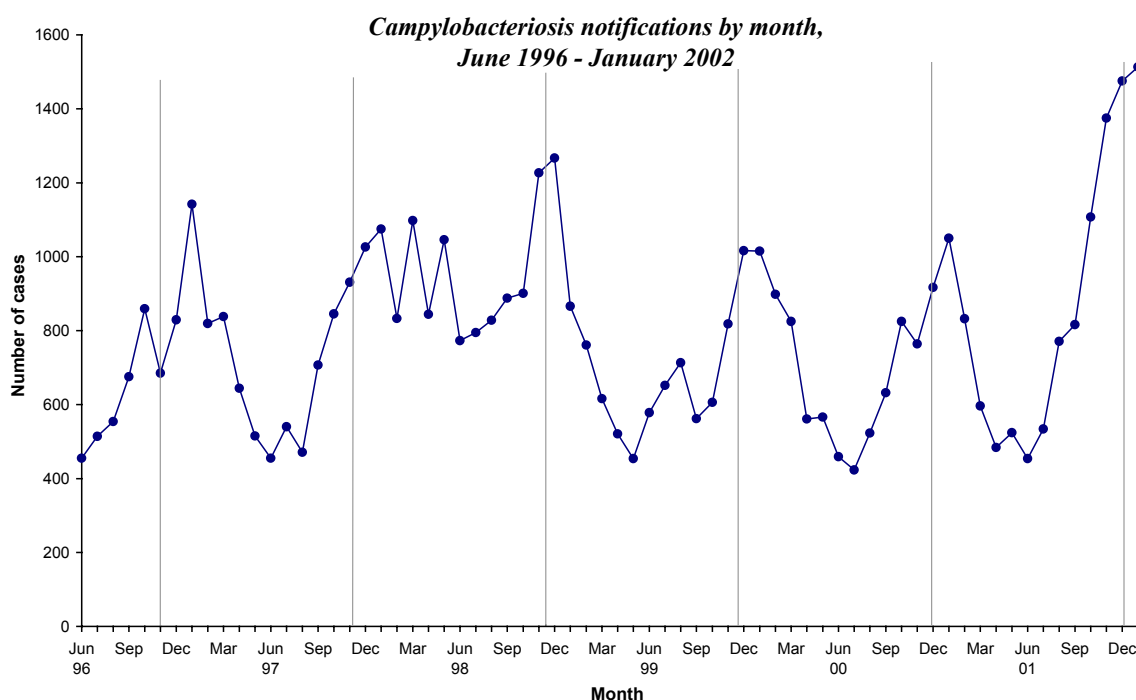
Campylobacteriosis

There were 1513 cases of campylobacteriosis notified during January 2002. In contrast, 1072 cases were notified during the same month last year. This monthly total is the highest reported total for any month since campylobacteriosis became notifiable in 1980.

Rates higher than the national rate of 292.1 per 100 000 were seen in Wellington (476.7), Waikato (356.3), Hutt (354.4), Taupo (348.5), South Canterbury (348.3), North West Auckland (334.3), Central Auckland (321.9), Hawkes Bay (305.3), Tauranga (300.5), and Taranaki (292.9) health districts.

Fifteen outbreaks were reported this month from Auckland (8), Manawatu (4), Wellington (2), and Hawkes Bay (1), health districts. These outbreaks were transmitted by food (7 outbreaks), water (2), zoonotic (1) and person-to-person contact (2). The mode of transmission was unknown for three outbreaks.

The following graph shows campylobacteriosis notifications by month since June 1996. It demonstrates the marked seasonality of campylobacteriosis incidence and the typical summer peak.



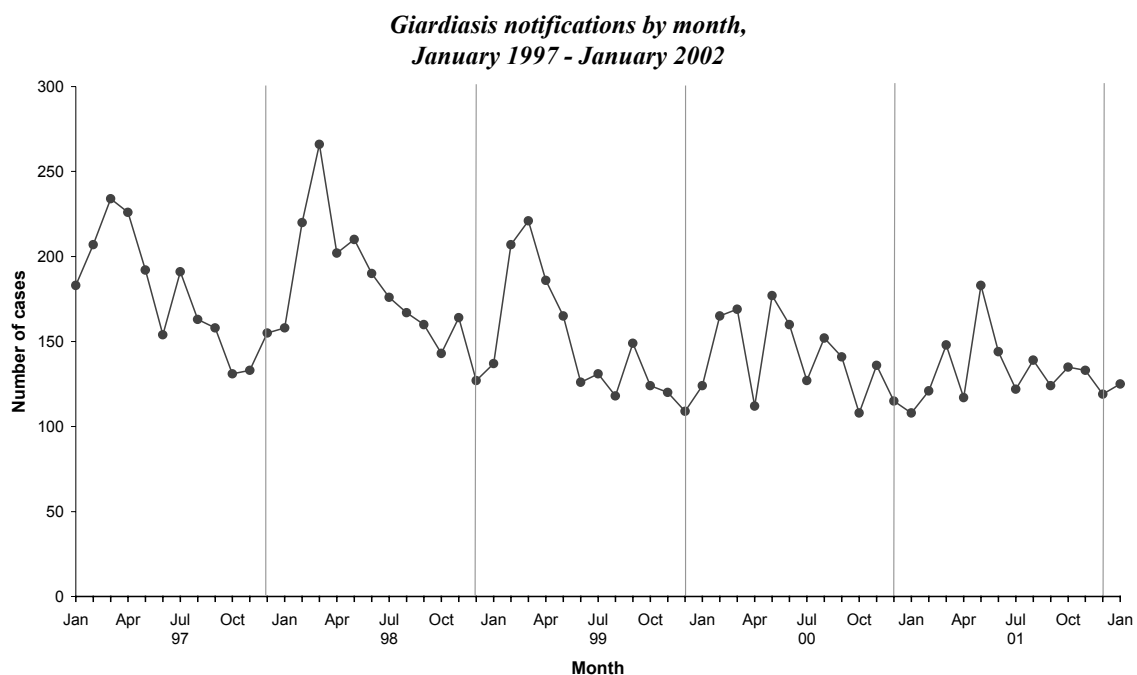
Risk factor information was infrequently recorded on the case report forms, with only 23.2% (351/1513) of notifications in January including information on human contact and only 33.5% (507/1513) including information on travel. Of these, 6.6% (23/351) had a history of contact with other symptomatic people and 4.7% (24/507) had been overseas during the incubation period.

Giardiasis

There were 125 cases of giardiasis notified during January 2002, compared to 110 cases notified during the same month last year.

Rates higher than the national rate of 44.7 per 100 000 were seen in Hawkes Bay (81.5), Central Auckland (66.5), Gisborne (65.6), Tauranga (64.7), Wellington (63.8), Bay of Plenty (57.7), North West Auckland (50.0), and Waikato (48.3) health districts.

As can be seen from the following graph, giardiasis typically exhibits less seasonal variation than other enteric diseases under surveillance.

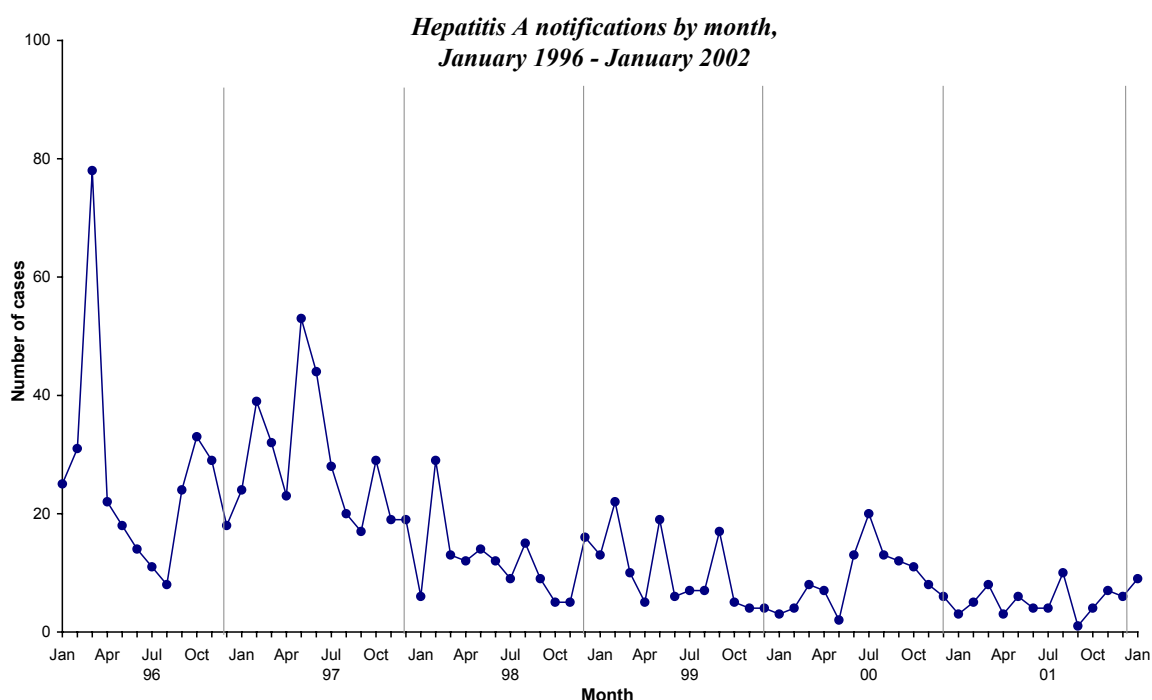


Among the 125 cases notified this month, 32.3% (10 of the 31 cases for which this information was recorded) had consumed untreated water, 51.5% (17/33) had recreational water contact, and 27.3% (9/33) had contact with a case.

Hepatitis A

Nine cases of hepatitis A were notified during January 2002, compared to three cases notified during the same month last year. Two small outbreaks of hepatitis A were reported from the Auckland region, together accounting for five cases.

The following graph shows the number of cases of hepatitis A notified each month since January 1996.



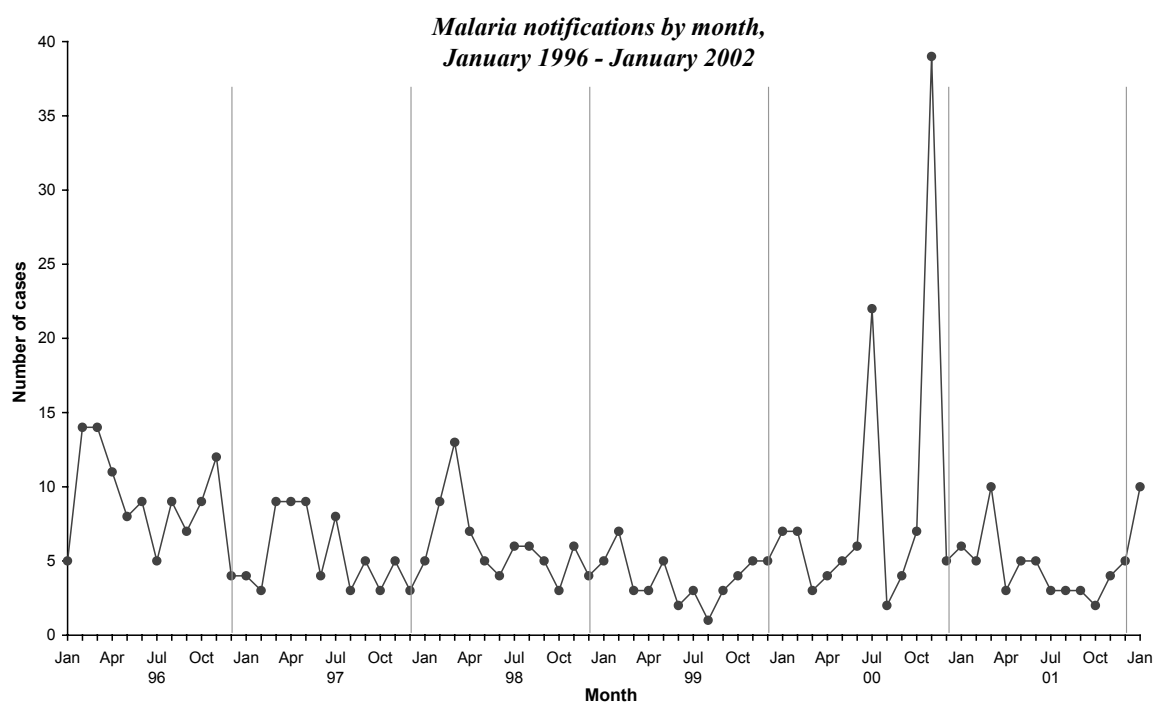
Of the nine January 2002 notifications, seven were notified from the combined Auckland health districts, and one each from the Waikato and Wellington health districts. Seven cases were Pacific People, two European and one of unknown ethnicity. Ages of notified cases ranged from 5 to 59 years.

Overseas travel information was recorded for three cases, all of whom had been overseas during the incubation period. The implicated countries were Samoa and Tajikistan.

Malaria

Ten cases of malaria were notified during January 2002, compared to six cases during the same month last year. Of the six cases for whom the information was recorded, four have been hospitalised. The majority of cases were male in the 20-29 age group.

The following graph shows the number of malaria notifications by month since January 1996.



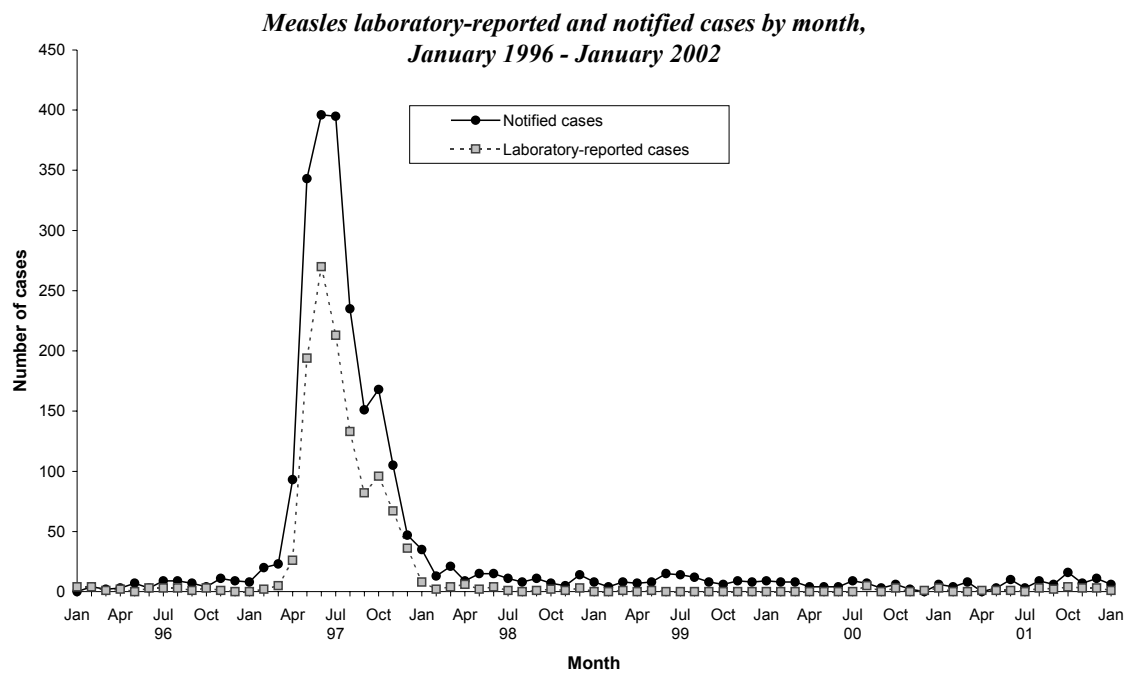
Four cases were notified from Manawatu health district, two from Otago health district and one case each from North West Auckland, Canterbury, Rotorua and South Canterbury health districts.

Overseas travel information was recorded for five of the ten notified cases, all five of whom had been overseas during the incubation period. Two cases had recently travelled to Papua New Guinea and one each to Pakistan, East Timor and India.

Measles

Six cases were notified during January 2002. Only one case has been laboratory confirmed. Laboratory results are awaited for one other case.

The following graph shows the number of notified and laboratory-reported cases each month since January 1996.



The cases were distributed across five health districts. Five cases were aged one year or less and no cases indicated overseas travel. The one laboratory-confirmed case had been immunised at fifteen months of age.

The table below shows the distribution by health district and the associated risk factors.

Measles notifications by age, immunisation status, and recorded risk factors, January 2002.

Health District	Lab Confirmed	Age	Contact with a case	Overseas during incubation	Immunisation Status
North West Auckland	Yes	1y	Unknown	Unknown	Immunised
Wairarapa	Not done	1y	No	Not recorded	Not recorded
Wellington	Not done	6m	No	Unknown	No
Nelson Marlborough	Awaiting results	1y	Unknown	Unknown	No
Canterbury	No	1y	No	No	No
Southland	Unknown	36y	Unknown	Not recorded	Not recorded

The last measles epidemic began four years and seven months ago in March 1997 when 23 cases were notified. Of these, five were laboratory confirmed (see section on measles from 1997 Annual Surveillance summary). The timing of future measles epidemics is difficult to predict because of a lack of reliable immunisation coverage data and the unknown impact of measles catch-up immunisation campaigns.

Local public health services should continue efforts to improve measles surveillance by encouraging case notification on suspicion and laboratory investigation of such

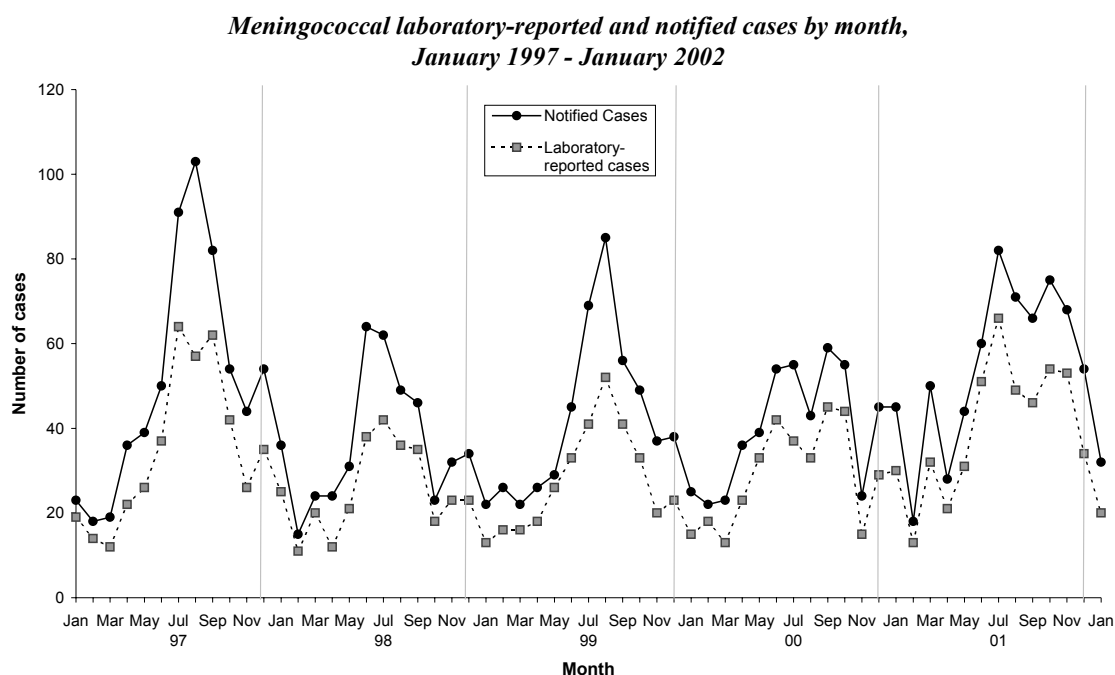
cases. It is also important to record risk factor information and immunisation status for cases, particularly those that are laboratory confirmed.

Meningococcal disease

A total of 32 cases of meningococcal disease was notified during January 2002. In contrast, 45 cases were notified during the same month last year.

Of the 32 cases notified during January this year, 20 had been laboratory confirmed at the time of this report.

Note: the data plotted below was derived using the earliest available data for the case (i.e. onset or hospitalisation date, if available, rather than report date).



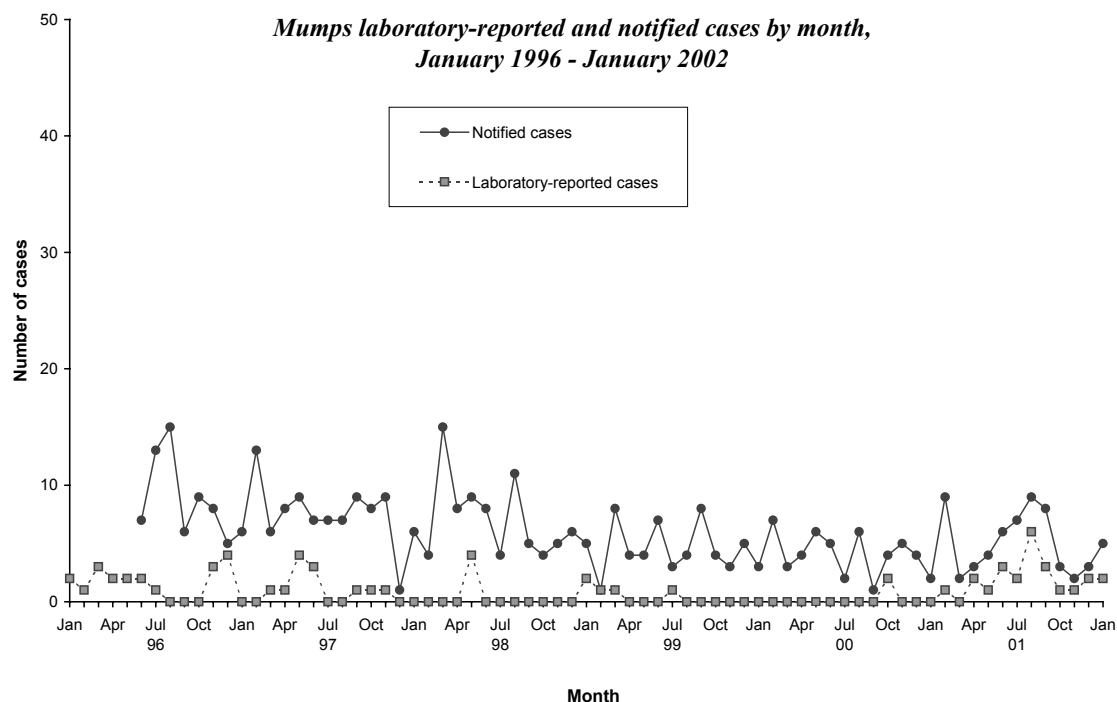
Note: All laboratory-reported cases have been notified.

Mumps

Five cases of mumps were notified in January 2002, none of whom has been laboratory-confirmed. One case received all three doses of MMR vaccine, whereas the immunisation status of the remaining four cases was not recorded.

A one year old male case was notified from North West Auckland health district, three cases from Otago health district (all in the 7-9 year age group), and one case (a 7 month old male) from Rotorua health district.

The following graph shows the number of notified cases and the number of laboratory-reported cases of mumps by month from January 1996.



Pertussis

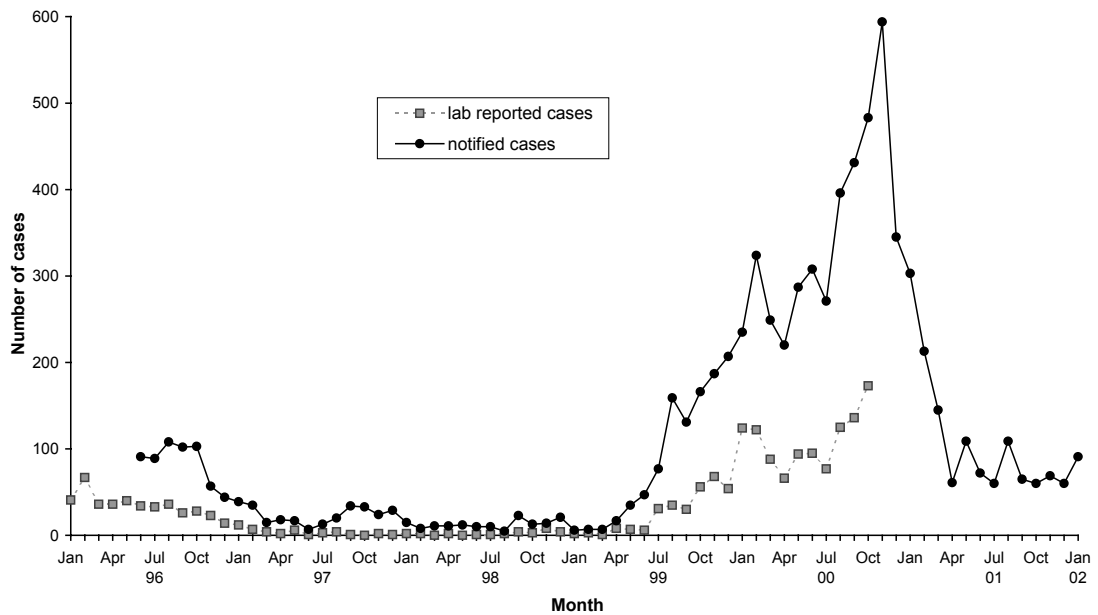
During January 2002, 91 cases of pertussis were notified, compared to 61 cases in December and 68 cases in November 2001. Of these cases 62.6% (57/91) were laboratory confirmed.

A total of 6534 cases of pertussis have been notified since the current epidemic began in June 1999. Of these, 3088 (47.3%) cases have been laboratory confirmed. There have been 486 hospitalisations (8.0% of cases for whom this information was recorded) and one death reported.

Incidence is still well above the inter-epidemic level of about 15 cases a month. January notifications were highest in Wellington (17 cases), North West Auckland (16), and Waikato (13) health districts.

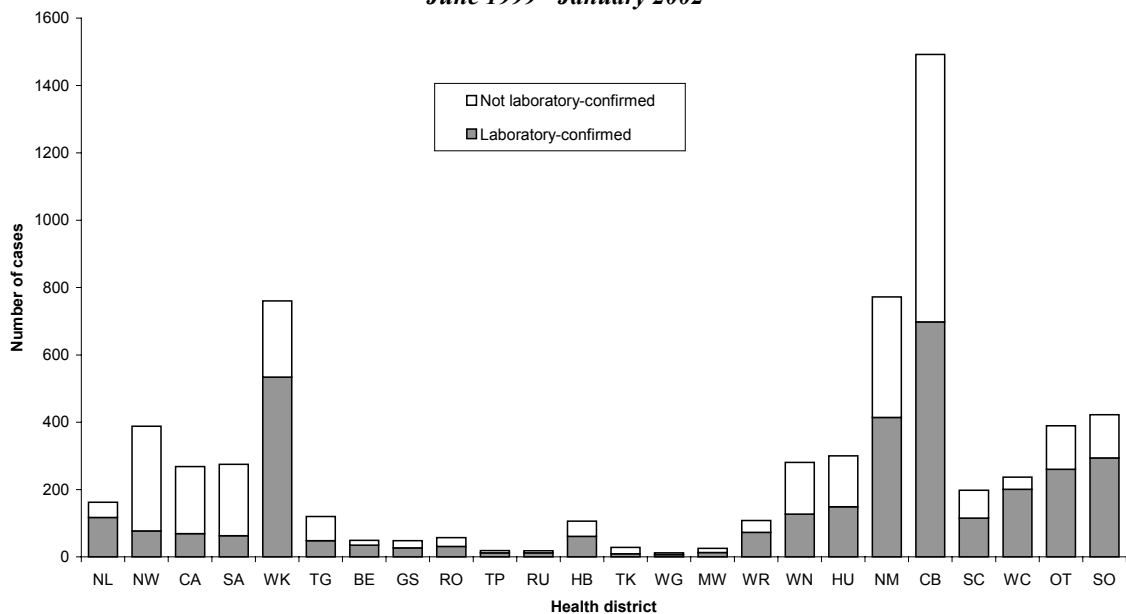
The following graph compares the number of laboratory-reported cases, between January 1996 and October 2000, with cases notified after June 1996, when pertussis became notifiable.

*Pertussis laboratory-reported and notified cases by month,
January 1996 - January 2002*



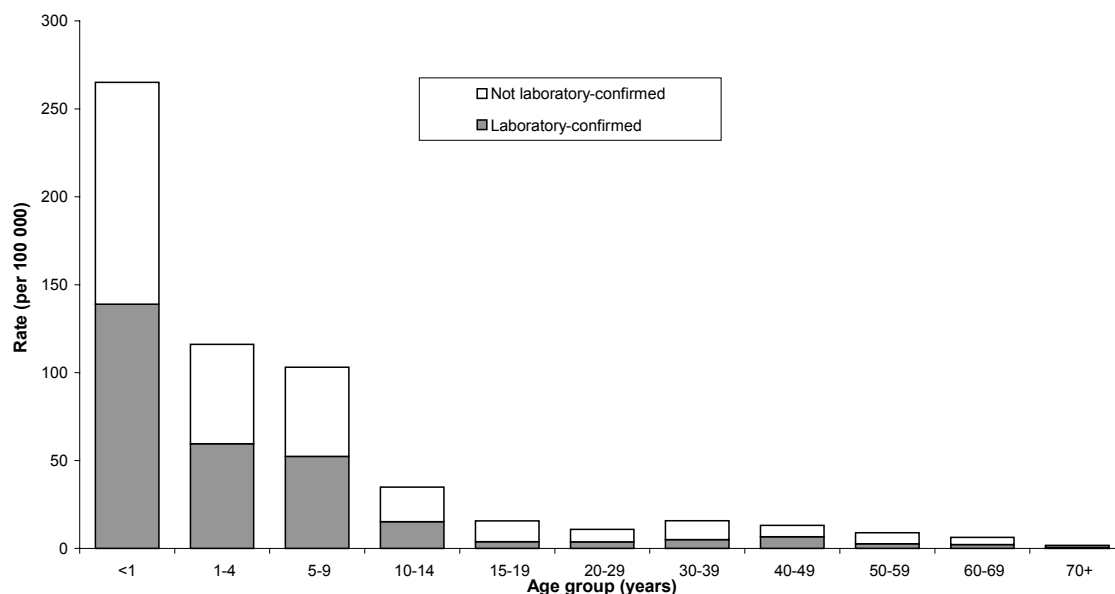
The graph below shows the number of cases of pertussis notified in each health district during the epidemic period. During this 32 month period (June 1999 to January 2002), the greatest number of cases was notified from Canterbury Health District, with 1492 notifications (53% laboratory confirmed by isolation or PCR), followed by Nelson-Marlborough with 772 (46% laboratory confirmed) and Waikato with 760 (30% laboratory confirmed). The laboratory confirmation rate was highest in the North West Health District (80.2% or 311/388 cases) and lowest in the West Coast Health District (15.2% or 36/237).

*Pertussis notifications by health district,
June 1999 - January 2002*



The following graph shows the notification rates for pertussis over the last twelve months by age group. The highest rate was reported amongst infants aged less than one year (138.9 per 100 000), followed by children aged 1-4 years (59.6) and 5-9 years (52.4). The highest proportion of laboratory confirmation was in the 1-4 year age band (52%), followed by under one year old (51%), and 5-9 years (51%) age bands.

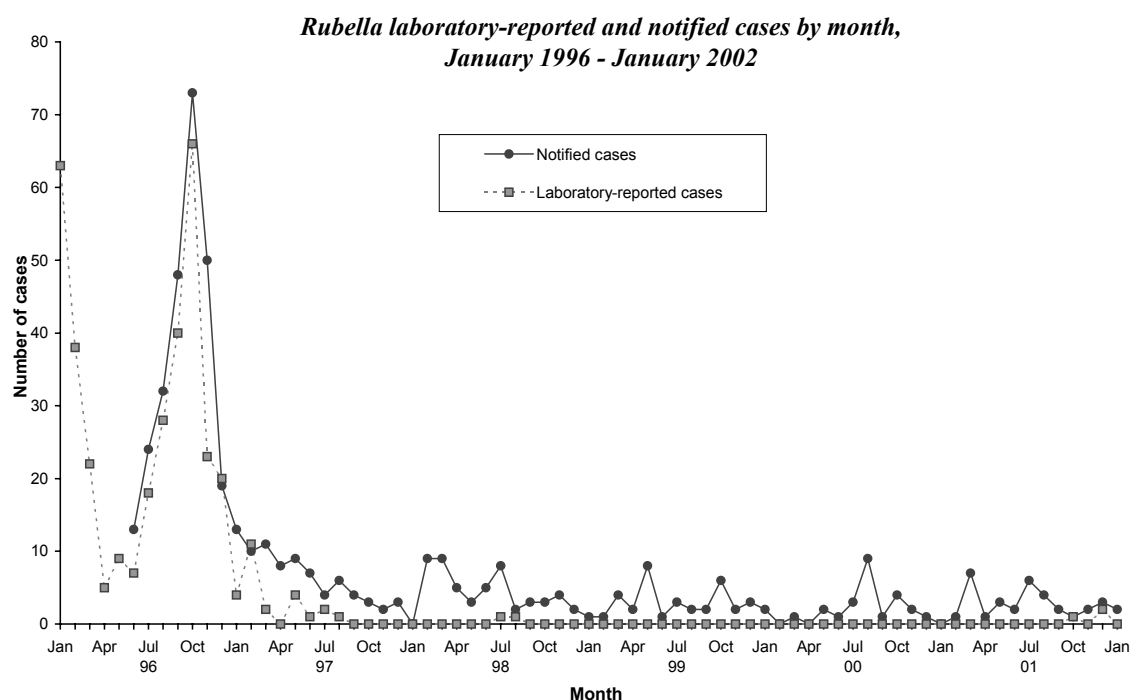
*Pertussis notifications by age group,
February 2001 - January 2002*



Rubella

Two cases of rubella were notified in January 2002: a one year old male from South Auckland health district and a three month old male from Nelson Marlborough health district. The latter case had contact with another case in the previous three weeks. Neither case was laboratory confirmed nor immunised.

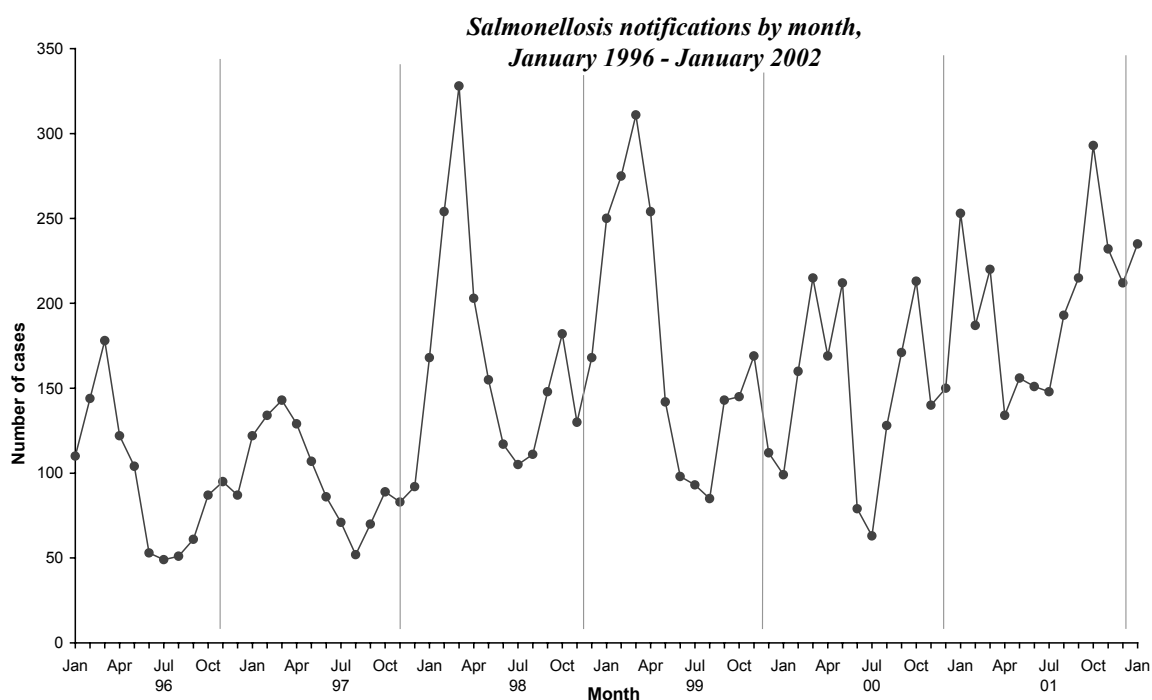
The following graph shows the number of notified and laboratory-reported cases of rubella by month from January 1996.



Salmonellosis

There were 235 salmonellosis notifications in January 2002, compared with 255 cases notified in the same month last year. Rates higher than the national rate of 65.9 per 100 000 were seen in Otago (97.9), Hawkes Bay (95.5), South Canterbury (88.0), Ruapehu (83.6), Nelson Marlborough (82.3), Wellington (79.0), West Coast (74.0), Southland (72.8), and Taranaki (70.2) health districts.

The following graph shows the number of salmonellosis notifications each month since January 1996. There were six outbreaks reported in January from Auckland (4), Waikato, and Hawkes Bay (1 each) health districts. These outbreaks were predominantly (5/6) transmitted by food, although no main sources of food were implicated.



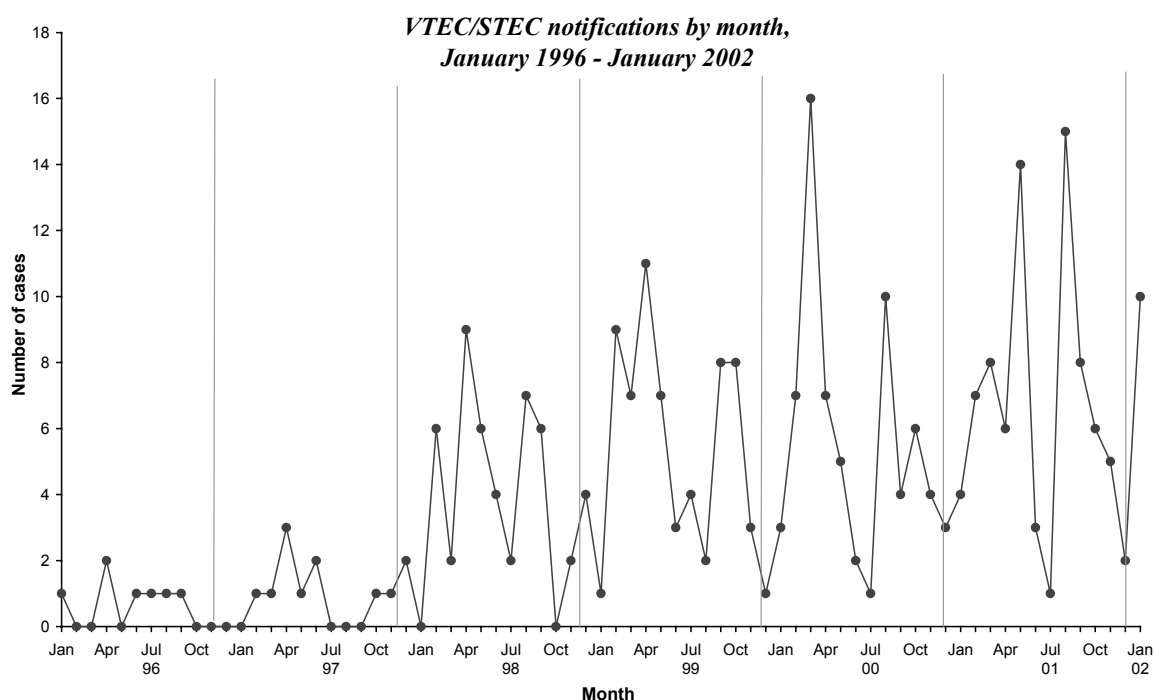
The ESR Enteric Reference Laboratory (ERL) identified 274 human cases from *Salmonella* isolates received during January 2002. The predominant types identified were *S. Typhimurium* phage type 160 (STM 160) (120 cases), *S. Typhimurium* 135 (42), and *S. Infantis* (16). The STM 160 epidemic has persisted for the sixth month.

The ERL identified 120 STM 160 cases in January, representing 44% of all cases identified during the month. The frequency of identification of *S. Brandenburg* by the ERL has declined from nine cases during December 2001 to three cases in January 2002.

Verotoxigenic or shiga-toxin producing *Escherichia coli* (VTEC/STEC) infection

Ten cases of VTEC/STEC infection were notified in January 2002. In contrast, four cases were notified during the same month last year. This is the highest January total since 1996. The cases were reported from Canterbury (3 cases), North West Auckland (2), Central Auckland, Taranaki, Waikato, Hutt and Wellington health districts (1 each). Three of the cases were aged under 5 years and the remaining cases were aged between 12 and 76 years.

The following graph shows the number of cases VTEC/STEC infection notified each month since January 1996.



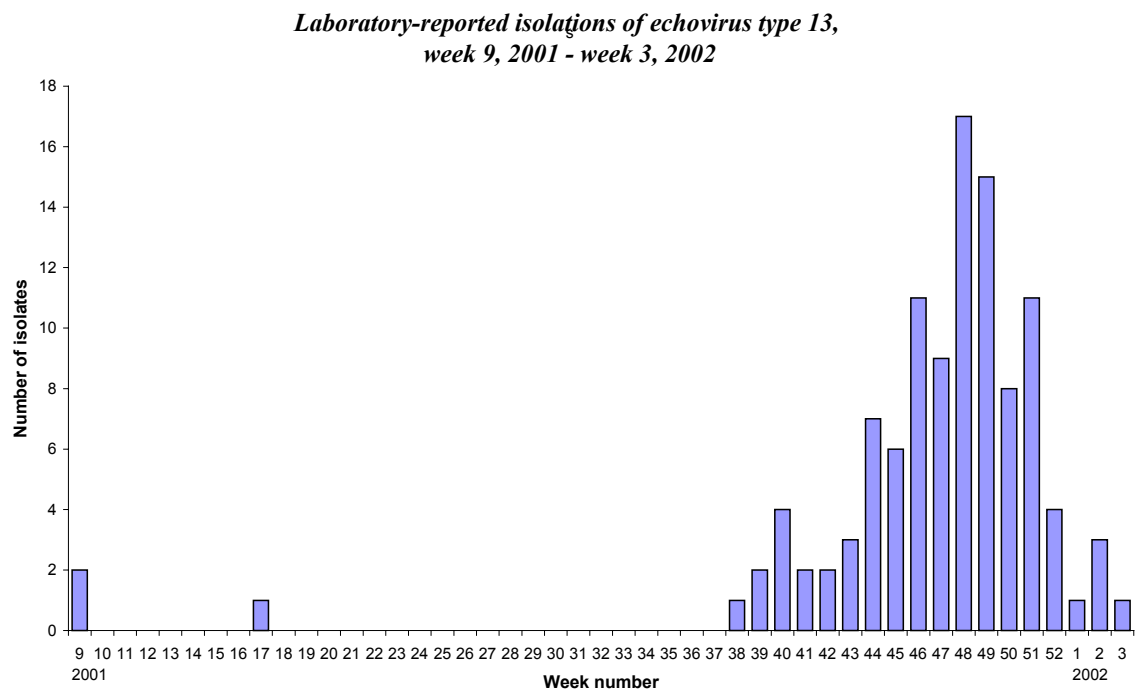
Yersiniosis

There were sixty-seven cases of yersiniosis notified in January 2002, compared to fifty-four cases notified during the same month last year.

Rates higher than the national rate of 12.2 per 100 000 were seen in Tauranga (22.2), West Coast (21.6), South Canterbury (201.), Gisborne (17.5), Waikato (16.9), Central Auckland (15.9), Wellington (14.3), South Auckland (12.6), and Hawkes Bay (12.5) health districts

The following graph shows the number of yersiniosis cases notified each month since June 1996.

The following graph shows the weekly number of laboratory-reported isolations of echovirus type 13 from week 9, 2001 to week 3, 2002.



3. Deaths from notifiable diseases (excluding AIDS)

No deaths from notifiable diseases were reported in January 2002.

Disease	No. of deaths reported Jan 2002	Cumulative no. of deaths reported in 2002
(All notifiable diseases)	0	0
Total	0	0

4. Outbreaks

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

Summary of January 2002 recorded outbreaks:

Organism/Toxin/Illness	Number of outbreaks	Total number of cases
<i>Campylobacter</i>	15	152
<i>Clostridium perfringens</i>	1	2
<i>Cryptosporidium</i>	1	3
Gastroenteritis	17	71
Hepatitis A	1	3
<i>Nisseria meningitidis</i> P1.4	1	2
Norwalk-like virus	4	38
Rotavirus	2	22
<i>Salmonella</i>	6	41
Total	48	334

In addition 21 preliminary outbreak reports were received from Auckland (Gastroenteritis, Hepatitis A, *Salmonella* and Scrombotoxin) and Otago (Gastroenteritis). These outbreaks will be reported in the monthly table, when further information has become available.

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Completed outbreak reports received by ESR during January 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>Campylobacter</i>	Auckland	Nov 2000 - Jan 2001	63	2	0	0	Unk	Home	Foodborne (chicken schnitzel)	Undercooking
<i>Campylobacter</i>	Auckland	Oct	5	2	0	2	4	Home	Person to person	Exposure to infected people
<i>Campylobacter</i>	Auckland	Nov	1	2	0	0	2	Home	Foodborne (BBQ chicken and steak)	Undercooking
<i>Campylobacter</i>	Auckland	Nov	9	5	0	0	Unk	Child care centre	Waterborne; environmental	Contamination of source water; untreated water supply; exposure to contaminated environment(s); exposure to infected animals or animal products
<i>Campylobacter</i>	Auckland	Nov	2	1	0	1	2	Restaurant / café	Foodborne (butter chicken)	Improper storage prior to preparation; undercooking; inadequate cooling or refrigeration; cross contamination
<i>Campylobacter</i>	Auckland	Nov	3	2	0	0	Unk	Home	Foodborne (BBQ chicken and sausages); waterborne	Unknown
<i>Campylobacter</i>	Auckland	Dec*	Unk	1	0	1	Unk	Unknown	Unknown	Unknown

Outbreaks cont.

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				
<i>Campylobacter</i>	Auckland	Jan	2	3	0	0	Unknown	Unknown	Unknown
<i>Campylobacter</i>	Hawkes Bay	May - Jun	33	2	95	19	School	Waterborne	Contamination of source water
<i>Campylobacter</i>	Manawatu	Nov	6	3	0	0	Abattoir or meat processing plant	Zoonotic	Exposure to infected animals or animal products
<i>Campylobacter</i>	Manawatu	Nov	2	2	0	0	Caterers	Foodborne	Unknown
<i>Campylobacter</i>	Manawatu	Dec	1	1	0	1	Home	Unknown	Unknown
<i>Campylobacter</i>	Manawatu	Dec - Jan	20	2	0	0	Home; farm	Person to person	Poor hygiene of cases
<i>Campylobacter jejuni</i>	Wellington	Nov	24	3	0	0	Restaurant / café	Foodborne	Unknown
<i>Campylobacter jejuni</i>	Wellington	Nov	3	2	0	0	Home	Foodborne	Unknown

Outbreaks cont.

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				
<i>Clostridium perfringens</i>	Auckland	Dec	1	2	0	0	Restaurant / café	Foodborne (chicken)	Improper hot holding; cross contamination; lack of food safety knowledge;
<i>Cryptosporidium parvum</i>	West Coast	Nov - Dec	13	1	0	2	Home; farmlet	Person to person; zoonotic	Poor hygiene of cases; exposure to infected animals or animal products;
Gastroenteritis	Auckland	Oct	1	0	0	2	Bakery	Foodborne (steak & cheese pie)	Inadequate reheating of previously cooked food; inadequate cooling or refrigeration; cross contamination
Gastroenteritis	Auckland	Oct	2	0	0	2	Takeaways	Unknown	Unknown
Gastroenteritis	Auckland	Oct	1	0	0	3	Restaurant / café	Foodborne (chicken burgers)	No temperature monitoring
Gastroenteritis	Auckland	Oct	1	0	0	2	Restaurant / café	Unknown	Unknown
Gastroenteritis	Auckland	Oct	2	0	0	5	Home; takeaways	Unknown	Unknown
Gastroenteritis	Auckland	Nov	2	0	0	4	Unknown	Unknown	Unknown

Outbreaks cont.

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.				
Gastroenteritis	Auckland	Nov	1	0	0	2	2	Home	Unknown	Unknown
Gastroenteritis	Auckland	Nov	1	0	0	2	2	Takeaways	Foodborne (fried chicken)	No monitoring of temperature; unknown factors
Gastroenteritis	Auckland	Dec *	Unk	0	0	7	Unk	Unknown	Unknown	Unknown
Gastroenteritis	Auckland	Dec	1	0	0	2	2	Takeaways	Foodborne (salmon and avocado sushi)	Unknown
Gastroenteritis	Auckland	Dec	1	0	0	2	2	Bakery	Foodborne (pineapple cream cake)	Unknown
Gastroenteritis	Auckland	Dec	1	0	0	3	3	Home; takeaways	Foodborne (pizza); person to person	Improper storage prior to preparation

Outbreaks cont.

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.				
Gastroenteritis	Auckland	Jan	1	0	0	2	2	Takeaways	Foodborne (burgers)	Unknown
Gastroenteritis	Gisborne	Dec	2	0	0	6	12	Workplace (retail)	Foodborne	Unknown
Gastroenteritis	Wellington	Dec	2	0	0	2	8	Restaurant / café	Unknown	Unknown
Gastroenteritis	Wellington	Dec	1	0	0	2	2	Restaurant / café	Foodborne (Terakahi fish)	Unknown
Gastroenteritis	West Coast	Dec	2	0	0	23	36	Caterers; pub	Foodborne (chicken or fish pie)	Inadequate reheating of previously cooked food; preparation too far in advance; inadequate cooling or refrigeration
Hepatitis A	Auckland	Nov	2	3	0	0	10	Home	Person to person	Poor hygiene of cases
<i>Neisseria meningitidis</i>	South Canterbury	Nov / Dec	14	2	0	0	60	Child care centre	Person to person	Exposure to infected people

Outbreaks cont.

Suspected pathogen/toxin/illness	Public Health Service	Month of OB	Duration of OB (days)	Cases		Prob.	Est. no. exposed	Setting	Suspected mode of transmission	Probable factors contributing to OB
				Lab Conf	Oth Conf					
Norwalk-like virus	Auckland	Oct	1	1	0	1	2	Unknown	Unknown	
Norwalk-like virus	Auckland	Nov	4	3	0	12	22	Hotel / Motel	Foodborne; person to person	Contamination from an infected food handler; exposure to infected people; poor hygiene of case
Norwalk-like virus	Auckland	Dec	7	5	0	14	36	Child care centre	Person to person	Exposure to infected people
Norwalk-like virus	Auckland	Dec / Jan	2	0	0	2	85	Caterers	Foodborne (canapes)	Unknown
Rotovirus	Wellington	Oct	21	3	0	9	33	Child care centre	Person to person	Exposure to infected people
Rotovirus	Wellington	Oct	7	3	0	7	29	Child care centre	Person to person	Exposure to infected people
<i>Salmonella</i>	Auckland	Oct	1	2	0	0	2	Restaurant / café	Foodborne (satay chicken)	(Lack of) cooking temperature monitoring
<i>Salmonella</i>	Auckland	Dec	1	2	0	1	3	Home	Foodborne (BBQ)	Unknown

Outbreaks cont.

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>Salmonella</i>	Auckland	Dec	2	4	0	5	13	Restaurant / café	Foodborne (hollandaise sauce with raw egg. Also rotisserie chicken)	Inadequate reheating of previously cooked food; inadequate cooling or refrigeration; cross contamination; use of ingredients from unsafe source
<i>Salmonella</i>	Auckland	Dec	2	2	0	0	Unk	Unknown	Unknown	Unknown
<i>Salmonella</i>	Waikato	Apr	2	11	0	10	55	Home; hotel / motel; community / church gathering	Foodborne; person to person	Cross contamination; contamination from an infected handler
<i>Salmonella</i>	Hawkes Bay	Nov	2	1	0	3	Unk	Restaurant / café	Foodborne	Unknown

5. National surveillance data and trends

Disease ¹	Current year - 2002 ²			Previous year - 2001		
	Jan 2002 cases	Cumulative total since 1 January	Current rate ³	Jan 2001 cases	Cumulative total since 1 January	Previous rate ³
AIDS	1	1	0.7	4	4	0.8
Campylobacteriosis	1513	1513	292.1	1072	1072	234.3
Cholera	0	0	0.1	0	0	0
Creutzfeldt-Jakob disease	0	0	0	0	0	0.1
Cryptosporidiosis	37	37	33.3	35	35	21.9
Dengue fever	0	0	2.6	0	0	0.2
Gastroenteritis ⁴	57	57	24.8	101	101	21.7
Giardiasis	125	125	44.7	110	110	46.2
<i>H. influenzae</i> type b disease	0	0	0.3	1	1	0.4
Hepatitis A	9	9	1.9	3	3	3.0
Hepatitis B (acute) ⁵	7	7	1.7	3	3	1.9
Hepatitis C (acute) ⁵	1	1	1.7	1	1	2.0
Hydatid disease	0	0	0.2	1	1	0.1
Influenza ⁶	3	3	18.4	3	3	6.9
Lead absorption	7	7	3.2	20	20	3.8
Legionellosis ⁶	7	7	1.6	6	6	1.9
Leprosy	0	0	0.1	0	0	0.1
Leptospirosis	11	11	2.9	10	10	2.8
Listeriosis	2	2	0.5	2	2	0.6
Malaria	10	10	1.6	6	6	3.0
Measles	6	6	2.4	6	6	1.7
Meningococcal disease	35	35	17.5	45	45	13.8
Mumps	5	5	1.7	2	2	1.4
Paratyphoid	0	0	0.7	1	1	0.7
Pertussis	91	91	30.7	309	309	116.4
Rheumatic fever	3	3	3.0	7	7	4.1
Rubella	2	2	0.9	0	0	0.7
Salmonellosis	235	235	65.9	255	255	54.0
Shigellosis	12	12	4.4	9	9	3.1
Tetanus	0	0	0.1	0	0	0
Tuberculosis	33	33	10.4	37	37	10.2
Typhoid	1	1	0.6	5	5	0.7
VTEC / STEC infection	10	10	2.4	4	4	1.9
Yersiniosis	67	67	12.2	54	54	11.1

Notes: ¹ Other notifiable infectious diseases reported in January :Nil

² These data are provisional

³ Rate is based on the cumulative total for the current year (12 months up to and including January 2002) or the previous year (12 months up to and including January 2001), 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

Surveillance data by health district - January 2002

Cases this month

Current rate¹

Disease	Cases for January 2002, ² and current rate ^{1,2} by health district ^{3,4}																								
	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 ⁵	0	1			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	0	1.6			0	1.8	0	0	0	0	0	0	0	0	0	0	0.5		0	0	1.0	0	0	0	
Campylobacteriosis	15	191	140	106	145	51	16	12	21	16	40	1	66	19	43	5	136	66	30	5	230	41	83	35	
	164.9	334.3	321.9	252.0	356.3	300.5	184.9	185.8	249.5	348.5	292.9	119.4	305.3	210.0	192.2	239.2	476.7	354.4	138.1	228.2	271.3	348.3	250.2	256.0	
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	0.3	0.3	0.3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Creutzfeldt-Jakob 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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.3	0	0	0	
Cryptosporidiosis	0	2	2	2	2	1	0	0	1	1	1	0	2	0	1	1	6	3	1	1	1	3	4	2	
	19.0	19.0	28.3	22.5	62.1	29.3	15.9	28.4	37.2	81.4	20.6	0	111.5	50.5	28.6	18.2	39.1	13.6	7.7	27.8	14.7	65.4	38.8	60.2	
Dengue fever	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	2.9	3.8	5.8	3.5	1.7	2.7	0	0	1.5	9.8	0	0	0	0	2.7	0	2.5	3.8	0.9	0	2.3	1.3	1.2	1.8	
Gastroenteritis	0	10	7	0	1	0	1	0	0	0	2	0	0	0	0	0	10	3	1	0	10	0	11	1	
	17.5	23.8	30.4	11.4	4.0	8.9	9.9	67.8	13.9	42.3	22.5	0	4.9	14.7	18.0	26.0	21.4	13.6	24.9	12.3	70.6	23.9	44.6	7.2	
Giardiasis	1	20	16	6	10	7	1	3	0	1	2	0	15	1	1	0	17	2	6	3	7	1	1	4	
	21.2	50.0	66.5	41.0	48.3	64.7	57.7	65.6	41.8	29.3	24.3	17.9	81.5	32.6	27.3	18.2	63.8	32.4	40.3	27.8	40.4	26.4	25.5	18.0	
H. influenzae type b 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	0.3	0.3	0	0	0	0	2.2	0	0	1.9	0	0.7	0	0	0	0.4	0.8	0	0	0.3	0	0	0	
Hepatitis A	0	0	3	4	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	
	0	1.3	4.9	7.9	1.3	0	0	4.4	0	0	0	0	0	0	0	2.6	2.9	1.5	0	0	0.5	0	0	0	
Hepatitis B	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	2	0	0	0	
	2.2	2.0	2.0	0.9	2.0	3.5	0.0	0.0	0.0	6.5	0.0	0.0	4.2	0.0	0.7	7.8	2.1	0.8	1.7	6.2	1.3	0.0	1.2	0.9	
Hepatitis C	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	
	1.5	0.5	0.9	0.6	0	16.0	6.0	2.2	7.7	6.5	0	0	1.4	0	0	0	2.5	2.3	0.9	3.1	1.6	0	0.6	1.8	
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	0.3	0	0	0	0	0	2.2	0	0	0	0	0	0	0	0	0.4	0	0	0	0.5	0	0	0	
Influenza ⁵	0	0	2	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	0	0	67.1	0.3	53.9	0	0	0	0	0	0	0	0	0	0	0	24.7	0	0	0	50.4	0	8.7	0	
Lead absorption	0	1	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	1	
	2.9	1.0	2.6	0.9	5.3	2.7	2.0	2.2	3.1	0	4.7	6.0	2.8	1.6	6.0	2.6	0.8	0	6.0	0	3.4	12.6	8.7	3.6	
Legionellosis ²	1	0	0	1	0	0	0	0	0	0	0	0	1	1	0	1	1	0	0	0	1	0	0	0	
	3.6	0.8	0.6	0.9	5.3	0.9	0	0	0	0	0	0	0.7	3.3	0	5.2	2.5	3.0	0	0	2.6	1.3	1.2	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	0.3	0.3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Leptospirosis	1	2	0	0	2	0	0	0	0	0	1	0	2	0	1	0	1	0	0	0	0	1	0	0	
	11.7	1.3	0.3	0.6	6.3	4.4	2.0	17.5	3.1	3.3	2.8	6.0	10.5	0	4.7	0	1.2	0	1.7	3.1	1.0	8.8	0.6	0.9	
Listeriosis	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	0.7	0.8	0.9	0.3	0.3	1.8	0	2.2	0	0	0.9	0	0	0	0	0	0.4	0	0	0	0.3	1.3	1.2	0	
Malaria	0	1	0	0	0	0	0	0	1	0	0	0	0	0	4	0	0	0	0	0	1	1	2	0	
	0.7	0.5	1.7	0.9	1.7	1.8	0	0	1.5	0	0.9	6.0	0.7	0	4.7	0	2.1	1.5	3.4	3.1	2.6	2.5	1.7	0.9	
Measles	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	1	0	1	0	0	1	
	2.2	1.5	1.7	1.2	0	6.2	0	6.6	0	0	1.9	0	4.2	0	1.3	5.2	2.5	0	5.1	12.3	3.9	0	2.9	8.1	
Meningococcal disease	2	3	2	5	2	2	0	0	5	1	0	0	4	0	1	0	3	0	1	1	1	0	1	1	
	25.5	9.1	22.3	33.4	24.5	14.2	33.8	21.9	37.2	39.1	9.4	6.0	21.6	8.1	12.6	28.6	9.9	12.1	11.1	12.3	4.7	3.8	31.3	9.9	
Mumps	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	
	5.1	0.5	1.2	1.2	0	0.9	4.0	0	3.1	0	0	6.0	3.5	0	1.3	2.6	1.6	3.0	0.9	0	2.1	2.5	5.8	0	
Paratyphoid	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	0.8	2.9	1.2	0	0.9	0	0	0	0	0.9	0	2.1	0	0.7	0	0.8	0	0	0	0.3	0	0	0	
Pertussis	3	16	3	6	13	1	0	0	0	0	0	0	3	0	0	0	17	7	2	1	11	2	1	5	
	19.0	17.8	13.0	15.2	58.8	25.7	8.0	4.4	10.8	9.8	3.7	17.9	10.5	13.0	4.7	20.8	42.0	76.2	138.1	86.3	35.2	26.4	27.2	47.6	
Rheumatic fever	0	0	0	0	1	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	
	6.6	1.8	9.8	8.2	3.3	0.9	15.9	4.4	0	3.3	0.9	6.0	1.4	1.6	0	2.6	1.2	0.8	0	0	0	0	0	0	
Rubella	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	
	0	0.8	0	0.9	0	0	0	0	0	0	0.9	0	7.0	0	0	0	1.6	0.8	0.9	0	1.8	0	0	1.8	
Salmonellosis	2	23	20	21	10</																				