

## MONTHLY SURVEILLANCE REPORT

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

### Table of contents

<b>1. Major surveillance issues</b>	<b>2</b>
<b>2. Key disease trends</b>	<b>3</b>
Campylobacteriosis	3
Cryptosporidiosis	4
Dengue	5
Leprosy	6
Measles	6
Meningococcal disease	7
Mumps	9
Pertussis	9
Rubella	11
Salmonellosis	11
Tuberculosis	13
Typhoid	13
VTEC/STEC infection	13
<b>3. Deaths from notifiable diseases</b>	<b>15</b>
<b>4. Outbreaks</b>	<b>16</b>
Final outbreak reports	16
Interim outbreak reports	18
<b>5. National surveillance data and trends</b>	<b>19</b>
Disease incidence and rates	19
Monthly totals for February 2003 and preceding 12 months	20
Surveillance data by health district for February 2003	21

## 1. Major surveillance issues

- *Campylobacteriosis*: Notifications dropped from a peak of 1788 cases in January 2003 to 1241 cases in February 2003. Rates nevertheless remain higher than usual for this time of year.
- *Cryptosporidiosis*: 60 notifications were received in February. Of these, 30 were reported from Wellington Health District and 12 from Otago Health District. One outbreak, linked to an infected Wellington swimming pool, is ongoing.
- *Dengue fever*: 6 dengue fever notifications were received in February. Of these, five cases reported recent travel to Fiji.
- *Meningococcal disease*: 38 cases were reported in February 2003, compared to just 25 cases during the same month last year.
- *Pertussis*: 48 cases were notified during February 2003. Monthly notification rates, although still higher than normal during an inter-epidemic period, are currently at their lowest level since the last epidemic.
- *Salmonellosis*: 166 notifications were received in February 2003. Canterbury Health District experienced rates over twice the national rate.
- *Typhoid*: 6 cases were notified during February, of whom five were laboratory confirmed. One case recorded travel to Samoa, another recorded travel to India.

## 2. Key disease trends

### Campylobacteriosis

There were 1241 cases of campylobacteriosis notified during February 2003 of whom 1173 (94.5%) were confirmed. Although this is a 31% decrease from a peak of 1788 notifications in January 2003, it is still the highest number of notifications for the month of February recorded in the past nine years.

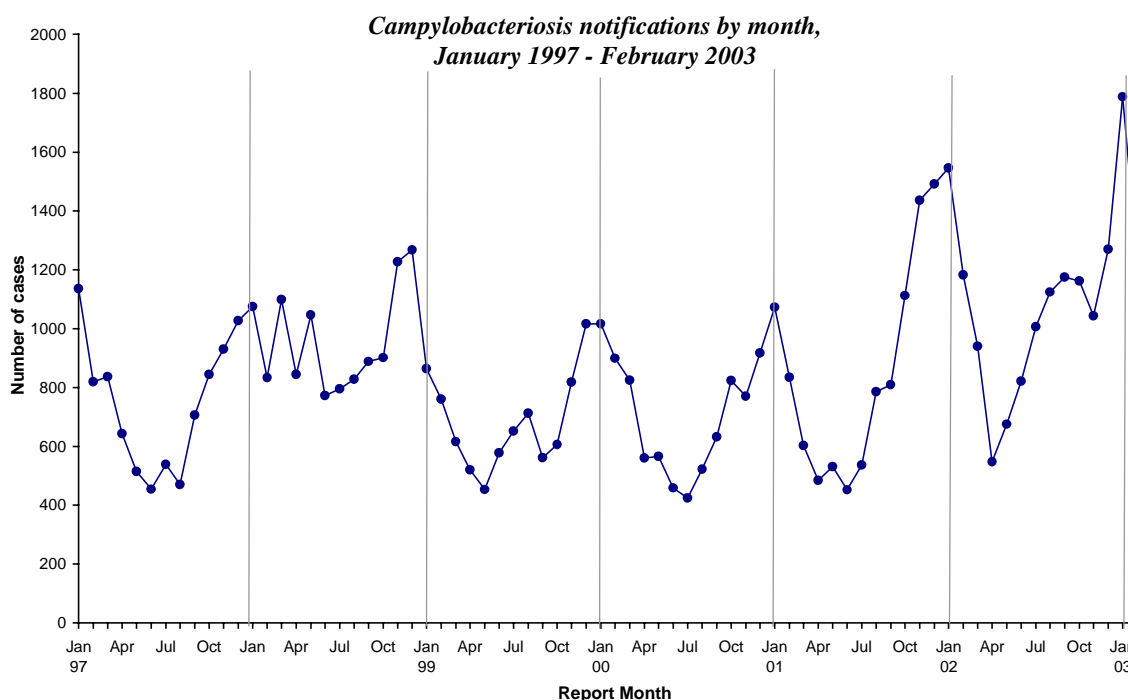
Incidence rates in February 2003 were highest in the '20 to 29 years' age group with a monthly rate of 48.1 cases per 100 000 (234 cases), and next highest in the '1 to 4 years' age group with a monthly rate of 43.5 per 100 000 population (94 cases). In comparison, annual rates for 2002 were almost five times higher in the '1 to 4 years' age group than in the '20-29 years' age group. Approximately 88% of February cases (for whom ethnicity was recorded) were of European ethnicity. The male to female ratio was 1.2:1. There were 28 hospitalisations (6.4% of cases for whom this information was recorded).

Among all health districts, the incidence rate in February was highest in Taupo, with a monthly rate of 60.3 per 100 000 (19 cases), compared to a national rate of 33.2 per 100 000. Monthly rates were next highest in Canterbury and South Canterbury health districts, with rates of 51.5 and 51.2 per 100 000, respectively. Just three South Island health districts (Canterbury, West Coast and Otago) reported more cases during February 2003 than the previous month. Notifications from Wellington Health District<sup>1</sup> dropped markedly, from a peak of 262 cases in January to 119 cases in February 2003.

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

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<sup>1</sup> 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 District. Age adjusted rates were highest in South Canterbury Health District during 2002, and highest in Wellington Health District during 2001.



Risk factor information was infrequently recorded on the case report forms, with less than 20% of notifications in February including information on any given risk factor. Of those cases for whom the information was recorded, 65% 'ate out' during the incubation period, 22% reported recreational contact with water, 18% had a history of contact with other symptomatic people, and 17% reported exposure to farm animals.

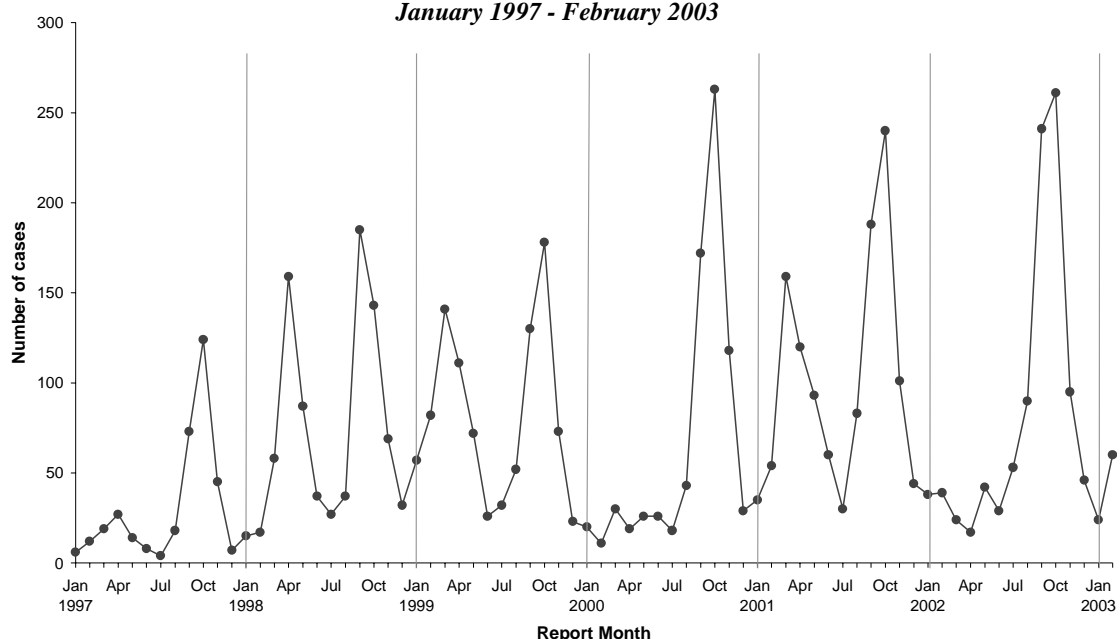
At the time of this report, 1088 notifications for the month of March 2003 had been received.

## **Cryptosporidiosis**

Sixty cases of cryptosporidiosis were notified in February 2003, of whom 58 (97%) were confirmed. The majority (70%) of cases were aged nine years of less. Age-specific rates were highest in the '1 to 4 years' age group, with a monthly rate of 11.6 per 100 000, compared to an overall rate of 1.6 per 100 000. The male to female ratio was 1.4:1. Thirty (50%) cases were reported from Wellington Health District, compared to just one case the month before. Incidence was next highest in Otago Health District with 12 cases, compared to three the previous month. Of the 39 cases for whom this information was recorded, 33 (85%) reported recreational contact with water. Nineteen cases reported swimming at one Wellington Aquatic Centre and six cases reported swimming at a Dunedin pool. Among cases for whom this information was recorded, 59% reported contact with children in nappies or other faecal matter, and 26% reported contact with farm animals.

The following graph shows the number of notified cases of cryptosporidiosis each month since January 1997.

*Cryptosporidiosis notifications by month,  
January 1997 - February 2003*



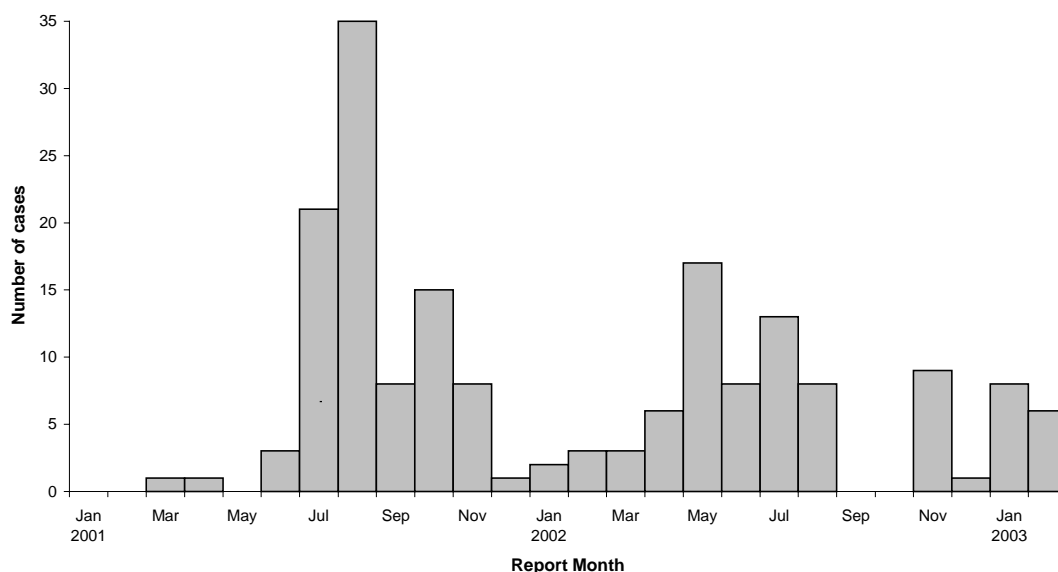
At the time of this report, 50 notifications for the month of March 2003 had been received.

## Dengue

Six cases of dengue fever were notified in February 2003, of whom five were laboratory-confirmed. This brings the year-to-date notification total to 14. All five February cases for whom travel information was recorded had been in Fiji during the incubation period. The cases ranged in age from 10 to 47 years. Two cases were male and four were female. Hospitalisation status was recorded for five cases, of whom two were hospitalised.

The following graph shows the number of monthly dengue notifications since January 2001.

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



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

## **Leprosy**

One confirmed case of leprosy was notified in February from South Auckland Health District. The case, a 53-year-old Indian male, was diagnosed with lepromatous leprosy. This is the first notified case of leprosy this year to date. Three cases of leprosy were notified in 2002 (two of borderline leprosy and one of unknown clinical form), and three cases of tuberculoid leprosy were notified in 2001. Since 1995 a total of 39 cases of leprosy have been notified in Pacific Islands people (25 cases), Indians (6), East or South Asians (4) and Africans (4). Of these, 32 (82%) cases resided in the Auckland region.

## **Measles**

There was just one case of measles notified during February 2003. The case was an unvaccinated one-year-old male from Waikato Health District. Laboratory results are awaited. There was also one laboratory-reported yet un-notified case of measles in February, that of a 19-month-old male from Canterbury.

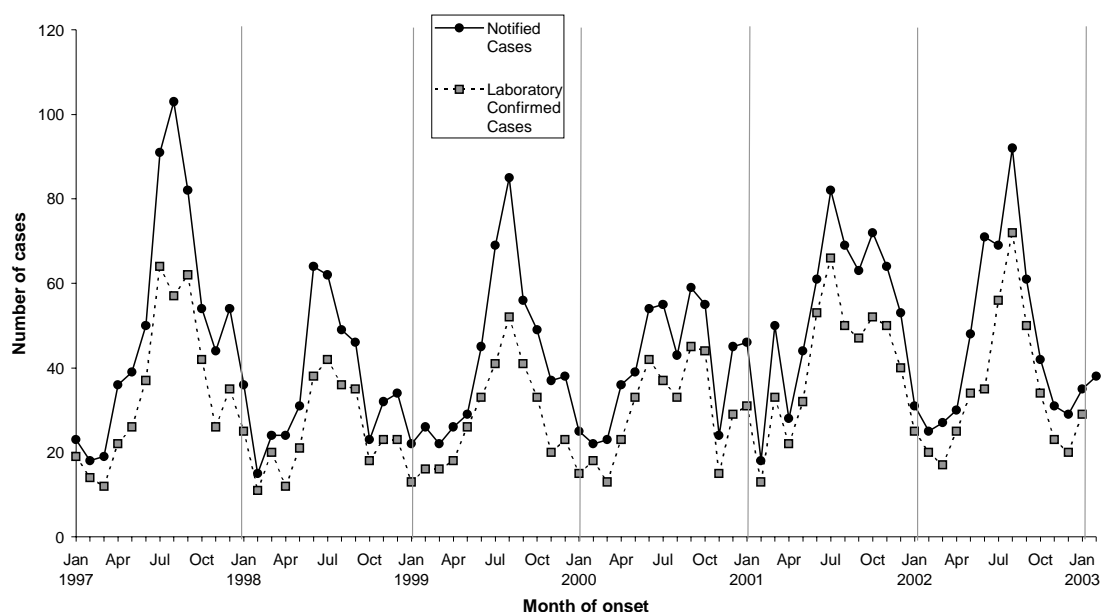
At the time of this report seven notifications for the month of March 2003 had been received.

## Meningococcal disease

Based on the earliest<sup>1</sup> date available, 38 cases of meningococcal disease were notified during February 2003, compared to 25 cases during the same month last year. (At the time of this report, the number of laboratory confirmed cases was unavailable). The February 2003 total exceeds notifications for the month of February for the past nine years. Updated figures indicate that 35 cases were notified in January 2003, of whom 29 were laboratory confirmed. This brings the year-to-date total to 73 cases.

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

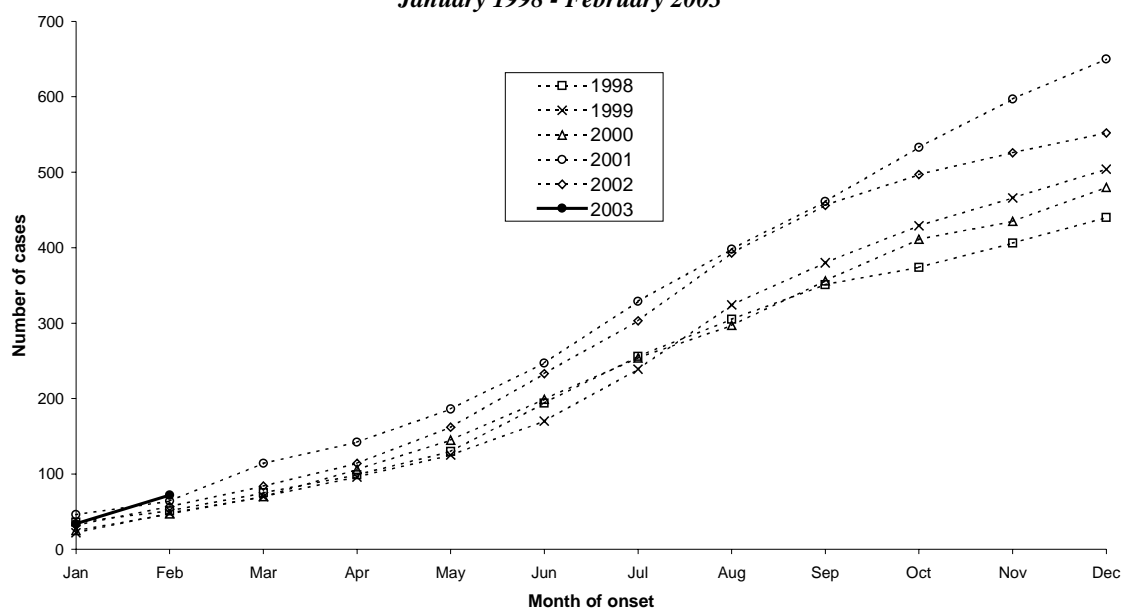
*Meningococcal notified and laboratory-confirmed cases by month,  
January 1997 - February 2003*



The graph below shows the cumulative number of meningococcal disease cases by month since January 1997.

<sup>1</sup> 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.

*Meningococcal disease cases, cumulative total by month,  
January 1998 - February 2003*



There were no fatalities reported among February notifications, although 34 of the 35 cases for whom hospitalisation information was recorded were hospitalised. Age-specific rates were highest in the 'less than one year' and '1 to 4 years' age categories, with monthly rates of 12.8 per 100 000 (7 cases) and 5.6 per 100 000 (12 cases) respectively. Ethnicity was recorded for 35 of the 38 cases. Of these, 13 (37%) were Pacific Islands people<sup>1</sup>, 12 (34%) were of European ethnicity, and 10 (29%) were of Maori ethnicity. In comparison, just 9% of cases notified during January 2003 were Pacific Islands people.

The NZDep 2001 index of socioeconomic deprivation could be linked to 35 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 9 or 10 was associated with over half (20/35) the total cases and with 72% (13/18) of cases aged under 5 years.

In February the majority (53%) of cases was reported from the combined Auckland health districts. Monthly incidence rates were highest in Ruapehu and Rotorua health districts, both of which experienced rates more than four times the national monthly rate of 1.0 per 100 000.

<sup>1</sup> 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.



## Mumps

Five cases of mumps were notified in February. One case each was reported from Northland, Waikato, Nelson-Marlborough, West Coast and Canterbury health districts. One case was laboratory confirmed, and results are awaited for a further two. Cases ranged in age between 4 and 11 years. Vaccination status was recorded for four cases, of whom three had been vaccinated and one had not. The laboratory-confirmed case had received two doses of vaccine. Three cases were male and two were female.

At the time of this report four notifications for the month of March 2003 had been received.

## Pertussis

During February 2003 there were 48 cases of pertussis notified. This is the smallest number of monthly notifications since the last epidemic in 2000 and 2001. Of the 48 February cases, 75% (36 cases) were either confirmed by serological means, by PCR or by isolation of *Bordetella pertussis*. Two cases were epidemiologically linked to confirmed cases and the remainder were notified on clinical grounds alone.

On EpiSurv, hospitalisation information was recorded for 36 of the 48 cases, of whom 3 (8.3%) were hospitalised. All three hospitalised cases were infants under one year of age. In comparison, hospital discharge data<sup>1</sup> indicate that the number of hospitalised cases of pertussis during February 2003 was eleven. Of these, eight were aged under one year, and three were aged between one and three years.

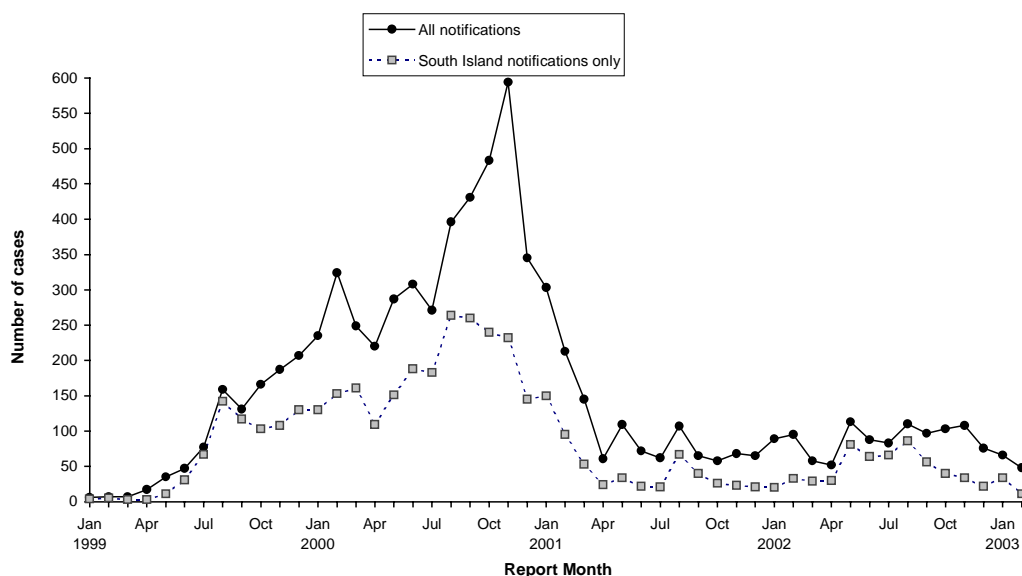
Among all health districts, Wanganui Health District experienced the highest monthly incidence rate of 8.6 cases per 100 000, compared to a national rate of 1.3 per 100 000. A total of 11 cases (23%) was notified from the South Island. This is the smallest number of monthly notifications from the South Island since before the last epidemic.

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

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<sup>1</sup> Rebecca Kay from NZHIS is thanked for providing the raw hospital discharge data.

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



Ethnicity was recorded for 37 of the 48 February notifications. Of these, 29 cases (78%) were of European ethnicity, 7 (19%) Maori, and one case of 'Other' ethnicity. Cases ranged in age from one month to 68 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 20.1 per 100 000 (11 cases) and 6.9 (15 cases), respectively. The male to female ratio was 1:1. The following table shows the number of doses of pertussis vaccine given to cases in each relevant age group.

*Age and vaccination status of pertussis notifications, February 2003*

Age group	Total Cases	Vaccination status <sup>1</sup>						
		Vaccinated (without dose information)	One dose	Two doses	Three doses	Four doses	Not vaccinated	Unknown status
0-<6 weeks	2	0	(0)	(0)	(0)	(0)	2	0
6 wks-<3 mths	1	0	0	(0)	(0)	(0)	0	1
3-<5 months	5	0	1	1	(0)	(0)	2	1
5-<15 months	3	0	1	0	0	0	1	1
15 mths-<5 yrs	15	0	2	0	0	4	4	5
5+ years	22	5	0	0	2	2	4	9
<b>Total</b>	<b>48</b>	<b>5</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>6</b>	<b>13</b>	<b>17</b>

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

At the time of this report, 31 notifications for the month of March 2003 had been received.

## **Rubella**

Three cases of rubella were notified in February. One case each was reported from Central Auckland, Gisborne and Wairarapa health districts. Two male infants aged five months and eight months respectively, were unvaccinated, whereas a three-year-old female had received one dose of vaccine. No cases have as yet been laboratory confirmed.

At the time of this report two notifications for the month of March 2003 had been received.

## **Salmonellosis**

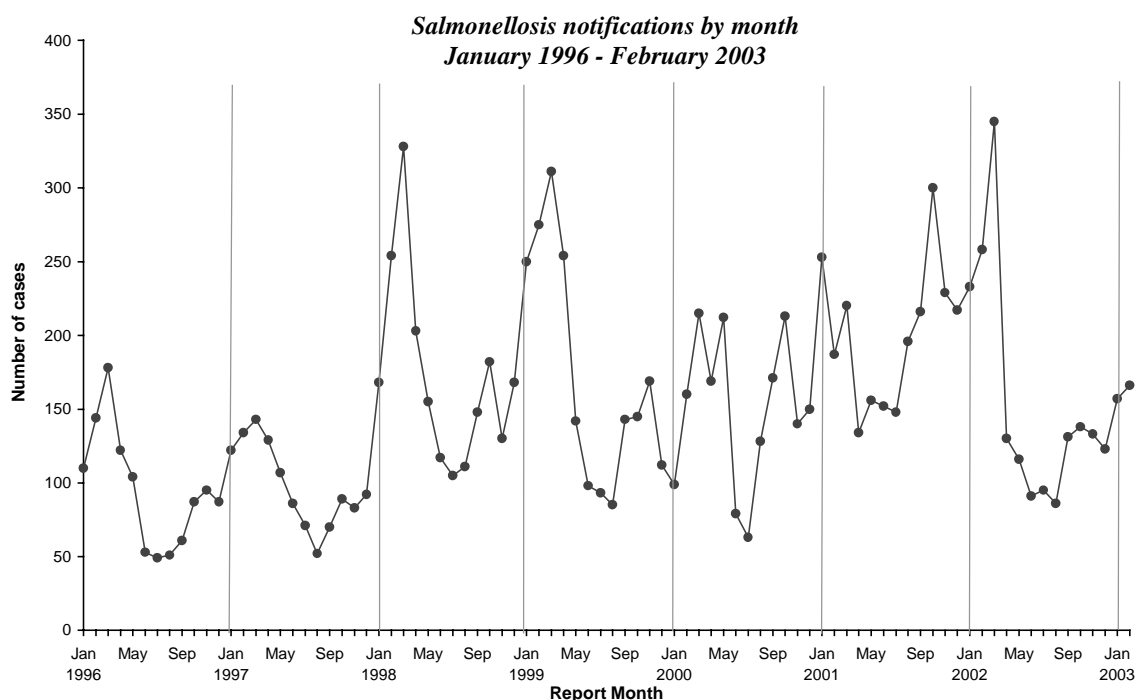
There were 166 cases of *Salmonella* notified in February 2003, compared to 157 cases in January 2003. This is the greatest number of monthly notifications since the previous autumn peak of 345 cases in March 2002.

Age-specific rates were highest in the 'less than one year' and the '1 to 4 years' age groups, with monthly rates of respectively 16.5 and 12.5 notifications per 100 000, compared to an overall monthly rate of 4.4 per 100 000. Hospitalisation information was recorded for just 60 cases, of whom 18 (30%) were hospitalised.

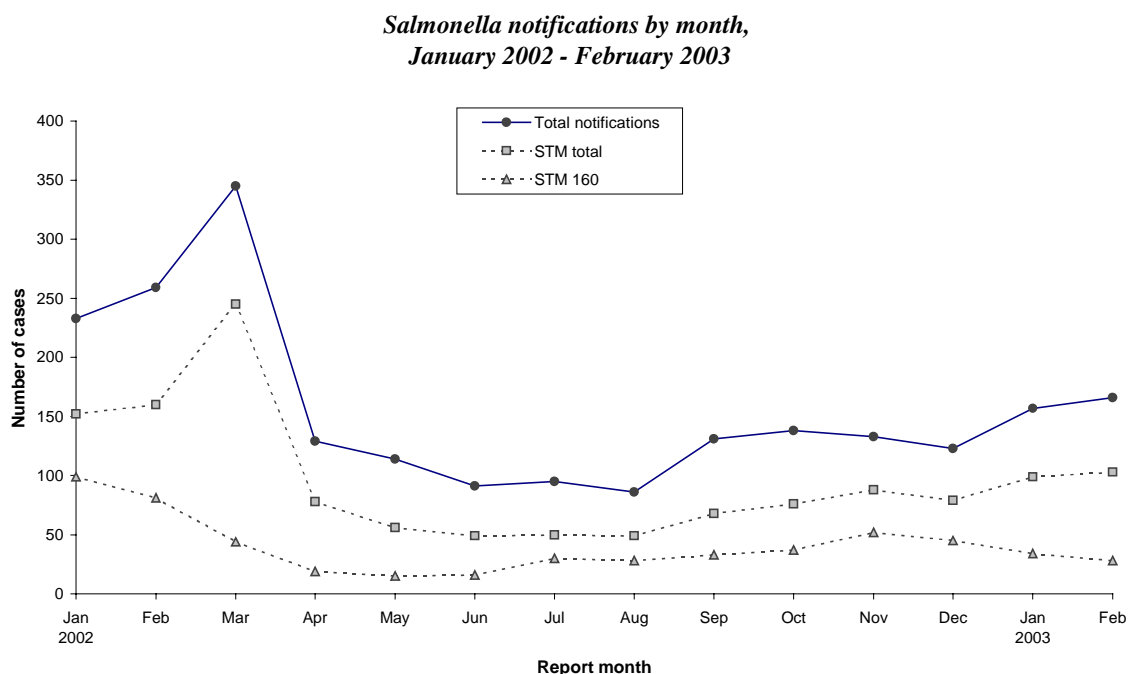
Of the 59 February cases for whom overseas travel information was recorded, 4 (7%) had been overseas during the incubation period. Two cases had visited Singapore, one case had been in Thailand, and one case was a refugee whose country of origin was not recorded.

February notifications were highest in Canterbury Health District with 44 cases, compared to just 13 notifications the previous month. Canterbury also experienced the highest monthly incidence rate of 11.0 cases per 100 000 - over twice the overall rate of 4.4 per 100 000.

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



A total of 161 (97%) February notifications could be matched to human cases identified by the ESR Enteric Reference Laboratory (ERL). Among these 161 cases, the most frequently identified serotype was *S. Typhimurium* (62%). *S. Typhimurium* phage type 160 accounted for 17% of notified cases. Other frequently identified types included *S. Enteritidis* phage type 9a (10 cases), *S. Saintpaul* (9 cases), and *S. Infantis* (8 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, 139 notifications for the month of March 2003 had been received.

## **Tuberculosis**

There were 34 cases of tuberculosis notified during February 2003. In comparison, an average of 33 notifications per month were received over the past 12-month period. Of the 27 cases for whom this information was recorded, 16 (59%) were hospitalised. Most (85%) cases were reported by hospital-based practitioners. Two deaths were reported this month: one male in his twenties and one male aged over seventy years. Two cases were reported to have an immunosuppressive illness.

Most (88%) February cases were aged 15 years or over. Rates of disease were highest in the '40 to 49 years' age group. The male to female ratio was 1:1.5. Information on country of birth was recorded for 28 cases, of whom 16 (57%) were born overseas. Of the 16 overseas-born cases, 11 were of 'Other' ethnicity and five were Pacific Islands people. The most commonly recorded overseas country of birth was India (3 cases). Among New Zealand born cases, recorded ethnicities were as follows: European (5 cases), Maori (4) and Pacific Islands (1).

All except two February notifications were from the North Island, and half the cases were from the Auckland region. Hawkes Bay Health District reported six cases (giving it the highest incidence rate for the month), five of whom were from one family. The NZDep 2001 index of socioeconomic deprivation could be linked to 33 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 9 or 10 was associated with 40% of total cases and 50% of overseas-born cases.

At the time of this report 26 notifications for the month of March 2003 had been received.

## **Typhoid**

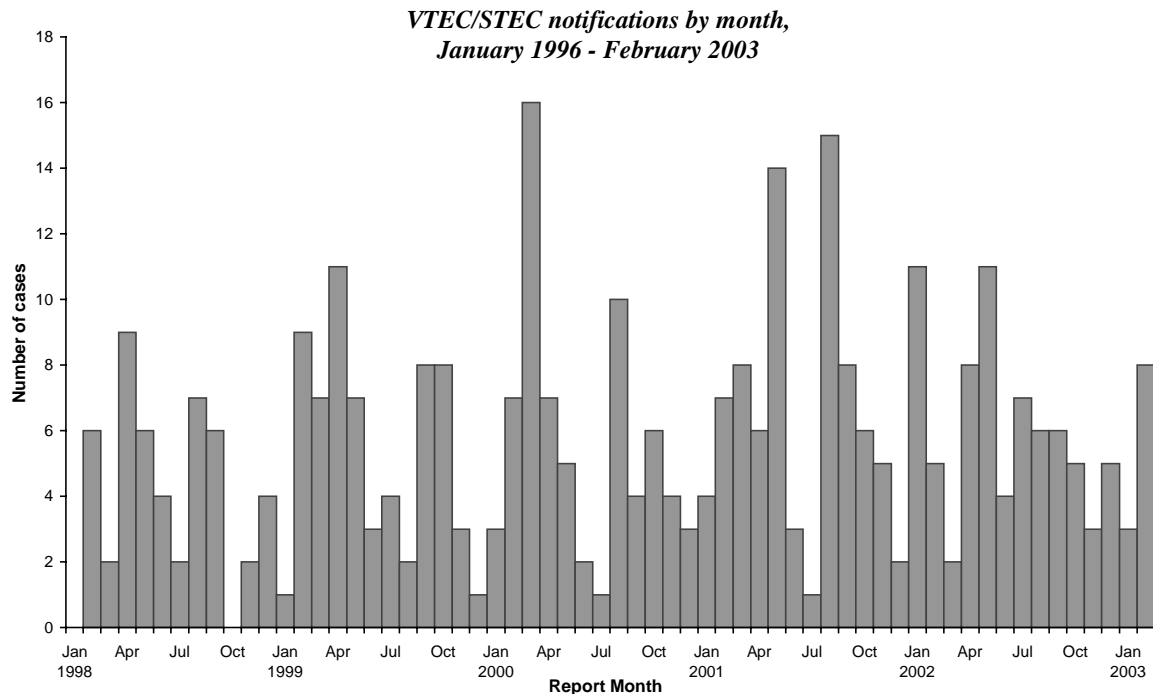
Five cases of typhoid were notified this month, four of whom have been laboratory confirmed. One additional laboratory-reported case has not been notified. Travel information was recorded for two February notifications: one case reported travel to India and one to Samoa. Two cases were Pacific Islands people and three cases were of 'Other' ethnicity. All four cases for whom age was recorded were aged under 15 years.

At the time of this report, 2 notifications for the month of March 2003 had been received.

## **VTEC/STEC infection**

Eight cases of VTEC/STEC infection were notified during February, of whom seven were laboratory confirmed. In comparison, the average number of monthly notifications over past 12-month period was six. Otago and Southland health districts each reported two cases in February, and one case each was reported by Northland,

Tauranga, Canterbury and South Canterbury health districts. No hospitalisations were recorded. Five cases were aged under 5 years, one case was aged 22 years, and two cases were aged over sixty years. Three cases reported contact with sheep during the incubation period. One case was picked up during an immigrant checkup. The following graph shows the number of notifications each month since January 1996.



At the time of this report, nine notifications for the month of March 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](http://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 in 2003. 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
	Wellington	20-29	male	30 Jan 03	10 Jan 03
	Waikato	70+	male	4 July 02	4 Jul 02

## 4. Outbreaks

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

### Final outbreak reports

Final reports on 26 outbreaks involving 292 cases were received in February 2003. Of these, seven Norovirus outbreaks occurring between October and December 2002, accounted for 45% of cases. Five of the seven Norovirus outbreaks were attributed to person-to-person transmission in either a resthome or hospital.

#### *Summary of final reported outbreaks, February 2003*

Organism/Toxin/Illness	Number of outbreaks <sup>1</sup>	Total number of cases <sup>2</sup>
<i>Aeromonas caviae</i>	1	23
<i>Campylobacter</i>	7	25
<i>Clostridium perfringens</i>	1	62
<i>Cryptosporidium parvum</i>	1	4
Gastroenteritis	4	8
<i>Giardia</i>	1	15
<i>Hepatitis A virus</i>	1	5
<i>Norovirus</i>	7	131
<i>Salmonella</i> Typhimurium	2	22
<i>Scromboid fish poisoning</i>	1	20
<b>Total</b>	<b>26</b>	<b>292</b>

<sup>1</sup> One outbreak involved two pathogens.

<sup>2</sup> 23 cases involved two pathogens.



*Details of final reported outbreaks, February 2003<sup>1</sup>*

Pathogen/ toxin/ illness	Health district <sup>2</sup>	Month <sup>3</sup>	No. ill	Lab Conf <sup>4</sup>	No. Hosp	Setting	Mode of transmission (vehicle/source)	Evidence <sup>5</sup>
<i>Campylobacter</i>	AK	Sep02- Oct02	11	3		Conference centre	Foodborne (chicken & potato top savouries)	Epi-H Env
<i>Campylobacter</i>	AK	Oct02*	3	3	0	Home	Person to person	Epi-H
<i>Campylobacter</i>	AK	Nov02	2	1	1	Restaurant / cafe	Foodborne (chicken salad)	Epi-H Env
<i>Campylobacter</i>	AK	Dec02	2	1	0	Takeaways	Foodborne (chicken burger)	Epi-H Env
<i>Campylobacter</i>	AK	Dec02	2	1	0	Takeaways	Foodborne (cajun chicken pizza)	Epi-H
<i>Campylobacter</i>	OT	Feb03	3	2	0	Home	Unknown	Nil
<i>Campylobacter jejuni</i>	RO	Jan03	2	2		Restaurant / cafe		Epi-H
<i>Clostridium perfringens</i>	AK	May02	62	0	0	Convention centre	Foodborne (lamb curry / chop suey)	Epi-H Env
<i>Cryptosporidium parvum</i>	OT	Jan03	4	4	0		Unknown	Nil
Gastroenteritis	AK	Jul02	2	0	0	Takeaways	Foodborne (chicken kebab, salad and pita bread)	Epi-H Env
Gastroenteritis	AK	Nov02	2	0	0	Restaurant / cafe	Foodborne (mango chicken curry & rice )	Epi-H Env
Gastroenteritis	AK	Dec02	2	0	0		Unknown	Nil
Gastroenteritis	AK	Jan03	2	0	0	Restaurant / cafe	Foodborne (stir fry pork & vegetables with peanut sauce & rice or salad sandwich & quiche)	Epi-H
<i>Giardia</i>	AK	Sep02- Nov02	15	8	0	Child care centre	Person to person	Epi-H Oth
Hepatitis A virus	AK	Nov02- Dec02	5	5	2	Village in Fiji	Waterborne	Epi-H
Norovirus	AK	Dec02	2	2	0		Unknown	Nil
Norovirus	CB	Oct02	48	1	0	Rest home	Person to person; airborne	
Norovirus	CB	Oct02- Nov02	35	1		Hospital(cont inuing care)	Person to person; airborne?	Epi-H
Norovirus	CB	Nov02	10	0	0	Hospital (acute care)	Person to person	Oth
Norovirus	CB	Nov02	7	1		Hospital (continuing care)	Person to person	Epi-H
Norovirus	SC	Oct02	6	1	0	Restaurant / cafe	Unknown	Nil
Norovirus and <i>Aeromonas caviae</i>	CB	Dec02	23	5		Hospital (acute care)	Person to person	Epi-H
<i>Salmonella</i> Typhimurium	WN	Dec02*	0	7	0	Other food outlet	Foodborne	Epi-H Lab
<i>Salmonella</i> Typhimurium Type 1	MB	Mar02	15	3	0	Camp; community / church gathering	Unknown	Epi-H
Scombroid fish poisoning	AK	Dec02	20	16	1	Fish processor	Foodborne (smoked kahawai)	Epi-H Lab Env

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

<sup>2</sup> 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.

<sup>3</sup> Month outbreak commenced.

<sup>4</sup> Number of microbiologically-confirmed cases.

<sup>5</sup> 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 16 outbreaks involving at least 35 cases were made in February. Among outbreaks, the most commonly recorded illness or pathogen was gastroenteritis, with nine outbreaks reported. There were also three *Salmonella* outbreaks, two Norovirus outbreaks, one *Campylobacter* and one *Cryptosporidium* outbreak reported. Details of these outbreaks will be provided once final reports have been received.

### *Interim reported outbreaks, February 2003<sup>1</sup>*

Pathogen/toxin/ illness	Health district <sup>2</sup>	Month <sup>3</sup>	No. ill	Lab Conf <sup>4</sup>	No. Hosp	Setting	Evidence <sup>5</sup>
<i>Campylobacter</i>	MW	Jan03#	9	6	0	River festival	Lab
<i>Cryptosporidium parvum</i>	WN	Feb03*					
Gastroenteritis	AK	Feb02*	3				
Gastroenteritis	AK	Feb03*	2				
Gastroenteritis	AK	Feb03*	2				
Gastroenteritis	AK	Feb03*					
Gastroenteritis	AK	Feb03*	0		0		
Gastroenteritis	AK	Feb03*	7				
Gastroenteritis	AK	Feb03*	2				
Gastroenteritis	AK	Feb03*	2				
Gastroenteritis	SO	Feb03*	0		0		
Norovirus	CB	Feb03				Rest home	Epi-H
Norovirus	SO	Feb03*	0		0		
<i>Salmonella</i>	AK	Jan03*	3	1			
<i>Salmonella</i>	AK	Jan03*	3	1			
<i>Salmonella</i>	AK	Feb03*	2	2			

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

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

<sup>3</sup> Month outbreak commenced.

<sup>4</sup> Microbiologically-confirmed cases.

<sup>5</sup> 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.

<sup>6</sup> 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 <sup>1</sup>	Current year - 2003 <sup>2</sup>			Previous year - 2002		
	Feb 2003 cases	Cumulative total since 1 January	Current rate <sup>3</sup>	Feb 2002 cases	Cumulative total since 1 January	Previous rate <sup>3</sup>
AIDS	0	4	0.5	3	4	0.7
Campylobacteriosis	1241	3029	342.2	1182	2726	293.4
Cholera	0	1	0.1	0	0	0.1
Cryptosporidiosis	60	84	26.3	39	78	32.0
Dengue fever	6	14	2.1	3	5	2.6
Gastroenteritis <sup>4</sup>	35	80	27.9	62	123	24.3
Giardiasis	127	258	40.9	145	275	44.1
<i>H. influenzae</i> type b disease	0	2	0.1	0	0	0.2
Hepatitis A	12	18	2.6	17	26	2.1
Hepatitis B (acute) <sup>5</sup>	4	12	1.8	5	13	1.5
Hepatitis C (acute) <sup>5</sup>	4	9	1.6	2	4	1.5
Hydatid disease	0	0	0.1	0	0	0.2
Influenza <sup>6</sup>	0	0	18.5	3	6	17.8
Lead absorption	15	19	2.5	9	16	3.1
Legionellosis <sup>6</sup>	4	9	1.3	0	7	1.4
Leprosy	1	1	0.1	0	0	0.1
Leptospirosis	8	24	3.7	18	29	3.1
Listeriosis	2	4	0.5	2	4	0.5
Malaria	9	12	1.4	8	18	1.6
Measles	1	4	0.6	3	4	2.1
Meningococcal disease <sup>7</sup>	41	76	15.5	24	56	17.2
Mumps	5	11	1.8	6	9	1.4
Paratyphoid	2	5	0.6	0	0	0.8
Pertussis	48	114	26.7	95	183	26.6
Rheumatic fever	2	16	2.1	16	32	3.2
Rickettsial disease	0	0	0.2	0	0	0.1
Rubella	3	6	1.0	1	2	0.8
Salmonellosis	166	323	45.8	258	491	65.9
Shigellosis	5	15	2.8	11	22	3.9
Tetanus	0	0	0	0	0	0.1
Tuberculosis	34	71	10.5	27	62	9.9
Typhoid	5	6	0.6	4	5	0.7
VTEC / STEC infection	8	11	1.8	5	16	2.2
Yersiniosis	42	98	12.3	44	115	12.3

**Notes:** <sup>1</sup> Other notifiable infectious diseases reported in February : Nil

<sup>2</sup> These data are provisional

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

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

<sup>5</sup> Only acute cases of this disease are currently notifiable

<sup>6</sup> Surveillance data based on laboratory-reported cases only

<sup>7</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

## Monthly totals for February 2003 and preceding 12 months

National surveillance data - monthly totals for February 2003 and preceeding 12 months<sup>1</sup>

Disease	Feb 2003	Jan 2003	Dec 2002	Nov 2002	Oct 2002	Sep 2002	Aug 2002	Jul 2002	Jun 2002	May 2002	Apr 2002	Mar 2002	Feb 2002
AIDS	0	4	0	2	0	4	1	1	1	1	3	1	3
Campylobacteriosis	1241	1788	1269	1043	1162	1175	1124	1006	820	675	548	940	1182
Cholera	0	1	0	0	0	0	0	0	0	0	1	0	0
Cryptosporidiosis	60	24	46	95	261	241	90	53	29	42	17	24	39
Dengue fever	6	8	1	9	0	0	8	13	8	17	6	3	3
Gastroenteritis <sup>2</sup>	35	45	141	68	154	69	69	62	143	84	72	101	62
Giardiasis	127	131	114	110	112	107	122	128	128	167	132	152	145
Haemophilus influenzae type b	0	2	0	0	0	0	0	0	1	2	0	0	0
Hepatitis A	12	6	3	8	3	2	2	1	7	9	18	28	17
Hepatitis B (acute) <sup>3</sup>	4	8	10	3	3	5	6	6	7	7	5	3	5
Hepatitis C (acute) <sup>3</sup>	4	5	5	3	1	7	7	3	5	6	4	8	2
Hydatid disease	0	0	1	0	0	0	1	0	0	0	0	0	0
Influenza <sup>4</sup>	0	0	0	1	22	103	136	230	151	30	16	3	3
Lead absorption	15	4	3	9	6	5	10	8	7	14	5	7	9
Legionellosis <sup>4</sup>	4	5	4	2	4	4	4	7	5	4	3	4	0
Leprosy	1	0	0	1	0	0	0	1	1	0	1	0	0
Leptospirosis	8	16	8	14	10	13	6	14	10	16	14	8	18
Listeriosis	2	2	1	1	3	1	3	2	0	0	1	2	2
Malaria	9	3	2	2	3	6	3	6	5	6	6	3	8
Measles	1	3	0	2	2	0	4	3	0	2	2	2	3
Meningococcal disease <sup>5</sup>	41	35	33	29	43	72	87	65	69	45	32	28	24
Mumps	5	6	3	6	10	6	4	4	6	7	4	5	6
Paratyphoid	2	3	1	1	0	0	2	2	3	3	1	3	0
Pertussis	48	66	76	108	103	97	110	83	88	112	51	57	95
Rheumatic Fever	2	14	4	12	8	4	8	4	2	9	1	9	16
Rickettsial disease	0	0	0	0	0	2	2	0	1	1	0	0	0
Rubella	3	3	2	1	1	1	5	1	5	8	5	2	1
Salmonellosis	166	157	123	133	138	131	86	95	91	116	130	345	258
Shigellosis	5	10	9	4	8	4	8	12	10	13	12	10	11
Tetanus	0	0	0	0	0	0	0	0	0	1	0	0	0
Tuberculosis	34	37	36	35	47	28	36	41	22	27	26	24	27
Typhoid	5	1	1	0	3	0	0	2	1	3	2	6	4
VTEC/STEC infection	8	3	5	3	5	6	6	7	4	11	8	2	5
Yersiniosis	42	56	31	49	45	26	30	30	33	42	33	42	44

**Notes:** <sup>1</sup> Later data are provisional

<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 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 - February 2003

Cases this month

Current rate<sup>1</sup>

Disease	Cases for February 2003, <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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0		0		1.0	0.8	0	0	1.6	0	0	0	0	0	0	0	3.1		0.8	0	0	0	0	0
Campylobacteriosis	18	134	109	104	102	35	8	13	23	19	29	0	41	16	26	11	119	54	19	10	207	40	59	45
	205.5	417.0	432.3	326.2	365.2	277.2	126.4	236.7	316.3	345.9	307.3	112.0	312.1	275.7	179.4	237.8	497.5	353.4	171.6	293.4	332.1	423.6	335.3	357.3
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	0.2	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	1	1	1	0	0	0	0	0	0	1	1	0	0	1	30	2	2	0	5	3	12	0
	5.0	8.6	6.5	5.9	39.2	14.7	4.1	13.7	20.2	57.1	36.8	42.0	41.1	25.7	41.4	18.3	67.0	17.4	21.2	56.0	24.4	71.7	53.6	44.4
Dengue fever	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
	0.7	1.6	6.0	3.2	1.3	2.3	2.0	0	1.6	3.2	1.9	0	0	1.7	2.0	2.6	2.0	3.0	0	0	2.2	0	0.6	0.9
Gastroenteritis	0	5	4	2	0	0	0	0	1	0	0	0	0	1	0	2	8	1	1	0	9	0	0	1
	7.8	21.6	28.0	13.0	11.3	2.3	0	36.4	10.9	22.2	8.7	0	3.5	34.3	22.4	34.0	31.1	30.3	13.9	13.2	87.4	117.7	23.5	15.7
Giardiasis	3	16	23	12	10	2	2	1	3	1	2	0	8	3	0	1	13	5	6	1	9	0	6	0
	21.4	40.7	66.6	35.4	53.1	40.3	12.2	13.7	41.9	50.8	11.6	14.0	73.1	49.7	29.2	28.7	54.8	56.1	26.1	52.7	31.6	21.8	30.7	16.7
<i>H. influenzae</i> 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	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	3	4	3	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
	1.4	4.2	7.1	4.3	4.9	0.8	2.0	0	0	3.2	0	0	3.5	0	1.4	0	0.8	2.3	1.6	0	0.7	1.3	0	0.9
Hepatitis B	0	0	0	1	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	1	0	0	0
	2.1	1.4	2.4	2.1	1.6	2.3	0	18.2	0	6.3	1.9	7.0	2.1	3.4	0.7	2.6	0.4	1.5	2.5	0	1.5	0	0.6	0
Hepatitis C	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	2	0	0	0
	0.7	0.9	0.5	0.8	0.6	12.4	2.0	0.0	4.7	3.2	1.0	0.0	2.1	0.0	0.7	2.6	3.5	0.0	0.0	9.9	1.2	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	0	4	2	0	0	0	0	0	0	3	0	1	0	1	1	0	0	0	0	2	0	1	0
	3.6	1.6	2.2	1.1	3.2	0	0	9.1	0	0	7.8	0	2.8	3.4	6.1	5.2	1.2	0.8	0.8	0	2.7	5.1	4.8	1.9
Legionellosis <sup>6</sup>	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0
	0.7	0.7	1.4	0	0.3	0.8	2.0	0	1.6	6.3	1.9	7.0	1.4	0	0	5.2	1.6	2.3	1.6	0	3.2	1.3	3.0	0
Leprosy	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	0	0.5	0.8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Leptospirosis	0	0	0	1	0	0	0	0	0	0	1	2	2	0	1	0	0	0	1	0	0	0	0	0
	5.7	1.2	0	1.1	4.9	3.1	0	11.4	0	0	4.8	28.0	18.8	8.6	8.2	2.6	0	0	13.1	6.6	1.0	12.8	4.2	2.8
Listeriosis	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	0.5	1.4	0.3	0.3	1.5	0	0	0	0	0	0	0	0	1.4	0	0	0.8	0	0	0.5	1.3	0	0.9
Malaria	0	2	0	2	2	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	1	0	0	0
	0	1.6	1.1	1.6	2.9	1.5	0	0	0	6.3	1.0	14.0	0.7	0	2.7	0	2.4	0.8	0.8	0	1.2	1.3	0.6	0.9
Measles	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	0.5	0.3	0.3	1.3	0.8	0	0	0	0	0	0	0	0	0	0	0	1.5	0.8	16.5	0.7	1.3	0	0
Meningococcal disease <sup>9</sup>	1	5	8	7	1	2	1	1	3	1	1	1	2	2	0	0	1	1	0	0	1	0	1	1
	19.3	8.8	13.9	24.0	12.6	31.7	30.6	15.9	54.3	60.3	10.7	14.0	20.9	13.7	6.8	5.2	10.6	10.6	1.6	23.1	8.5	10.2	28.9	13.0
Mumps	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	0	0	0
	2.9	2.1	1.6	1.9	1.0	1.5	0	0	1.6	0	0	0	3.5	1.7	0	0	0.8	0.8	4.9	6.6	1.2	1.3	4.8	2.8
Paratyphoid	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.7	1.4	1.4	0.5	0	0	0	0	0	0	0	0	1.4	0	0	0	0.8	0	0.8	0	0	1.3	0.6	0
Pertussis	1	4	3	2	0	6	0	0	0	0	1	0	2	5	5	0	4	4	5	2	3	0	0	1
	3.6	19.1	5.7	5.9	19.8	12.4	6.1	2.3	4.7	12.7	22.3	7.0	11.8	77.1	25.8	15.7	18.5	38.7	79.3	260.4	47.1	200.9	2.4	25.0
Rheumatic fever	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
	5.7	0.9	3.0	6.1	2.6	3.9	4.1	2.3	1.6	0	0	7.0	1.4	1.7	0	2.6	2.4	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	1	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
	0.7	0.2	0.8	0	0	1.5	4.1	2.3	0	0	1.0	0	9.1	0	0	2.6	1.6	0.8	2.5	6.6	0.2	0	0.6	0
Salmonellosis	5	13	9	14	18	5	4	2	3	1	2	1	3	5	5	1	9	2	5	1	44	4	4	6
	34.2	35.1	41.3	36.7	49.6	24.0	53.0	63.7	46.5	44.4	33.0	42.0	52.9	46.2	31.9	49.7	51.6	32.6	106.2	46.2	47.8	85.7	46.4	71.3
Shigellosis	0	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
	2.1	3.0	7.1	5.3	1.3	0.8																		

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

4 Further data are available from the local medical officer of health

5 Surveillance data based on laboratory-reported cases only