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## 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 12 November 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.

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### 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 more timely manner. For further information, see the [2016 Annual Notifiable Disease Report Commentary](#).

#### Legionellosis

There were 19 cases (13 confirmed and 6 under investigation) of legionellosis notified in October 2018, compared with 16 for the same month in 2017. Half of the cases (10/19, 52.6%) were aged 60 years or older. The species was recorded for 11 confirmed cases, of which seven (63.6%) were *L. longbeachae* and four (36.4%) were *L. pneumophila*. An increase is expected at this time of year due to exposure to compost and potting mix as part of spring gardening activities. For more information, see the ESR media release [Legionella numbers on the rise](#).

#### Meningococcal Disease

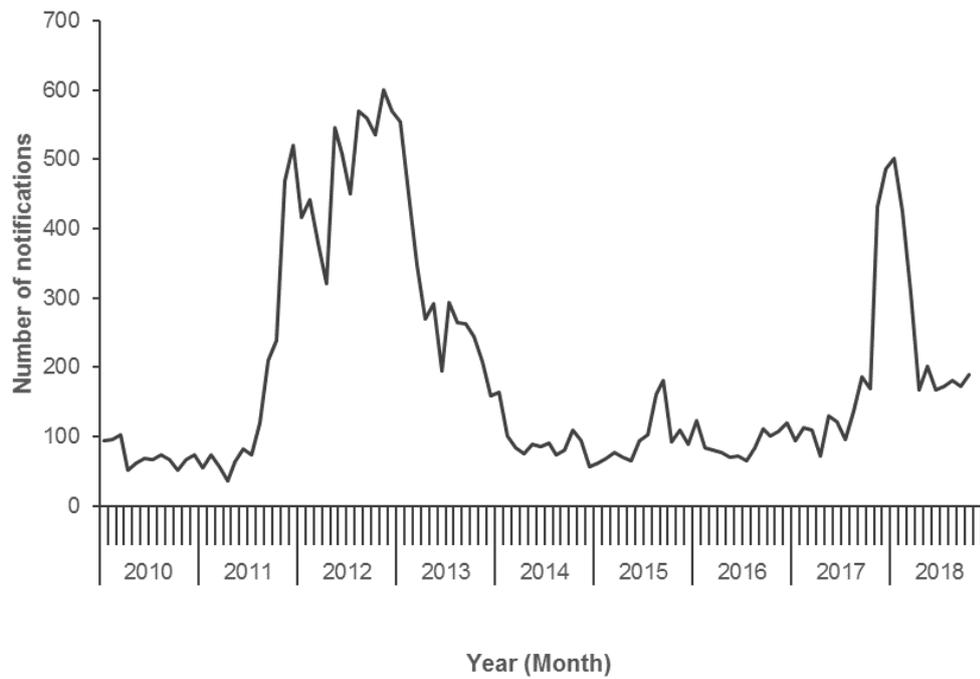
There have been 95 cases of meningococcal disease from January to October 2018, compared with 90 for the same period in 2017. A total of 92 cases were laboratory-confirmed and the group was determined for 88 cases: 43 (48.9%) group B, 24 (27.3%) group W, 10 (11.4%) group Y, 8 (9.1%) group C, 2 (2.3%) non-groupable and 1 (1.1%) group X. More information can be found in the [latest meningococcal report](#).

The proportion of group B cases typed has decreased from 70% in 2017 to 49% in 2018, while group W cases have increased from 12% to 27%. Two deaths due to group W were reported in October 2018. More information can be found in the [March 2018 NZ Public Health Surveillance Report](#) and in the [May 2018 immunisation update](#).

#### Pertussis

There were 189 cases (104 confirmed, 62 probable, 4 suspect and 19 under investigation) of pertussis notified in October 2018, compared with 169 cases for the same month in 2017. While pertussis cases have decreased since the peak in January 2018, there is a possibility that cases may increase again, as in the 2012 outbreak (Figure 1). A national outbreak is ongoing. For more information see the latest [Pertussis Report](#).

**Figure 1. Pertussis notifications by month, January 2010–October 2018**



## STEC

There were 66 cases of STEC (42 confirmed and 24 under investigation) in October 2018, compared with 51 for the same month in 2017. The proportion of cases where *E. coli* non-O157 serotypes were identified has increased, accounting for 55.2% (201/364) in 2018 so far (January–October) compared with 45.0% (144/320) for the same period in 2017.

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## OUTBREAKS

### Adenovirus

An outbreak of adenovirus was reported in October 2018 from Waikato DHB. The outbreak was associated with a childcare centre and involved 16 cases.

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## TABLES

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