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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 9 July 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

### Legionellosis

17 cases (8 confirmed, 1 probable and 8 under investigation) of legionellosis were notified in June 2018 compared with 5 in June 2017. There was one death from legionellosis reported in a female aged 30–39 years. The majority (7/9, 77.8%) of confirmed and probable cases were aged over 40 years. Three of the confirmed and probable cases had exposure to potting mix or compost and one had exposure to a cooling tower.

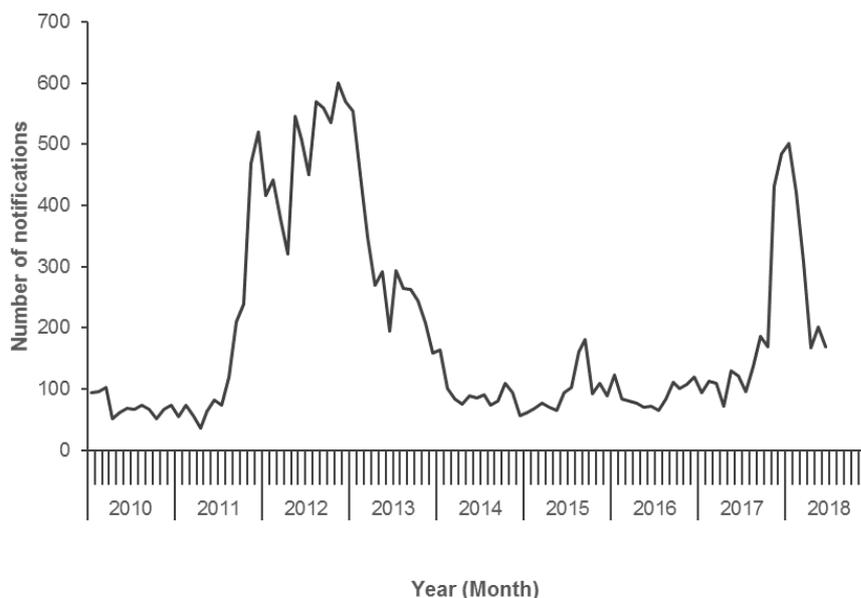
### Meningococcal Disease

A case of meningococcal disease that was reported in January 2018 has recently been confirmed by whole genome sequencing as being due to group X. This is the first known case of group X invasive meningococcal disease in New Zealand. The case was aged 50–59 years and no overseas travel was reported. Group X has been reported as causing epidemics of invasive meningococcal disease in the African region. For more information see [Global epidemiology of invasive meningococcal disease](#).

### Pertussis

169 cases (92 confirmed, 66 probable, 1 suspect and 10 under investigation) of pertussis were notified in June 2018, compared with 121 cases in June 2017. While pertussis cases have been decreasing since the peak in January 2018, this is not unusual and cases may increase again. For more information see the latest [Pertussis Report](#).

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



## Yersiniosis

601 cases of yersiniosis were notified from January to June 2018, compared with 405 for the same period in 2017. This increase is partly due to changes in laboratory testing practices since mid-2017, with the use of increasingly sensitive assays for enteric diseases and screening of all faecal specimens. For further information see the [2016 Annual Notifiable Disease Report Commentary](#).

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## OUTBREAKS

A total of 39 outbreaks (14 finalised and 25 interim) were reported in June, involving 446 cases. All were due to enteric diseases. A pathogen was reported in 21 outbreaks and half (11/21) were due to norovirus.

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## TABLES

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