MONTHLY SURVEILLANCE REPORT

This monthly report contains data and commentary on disease trends and events up to and including the end of July 2003 (see also forthcoming issues of *InterPhace*). 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 August 2003. As this information may be updated over time, the results should be regarded as provisional only.

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1. Major surveillance issues

- *Campylobacteriosis:* 1066 cases were notified in July 2003 – the highest ever recorded total for the month of July.

- *Haemophilus Influenzae type b disease (Hib):* One laboratory-confirmed case of Hib in a vaccinated infant was notified in July 2003. This brings the number of laboratory-confirmed cases of Hib in children (notified this year to date) to five.

- *Influenza:* 243 hospitalisations with a primary diagnosis of influenza were reported in July 2003. Of these, 201 (60%) cases were from Canterbury Health District.

- *Measles:* 8 cases were notified in July 2003, bringing the year-to-date total to 34 cases, compared to a total of just 25 notifications during 2002.

- *Meningococcal disease:* 84 cases (including three fatalities) were reported in July 2003, bringing the year-to-date total to 314 cases. Incidence rates in July were highest in Hawke's Bay DHB.

2. Key disease trends

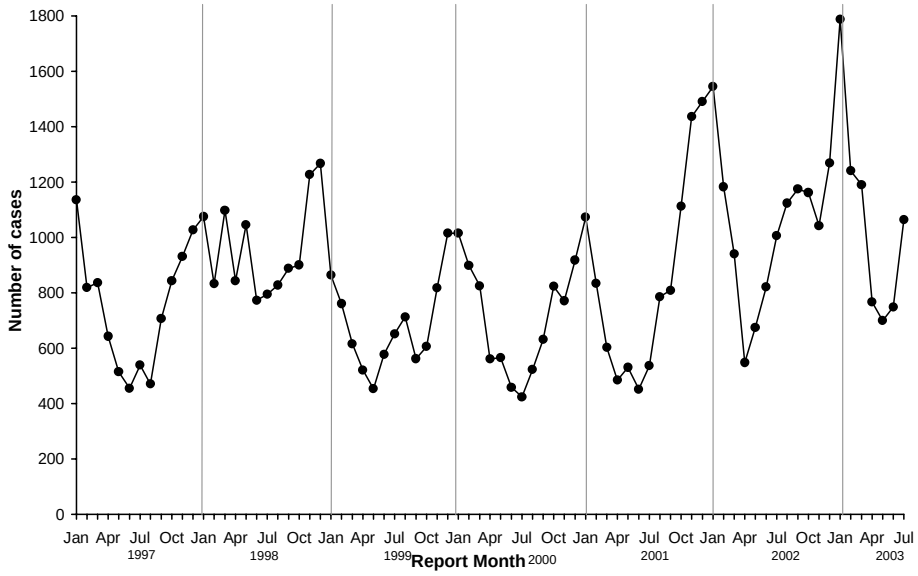
Campylobacteriosis

There were 1066 cases of campylobacteriosis notified during July, of whom 1030 (97%) were confirmed. The July 2003 total was the highest notification total ever recorded for the month of July.

Incidence rates in July 2003 were highest in the '20 to 29 years' age group with a monthly rate of 42.1 cases per 100 000 (205 cases), and next highest in the 'less than one year' age group with a monthly rate of 40.3 per 100 000 population (22 cases). Approximately 85% of July cases (for whom ethnicity was recorded) were of European ethnicity. The male to female ratio was 1.1:1. There were 31 hospitalisations (9.7% of cases for whom this information was recorded).

Among District Health Boards, the incidence rate in July was highest in Auckland (39.4 per 100 000), Wairarapa (39.3), Capital and Coast (38.6) and Hutt (36.4) DHBs. All but four of the 21 DHBs notified more cases of campylobacteriosis in July 2003 than during the previous month. The following graph shows notifications each month since January 1997.

Campylobacteriosis notifications by month, January 1997 - July 2003



Risk factor information was infrequently recorded on the case report forms, with less than 22% of notifications in July including information on any given risk factor. Among those cases for whom this information was recorded, 57% 'ate out' during the incubation period, 24% reported exposure to farm animals, 17% consumed untreated water, and 11% had a history of contact with other symptomatic people.

Haemophilus Influenzae type b disease

There were two cases of *Haemophilus Influenzae* type b disease (Hib) notified in July 2003. Hib was laboratory-confirmed in a one-year-old European male from Canterbury DHB, and laboratory results are awaited for an 11-month-old Maori male from Hawke's Bay DHB. The former case was hospitalised with Hib meningitis, whereas the latter was hospitalised with Hib pneumonia. Both notified cases had received at least one dose of vaccine. This brings the number of laboratory-confirmed cases of Hib in children notified this year to date to five. In contrast, there were no notified cases of Hib in children during 2002.

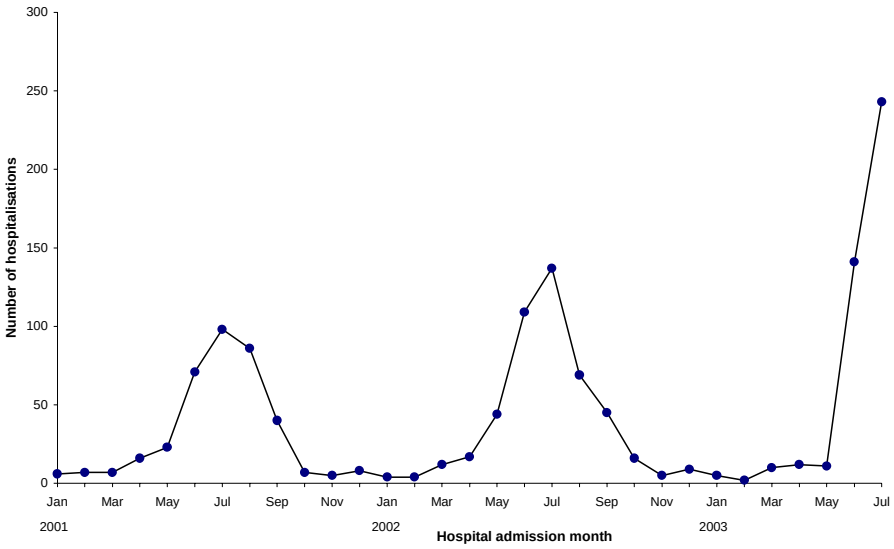
Influenza

During July (weeks 27 – 30), 1485 consultations for influenza-like illness were reported from 83 general practices (on average) in 22 out of 24 health districts. The average weekly consultation rate for July was 134.4 per 100 000 patient population. Among health districts, Eastern Bay of Plenty had the highest consultation rate (392.3 per 100 000), followed by Taranaki (343.1 per 100 000).

A total of 313 swabs were sent for testing during July from sentinel surveillance. Among the 284 swabs received by the regional virology laboratories, 78 influenza A isolates were identified. Of these, 38 were sub-typed as influenza A/Moscow/10/99 (H3N2)-like virus. A further 469 influenza A isolates were identified from laboratory-based (non-sentinel) surveillance, of which 211 were sub-typed as influenza A/Moscow/10/99 (H3N2)-like virus. The majority (60%) of the 469 isolates originated from Canterbury Health District.

Hospital discharge data recorded a total of 243 influenza hospitalisations in July and 141 influenza hospitalisations the previous month. The July 2003 hospitalisation total (243 cases) was the highest recorded for the month of July for at least the last fourteen years. Nevertheless, due to inevitable lags in reporting it is still likely to be an underestimate of the actual figure. The majority (60%) of July hospitalisations was from Canterbury Health District. Monthly hospitalisation rates were highest in the 'less than one year' age group, with a rate of 65.9 per 100 000, followed by the '1 to 4 years' and the 'over 70 years' age groups, with rates of 36.5 and 10.9 per 100 000, respectively. The following graph shows the number of influenza hospitalisations (with the primary diagnosis ICD9 code of 487) each month since January 2001.

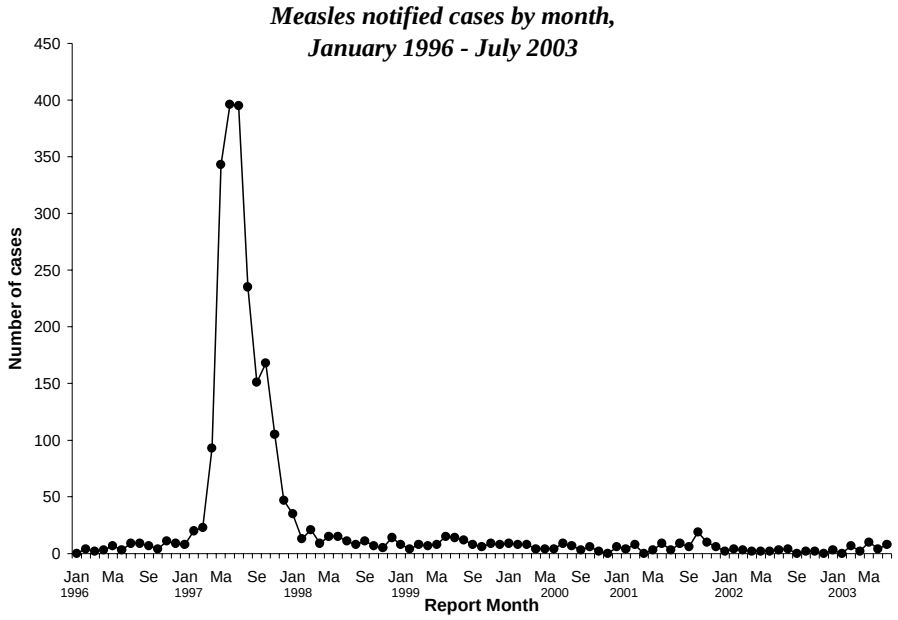
Influenza hospitalisations by month, January 2001 - July 2003



Measles

There were eight cases of measles notified during July 2003, bringing the year-to-date total to 34 cases. In comparison, a total of 25 cases were notified during 2002. Three July cases were reported from Nelson-Marlborough DHB, while two cases were reported from Capital and Coast DHB, and one case each from Auckland, Wanganui and Hutt DHBs. The cases ranged in age from 3 weeks to 6 years. Of the six cases for whom hospitalisation status was recorded on EpiSurv, two cases were hospitalised. One notified case (a fully vaccinated one-year-old female from Auckland DHB) was laboratory-confirmed. Vaccination status was recorded for just one other case, a 9-month-old unvaccinated infant. There were two further laboratory-reported yet un-notified cases of measles in July.

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

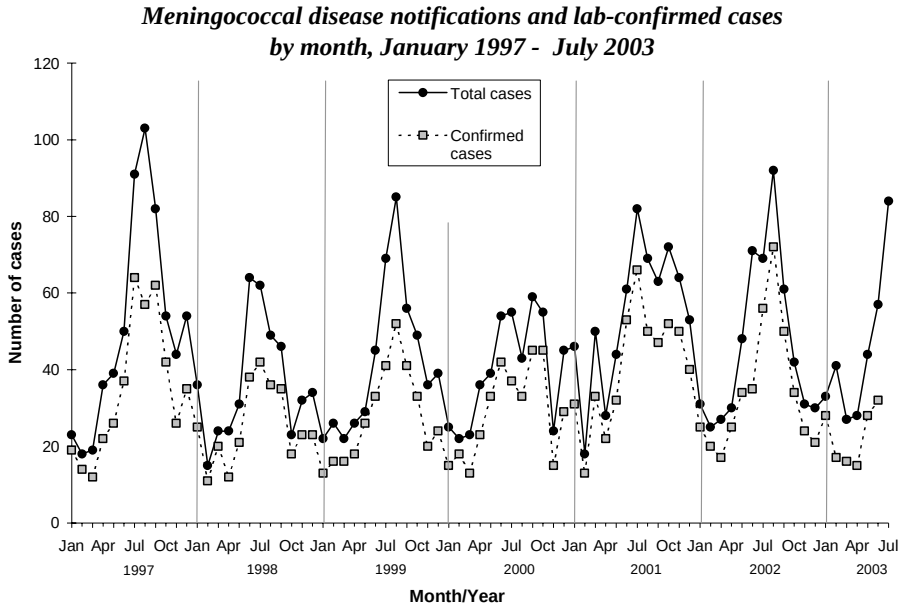


Meningococcal disease

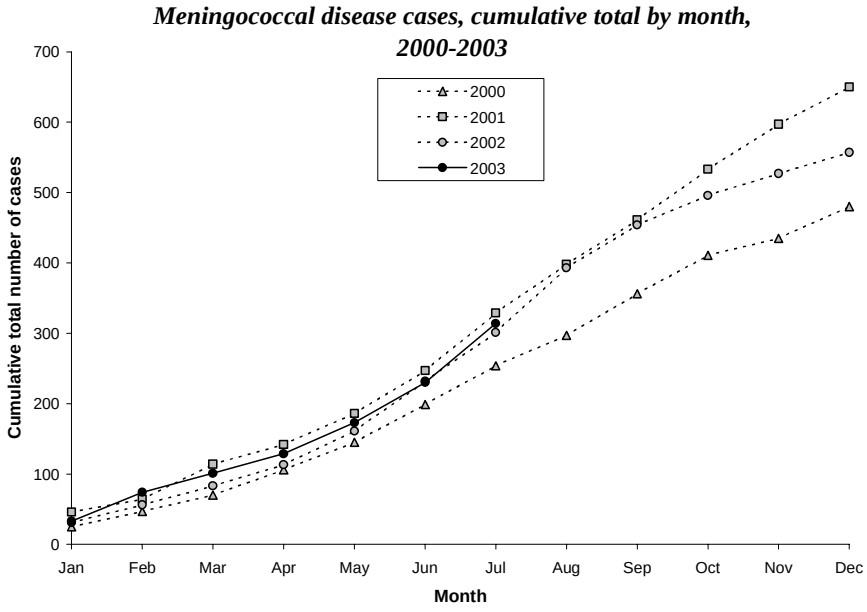
Based on the earliest[1] date available, 84 cases of meningococcal disease were notified during July 2003, bringing the year-to-date total to 314 cases. This was the highest notification total for the month of July since July 1997 when 92 cases were notified. At the time of this report the number of laboratory-confirmed cases was unavailable. Updated figures indicate that 57 cases were notified in June 2003, of whom 32 (56%) were laboratory-confirmed.

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

[1] 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.



The graph below shows the cumulative number of meningococcal disease cases by month since January 2000.



There were three fatalities reported among July notifications: a middle-aged male from Hutt DHB, a teenage female from Waitemata DHB, and a female infant from Counties Manukau DHB. All 79 cases for whom hospitalisation information was recorded were hospitalised. Cases ranged in age from two months to 61 years. Age-specific rates were highest in the 'less than one year' age group, with a monthly rate of 16.5 per 100 000 (9 cases), followed by the '1 to 4 years' age group and the '15 to 19 years' age groups, with rates of 8.8 (19 cases) and 5.7 per 100 000 (15 cases), respectively. Ethnicity was recorded for 77 of the 84 cases. Of these, 30 (39%) were

Maori, 29 (38%) were of European, 13 (17%) were Pacific Peoples[1], and 5 (6%) were of 'Other ' ethnicity. The NZDep2001 index of socioeconomic deprivation could be linked to 78 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 33 (42%) cases.

Monthly incidence rates in July were highest in Hawke's Bay DHB with a rate of 5.6 per 100 000 (8 cases), more than twice the national monthly rate of 2.2 per 100 000. In contrast, there were no meningococcal disease notifications from Hawke's Bay DHB in either May or June 2003. The next highest July monthly rates were experienced by Lakes and Northland DHBs with rates of 5.2 per 100 000 (5 cases) and 5.0 per 100 000 (7 cases), respectively. Annual notification rates over the 12-month period ending 31 July were highest in Lakes DHB with a rate of approximately 54 cases per 100 000 population.

Mumps

Eleven cases of mumps were notified in July 2003. This was the highest monthly notification total since March 1998 when 15 cases were notified. Four cases in July were reported from Northland DHB; Canterbury and Otago DHBs each reported two cases; and one case each was reported from MidCentral, Wanganui and Nelson-Marlborough DHBs. The cases ranged in age from 2 years to 50 years. Among the ten cases for whom ethnicity was recorded, seven were European and three were Maori. Vaccination status was recorded for four cases, of whom two had received at least one dose of vaccine. One case was hospitalised. No notified cases were laboratory-confirmed. However, there were two laboratory-reported cases in July, neither of whom was notified.

Pertussis

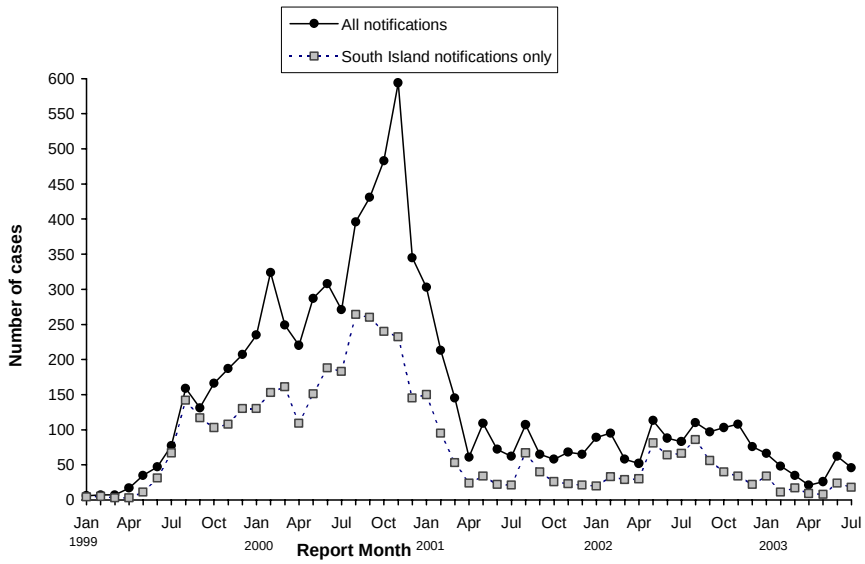
During July 2003 there were 46 pertussis notifications, compared to 62 cases the previous month, and 83 cases during July 2002. This brings the year-to-date total to 304 cases. Among July cases, 27 (59%) were either confirmed by serological means, by PCR or by isolation of *Bordetella pertussis*. The remaining cases were notified on clinical grounds alone.

Hospitalisation information was recorded on EpiSurv for 35 cases in July, of whom 4 (11%) cases were hospitalised. Hospital discharge data indicate that the number of pertussis hospitalisations this year to date totals 56 cases, of whom 40 (71%) were aged under one year. Among hospitalised cases, 17 (30%) were of Maori ethnicity and 10 (18%) were Pacific Peoples. In contrast, just 14% of cases notified this year to date were Maori and 3% were Pacific Peoples.

[1] 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 Peoples, Other ethnicity, European. This can frequently lead to an undercount of the number of cases identifying themselves as Pacific Peoples, since cases identifying with both Maori and Pacific Peoples are classified as Maori.

Among District Health Boards, Hawke's Bay reported the greatest number of cases (13 cases), followed by South Canterbury (7 cases). South Canterbury DHB experienced the highest monthly incidence rate of 13.3 per 100 000, compared to a national rate of just 1.2 per 100 000. The following graph shows the number of cases of pertussis notified nationally and from the South Island, each month since January 1999.

Notified cases of pertussis by month, January 1999 - July 2003



Notification rates in July were highest in the 'less than one year' and the '1 to 4 years' age groups with monthly rates of 12.8 per 100 000 (7 cases) and 4.2 per 100 000 (9 cases), respectively. The female to male ratio was 2.1:1.

The following table shows the number of doses of pertussis vaccine given to cases in each relevant age group. Note that since May 2003, EpiSurv has recorded dosage information for up to five doses of vaccine.

Age and vaccination status of pertussis notifications, July 2003

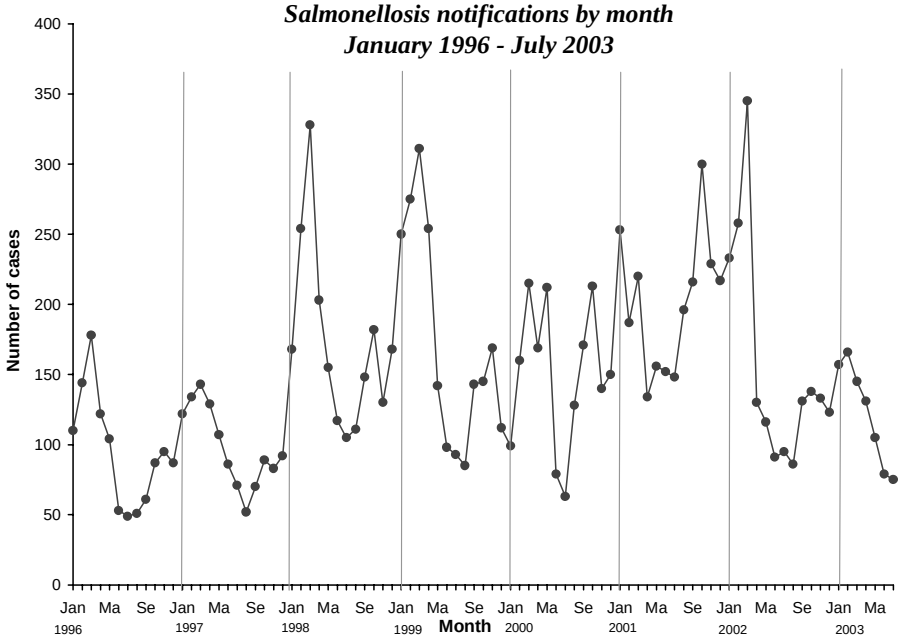
Age group	Total Cases	Vaccination Status[1]							
		Vaccinated (no dose info)	One dose	Two doses	Three doses	Four doses	Five doses	Not vaccinated	Unknown status
0-<6 weeks	2	0	0	0	0	0	0	2	0
6 wks-<3 mths	2	0	0	0	0	0	0	1	1
3-<5 months	1	0	0	0	0	0	0	1	0
5-<15 months	3	0	0	1	0	0	0	1	1
15 mths-<5 yrs	8	0	0	0	0	3	0	2	3
5+ years	30	3	0	1	0	3	0	4	19
Total	**46**	**3**	**0**	**2**	**0**	**6**	**0**	**11**	**24**

[1] Bracketed numbers indicate cases ineligible for vaccination

Salmonellosis

There were 75 cases of *Salmonella* notified in July 2003. This is the lowest monthly notification total since July 2000 when 63 cases were notified. Hospitalisation information was recorded for 30 cases, of whom 6 (20%) were hospitalised. Age-specific rates were highest in the '1 to 4 years' age group, with a monthly rate of 5.1 per 100 000 respectively, compared to an overall monthly rate of 2.0 per 100 000. Hawke's Bay and Auckland DHBs experienced the highest monthly incidence rates of 5.6 and 5.4 per 100 000, respectively.

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



Of the 29 cases for whom overseas travel information was recorded, 11 (38%) had been overseas during the incubation period. The implicated overseas destinations were Australia (3 cases), Fiji (3), Thailand (2), Indonesia (1), Africa (1), and Samoa (1).

A total of 69 (92%) July notifications could be matched to human cases identified by the ESR Enteric Reference Laboratory (ERL). Among these 69 cases, the most frequently identified serotype was *S.* Typhimurium (26 cases), including 8 cases of *S.* Typhimurium phage type 160. Isolations of *S.* Typhimurium 160 are nevertheless at their lowest level since July 2000, when five cases were identified. Other frequently identified types among July notifications included *S.* Infantis (8 cases), *S.* Enteritidis phage type 4 (5 cases), *S.* Enteritidis phage type 26 (4 cases), *S.* Montevideo (4 cases), and *S.* Brandenburg (4 cases).

Shigellosis

Fifteen cases of shigellosis were notified during July 2003, the highest monthly total since July 2001 when 18 cases were notified. Five of the 15 cases were Pacific Peoples, including one case who had consumed a meal of sea slugs brought from Samoa into New Zealand by a relative. Five cases (all of European or unrecorded ethnicity) reported overseas travel during the incubation period. The implicated overseas destinations were Mexico (2 cases), Fiji (1), Indonesia (1), and Bangaladesh (1). A total of 60 cases have been notified since the beginning of the year. Ethnicity was recorded for 41 cases, of whom 19 (46%) were Pacific Peoples. Of the 30 year-to-date cases for whom travel information was recorded, 14 (47%) had been overseas during the incubation period. Fifteen (41%) of the 37 cases for whom hospitalisation information was recorded were hospitalised.

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 (yrs)	Sex	Notification date	Death date
Haemophilus influenzae type B	Canterbury	1-4	female	21 Mar 03	16 Mar 03
Legionellosis	Central Auckland	70+	male	22 Jan 03	2 Jan 03
Listeriosis	Hutt	70+	female	10 Mar 03	26 Feb 03
	Manawatu	60-69	male	10 Jun 03	12 Jun 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
	Ruapehu	15-19	male	26 Jun 03	24 Jun 03
	Wellington	20-29	female	26 Jun 03	26 Jun 03
	Hutt	40-49	male	8 July 03	10 Jul 03
	North West Auckland	15-19	female	9 July 03	9 July 03
	South Auckland	<1	female	28 July 03	28 July 03
Pertussis	South Auckland	<1	male	6 Mar 03	4 Feb 03
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
	Canterbury	50-59	female	18 Feb 03	25 Mar 03
	South Auckland	1-4	female	28 Jan 03	4 May 03
	Central Auckland	70+	female	20 Jun 03	13 Jun 03

4. Outbreaks

This Monthly Surveillance Report includes data on outbreaks for which final reports had been entered into EpiSurv during June 2003, and on outbreaks that were initially reported during July 2003 but were still listed as 'interim' as of the 4th August 2003. Details of interim outbreaks will be provided once final reports have been received.

Final outbreak reports

Summary of final reported outbreaks, July 2003

Organism/Toxin/Illness	Number of outbreaks	Total number of cases
Campylobacter	1	2
Clostridium perfringens	1	2
Gastroenteritis	8	24
Giardia	4	9
Lead Absorption	1	3
NLV	5	50
Salmonella	4	8
Shigella	1	12
	25	**110**

Details of final reported outbreaks July 2003[1]

Pathogen/ toxin/ illness	Health district[2]	Month[3]	No. ill	Lab Conf[4]	No. Hosp	Setting	Mode of transmission (vehicle/source)	Evidence[5]
Campylobacter jejuni	WN	Jul03	2	1	0	Restaurant / cafe	Foodborne (chicken teriyaki and+)	Epi-H
Clostridium perfringens	AK	May03	2	1	0	Takeaways	Foodborne (roast pork, beef & l+)	Epi-H Lab Env
Gastroenteritis	AK	May03	4	0	0	Restaurant / cafe	Foodborne (common meal or perso+); person to person	Epi-H
Gastroenteritis	AK	May03	3	0	0	Restaurant / cafe	Foodborne	Epi-H
Gastroenteritis	AK	Jun03	2	0	0	Restaurant / cafe	Foodborne (pacific fillet with +)	Epi-H Env
Gastroenteritis	AK	Jun03	3	0	0	Foodcourt	Foodborne (buttered chicken on)	Epi-H
Gastroenteritis	AK	Jun03	2	0	0		Unknown	Epi-H
Gastroenteritis	WN	May03	7	0	0	Restaurant / cafe	Unknown	Nil
Gastroenteritis	WN	Jul03	3		0	Restaurant / cafe	Foodborne (thai fish cakes)	Epi-H
Gastroenteritis	SO	Jun03				Girls on a sports trip	Foodborne (dixie chicken served+)	Nil
Giardia	AK	Apr03	2	1	0	Home	Zoonotic	Epi-H
Giardia	AK	Jun03	3	3	0		Unknown	
Giardia	AK	Jun03	2	2	0	Home	Person to person	Epi-H
Giardia	AK	Jun03	2	2	0			
Lead Absorption	HB	Jul03	3	3	0	Home	Environmental	Epi-H Env
NLV	AK	Jun03	6	1	0	Home	Person to person	Epi-H
NLV	AK	Jul03	2	1	0		Unknown	Epi-H
NLV	WK	Jun03		3		Rest home	Person to person	Epi-H
NLV	WN	Jul03	13	6	0	Research campus	Foodborne (filled rolls and san+); person to person	Epi-H Lab
NLV	CB	Jun03-Jul03	29	1	0	Rest home	Person to person	Oth
Salmonella	AK	May03	2	1	0	Home	Person to person	Epi-H
Salmonella	AK	May03-Jun03	2	1	0	Home	Person to person	Epi-H
Salmonella	AK	Jul03	2	2	0	Home	Person to person	Epi-H
Salmonella typhimurium phage type 8	AK	Nov02-Feb03	2	2	0		Unknown	Epi-H
Shigella	AK	Jun03	2	2	0	Home	Person to person	Epi-H

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

2 Health district of the PHU that reported the outbreak: AK=Auckland, NL=Northland, WN=Wellington, RO=Rotorua, WG=Wanganui, GS=Gisborne, SC=South Canterbury, CB=Canterbury, SO=Southland, OT=Otago, TK=Taranaki, NN=Nelson

4 Number of microbiologically-confirmed cases.

5 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 reported outbreaks, July 2003[1]

Pathogen/toxin/ illness	Health district[2]	Month[3]	No. ill	Lab Conf[4]	No. Hosp	Setting	Evidence[5]
Campylobacter	AK	Jul03	2	1			
Campylobacter	WC	Jul03	3	1	0	Home	
Campylobacter	SO	Jul03					
Gastro (Wheeler)	OT	Jul03					
Gastroenteritis	AK	Jun03	2				
Gastroenteritis	AK	Jul03					
Gastroenteritis	AK	Jul03	2				
Gastroenteritis	AK	Jul03	6				
Gastroenteritis	AK	Jul03	18				
Gastroenteritis	CB	Jun03	55	0	12	Hospital (acute care)	Oth
Giardia	AK	Jul03	2	2			
Giardia	CB	Mar03-Jun03	9	9		Home; foster house	Epi-H
NLV	WK	Jul03	0		0		
NLV	SC	Jun03					
NLV	CB	Jul03				Rest home	Epi-H
NLV	CB	Jul03				Rest home	Epi-H
NLV	CB	Jul03				Rest home	Epi-H
NLV	CB	Jul03				Rest home	Epi-H
Salmonella	AK	Jun03	0		0		

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

2 Health district of the PHU that reported the outbreak: AK=Auckland, OT=Otago, MB=Marlborough, WC=West Coast, TK=Taranaki, SO=Southland.

3 Month outbreak commenced.

4 Microbiologically-confirmed cases.

5 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.

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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).

5. National surveillance data and trends

Disease incidence and rates

Disease[1]	Current year - 2003 [2]			Previous year - 2002		
	Jul 2003 cases	Cumulative total since 1 January	Current rate[3]	Jul 2002 cases	Cumulative total since 1 January	Previous rate[3]
AIDS	5	21	0.7	1	11	0.6
Campylobacteriosis	1064	7534	356.1	1006	6717	330.5
Cryptosporidiosis	16	260	26.5	53	243	24.1
Dengue fever	3	53	1.9	13	52	3.2
Gastroenteritis[4]	71	588	29.2	62	585	27.3
Giardiasis	110	912	39.5	128	982	43.9
H. influenzae type b disease	2	8	0.2	0	3	0.2
Hepatitis A	5	42	1.6	1	89	3.1
Hepatitis B (acute)[5]	6	39	1.8	6	41	1.6
Hepatitis C (acute)[5]	4	19	1.1	3	30	1.5
Hydatid disease	0	0	0.1	0	0	0.1
Influenza[6]	645	728	26.5	230	436	18.1
Lead absorption	6	78	3.0	8	57	2.6
Legionellosis	8	41	1.6	8	32	1.2
Leprosy	0	2	0.1	1	3	0.1
Leptospirosis	5	59	2.9	14	90	3.6
Listeriosis	2	16	0.7	2	9	0.5
Malaria	5	26	1.2	6	44	1.6
Measles	8	34	1.1	3	13	1.7
Meningococcal disease[7]	91	317	15.5	65	294	16.5
Mumps	11	35	1.7	4	35	1.6
Paratyphoid	0	8	0.3	2	12	0.8
Pertussis	46	304	21.4	83	574	25.1
Rheumatic fever	7	64	2.7	4	57	2.2
Rickettsial disease	0	0	0.1	0	2	0.2
Rubella	2	14	0.6	1	23	0.9
Salmonellosis	75	865	39.5	95	1267	64.9
SARS	0	1	0	0	0	0
Shigellosis	15	60	2.5	12	79	3.3
Tetanus	0	2	0.1	0	1	0.1
Tuberculosis	36	229	11.0	40	201	9.6
Typhoid	1	13	0.5	2	19	0.7
VTEC / STEC infection	6	68	2.5	7	48	2.2
Yersiniosis	35	235	11.1	30	295	13.1

Notes: [1] Other notifiable infectious diseases reported in July : Nil

[2] These data are provisional

[3] Rate is based on the cumulative total for the current year (12 months up to and including July 2003) or the previous year (12 months up to and including July 2002), 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

[7] 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 July 2003 and preceding 12 months

Disease	Jul 2003	Jun 2003	May 2003	Apr 2003	Mar 2003	Feb 2003	Jan 2003	Dec 2002	Nov 2002	Oct 2002	Sep 2002	Aug 2002	Jul 2002
AIDS	5	3	2	1	2	4	4	0	2	0	4	1	1
Campylobacteriosis	1064	749	710	767	1191	1266	1787	1273	1042	1162	1176	1124	1006
Cryptosporidiosis	16	29	31	48	52	60	24	45	95	261	241	90	53
Dengue fever	3	3	15	10	7	7	8	1	9	0	0	8	13
Gastroenteritis[2]	71	114	118	75	97	64	49	143	68	154	69	69	62
Giardiasis	110	153	117	123	148	130	131	114	110	112	107	122	128
Haemophilus influenzae type b	2	1	1	1	1	0	2	0	0	0	0	0	0
Hepatitis A	5	5	4	2	8	12	6	3	8	3	2	2	1
Hepatitis B (acute)[3]	6	5	6	7	3	4	8	10	3	3	5	6	6
Hepatitis C (acute)[3]	4	2	1	6	2	0	4	5	3	1	7	7	3
Hydatid disease	0	0	0	0	0	0	0	1	0	0	0	1	0
Influenza[4]	645	72	6	0	5	0	0	0	1	22	103	136	230
Lead absorption	6	11	12	4	24	16	5	3	9	6	5	10	8
Legionellosis	8	8	8	6	2	4	5	4	5	1	4	3	8
Leprosy	0	0	1	0	0	1	0	0	1	0	0	0	1
Leptospirosis	5	8	6	7	9	8	16	8	14	10	13	6	14
Listeriosis	2	2	2	2	3	3	2	1	2	3	1	3	2
Malaria	5	3	3	2	1	9	3	2	3	3	6	3	6
Measles	8	4	10	2	7	0	3	0	2	2	0	4	3
Meningococcal disease[5]	91	52	41	30	28	41	34	33	28	42	72	87	65
Mumps	11	2	2	6	3	5	6	3	6	10	6	4	4
Paratyphoid	0	0	1	0	1	3	3	1	1	0	0	2	2
Pertussis	46	62	26	21	35	48	66	76	108	103	97	110	83
Rheumatic Fever	7	2	7	19	13	2	14	4	12	8	4	8	4
Rickettsial disease	0	0	0	0	0	0	0	0	0	0	2	2	0
Rubella	2	3	0	1	2	3	3	2	1	1	1	5	1
Salmonellosis	75	79	105	132	149	167	158	123	135	138	131	86	95
SARS	0	0	0	0	0	0	0	0	0	0	0	0	0
Shigellosis	15	7	10	9	3	6	10	9	4	8	4	8	12
Tetanus	0	1	0	1	0	0	0	0	0	0	0	0	0
Tuberculosis	36	31	31	39	27	30	35	36	34	46	28	37	40
Typhoid	1	1	2	0	2	6	1	1	0	3	0	0	2
VTEC/STEC infection	6	3	19	19	10	8	3	5	3	5	6	6	7
Yersiniosis	35	18	21	18	44	43	56	31	49	45	26	30	30

Notes: [1] Later data are provisional

[2] Cases of gastroenteritis from a common source or foodborne intoxication eg, staphylococcal intoxication or toxic shellfish poisoning

[3] Only acute cases of this disease are currently notifiable

[4] Surveillance data based on laboratory-reported cases only

[5] 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 District Health Board - July 2003

Cases this month | Current rate[1]

Disease	Northland	Waitemata	Auckland	Counties Manukau	Waikato	Lakes	Bay of Plenty	Tairawhiti	Taranaki	Hawke's Bay	Whanganui	MidCentral	Hutt	Capital and Coast	Wairarapa	Nelson-Marlborough	West Coast	Canterbury	South Conterbury	Otago	Southland
	Cases for July 2003,[2] and current rate[1,2] by District Health Board[3,4]																				
AIDS[5]	0	5			0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0
	0.7	1.9			0.6	0	0	0	0	0.7	0	0	0.3		0	0.8	0.3	4.4	0	0	0
Campylobacteriosis	14	146	145	102	108	28	34	13	26	35	14	20	48	95	15	27	8	132	12	29	13
	194.8	410.9	423.4	340.3	391.2	341.7	244.7	277.4	323.2	338.6	261.0	171.0	382.3	550.3	290.5	222.9	320.2	379.3	397.9	316.9	337.6
Cryptosporidiosis	1	0	1	1	4	2	0	1	0	1	0	1	0	3	0	0	0	1	0	0	0
	7.1	6.0	6.0	5.6	37.5	32.3	12.9	15.9	37.9	43.2	29.9	37.4	20.5	78.9	20.9	20.4	56.1	27.4	75.8	48.6	42.6
Dengue fever	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	1.4	1.9	7.1	1.6	1.0	3.1	1.1	0	0	0	0	0.6	2.0	3.3	2.6	0	0	1.9	0	0.6	1.9
Gastroenteritis	1	5	10	2	1	1	0	0	0	0	0	0	2	9	1	0	0	18	0	12	9
	22.8	25.1	35.1	17.3	18.6	38.5	2.2	36.4	7.8	2.8	22.0	0.6	28.1	37.8	39.3	27.8	9.9	62.3	132.6	27.5	47.4
Giardiasis	2	11	21	5	16	2	6	1	0	4	0	9	1	11	1	3	0	13	0	3	1
	19.3	40.5	63.6	30.9	53.5	41.7	37.6	20.5	10.7	56.4	29.9	34.8	34.1	60.6	18.3	29.4	23.1	34.9	24.6	30.5	16.4
H. influenzae type b disease	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0
	1.0	0	0	0	0	0	1.1	0	0	1.0	0	0.6	0	0	0	0	0	0.7	0	0	0
Hepatitis A	0	0	3	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
	1.4	1.9	4.1	2.7	1.3	1.0	1.1	1.0	0	2.8	0	0.6	0.8	2.4	0	0	0	0.9	1.9	0	0
Hepatitis B	0	1	1	0	1	0	0	0	0	0	0	0	1	2	0	0	0	0	0	0	0
	1.4	0.9	3.0	1.3	1.9	2.1	2.2	9.1	2.9	1.4	3.1	2.0	3.0	1.6	7.9	2.4	0	0.7	0	1.0	1.0
Hepatitis C	0	0	2	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
	1.4	0.7	1.6	0.3	0.3	3.1	3.4	1.0	0	2.1	2.0	3.2	0	1.6	2.6	0	6.6	0.5	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	0.2	0	0.3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lead absorption	0	0	1	0	1	0	0	0	1	1	1	0	0	1	0	0	0	0	0	0	0
	2.1	1.4	2.7	0.8	4.4	0	0	0	7.8	6.3	3.1	8.4	0	3.3	7.9	3.3	0	3.3	1.9	6.4	1.9
Legionellosis	0	4	1	2	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
	0.7	2.3	2.2	6.0	0.3	0	2.8	0	1.9	2.1	1.0	0	2.3	2.8	5.2	0	1.0	1.2	0	1.2	1.0
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	0.5	0	0	0	0	0	1.0	0	0	0	0	0	0	0	0	0	0	0
Leptospirosis	0	0	0	1	1	1	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0
	5.7	0.9	1.0	1.3	4.4	1.0	3.4	9.1	4.9	11.1	7.9	5.8	0	0	2.6	10.6	0	2.1	3.8	3.5	1.0
Listeriosis	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	2.0	1.2	1.4	2.0	0.3	0	1.7	0	0	0	0	2.6	0.8	0	0	0	0	0.5	0	0	1.0
Malaria	0	1	0	1	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0
	0	1.6	0.5	1.3	1.6	1.0	1.1	0	1.0	0.7	1.6	0.6	3.0	1.2	0	0	0	1.9	0	2.0	1.0
Measles	0	0	1	0	0	0	0	0	0	0	1	0	1	2	0	3	0	0	0	0	0
	0	0.7	1.0	2.0	0.3	0	1.0	0	0	1.4	1.0	7.0	2.3	1.2	0	6.5	9.9	1.6	0	0	0
Meningococcal disease[5]	8	9	15	15	6	6	8	1	0	8	3	2	3	1	0	0	0	2	0	3	1
	29.3	9.5	17.1	24.2	13.8	54.2	27.5	11.4	7.8	15.3	20.4	5.2	11.4	10.2	5.2	0	19.8	7.5	13.3	24.0	13.5
Mumps	4	0	0	0	0	0	0	0	0	0	1	1	0	0	0	1	0	2	0	2	0
	5.7	1.2	1.1	1.1	0.9	1.0	2.2	0	1.0	3.5	1.0	1.0	0.8	0	2.6	4.1	3.3	1.4	0	7.0	1.0
Paratyphoid	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	0.9	1.1	0.3	0	0	0	0	0	1.4	0	0	0	0	0	0	0	0	0	0.6	0
Pertussis	1	2	1	1	4	2	1	0	0	13	0	1	1	1	0	3	0	6	8	1	0
	4.3	17.2	6.8	5.9	21.4	5.2	11.2	0	20.4	27.9	73.9	21.9	33.4	11.8	10.5	71.9	105.6	32.8	142.1	2.9	18.4
Rheumatic fever	0	0	0	0	2	1	2	0	0	1	0	0	1	0	0	0	0	0	0	0	0
	3.6	1.9	3.3	8.8	2.8	5.2	2.8	4.5	0	3.5	1.6	1.3	3.0	2.4	2.6	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	0.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Rubella	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0
	0	0	0.5	0	0	0	1.7	2.3	0	3.5	0	1.0	0	1.6	2.6	3.3	6.6	0.2	0	0	0
Salmonellosis	0	8	22	6	3	0	3	0	1	8	1	1	1	7	1	1	1	7	1	2	1
	30.0	38.9	41.3	30.9	51.6	30.2	29.7	52.3	25.2	45.3	45.6	29.7	33.4	44.7	41.9	27.8	23.1	46.1	49.3	36.3	67.7
SARS	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	0.7	0	0	0	0	0	0	0	0	0	0	0
Shigellosis	1	4	5	1	0	0	0	0	0	0	0	0	0	2	0	1	0	1	0	0	0
	2.1	2.6	7.6	4.0	1.6	0	0	0	0	2.1	1.6	0	0.8	2.0	5.2	1.6	0	3.0	0	2.3	0
Tetanus	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	1.0	0	0	0	0	0	0	0	0	1.0	0	0	0	0	0	0	0
Tuberculosis	1	6	6	12	0	0	0	0	1	2	1	0	4	2	0	0	0	0	1	0	0
	2.0	21.0	35.0	29.0	5.0	0	7.0	0	1.0	5.0	1.0	0	8.0	13.0	0	1.0	1.0	1.0	2.0	2.0	1.0
Typhoid	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	0.2	1.1	1.9	0	0	0	0	0	0	0	0	1.5	0.8	0	0	0	0.2	0	0	0
VTEC / STEC	0	0	0	1	1	0	0	0	1	0	0	0	0	1	0	2	0	0	0	0	0
	5.7	0.9	2.0	1.6	6.0	1.0	3.9	0	4.9	1.4	1.6	1.3	0	1.2	0	2.0	1.0	2.8	17.1	3.5	2.9
Yersiniosis	1	8	5	1	8	0	0	0	1	3	0	0	0	2	0	0	1	4	0	1	0
	3.6	16.5	15.0	7.2	15.1	8.3	7.3	15.9	2.9	9.8	7.9	3.2	10.6	15.5	20.9	0	56.1	11.2	22.7	7.6	4.8

1 Current rate is based on the cumulative total for the 12 months up to and including July 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 District Health Board

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

5 These totals and rates are derived from the EpiSurv report date as oppoosed to the earliest available date used in the meningococcal disease section.