
MONTHLY NOTIFIABLE DISEASE SURVEILLANCE REPORT

Data contained within this monthly report are based on information recorded on EpiSurv by Public Health Service (PHS) staff as at 12 August 2019. 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.

KEY NOTIFIABLE DISEASE TRENDS

Enteric Diseases

Enteric infections are the most common notifiable diseases, and several, along with acute gastroenteritis, 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](#).

Acute gastroenteritis

There were 45 cases of acute gastroenteritis notified in July 2019, compared with 11 for the same month in 2018. Most (29 cases) were due to enterotoxigenic *Escherichia coli* (ETEC). An increase in acute gastroenteritis due to ETEC has been noted in the Bay of Plenty, Lakes and Waikato, DHBs since Pathlab introduced a PCR test that detects the organism from November 2018.

Dengue Fever

There were 29 cases of dengue fever (24 confirmed, 2 probable and 3 under investigation) notified in July 2019, compared with 11 for the same month in 2018. Of the 26 confirmed and probable cases, 14 had travelled to Fiji during the incubation period. Other countries visited were Thailand (6 cases), India (2 cases), Cambodia, Cook islands, Indonesia and Malaysia. Information on dengue fever in the Pacific is available on the [Safetravel website](#).

Leprosy

Three cases of leprosy (2 confirmed and 1 probable) were notified in July 2019, bringing the year-to-date total to four. All three cases were male. Two were Pacific people aged 15-19 years and one was of Asian ethnicity aged 30-39 years. All had arrived in New Zealand in the past two years and the countries previously lived in were Nauru, Tuvalu and Sri Lanka.

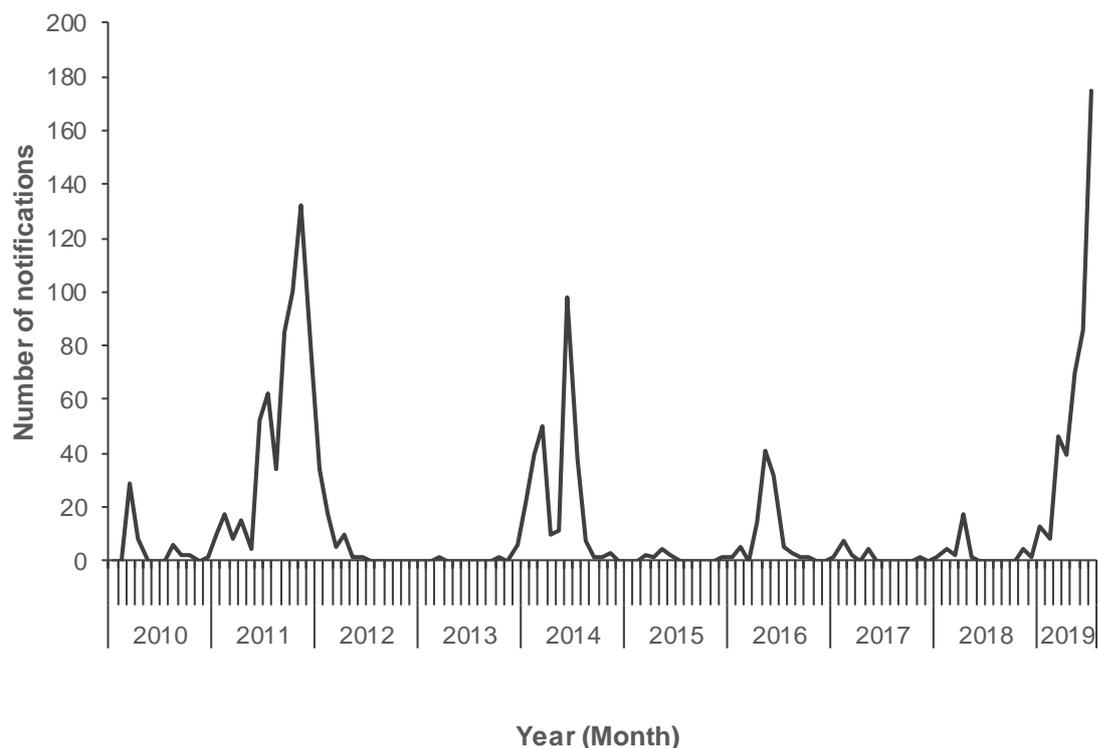
Measles

There were 175 cases (174 confirmed and 1 under investigation) of measles notified in July 2019, bringing the total for January–July to 437 cases (Figure 1). The majority (158 cases, 90.3%) of confirmed cases were reported from the Auckland region. See the latest [weekly measles surveillance report](#) and the [Auckland Regional Public Health Service website](#) for more information.

New Zealand is at ongoing risk of [importation from international travellers](#). The Ministry of Health issued a [media release](#) on 9 August 2019 regarding strategies being developed to address the current

rise in measles cases. General information on the 2019 measles outbreaks can be found on the Ministry of Health website [here](#).

Figure 1. Measles notifications by month, January 2010–July 2019



Meningococcal disease

There were 28 cases (27 laboratory confirmed and one that was not a case) of meningococcal disease notified in July 2019, compared with 10 for the same month last year. The group was identified in 23 cases, with 12 cases identified as group B, six cases as group W, two cases as group C, two cases as group Y and one case as group E. See the latest [meningococcal disease monthly report](#) for more information.

Rubella

A laboratory-confirmed case of rubella was notified from Waitemata DHB in July 2019. The case was aged 30–39 years and the source of the infection was unknown.

OUTBREAKS

Influenza-like illness

Twenty-two outbreaks of influenza-like illness were reported in July 2019. Influenza A was identified in 11 outbreaks, influenza A and B in one outbreak, and no pathogen was identified in the remaining 12 outbreaks.

Nineteen outbreaks were in long-term care facilities (10 influenza A), one in an acute care hospital (influenza A), one in a school (influenza A and B) and one in a childcare centre.

TABLES

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