

## 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 11 March 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

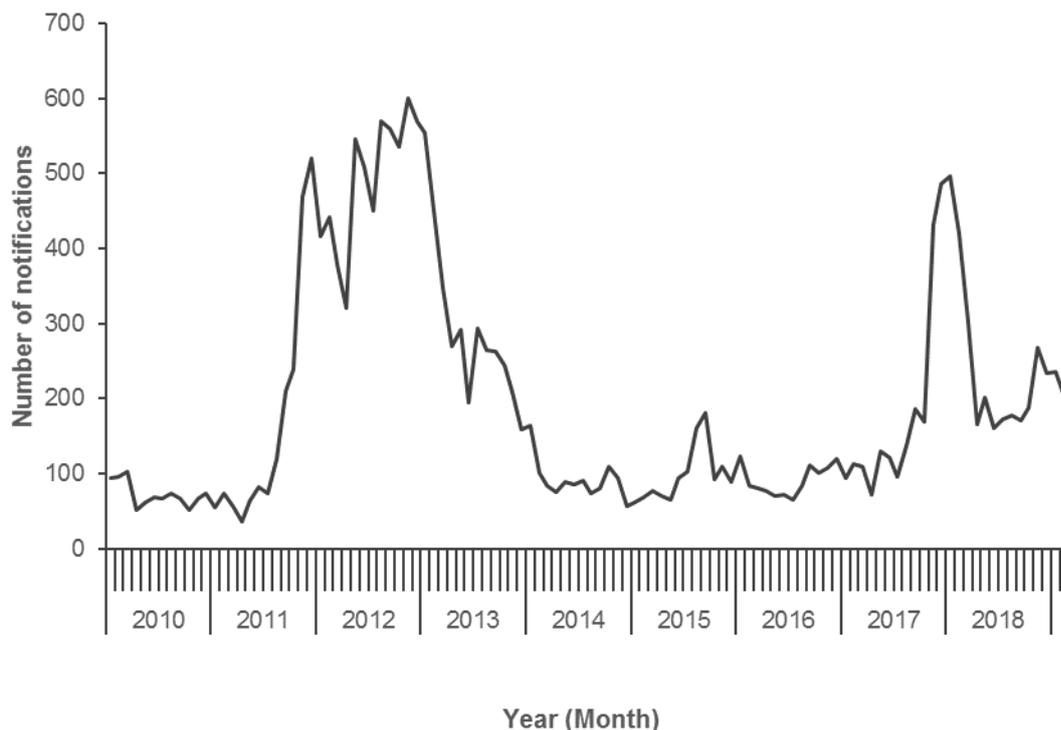
#### Enteric Diseases

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

#### Pertussis

There were 202 cases (134 confirmed, 53 probable, 3 suspect and 12 under investigation) of pertussis notified in February 2019, compared with 419 cases for the same month in 2018 (Figure 1). A national outbreak is ongoing. For more information see the latest [Pertussis Report](#).

**Figure 1. Pertussis notifications by month, January 2010–February 2019**



## Rubella

A confirmed case of rubella was reported in February 2019. The disease was contracted in the Philippines. The strain was identified as genotype 1E.

## Shigellosis

There were 33 cases (32 confirmed, 1 under investigation) of shigellosis notified in February 2019, compared with 17 cases for the same month in 2018. The majority (72.7%, 24/33) of cases were reported from the Auckland region. Travel information was known for 14 (42.0%) cases, of which seven were overseas during the incubation period.

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# OUTBREAKS

## Measles

The Waikato measles outbreak that began in January continued into February with a further four cases, bringing the total to 12. No further cases have been reported.

An outbreak of measles was reported from Canterbury DHB during February 2019. As at 4 April, 38 confirmed cases had been reported. Cases were in contact with large numbers of people, including in schools, early childhood centres and healthcare facilities. Genotype B3 has been confirmed and is indistinguishable from a B3 strain detected in the Philippines.

The Ministry of Health issued a [national advisory](#) about overseas measles outbreaks on 28 February 2019. ESR has implemented a [weekly measles surveillance report](#) at the request of the Ministry of Health.

## Salmonellosis

An outbreak of *Salmonella* Typhimurium phage type 108/170 was detected in January involving 67 cases (65 confirmed and 2 probable). Cases were from multiple DHBs suggesting a nationally distributed food source. Questionnaires were sufficiently completed for 39 cases and a detailed food history obtained. A hypothesis was developed from the analysis of the case questionnaires and a suspected source is being investigated.

## Viral respiratory illness

An outbreak of viral respiratory illness involving 28 cases at a long term care facility in the Hutt Valley DHB was reported in February 2019. The pathogen was not identified.

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# TABLES

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