
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 10 February 2022. 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 previous years should be treated with caution.

KEY NOTIFIABLE DISEASE TRENDS

COVID-19

There were 2547 cases (2502 confirmed, 3 probable and 42 under investigation) of COVID-19 notified in January 2022, compared with 608 cases for the same month in 2021. Just over half (51.9%, 1300/2505) of the confirmed and probable cases were community cases and 48.1% were in managed isolation/quarantine (MIQ). Twenty-two cases were hospitalised and one death due to COVID-19 was reported. Omicron became the dominant variant and the Government announced a [three phase plan](#) to slow its spread.

Leptospirosis

There were 16 cases (13 confirmed and 3 under investigation) of leptospirosis notified in January 2022, compared with 3 cases for the same month in 2021. The 13 confirmed cases ranged in age from 20 to 70 years. Twelve confirmed cases were male, and one was female. Risk factor information was available for eight confirmed cases; all reported exposure to animals (five due to the nature of their occupation as farmers, cattle broker or meat workers) and four also reported exposure to lakes, rivers or streams. Hospitalisation was recorded for 12 of the confirmed cases, of which eight (66.7%) were hospitalised. The serovar was identified for nine confirmed cases; three were *Leptospira* Hardjo, three were *L. Pomona*, two were *L. Copenhageni* and one was *L. Ballum*. The four remaining cases were confirmed by PCR.

Shiga toxin-producing *Escherichia coli* (STEC) infection

There were 102 cases (87 confirmed and 15 under investigation) of Shiga toxin-producing *Escherichia coli* (STEC) infection notified in January 2022, compared with 78 cases for the same month in 2021. Over a quarter (24/87, 27.6%) of the confirmed cases were children aged under 15 years. Hospitalisation status was recorded for 69 (79.3%) confirmed cases, of which 26 (37.7%) were hospitalised. No cases of haemolytic uraemic syndrome (HUS) were reported. The serotype was identified for 51 confirmed cases, and 31 (60.8%) were non-O157.

OUTBREAKS

Listeriosis

Two listeriosis cases (one pregnancy associated) notified in December 2021 and January 2022 have been identified as being closely genomically related to each other. Isolates from the cases were found to be ST204, a rare sequence type in New Zealand. Both cases consumed high-risk foods, including a common brand of paneer cheese.

Norovirus

An outbreak of gastroenteritis involving 45 cases was reported from Southern DHB in January 2022. The cases were from four separate tour groups on the Milford Track and stayed in the same private lodges. Samples from three people in different tour groups were positive for norovirus. Transmission is most likely person-to-person and from contaminated surfaces. Affected people were removed from the tours and isolated until symptoms resolved and all facilities were given information on norovirus and cleaning protocols.

Respiratory illness

There were five respiratory illness outbreaks reported in January 2022, involving 42 cases. Three outbreaks were reported as influenza-like illness (ILI) and two were reported as acute respiratory infection (ARI). Rhinovirus was identified in one outbreak and human metapneumovirus in one outbreak. No pathogen was identified in the remaining three ILI/ARI outbreaks. All five outbreaks were in long-term care facilities.

Salmonellosis

Six new cases of *Salmonella* Enteritidis sequence type 11 have been identified as belonging to the Enteritidis_2019_C_01 cluster that was first reported in the [March 2021 monthly report](#). Two of the six cases were notified in December 2021 and four were notified in January 2022. Since January 2021 there have been 55 cases reported. The outbreak strain has been identified in poultry and egg farms.

Vibrio parahaemolyticus infection

Thirty cases of gastroenteritis due to *Vibrio parahaemolyticus* infection were notified in January 2022 compared with three cases for the same month in 2021. Nineteen (63.3%) cases were reported from Canterbury DHB, seven from Bay of Plenty/Lakes and four from Auckland/Northland. Thirteen (43.3%) cases were hospitalised. Cases had consumed a variety of (raw and cooked) seafood including crayfish, mussels, kina, oysters, pipis, pāua, Tua Tua, bluenose, cod, snapper and warehou. Several different sequence types were identified among the cases. New Zealand Food Safety put out a [media release](#) and an [educational brochure](#) on seafood gathering.

TABLES

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