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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 as at 9 March 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.

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### KEY NOTIFIABLE DISEASE TRENDS

#### COVID-19

There were 102,499 cases (101,020 confirmed, 1312 probable and 167 under investigation) of COVID-19 notified in February 2022, compared with 74 cases for the same month in 2021. Almost all (101,701/102,332, 99.4%.) of the confirmed and probable cases were community cases and 631 were in managed isolation/quarantine (MIQ). There were 229 hospitalisations and five deaths reported among COVID-19 cases.

#### Legionellosis

There were 19 cases of legionellosis (17 confirmed, 1 probable and 1 under investigation) notified in February 2022, compared with seven cases for the same month in 2021. Of the 15 confirmed cases where the species was identified, nine were due to *Legionella pneumophila* which is associated with warm water systems, and six were due to *L. longbeachae* which is associated with compost and potting mix.

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

There were 110 cases (109 confirmed and 1 under investigation) of Shiga toxin-producing *Escherichia coli* (STEC) infection notified in February 2022, compared with 89 cases for the same month in 2021. Over a quarter (30/109, 27.5%) of the confirmed cases were children aged under 15 years. Hospitalisation status was recorded for 77 (70.6%) of the confirmed cases, of which 17 (22.1%) were hospitalised. One case of haemolytic uraemic syndrome (HUS) was reported in a two-year old. The serotype was identified for 62 confirmed cases, and 34 (54.8%) were non-O157. The serotype for the HUS case was *E. coli* O157:H7.

#### Yersiniosis

There were 123 cases (121 confirmed and 2 under investigation) of yersiniosis notified in February 2022, compared with 103 cases for the same month in 2021. Cases were geographically dispersed with higher numbers than expected in the Auckland region (48 confirmed cases). *Yersinia enterocolitica* biotype 2/3 serotype O:9 was identified in the majority (77/95, 81.1%) of cases that had been typed.

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# OUTBREAKS

## Respiratory illness

There were 15 respiratory illness outbreaks reported in February 2022. Thirteen were COVID-19 outbreaks and two influenza-like illness (ILI). Rhinovirus was identified in one ILI outbreak and no pathogen was identified in the other ILI outbreak. Five outbreaks were in long-term care facilities, four were at community/church/sports gatherings, three were in schools and one each were in a hostel/boarding house, camp and other community setting.

## Salmonellosis

Four 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](#). Since January 2021 there have been 59 cases reported. The outbreak strain has been identified in poultry and egg farms.

## *Vibrio parahaemolyticus* infection

Eight cases of gastroenteritis due to *Vibrio parahaemolyticus* infection were notified in February 2022. From November 2021 to February 2022 50 cases have been reported, compared with eight cases for the same period in 2020/2021. Cases consumed a variety of raw and cooked seafood including oysters, mussels, kina, pipis, crayfish, pāua, Tua Tua, bluenose, kawaii, cod, snapper and warehou. Samples from 43 cases have been sequenced and show several different sequence types, with ST50 the most common (36 cases, 83.7%).

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# TABLES

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