
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 11 April 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 551,369 cases of COVID-19 notified in March 2022, compared with 120 cases for the same month in 2021. A total of 823 were border cases and the remainder were community cases. There were 2,179 hospitalisations and 55 deaths reported among COVID-19 cases. More information can be found on the [Ministry of Health website](#).

Leptospirosis

There were 12 cases (10 confirmed, 1 probable, and 1 under investigation) of leptospirosis notified in March 2022, compared with seven cases for the same month in 2021. The 11 confirmed and probable cases ranged in age from 23 to 68 years, nine were male and two were female. Risk factor information was available for six cases; all reported exposure to animals (three due to the nature of their occupation as farmers and a shepherd) and two also reported exposure to lakes, rivers or streams. Hospitalisation was recorded for nine of the confirmed and probable cases, of which eight (88.9%) were hospitalised. The serovar was identified for four confirmed cases; three were *Leptospira Hardjo*, and one was *L. Ballum*. The six remaining cases were confirmed by PCR.

Meningococcal disease

There were four confirmed cases of meningococcal disease reported in March 2022, bringing the total for the year to date to nine, compared with six cases for the same period in 2021. Of the nine cases to date, five were of Māori ethnicity, three were Pacific and one was European/Other. Five cases were in children aged 0–14 years, including two aged <1 year. The strain type was identified in seven of the nine cases to date; five were group B and two were group W. Three group B cases were PorA type B:P1.7-12,14, one was B:P1.5,2 and one was P1.7,16-26. No deaths were reported.

OUTBREAKS

Legionellosis

An outbreak of legionellosis, involving 11 people who stayed in shared accommodation in Hokitika, was reported in March 2022. Three cases were admitted to hospital with radiologically confirmed pneumonia. The causative agent was identified as *Legionella pneumophila* serogroup 2. Environmental water samples were collected from the shared accommodation, but no legionellae were isolated.

Respiratory illness

There were 68 respiratory illness outbreaks reported in March 2022. All 68 outbreaks were due to COVID-19. The majority (62) were in long-term care facilities, while the remainder were in prisons, hostels/boarding houses, and community/church/sports gatherings (2 outbreaks each).

TABLES

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