

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 October 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

Campylobacteriosis

There were 578 cases of campylobacteriosis notified in September 2022, compared with 484 cases for the same month in 2021. While the number of campylobacteriosis notifications for September was relatively low in both 2020 and 2021 due to public health measures implemented against COVID-19, the September 2022 total is similar to that seen pre-COVID-19.

COVID-19

There were 43,911 cases of COVID-19 notified in September 2022, compared with 118,210 in August 2022. BA.5 remained the most prevalent Omicron subvariant across New Zealand throughout September. See the [Ministry of Health website](#) and [ESR's genomic insights report](#) for more information.

Diphtheria

A case of cutaneous diphtheria was notified in September 2022. The case sustained a wound from coral while snorkelling in Vanuatu, which was confirmed as diphtheria toxin gene positive when the case returned to New Zealand. A close contact of the case was also confirmed as a case in October.

Invasive pneumococcal disease

There were 91 confirmed cases of invasive pneumococcal disease notified in September 2022, compared with 30 cases for the same month in 2021. Of the 91 confirmed cases 13 (14.3%) were aged under 5 years, 37 (40.7%) were 5-64 years, and 41 (45.1%) were aged 65 years and over. Five deaths were reported; one in a case aged 50-59 years, and four in cases aged 70 years and over. A serotype was identified in 89 (97.8%) cases. The most common were serotypes 19A (29.2%, 26 cases) and 8 (25.8%, 23 cases). There were six cases of serotype 19A in children aged under 5 years; four were fully vaccinated for their age with PCV10 and two were eligible for vaccination but were unvaccinated.

Legionellosis

There were 18 cases (15 confirmed and 3 under investigation) of legionellosis notified in September 2022, compared with 10 cases for the same month in 2021. Of the 15 confirmed cases, 10 (66.7%) were due to *Legionella longbeachae* which is associated with compost and potting mix and five were due to *L. pneumophila*, which is associated with warm water systems. Information on legionellosis is available on the Ministry of Health website [here](#).

Leptospirosis

There were 13 cases (12 confirmed and 1 under investigation) of leptospirosis notified in September 2022, compared with four cases for the same month in 2021. The 12 confirmed cases ranged in age from 18 years to 72 years, 10 were male and two were female. Risk factor information was available for 10/12 confirmed cases; all reported occupational exposure to animals (farmers, meat workers and a stock truck driver). Hospitalisation was recorded for 11 confirmed cases, of which five (45.4%) were hospitalised. The serovar was identified for seven confirmed cases; four were *Leptospira Hardjo* and three were *L. Pomona*. The five remaining cases were confirmed by PCR.

Monkeypox

Five confirmed cases of monkeypox were notified in September 2022, bringing the total number of confirmed monkeypox cases reported in New Zealand since the beginning of a [multi-country outbreak](#) to nine. All five cases were overseas during the incubation period.

Yersiniosis

There were 149 cases (142 confirmed and 7 under investigation) of yersiniosis notified in September 2022, compared with 97 for the same month in 2021. Cases were geographically dispersed. Adults aged 60 years and over accounted for the highest number of cases (49 cases, 32.9%) followed by children aged under 5 years (28 cases, 18.8%). *Yersinia enterocolitica* biotype 2/3 serotype O:9 was identified in the majority (59/95, 62.1%) of cases that had been typed.

OUTBREAKS

Respiratory illness

There were seven respiratory illness outbreaks reported in September 2022. Six outbreaks were due to influenza-like illness, and one was acute respiratory infection. Six outbreaks were in long-term care facilities, and one was in a childcare centre.

Hepatitis A

An outbreak of hepatitis A was reported in September 2022, involving 12 cases (9 in September, 2 in June and 1 in August). All cases in the outbreak were closely genetically related and had the same sequence profile as that from a hepatitis A outbreak in Sweden in 2020/2021 linked to frozen berries from Serbia. All 12 cases reported significant consumption of imported frozen berries. Foodstuffs Own Brands Ltd [recalled Pams brand frozen berry products](#) containing raspberries from Serbia.

Salmonellosis

An outbreak of *Salmonella* Typhimurium involving six cases was reported from Bay of Plenty district in September 2022. Four were hospitalised. All six cases attended the same place of worship and four cases consumed food that was prepared on site.

Shigellosis

An increase in shigellosis cases with a travel history to Fiji was detected in September 2022. From June to September 2022, there were 18 cases (12 confirmed and 6 probable) reported with travel links to Fiji, compared with an average of two cases for the same period in 2014–2019. *Shigella sonnei* biotype a was isolated from all 12 confirmed cases. All 12 isolates were sequenced and found to be part of several genetically related clusters, suggesting multiple exposures.

TABLES

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