

## 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 12 June 2023. 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

#### Diphtheria

A confirmed case of cutaneous toxigenic diphtheria was notified in May 2023. The case was aged 50–59 years and had recently travelled to Vanuatu.

#### Giardiasis

There were 100 confirmed cases of giardiasis notified in May 2023, compared with 62 for the same month in 2022. The highest number of cases were reported from the Auckland region (37 cases), followed by Waikato and Bay of Plenty/Lakes (16 cases each). The most commonly reported risk factors were contact with farm animals (17/48, 35.4%), contact with faecal matter (11/40, 27.5%), and recreational water contact (12/46, 26.1%).

#### Malaria

There were six confirmed cases of malaria notified in May 2023, compared with no cases for the same month in 2022. Most cases had been in sub-Saharan Africa (Cameroon, Guinea, Uganda, and Sudan), one had been in India and one in Indonesia.

#### Measles

There were two confirmed measles cases notified in May 2023. The cases were aged 15–19 and 20–29 years and lived in the same household. The primary case was in India during the incubation period. No further cases have been reported to date. See the [media release](#) from Auckland Regional Public Health for more details.

#### Meningococcal disease

There were six cases of meningococcal disease notified in May 2023, bringing the total for the year to date to 19, compared with 11 cases for the same period in 2022. Of the 19 (16 confirmed and three probable) cases notified in 2023, five were aged less than 5 years, and five were aged 15–19 years. The group was identified in 15 cases; 11 were group B, three were group Y and one was group W. [One death](#) in an adult aged 20–29 years was reported in May 2023 and was due to B:P1.7-2,4.

#### Rheumatic fever

There were 22 cases of rheumatic fever (20 confirmed and 2 probable) notified in May 2023, compared with seven for the same month in 2022. Twenty cases were initial episodes and two were recurrent episodes. Half (11) of the cases were reported from Counties Manukau. All 22 cases were of Pacific or Māori ethnicity and 14 (63.6%) cases were aged 5–14 years.

## Typhoid fever

There were four confirmed cases of typhoid fever notified in May 2023, compared with two for the same month in 2022. All four cases were hospitalised. Three cases were in India during the incubation period. The other case worked in a microbiology laboratory and their isolate was genetically linked to a *Salmonella* Typhi specimen they had handled.

## Yersiniosis

There were 123 confirmed cases of yersiniosis notified in May 2023, compared with 92 for the same month in 2022. Children aged under 5 years accounted for the highest number of cases (26 cases, 21.1%), followed by adults aged 20–29 years (19 cases, 15.4%). *Yersinia enterocolitica* biotype 2/3 serotype O:9 was identified in the majority (67/92, 72.8%) of cases that had been typed.

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# OUTBREAKS

## Ongoing outbreaks

No further cases of hepatitis A cases have been linked to the outbreak associated with frozen berries, leaving the total at 39 cases.

## Respiratory illness

There were 14 respiratory illness outbreaks reported in May 2023. Eleven were due to influenza-like illness/acute respiratory infection (three were identified as RSV, one as rhinovirus and one influenza A) and three were due to COVID-19. Nine outbreaks were in childcare centres, three were in long term care facilities and two were in hospitals.

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# TABLES

Tables for May are available as Excel files on the [Ngā Kete Intelligence Hub](#).