

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 January 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 146,910 cases of COVID-19 notified in December 2022, compared with 104,706 in November 2022. Genomic testing of cases showed that the combination of variants continued to replace the BA.5 throughout December. Among these lineages BA2.75, CH1.1 (a descendant of BA.2.75) and BQ1.1 were the most common. SARS CoV-2 detections in wastewater increased from early December, peaking mid-month. BA.2.75 was the main variant detected in wastewater. See the [Ministry of Health website](#), the [Genomics Insights Dashboard](#) and [ESR's Wastewater Dashboard](#) for more information.

Mpox (monkeypox)

There were two confirmed cases of mpox notified in December 2022, bringing the total number of confirmed cases reported in New Zealand to 41. One of the cases notified in December acquired their infection overseas and the other acquired their infection locally. To date, 10 cases have acquired their infection overseas, while 31 have acquired their infection locally.

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

There were 103 cases (91 confirmed and 12 under investigation) of Shiga toxin-producing *Escherichia coli* (STEC) infection notified in December 2022, compared with 72 cases for the same month in 2021. Over a quarter (27/91, 29.7%) of the confirmed cases were children aged under 15 years. Hospitalisation status was recorded for 76 (83.5%) confirmed cases, of which 18 (23.7%) were hospitalised. Two cases of haemolytic uraemic syndrome (HUS) were reported, both cases were Māori children, aged 6 years and <1 year. The serotype was identified for 34 confirmed cases of STEC, and 21 (61.8%) were non-O157. The serotypes for the HUS cases were O157 and O26.

Tetanus

A case of tetanus was reported in December 2022. The case was a female aged over 70 years who received a cut while gardening, and subsequently died. The case was confirmed based on clinical presentation and had received a tetanus vaccine two years prior.

Travel-acquired diseases

Following on from the update in the [November monthly report](#), the increase in cases of travel-acquired infections continued in December 2022: shigellosis (11), enteric fever (7), hepatitis A (6), malaria (3), dengue fever (2), brucellosis and hepatitis E (1 each).

OUTBREAKS

Campylobacteriosis

Seven outbreaks of campylobacteriosis were reported in December 2022. Two outbreaks reported untreated domestic rainwater supplies as the suspected source, one reported homecooked chicken, and one reported close contact with calves on a farm. There was also one outbreak in a long-term care facility (source unknown) and two in childcare centres (contact with bird faeces was suspected as the source for one).

Ongoing outbreaks

Four further cases of hepatitis A were linked to the outbreak associated with frozen berries, bringing the total to 35 cases. All had identical (or near identical) genetic sequence profiles to that from a hepatitis A outbreak in Sweden in 2020/2021 linked to frozen berries from Serbia. New Zealand Food Safety investigations concluded the imported frozen raspberries from Serbia in Pams products [recalled](#) in October were highly likely to be the source.

TABLES

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