

Information topic	Details
Indicator name	Notifications of potentially waterborne disease with untreated drinking water as a risk factor
Domain and topic	Drinking water: Waterborne diseases related to drinking water
Indicator definition and units	Annual number of notifications of campylobacteriosis, cryptosporidiosis and giardiasis with untreated water contact reported as a risk factor. The proportion of all notifications of these diseases with risk factor information supplied.
Data source	Public Health and Forensic Science (Formerly ESR). National Database of notifiable diseases (EpiSurv).
Numerator	Annual number of notifications of campylobacteriosis, cryptosporidiosis and giardiasis with untreated drinking water during the incubation period reported as a risk factor
Denominator	Population estimates, by year
Methodology	Campylobacteriosis, cryptosporidiosis and giardiasis are notifiable in New Zealand. All cases diagnosed by doctors and/or laboratories are required to be notified to the medical officer of health in the region, who notifies the case to the national data collection (EpiSurv) administered by PHF Science, or directly to EpiSurv for further investigation. As part of the notification process of campylobacteriosis, cryptosporidiosis and giardiasis, information is collected on certain risk factors. For enteric disease, these risk factors include whether the individual had, during the incubation period, consumed untreated surface water, groundwater or rain water. It should be noted that the risk factors are not confirmed as the cause of the disease; several risk factors may be recorded, and for a number of risk factors the majority of responses may be 'unknown'. For this analysis, cases that had been overseas at some point during the incubation period were excluded from the analysis, as they were unlikely to have contracted the disease within New Zealand. To account for varying levels of risk factor completion rates, EHINZ considers a completion rate of 70% will provide an acceptable level of data quality for inclusion in our analyses. The figure of 70% was arrived at based on internal consultation and does not reflect a standard imposed by PHF Science, the Ministry of Health or any other party.

Metadata

Time period and time scale	Annual, from 2001 onwards
Population coverage	National
Spatial Coverage	National and by health district
Measures of frequency	- Annual number of campylobacteriosis, cryptosporidiosis and giardiasis notifications with untreated drinking water reported as a risk factor. - Age-adjusted rate of campylobacteriosis, cryptosporidiosis and giardiasis notifications with untreated drinking water reported as a risk factor per 100,000 population. - Proportion of notified cases of campylobacteriosis, cryptosporidiosis and giardiasis with risk factor information included
Confidence interval methodology	Byar's approximations for calculating the 95% confidence interval for rates of events were used (Eayres 2008).
Limitations of indicator	- Not all notifiable diseases that have a possible contamination route through water were analysed for this indicator. For instance, salmonellosis, typhoid/paratyphoid fever, hepatitis A, yersiniosis, shigellosis, and gastroenteritis are not considered. - Risk factors are not confirmed as the cause of the disease.
Limitations of data source	- This indicator only includes notified cases and will be underestimating the total burden of these diseases. Most un-notified cases will be undiagnosed (i.e. the person who was ill did not see a doctor or the diagnostic test was not performed). - Cases that did not report a risk factor may not be included in the relevant analyses.
Created by	Environmental Health Intelligence New Zealand
Related indicators	- Notifications of potentially waterborne diseases - Notifications of potentially waterborne diseases with recreational water as a risk factor
For more information	https://episurv.phfscience.nz/help/faq/
References	Eayres D. (2008). <i>Technical Briefing 3: Commonly used public health statistics and their confidence intervals</i> . York: Association of Public Health Observatories