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Environmental Health Indicators for New Zealand

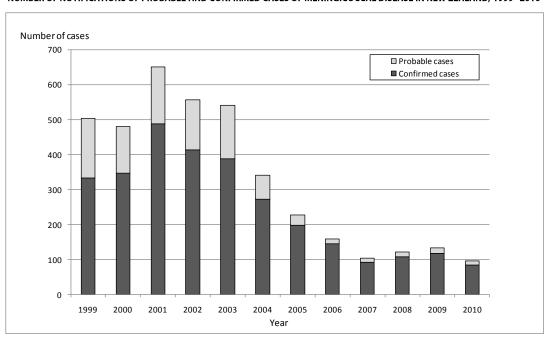
NOTIFICATIONS OF MENINGOCOCCAL DISEASE IN NEW ZEALAND

Meningococcal disease is an acute bacterial disease caused by the microorganism *Neisseria meningitidis*. It is most commonly spread via contact with respiratory droplets as a result of an often asymptomatic person that is carrying the bacteria in their nose or throat coughing or sneezing. The incubation period for meningococcal disease is usually around 3 - 4 days from the time of exposure and symptoms include sudden onset of intense headache, nausea and often vomiting, stiff neck, sensitivity to light and development of a red rash. Meningococcal infection can be fatal and in addition survivors are potentially at risk of long-term health effects such as neurological damage, hearing loss and loss if limb use (Heymann, 2004). On the whole susceptibility to developing acute meningococcal disease is low, with children being more at risk than adults.

The disease is 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 ESR, or directly to EpiSurv for further investigation.

Figure 1 shows the number of confirmed and probable cases of meningococcal disease in New Zealand, by year.

Figure 1:
NUMBER OF NOTIFICATIONS OF PROBABLE AND CONFIRMED CASES OF MENINGICOCCAL DISEASE IN NEW ZEALAND, 1999 - 2010



Source: ESR (2011)

MENINGOCOCCAL DISEASE NOTIFICATIONS.

Notifications of meningococcal disease in New Zealand have fallen steadily since 2003 (Figure 1). The steep decline in notifications from 2003 to 2004 relates to the introduction that year of a nation-wide vaccination programme targeted at addressing the meningococcal disease epidemic which began in 1991. The vaccination programme was withdrawn in 2008, after which notifications have remained relatively constant but as yet have not returned to pre-epidemic levels (around 50 cases in 1990).

References

•Heymann DL (ed). 2004. Control of Communicable Diseases Manual (18th edition). Washington, DC: American Public Health Association.
•Environmental Science and Research (ESR). 2011. Direct communication with statistics department.