

Zika virus infection weekly report

7 November 2016

This report summarises confirmed and probable Zika virus infection notifications for the previous surveillance week (29 October–4 November 2016) and cumulative cases for 2016. The surveillance week in this report varies slightly from previous reports and is now aligned to the standard EpiSurv surveillance week. Cases that were still under investigation are not included. The case classification used in this report is specified on the last page.

The report incorporates the distribution of cases by sex, age and country(ies) travelled to during the incubation period for the disease. No further details on individual cases will be released.

Data in this weekly update is based on data recorded on EpiSurv by public health service staff as at 0740 hours 7 November 2016. Changes made to EpiSurv data after this date will not be reflected in this report. The numbers presented may be further updated and should be regarded as provisional.

Previous week (29 October–4 November 2016)

Table 1. Zika virus infection (confirmed and probable) cases notified in New Zealand by sex, age group and case status, 29 October–4 November 2016

Sex	Age group (years)	Number of cases		Total cases
		Confirmed	Probable	
Female	<1			0
	1–4			0
	5–14			0
	15–24			0
	25–44			0
	45–64			0
	65+			0
Female total		0	0	0
Male	<1			0
	1–4			0
	5–14			0
	15–24			0
	25–44			0
	45–64			0
	65+			0
Male total		0	0	0
Total		0	0	0

Table 2. Overseas travel information for Zika virus infection (confirmed) cases notified in New Zealand, 29 October–4 November 2016

Country travelled to during the incubation period for the disease	Number of confirmed cases ¹

¹ Cases may have visited more than one country or may not have specified the country.

Year to date (1 January–4 November 2016)

Table 3. Zika virus infection (confirmed and probable) cases notified in New Zealand by sex, age group and case status, 1 January–4 November 2016

Sex	Age group (years)	Number of cases ¹		Total cases
		Confirmed	Probable	
Female	<1	0	0	0
	1–4	1	0	1
	5–14	2	0	2
	15–24	15	0	15
	25–44	29	2	31
	45–64	17	0	17
	65+	3	0	3
Female total		67	2	69
Male	<1	0	0	0
	1–4	0	0	0
	5–14	1	0	1
	15–24	3	1	4
	25–44	8	2	10
	45–64	11	1	12
	65+	3	0	3
Male total		26	4	30
Total		93	6	99

¹ Includes cases that in previous reports were still under investigation and have since become confirmed or probable cases.

Table 4. Overseas travel information for Zika virus infection (confirmed) cases notified in New Zealand, 1 January–4 November 2016

Country travelled to during the incubation period for the disease	Number of confirmed cases ^{1,2}
Tonga	53
Samoa	22
Fiji	9
United States of America ³	3
American Samoa	2
Trinidad and Tobago	2
Australia ⁴	1
Colombia	1
Indonesia	1
Nicaragua	1
Papua New Guinea	1
Venezuela	1
No overseas travel	1

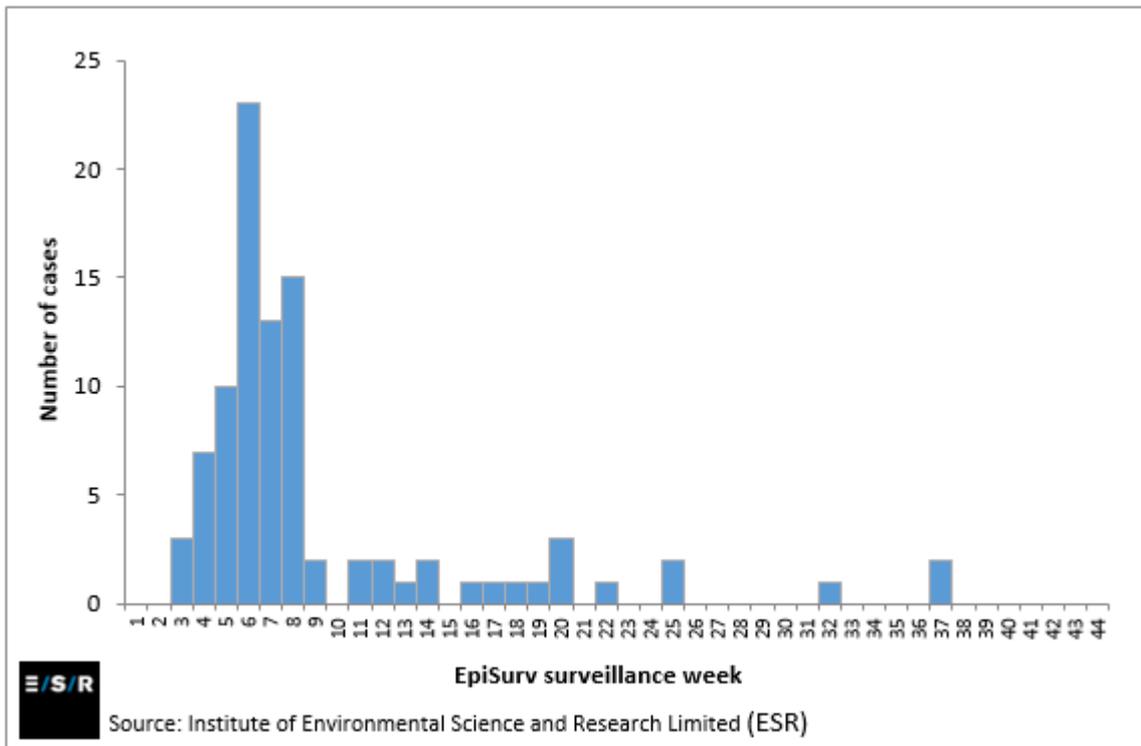
¹ Cases may have visited more than one country or may not have specified the country.

² Includes cases that in previous reports were still under investigation and have since become confirmed cases.

³ Cases had also travelled to Nicaragua or Trinidad and Tobago and had an onset of symptoms prior to travelling to the USA.

⁴ Transit only case had also travelled to Papua New Guinea.

Figure 1. Zika virus infection (confirmed) cases notified in New Zealand by EpiSurv surveillance week (n=93), 1 January–4 November 2016



Case classification for arboviral disease notification in New Zealand

Confirmed

A clinically compatible illness that is laboratory confirmed.

Laboratory confirmation requires at least one of the following:

- isolation of the virus
- detection of arbovirus nucleic acid
- detection of arbovirus-specific IgM
- IgG seroconversion
- a significant increase (four-fold or greater) in antibody titres to specific arbovirus.

Probable

A clinically compatible illness in a person who has come from an endemic area.

Under investigation

A case that has been notified, but information is not yet available to classify it as probable or confirmed.

See:

<http://www.health.govt.nz/system/files/documents/publications/cd-manual-arboviral-diseases-may2012.pdf>



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