

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 10 June 2025. 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

Arboviral diseases

Chikungunya fever

Two confirmed cases of Chikungunya fever were notified in May 2025. Both cases were hospitalised. The cases were aged 30–39 and 40–49 years and had travelled to Sri Lanka during the incubation period.

Dengue fever

There were 34 cases (29 confirmed, 4 probable and 1 under investigation) of dengue fever notified in May 2025, compared with 19 cases for the same month in 2024. Sixteen cases were hospitalised. The 33 confirmed and probable cases had travelled to Fiji (11 cases), Tonga (8 cases), French Polynesia (5 cases), Thailand (3 cases), Samoa (2 cases), the Cook Islands, Indonesia, Malaysia and the Philippines (1 case each) during the incubation period.

Zika virus infection

A confirmed case of Zika virus infection was notified in May 2025. The case was aged 20–29 years and had travelled to Thailand during the incubation period.

Measles

[A confirmed measles case](#) was notified in May 2025. The case had travelled to Vietnam during the incubation period and was infectious after their arrival in New Zealand. No further cases have been reported.

Mpox

There were four confirmed cases of mpox notified in May 2025, compared with no cases for the same month in 2024. One case had travelled to Australia and three cases were locally acquired. None of the cases had been vaccinated.

Pertussis

There were 193 cases (129 confirmed, 58 probable, and 6 under investigation) of pertussis notified in May 2025, compared with 70 cases for the same month in 2024. Of the 187 confirmed and probable cases, 19 were hospitalised, including 12 infants aged less than 1 year. Of the hospitalised cases aged less than 1 year, eight (66.7%) were Māori, three (25.0%) were European, and one (8.3%) was Pacific. More information on trends in pertussis notifications can be found on [ESR's Pertussis Dashboard](#) and in the [pertussis reports](#).

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

There were 110 cases (106 confirmed and 4 under investigation) of Shiga toxin-producing *Escherichia coli* (STEC) infection notified in May 2025, compared with 78 cases for the same month in 2024. Hospitalisation status was recorded for 96 (90.6%) confirmed cases, of which 33 (34.4%) were hospitalised. Three cases of haemolytic uraemic syndrome (HUS) were reported. The serotype was identified for 63 cases, of which 38 (60.3%) were non-O157.

OUTBREAKS

Acute gastroenteritis

An outbreak of acute gastroenteritis was reported in May 2025 among attendees at a large catered event in Waikato. The outbreak involved 100 cases (7 confirmed and 93 probable). Of the seven faecal samples obtained, enteropathogenic *Escherichia coli* (EPEC) was detected in all seven and *Clostridium perfringens* was detected in four. No food samples were available for analysis.

Invasive group A streptococcal infection

An outbreak of invasive group A streptococcal (iGAS) infection was reported in May 2025. The outbreak involved two cases who had been on board a ship, living in close quarters. Both cases were hospitalised. *Emm* typing identified that the cases were infected with *emm* type 112.2, which is relatively uncommon in New Zealand.

Respiratory illness

There were 10 respiratory illness outbreaks reported in May 2025. Three each were due to influenza A and RSV, two were due to COVID-19, and one was due to rhinovirus. No pathogen was identified in one outbreak. Five outbreaks were in long-term care facilities and five were in childcare centres.

Typhoid fever

An outbreak of typhoid fever, involving two cases, was reported from Canterbury in May 2025. The source was found to be an asymptomatic food handler who was identified as a carrier. The carrier was referred for antibiotic treatment and the food business was instructed to address food handling practices.

TABLES

Tables for May are available as Excel files on the [ESR Digital Library](#).