

2014 AND 2015

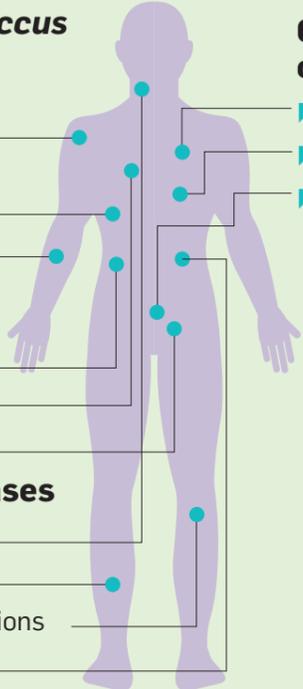
Invasive Group A Streptococcal Infection in New Zealand

Group A Streptococcus can cause: Invasive diseases

- necrotising fasciitis
- streptococcal toxic shock syndrome
- cellulitis
- bacteraemia (bacterial infection in blood)
- pneumonia
- puerperal sepsis

Non-invasive diseases

- pharyngitis
- impetigo
- superficial skin infections
- scarlet fever

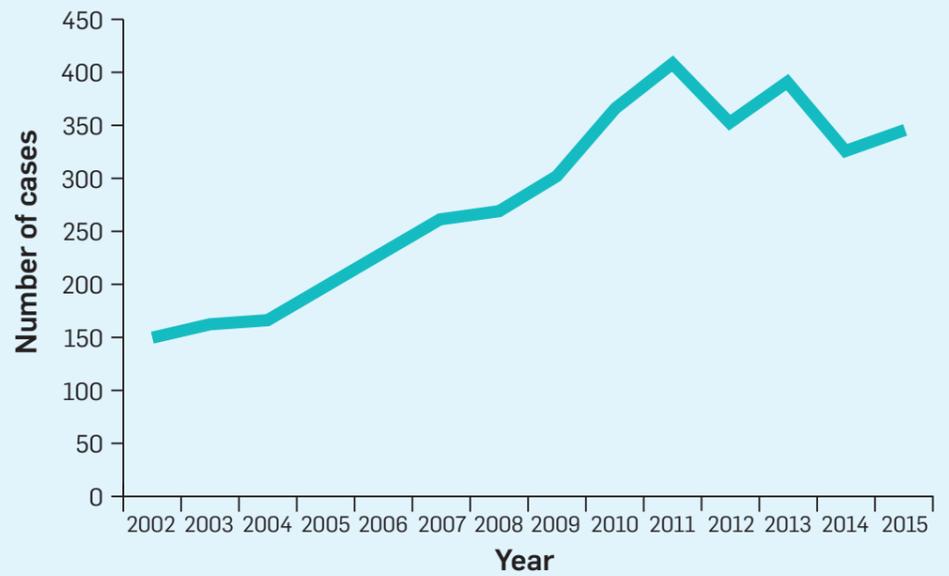


Group A Streptococcus can also cause:

- acute rheumatic fever
- rheumatic heart disease
- post streptococcal glomerulonephritis (kidney disease)

Invasive group A streptococcal infection is **not a notifiable condition** in New Zealand therefore **surveillance is laboratory based** where individual laboratories send isolates from invasive disease to ESR for further typing

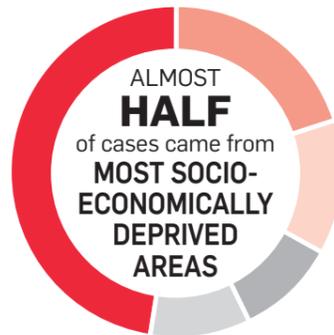
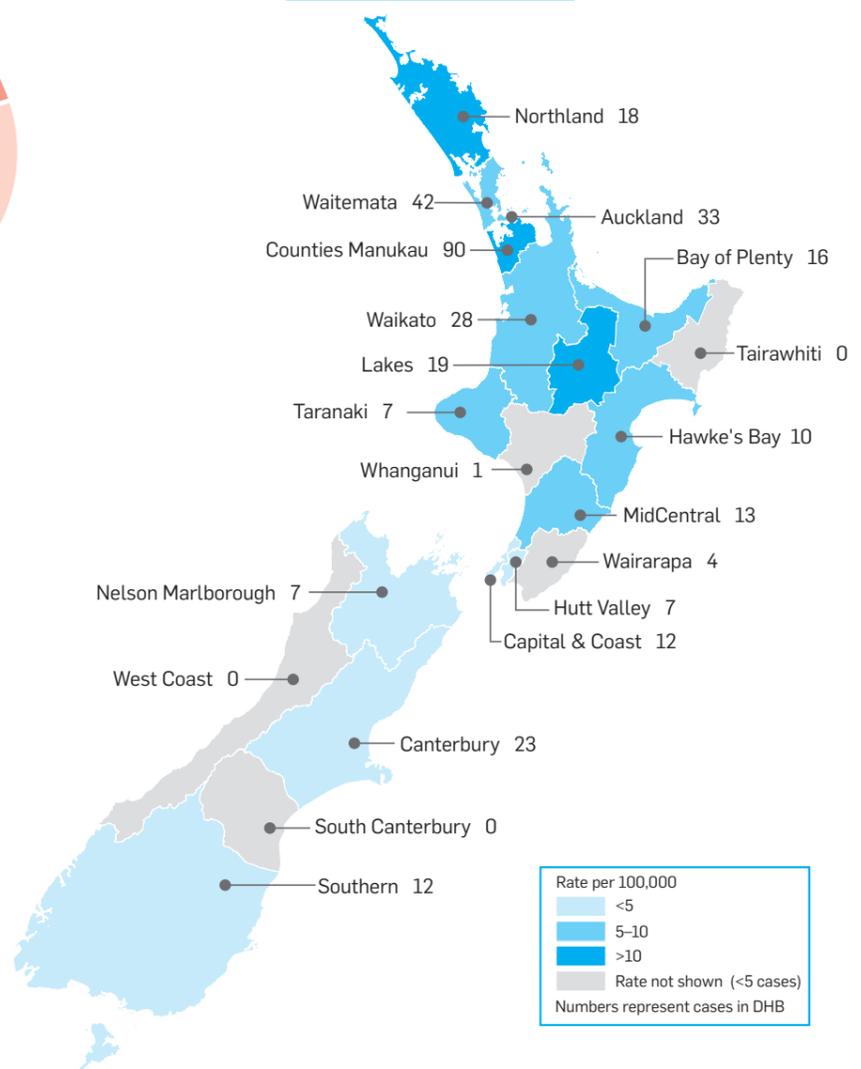
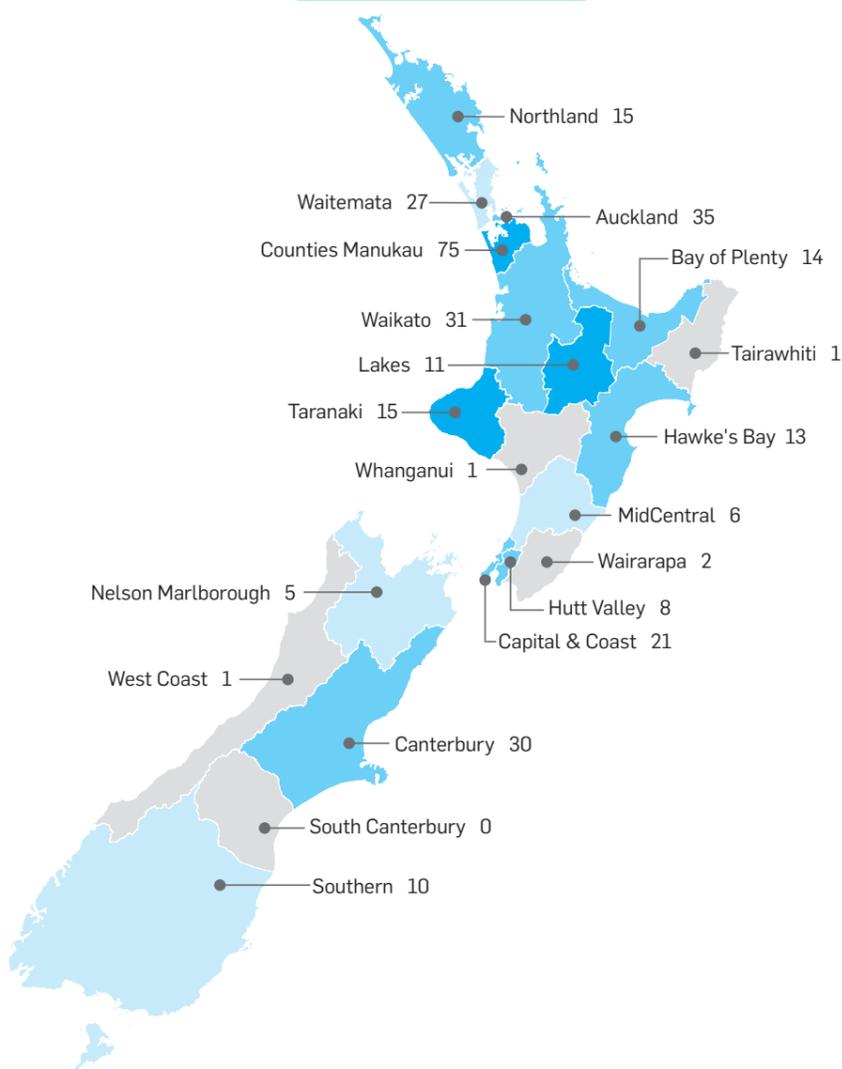
Invasive group A streptococcal infections by year, 2002–2015



Cases and rates by district health board

2014 (326 cases)

2015 (346 cases)



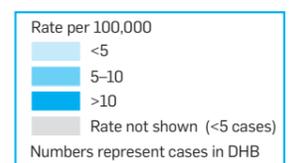
Quintile key: 5 (most deprived), 4, 3, 2, 1 (least deprived)

Counties Manukau, Lakes, Northland and Taranaki DHBs had highest rates

Very young (<1 year) and older (≥70 years) people most at risk

PACIFIC PEOPLES had 8–11x higher risk than European/Other

MĀORI had 3–5x higher risk than European/Other



Invasive group A streptococcal infections are uncommon but **serious**, with a **high fatality rate**

8.3% 30-day case mortality rate **Rate increased with age**

77.5 median age of cases at death

NATIONAL RATES

7.2 cases per 100,000 in 2014

7.5 cases per 100,000 in 2015

2x more than other high income countries

Key messages:

NZ HAS HIGH RATES COMPARED to other countries and a **DIFFERENT SEASONAL PATTERN**

GROUPS MORE AT RISK
Pacific peoples, Māori, very young, elderly and more socio-economically deprived

The group A streptococcal vaccine under development **could have prevented up to 54% of cases in 2014–2015**

Surveillance is important to inform the development of a vaccine

