Information topic	Details
Indicator name	Exotic notifiable infectious diseases in New Zealand of priority border health concern
Domain and topic	Border Health
Indicator definition and units	Annual frequency of border health priority diseases* (classified as a Public Health Emergency of International Concern (PHEIC)) and priority notifiable respiratory and vector-borne diseases) imported into New Zealand (by District Health Board (DHB), ethnicity, gender, socioeconomic status (SES), origins of the disease).
	*Disease priorities should be identified by annual risk assessment (Jefferies 2016 BHI Development report).
Data source	 Notifiable and other diseases in New Zealand: Annual Summary. Institute of Environmental Science and Research (ESR) as required: more detailed data requested from ESR for specific diseases identified in the risk assessment
Numerator	EpiSurv notification counts* reported by ESR for each year, in accordance with their case status annual reporting inclusion criteria (i.e. all cases, excluding those classified 'not a case') (ESR 2015). *Total counts <5 are excluded from analysis to reduce random error
	and protect case confidentiality.
Denominator	Statistics New Zealand mid-year population estimates for corresponding year and subsection of numerator data.
Methodology	 Case counts may be low for exotic diseases. For analysis of the characteristics of vulnerable subgroups, consider pooling annual data by a higher level of disease classification e.g. grouping arboviral diseases versus parasitic mosquito-borne disease. Avoid pooling across years due to the time sensitive nature of border health. However, data aggregation of no greater than 2 years can be considered to enable subgroup analyses, if appropriate. Consider investigating seasonality in diagnosis (if average disease incubation period is <1 month). Direct age and sex standardisation will be carried out where data allows, otherwise crude rates will be calculated.
Time period and time scale	 Annual; from 2001 onwards Time trends: Trends from 2001 onwards for total counts of individual diseases. Trends over 2 years for subgroup analyses by overseas origin of disease, age group, gender, ethnicity, SES (New Zealand Deprivation Index) and DHB (Atkinson et al 2014). Note statistically significant differences (i.e. no

	overlapping 95% confidence intervals, or hypothesis test p<0.05).
Spatial coverage	National
Measures of frequency	Annual number of disease notifications by: - origin of disease, - age group, - gender, - ethnicity (prioritised), - SES and - DHB
Limitations of indicator	Annual notification counts may be small making statistical trend analysis unfeasible.
Limitations of data source	 Case under-detection is likely for exotic diseases. New Zealand can only identify diseases which are currently notifiable*, which health practitioners know to look for, and for which we have current national diagnostic capacity. Some diseases, including mosquito-borne diseases, can have a high proportion of asymptomatic or mild associated infection (Duffy et al 2009). *Zika only became officially notifiable in New Zealand in March 2014 (ESR 2015)
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Related indicators	 Overseas infectious diseases of priority concern to New Zealand Human-disease competent vectors/pests introduced to New Zealand High-risk human-disease competent vectors/pests present at the New Zealand border
For more information	ESR. Annual Surveillance Summary: https://surv.esr.cri.nz/surveillance/annual_surveillance.php (accessed February 2017)
References	 Duffy MR, Chen TH, Hancock WT, Powers AM, Kool JL et al. (2009). Zika virus outbreak on Yap Island, Federated States of Micronesia. The New England Journal of Medicine 360: 2536 – 43. ESR. (2015). Notifiable Diseases in New Zealand: Annual Report 2014. Porirua: Institute of Environmental Science and Research Limited.