

The antimicrobial susceptibility of 30 viable meningococcal isolates received at ESR from cases of invasive disease from 1st January to 22nd September 2022 were tested. Ceftriaxone, ciprofloxacin, penicillin and rifampicin minimum inhibitory concentrations (MICs) were determined by Etest on Mueller-Hinton agar + 5% sheep blood. MICs were interpreted according to Clinical and Laboratory Standards Institute (CLSI) breakpoints:¹ meningococci with penicillin MICs ≥0.5 mg/L were categorised as resistant while those with MICs of 0.12 and 0.25 mg/L were categorised as intermediate.

The 30 meningococcal isolates tested for susceptibility included 25 group B isolates, three group Y isolates and two group W isolates. The group B isolates included 13 isolates belonging to the B:P1.7-12,14 strain and five isolates belonging to the B:P1.7-2,4 strain.

20.0% (6/30) of isolates were categorised as penicillin resistant (i.e. MICs ≥0.5 mg/L) (Table 1). The prevalence of penicillin resistance in each of the meningococcal groups was:

- 16.0% (4/25) group B isolates, including
 - $\circ~~$ 23.1% (3/13) of the B:P1.7-12,14 strain
 - 0.0% (0/5) of the B:P1.7-2,4 strain
- 0.0% (0/3) group Y isolates
- 100.0% (2/2) group W isolate

66.7% (20/30) of isolates were penicillin non-susceptible (i.e. penicillin intermediate or resistant, with MICs \geq 0.12 mg/L). The prevalence of penicillin non-susceptibility in each of the meningococcal groups was:

- 64.0% (16/25) group B isolates, including
 - o 100% (13/13) of the B:P1.7-12,14 strain
 - none (0/5) of the B:P1.7-2,4 strain
- 67.7% (2/3) group Y isolates
- 100.0% (2/2) group W isolates

In 2022 most cases of meningococcal disease were found in the North Island (22/30, 73.3%). Of the six penicillin resistant isolates identified, four were from cases in the North Island and two were from cases in the South Island. Of the 20 penicillin non-susceptible isolates, 15 were from cases in the North Island.

All 2022 isolates to 22nd September were susceptible to ciprofloxacin, ceftriaxone and rifampicin (Table 1).

	Percent (number)			MIC range	MIC ₉₀
Antimicrobial	Susceptible	Intermediate	Resistant	(mg/L)	(mg/L)
penicillin ¹	33.3 (10)	46.7 (14)	20.0 (6)	0.06-0.5	0.5
ceftriaxone	100 (30)	_2	0.0 (0)	<0.002-0.004	0.004
rifampicin	100 (30)	0.0 (0)	0.0 (0)	0.008-0.06	0.06
ciprofloxacin	100 (30)	0.0 (0)	0.0 (0)	0.004-0.004	0.004

Table 1. Antimicrobial susceptibility, MIC range and MIC₉₀ of *N. meningitidis* from invasive disease cases, 1 January 2022 to 22 September 2022

¹ penicillin susceptible, MIC \leq 0.06 mg/L; intermediate, MIC 0.12-0.25 mg/L; resistant, MIC \geq 0.5 mg/L

² there is no intermediate or resistant category for ceftriaxone

Over the last 10 years the proportion of isolates non-susceptible to penicillin has been increasing, until 2020 where the proportion of penicillin non-susceptible isolates decreased (Figure 1). There were low case numbers from 2020 to 2022 and penicillin non-susceptibility has fluctuated from 50.0% in 2020, increasing to 76% in 2021 and decreasing to 66.7% in 2022. The proportion of penicillin resistant isolates (MIC ≥0.5 mg/L) continued to increase between 2013 and 2021 to a high of 56.0%, but decreased in 2022.

Rifampicin resistance is rare among meningococci from invasive disease in New Zealand. In total, seven rifampicin-resistant isolates have been identified: one group C (C:2a:P1.5-1,10-1) isolate in 2011, one group B (B:4:P1.19,15) isolate and one group C (C:2a:P1.5-1,10-8) isolate in 2009, one group B (B:4:P1.4) isolate in 2003, one group C (C:2b:P1.2) isolate in 1997, one group B (B:15:P1.7,16) isolate in 1992, and one group A isolate in 1986.

Ciprofloxacin resistance is also rare among meningococci from invasive disease in New Zealand. In total three ciprofloxacin-resistant isolates have been identified: group C meningococci in 2010 (C:ns:P1.20,23-7) and 2017 (C:P1.5,2) as well as a group X meningococcus in 2018.

No resistance to ceftriaxone has ever been identified among meningococci isolated from cases of invasive disease in New Zealand.

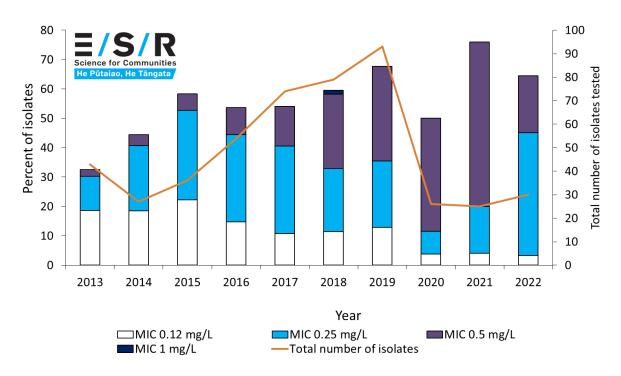


Figure 1. Penicillin-non-susceptible *N. meningitidis* from invasive disease, 2013 to 22 September 2022

¹ Clinical and Laboratory Standards Institute. Performance standards for antimicrobial susceptibility testing. 32nd ed. Wayne, USA: CLSI; 2022. CLSI supplement M100.