

Invasive Meningococcal Disease Monthly Report

November 2024

This report summarises invasive meningococcal disease notifications and trends nationally from 1 January to 30 November 2024. Information is based on data recorded in EpiSurv and at ESR's Meningococcal Reference Laboratory as at 03 December 2024. Data presented may be further updated and should be regarded as provisional.

Summary

Between 1 January and 30 November 2024:

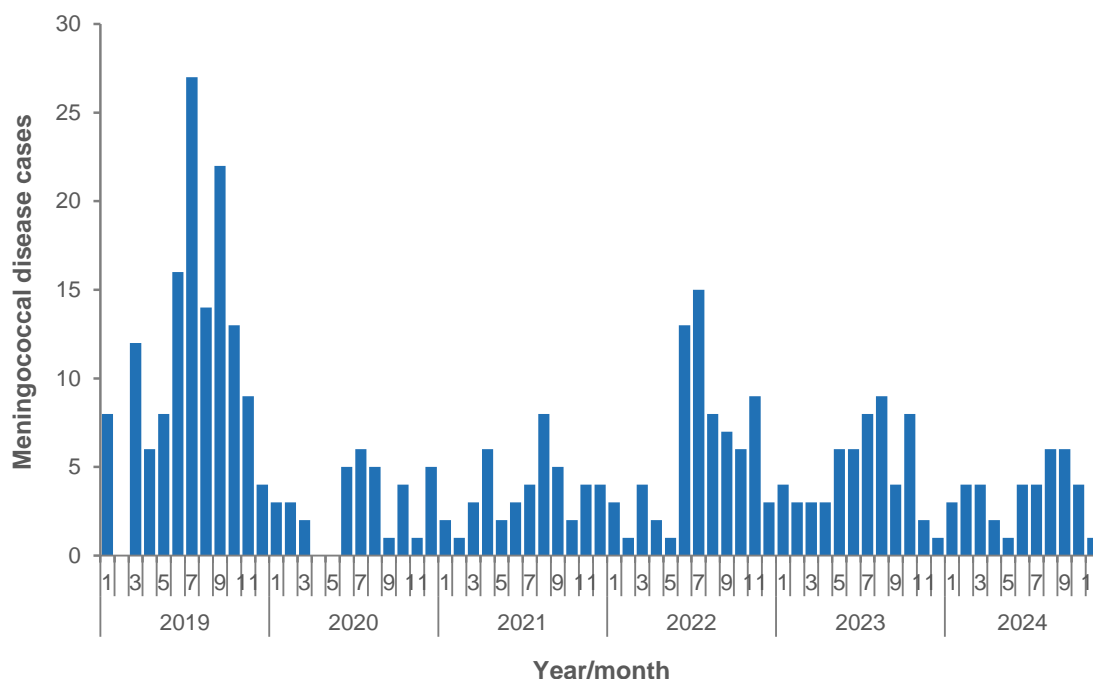
- there were 39 cases (36 confirmed and 3 probable) of invasive meningococcal disease reported. This number is similar to the same period in 2021, higher than in 2020 and lower than in 2019, 2022 and 2023;
- there were two deaths, one in an infant aged less than 1 year and one in a young adult aged 15–19 years;
- group B was the dominant group type. The group was identified for 32 cases: 25 (78%) were group B, five were group Y and two were group W;
- the Northern region reported the highest number of cases (16), followed by Te Manawa Taki (11 cases).

National trends

Between 1 January and 30 November 2024, there were 39 cases of meningococcal disease reported (36 confirmed and 3 probable). There were two deaths, one in an infant aged less than 1 year and one in a young adult aged 15–19 years, both due to group B, PorA type P1.22,14.

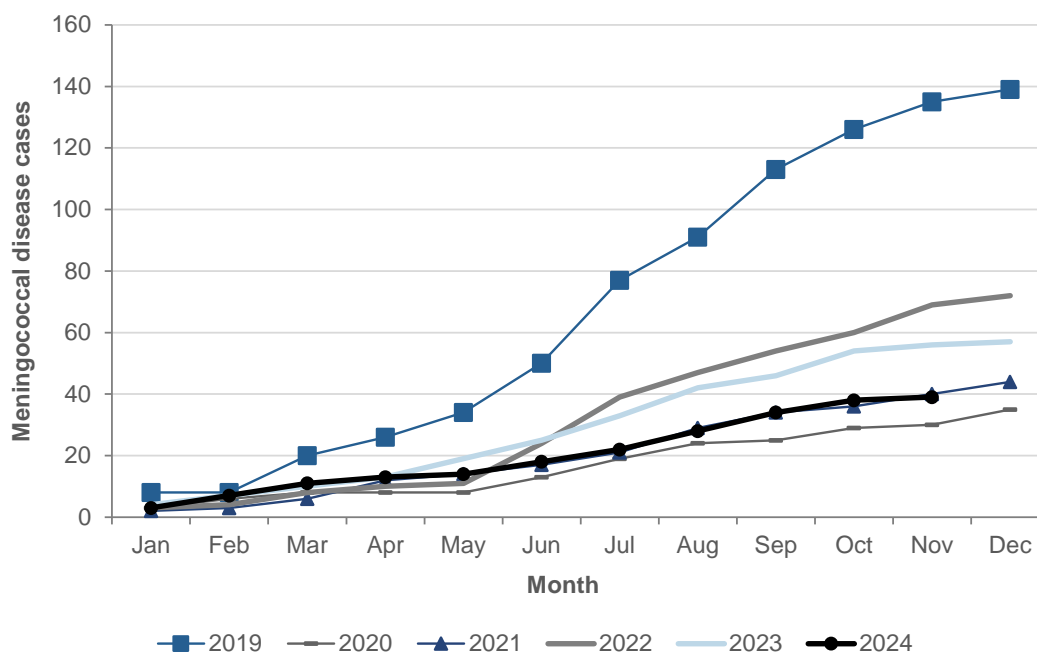
In New Zealand, meningococcal disease follows a seasonal pattern with case numbers peaking in winter and continuing into spring (Figure 1).

Figure 1. Number of meningococcal disease cases by month and year, January 2019 to November 2024



The total number of cases in 2024 to date is similar to the same period in 2021, higher than in 2020, and lower than in 2019, 2022 and 2023 (Figure 2).

Figure 2. Cumulative number of meningococcal disease cases by month, January 2019 to November 2024

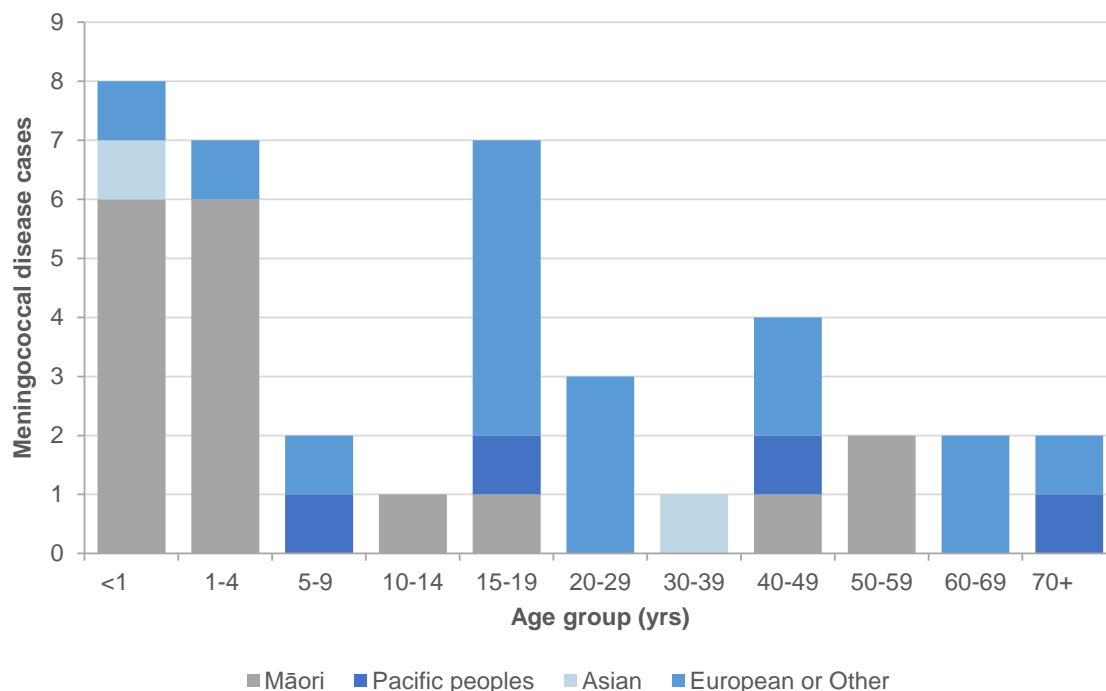


Meningococcal disease by ethnic group and age group

The majority of meningococcal disease cases in 2024 to date have been Māori (44%, 17 cases) or European or Other (41%, 16 cases) ethnicity.

For cases aged less than 5 years, the majority (80%, 12/15) were Māori, while for those aged 15–29 years, the majority (80%, 8/10) were European or Other ethnicity (Figure 3).

Figure 3. Number of meningococcal disease cases by prioritised ethnicity and age group, 1 January to 30 November 2024

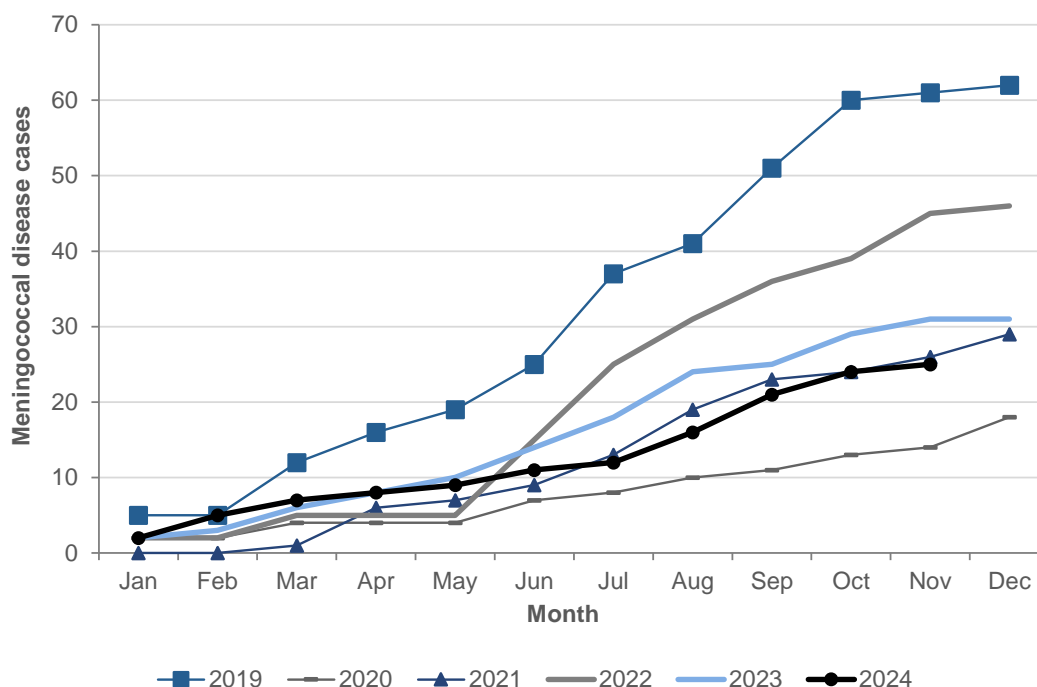


Meningococcal disease by group

The group was identified in 32 (89%) of the 36 confirmed cases notified from 1 January to 30 November 2024. Group B was the dominant group type accounting for 25 (78%) cases, five (16%) were group Y and two (6%) were group W.

For group B cases, the number of cases in 2024 to date is similar to 2021 and lower than in 2019, 2022 and 2023 (Figure 4).

Figure 4. Cumulative number of group B meningococcal disease cases by month, January 2019 to November 2024



Vaccination against meningococcal group B (Bexsero) was added to the National Immunisation Schedule on 1 March 2023. An analysis of group B cases in children aged less than 5 years will be included in the December report (published in January 2025).

The number of cases due to group Y in 2024 to date (5 cases) is higher than for the same period in 2020 (2 cases) and 2021 (1 case), and the same as in 2023 (5 cases), but lower than the same period in 2019 (14 cases) and 2022 (8 cases).

The number of group W cases in 2024 to date (2 cases) is lower than for the same period in 2019 (36 cases), 2020 (11 cases), 2021 (5 cases) and 2022 (3 cases), and the same as in 2023 (2 cases).

There have been no cases of group C in 2024 to date. The last group E case was reported in 2019.

Meningococcal disease by district and group

Meningococcal disease cases in 2024 to date are geographically dispersed throughout the country (Table 1). The highest number of cases was reported from the Northern region (16 cases), followed by Te Manawa Taki (11 cases).

Table 1. Number of meningococcal disease cases by group and district, 1 January to 30 November 2024

District / Region	Group			Group unknown ¹	Not lab-confirmed ²	Total
	B	W	Y			
Northern	13	1	1	1	0	16
Northland	3	0	0	0	0	3
Waitemata	1	0	0	0	0	1
Auckland	4	0	1	0	0	5
Counties Manukau	5	1	0	1	0	7
Te Manawa Taki	7	0	2	2	0	11
Waikato	3	0	1	0	0	4
Lakes	1	0	0	2	0	3
Bay of Plenty	0	0	1	0	0	1
Tairāwhiti	0	0	0	0	0	0
Taranaki	3	0	0	0	0	3
Central	4	0	1	1	0	6
Hawke's Bay	1	0	0	0	0	1
Whanganui	1	0	0	0	0	1
MidCentral	1	0	0	0	0	1
Hutt Valley	1	0	1	1	0	3
Capital & Coast	0	0	0	0	0	0
Wairarapa	0	0	0	0	0	0
Te Waipounamu	1	1	1	0	3	6
Nelson Marlborough	0	0	0	0	0	0
West Coast	0	1	0	0	0	1
Canterbury	1	0	0	0	2	3
South Canterbury	0	0	0	0	0	0
Southern	0	0	1	0	1	2
Total	25	2	5	4	3	39

¹ Includes non-groupable and confirmed cases where a sample was not received by ESR

² Probable cases

Group B PorA type trends

Table 2 shows the trends in selected group B PorA types since 2019. The PorA types included in the table are those detected to date in 2024 as well as those that were most common in previous years.

Eight different PorA types have been identified among group B cases in 2024 to date, and these have been geographically dispersed. The PorA was not detected for one case.

The most common PorA type in 2024 is B:P1.7-12,14, followed by B:P1.22,14 and B:P1.7-2,4.

The B:P1.7-12,14 strain was first detected in New Zealand in 2009 and, while rare internationally, has risen steadily to become a common group B strain.

Table 2. Number of group B meningococcal disease cases by selected PorA type, 2019 to November 2024

PorA type ¹	Year					
	2019	2020	2021	2022	2023	2024 ²
P1.7-12,14	14	3	12	14	11	10
P1.22,14	5	0	2	2	4	5
P1.7-2,4	19	9	8	14	8	4
P1.22-21,14	0	0	0	0	0	1
P1.18-1,3	2	0	0	1	0	1
P1.7-2,16-53	0	0	0	0	0	1
P1.20,23-3	0	0	0	0	0	1
P1.19-1,15	0	0	0	1	2	0
P1.22,14-49	0	0	0	0	2	0
P1.7,16-26	4	0	1	2	1	1
P1.19,15	1	1	1	0	1	0
P1.7,4-46	0	0	0	0	1	0
P1.18-1,30-8	0	0	0	0	1	0
P1.7-36,14	0	2	0	2	0	0
P1.18-1,34	3	0	0	2	0	0
P1.5,2	0	0	1	1	0	0
P1.7-13,14	1	0	0	1	0	0
P1.17,16-3	0	1	1	0	0	0
P1.7,16-53	2	0	1	0	0	0
P1.5-2,10-1	1	0	1	0	0	0
P1.22,9	1	0	1	0	0	0

¹ Does not include cases where the PorA was not detected

² Data to 30 November 2024