

Invasive Meningococcal Disease Monthly Report

September 2024

This report summarises invasive meningococcal disease notifications and trends nationally from 1 January to 30 September 2024. Information is based on data recorded in EpiSurv and at ESR's Meningococcal Reference Laboratory as at 16 October 2024. Data presented may be further updated and should be regarded as provisional.

Summary

Between 1 January and 30 September 2024:

- there were 34 cases (32 confirmed and 2 probable) of invasive meningococcal disease reported. This number is similar to the same period in 2020 and 2021 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 28 cases: 21 (75%) were group B, five were group Y and two were group W;
- the Northern region reported the highest number of cases (15), followed by Te Manawa Taki (10 cases).

National trends

Between 1 January and 30 September 2024, there were 34 cases of meningococcal disease reported (32 confirmed and 2 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.

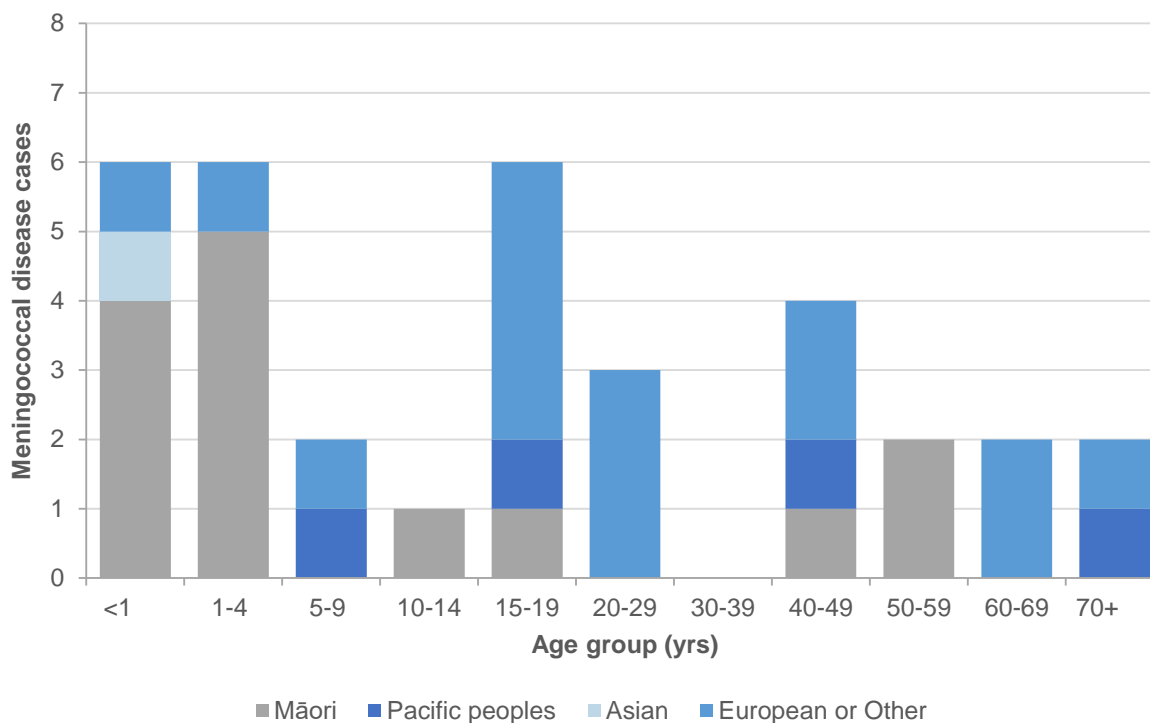
In New Zealand, meningococcal disease follows a seasonal pattern with case numbers peaking in winter and continuing into spring (Figure 1).

Meningococcal disease by ethnic group and age group

The majority of meningococcal disease cases in 2024 to date have been of European or Other (44%, 15 cases) or Māori (41%, 14 cases) ethnicity.

Three quarters (9/12) of cases aged less than 5 years were Māori, while for those aged 15–29 years, just over three quarters (7/9) of cases were European or Other ethnicity (Figure 3).

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

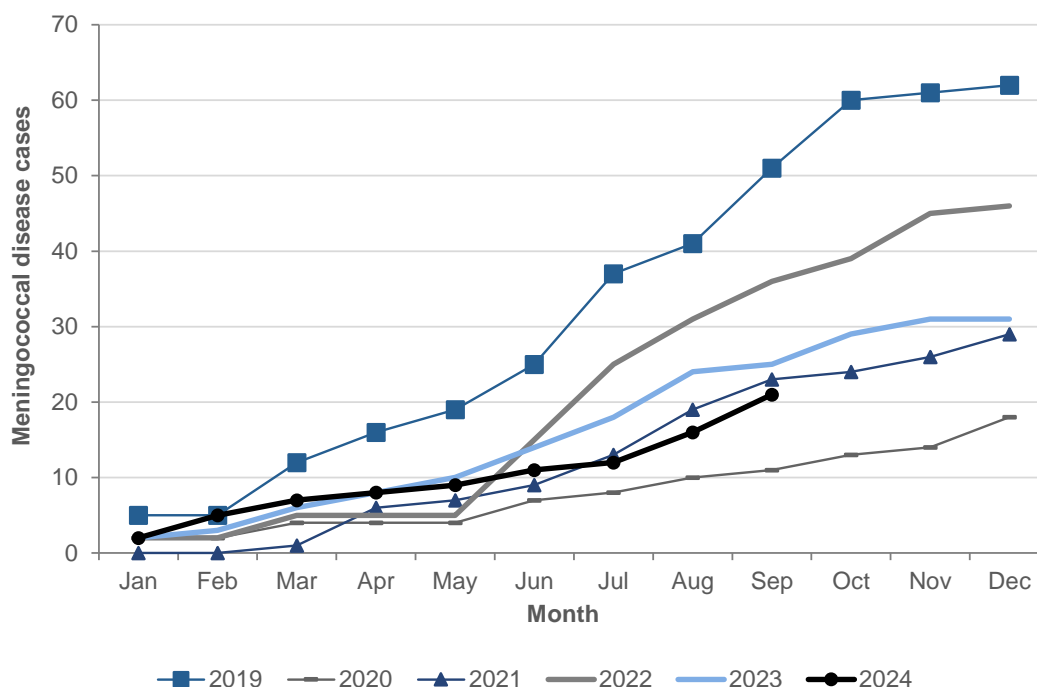


Meningococcal disease by group

The group was identified in 28 (88%) of the 32 confirmed cases notified from 1 January to 30 September 2024. Group B was the dominant group type accounting for 21 (75%) cases, five (18%) were group Y and two (7%) were group W.

For group B cases, the number of cases in 2024 to date is lower than for the same period in each of the last five years except 2020 (Figure 4).

Figure 4. Cumulative number of group B meningococcal disease cases by month, January 2019 to September 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 similar to 2022 (5 cases) and 2023 (4 cases), but lower than the same period in 2019 (10 cases).

The number of group W cases in 2024 to date (2 cases) is lower than for the same period in 2019 (30 cases), 2020 (10 cases), 2021 (4 cases) and 2022 (3 cases), and similar to the same period 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 has been reported from the Northern region (15 cases), followed by Te Manawa Taki (10 cases).

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

District / Region	Group			Group unknown ¹	Not lab-confirmed ²	Total
	B	W	Y			
Northern	12	1	1	1	0	15
Northland	3	0	0	0	0	3
Waitemata	0	0	0	0	0	0
Auckland	4	0	1	0	0	5
Counties Manukau	5	1	0	1	0	7
Te Manawa Taki	6	0	2	2	0	10
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	2	0	0	0	0	2
Central	3	0	1	1	0	5
Hawke's Bay	1	0	0	0	0	1
Whanganui	1	0	0	0	0	1
MidCentral	0	0	0	0	0	0
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	0	1	1	0	2	4
Nelson Marlborough	0	0	0	0	0	0
West Coast	0	1	0	0	0	1
Canterbury	0	0	0	0	1	1
South Canterbury	0	0	0	0	0	0
Southern	0	0	1	0	1	2
Total	21	2	5	4	2	34

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 across the 21 group B cases in 2024 to date, and these have been geographically dispersed.

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

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 September 2024

PorA type	Year					
	2019	2020	2021	2022	2023	2024 ¹
P1.7-12,14	14	3	12	14	11	8
P1.7-2,4	19	9	8	14	8	4
P1.22,14	5	0	2	2	4	4
P1.7,16-26	4	0	1	2	1	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
P1.22-21,14	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
P1.19,15	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 Data to 30 September 2024