

Invasive Meningococcal Disease Monthly Report October 2025

This report summarises invasive meningococcal disease notifications and trends nationally from 1 January to 31 October 2025. Information is based on data recorded in EpiSurv and at PHF Science's Meningococcal Reference Laboratory as at 12 November 2025. Data presented may be further updated and should be regarded as provisional.

Summary

Between 1 January and 31 October 2025:

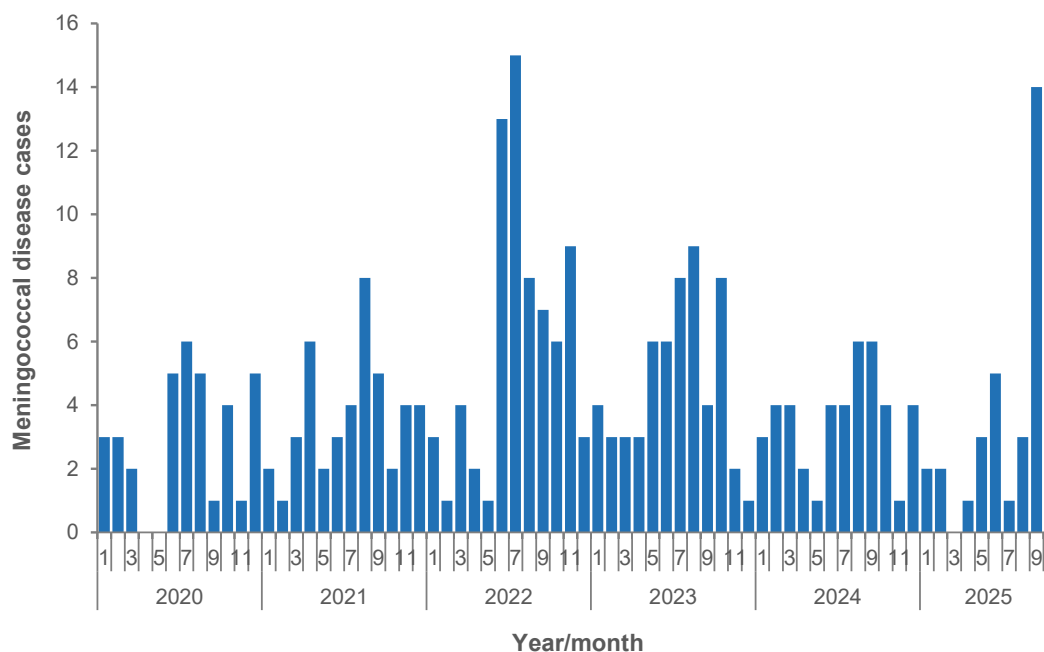
- there were 38 cases (37 confirmed and 1 probable) of invasive meningococcal disease reported. This number is similar to the same period in 2024, and lower than in 2022 and 2023;
- there were four deaths in cases aged less than 1 year, 15–19 years, 30–39 years and 70 years and over (1 case each);
- group B was the dominant group type. The group was identified for 32 cases: 24 (75%) were group B, five group Y, two group W and one group C;
- the Northern region reported the highest number of cases (17).

National trends

Between 1 January and 31 October 2025, there were 38 cases (37 confirmed and 1 probable) of meningococcal disease reported. There were four deaths in cases aged less than 1 year, 15–19 years, 30–39 years, and 70 years and over. Two deaths were due to group B (PorA types P1.7-12,14 and P1.22,14), one was due to group Y and one had no group detected.

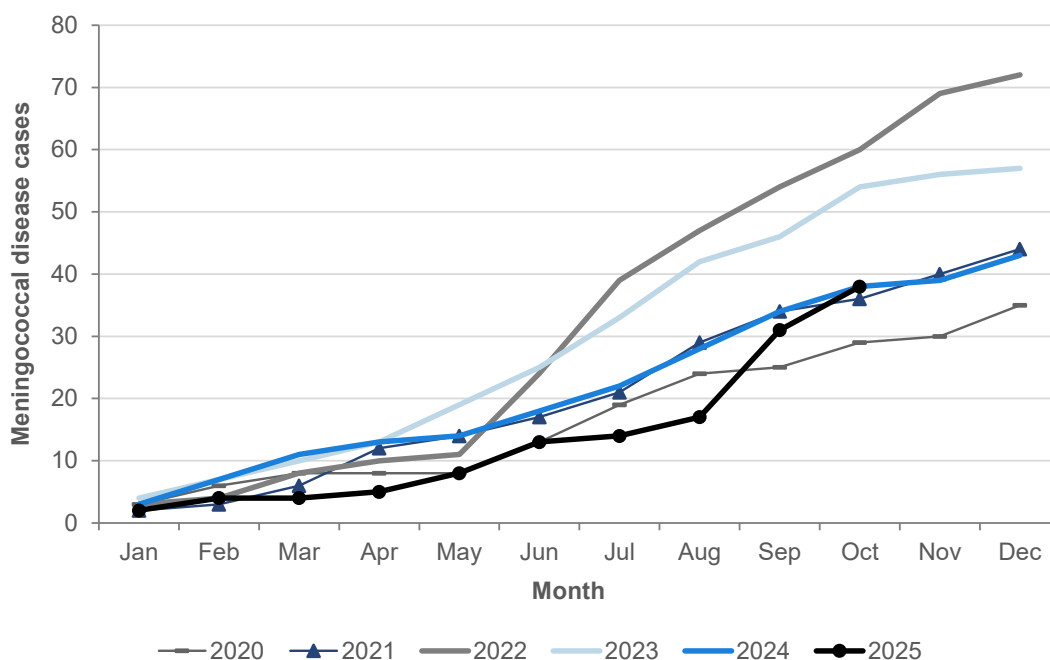
In New Zealand, meningococcal disease follows a seasonal pattern with case numbers typically peaking in winter and continuing into spring (Figure 1). In 2025, case numbers were low in winter but increased in early spring, with 14 cases reported in September. There were seven case reported in October.

Figure 1. Number of meningococcal disease cases by month and year, January 2020 to October 2025



The total number of cases in 2025 to date is similar to the same period in 2021 and 2024, higher than in 2020, and lower than in 2022 and 2023 (Figure 2).

Figure 2. Cumulative number of meningococcal disease cases by month, January 2020 to October 2025

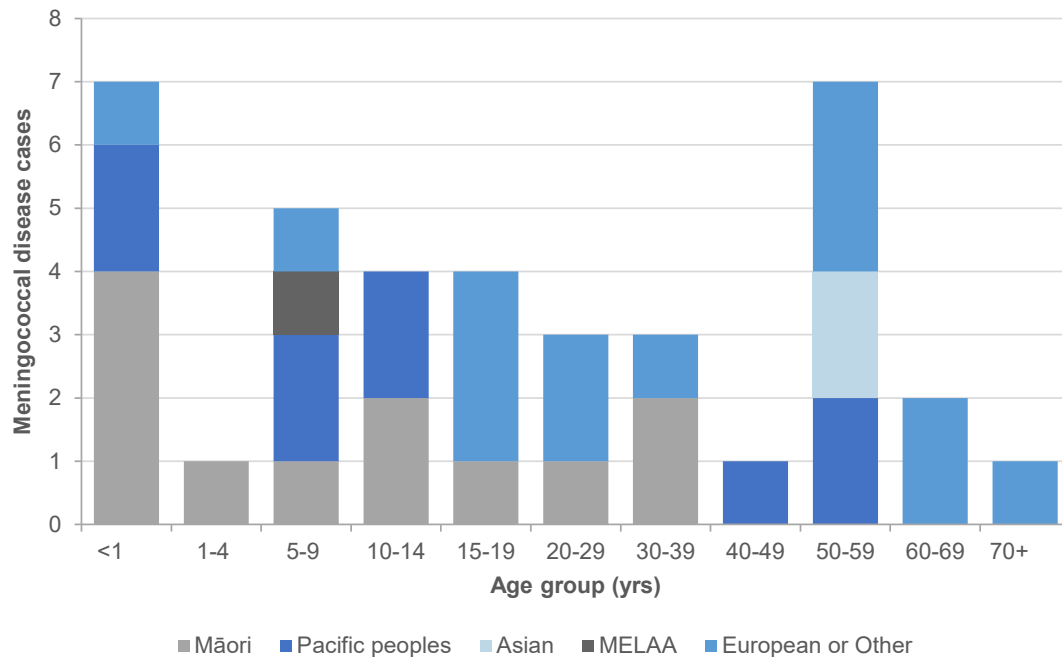


Meningococcal disease by ethnic group and age group

Over half (55%) of the meningococcal disease cases in 2025 to date were Māori (12 cases, 32%) or Pacific peoples (9 cases, 24%).

Of the eight cases aged under 5 years, five were Māori and two were Pacific peoples. For those aged 15–29 years, 71% (5/7) were European or Other and 29% (2/7) were Māori (Figure 3).

Figure 3. Number of meningococcal disease cases by prioritised ethnicity and age group, 1 January to 31 October 2025

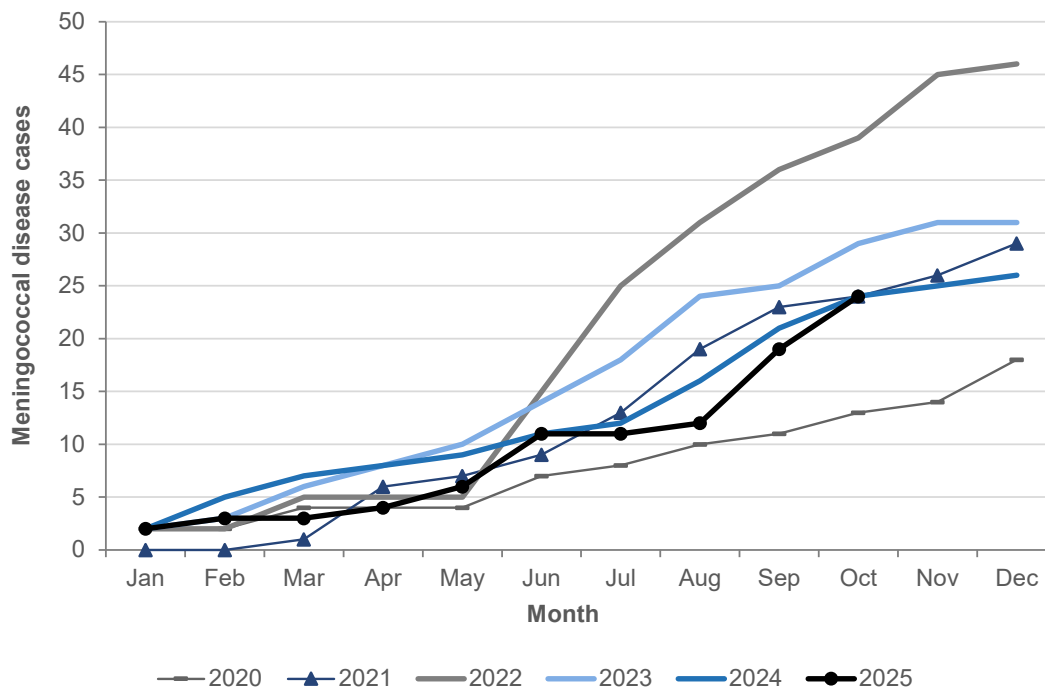


Meningococcal disease by group

The group was identified in 32 (86%) of the 37 confirmed cases notified from 1 January to 31 October 2025. Group B was the dominant group type, accounting for 24 (75%) cases. Five (16%) cases were group Y, two (6%) were group W and one (3%) was group C.

For group B cases, the number of cases in 2025 to date is similar to the same period in 2021 and 2024, higher than in 2020, and lower than in 2022 and 2023 (Figure 4).

Figure 4. Cumulative number of group B meningococcal disease cases by month, January 2020 to October 2025



The number of group Y cases in 2025 to date (5 cases) is the same as for the same period in 2023 and 2024, lower than in 2022 (6 cases) and higher than in 2020 (2 cases) and 2021 (1 case).

The number of group W cases in 2025 to date (2 cases) is the same as for the same period in 2023 and 2024 and lower than in 2020 (11 cases), 2021 (4 cases) and 2022 (3 cases).

There has been one case of group C in 2025. There were two group C cases for the same period in 2023 and one in 2020.

Meningococcal disease by district and group

The highest number of meningococcal cases in 2025 to date was reported from the Northern region (17 cases) (Table 1).

Table 1. Number of meningococcal disease cases by group and district, 1 January to 31 October 2025

District / Region	Group				Group unknown ¹	Not lab-confirmed ²	Total
	B	Y	W	C			
Northern Te Tai Tokerau	9	2	1	1	3	1	17
Northland	0	0	0	0	0	0	0
Waitemata	2	2	1	0	0	0	5
Auckland	3	0	0	1	1	1	6
Counties Manukau	4	0	0	0	2	0	6
Midland Te Manawa Taki	7	2	0	0	0	0	9
Waikato	2	0	0	0	0	0	2
Lakes	0	0	0	0	0	0	0
Bay of Plenty	1	1	0	0	0	0	2
Tairāwhiti	0	0	0	0	0	0	0
Taranaki	4	1	0	0	0	0	5
Central Te Ikaroa	6	1	1	0	0	0	8
Hawke's Bay	1	0	0	0	0	0	1
Whanganui	0	0	0	0	0	0	0
MidCentral	1	1	1	0	0	0	3
Hutt Valley	0	0	0	0	0	0	0
Capital & Coast	4	0	0	0	0	0	4
Wairarapa	0	0	0	0	0	0	0
South Island Te Waipounamu	2	0	0	0	2	0	4
Nelson Marlborough	0	0	0	0	1	0	1
West Coast	0	0	0	0	0	0	0
Canterbury	2	0	0	0	1	0	3
South Canterbury	0	0	0	0	0	0	0
Southern	0	0	0	0	0	0	0
Total	24	5	2	1	5	1	38

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

² Probable cases

Group B PorA type trends

Table 2 shows the trends in selected group B PorA types since 2020. The PorA types included in the table are those detected to date in 2025 as well as those that were most common in previous years.

Six different PorA types were identified among group B cases in 2025 to date, and these were geographically dispersed. The PorA was not detected for one case.

The most common PorA type in 2025 to date is B:P1.7-12,14.

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

Table 2. Number of group B meningococcal disease cases by selected PorA type, 2020 to October 2025

PorA type	Year					
	2020	2021	2022	2023	2024	2025 ¹
P1.7-12,14	3	12	14	11	10	10
P1.7-2,4	9	8	14	8	4	6
P1.22,14	0	2	2	4	5	4
P1.7-1,1	0	0	0	0	0	1
P1.5,2-12	0	0	0	0	0	1
P1.7-36,14	2	0	2	0	0	1
P1.7-12,14-80	0	0	0	0	1	0
P1.22-21,14	0	0	0	0	1	0
P1.18-1,3	0	0	1	0	1	0
P1.7-2,16-53	0	0	0	0	1	0
P1.20,23-3	0	0	0	0	1	0
P1.19-1,15	0	0	1	2	0	0
P1.22,14-49	0	0	0	2	0	0
P1.7,16-26	0	1	2	1	1	0
P1.19,15	1	1	0	1	0	0
P1.7,4-46	0	0	0	1	0	0
P1.18-1,30-8	0	0	0	1	0	0
P1.18-1,34	0	0	2	0	0	0
P1.5,2	0	1	1	0	0	0
P1.7-13,14	0	0	1	0	0	0
P1.17,16-3	1	1	0	0	0	0
P1.7,16-53	0	1	0	0	0	0
P1.5-2,10-1	0	1	0	0	0	0
P1.22,9	0	1	0	0	0	0

¹ Data to 31 October 2025