PHF Science

Invasive Meningococcal Disease Monthly Report September 2026

This report summarises invasive meningococcal disease notifications and trends nationally from 1 January to 30 September 2026. Information is based on data recorded in EpiSurv and at PHF Science's Meningococcal Reference Laboratory as at 15 October 2026. Data presented may be further updated and should be regarded as provisional.

Summary

Between 1 January and 30 September 2026:

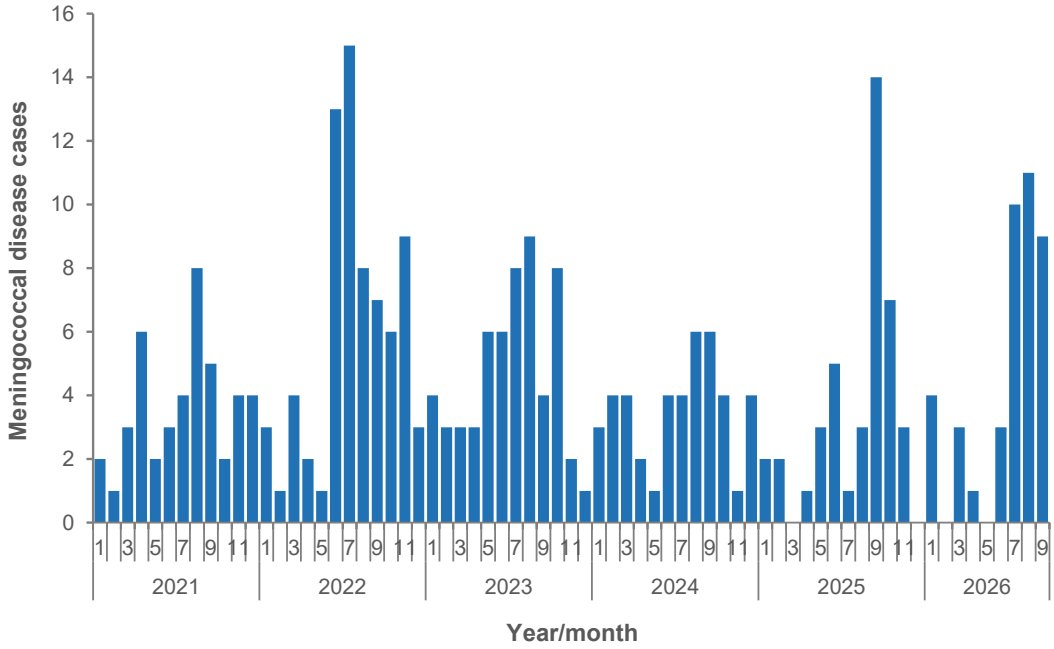
- there were 41 cases (38 confirmed and 3 probable) of invasive meningococcal disease reported. This number is higher than the same period in 2025;
- there was one death in a case aged 20–29 years;
- the group was identified for 34 cases: 17 (50%) were group B, 12 (35%) were group Y, four were group W (12%) and one (3%) was group C.
- the Northern (11 cases) and Midland | Te Manawa Taki (9 cases) regions reported the highest number of cases.

National trends

Between 1 January and 30 September 2026, there were 41 cases (38 confirmed and 3 probable) of meningococcal disease reported. All 41 cases were hospitalised. There was one death in a case aged 20–29 years due to group B, PorA P1.7-12,14.

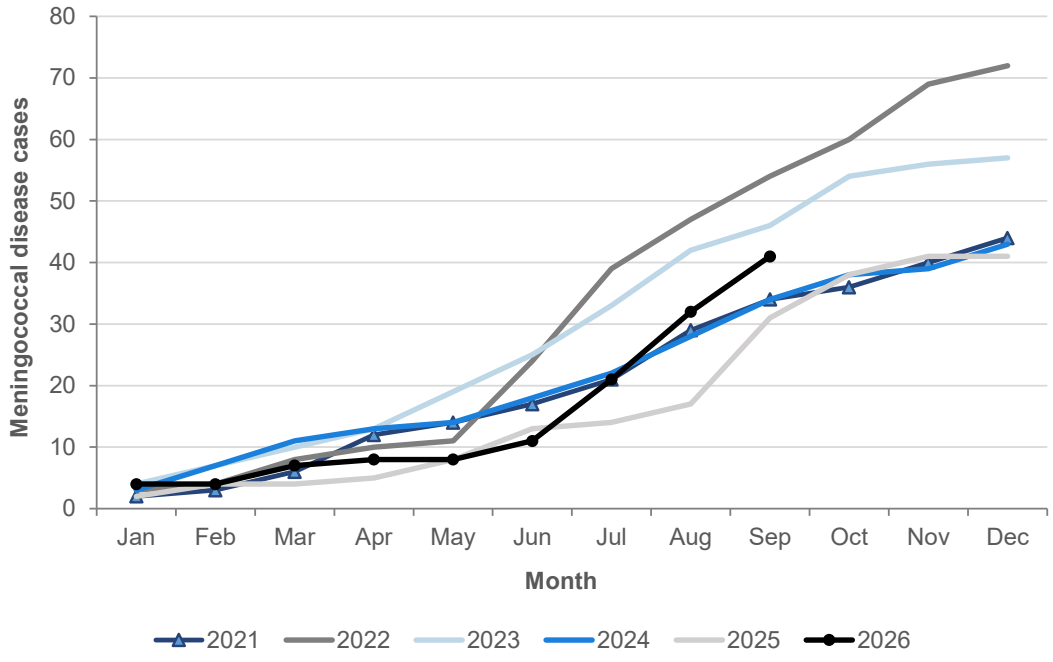
In New Zealand, meningococcal disease follows a seasonal pattern with case numbers peaking in winter and continuing into spring (Figure 1). Nine cases were reported in September.

Figure 1. Number of meningococcal disease cases by month and year, January 2021 to September 2026



The total number of cases in 2026 to date is higher than during the same period in 2021, 2024, and 2025, and lower than in 2022 and 2023 (Figure 2).

Figure 2. Cumulative number of meningococcal disease cases by month, January 2021 to September 2026

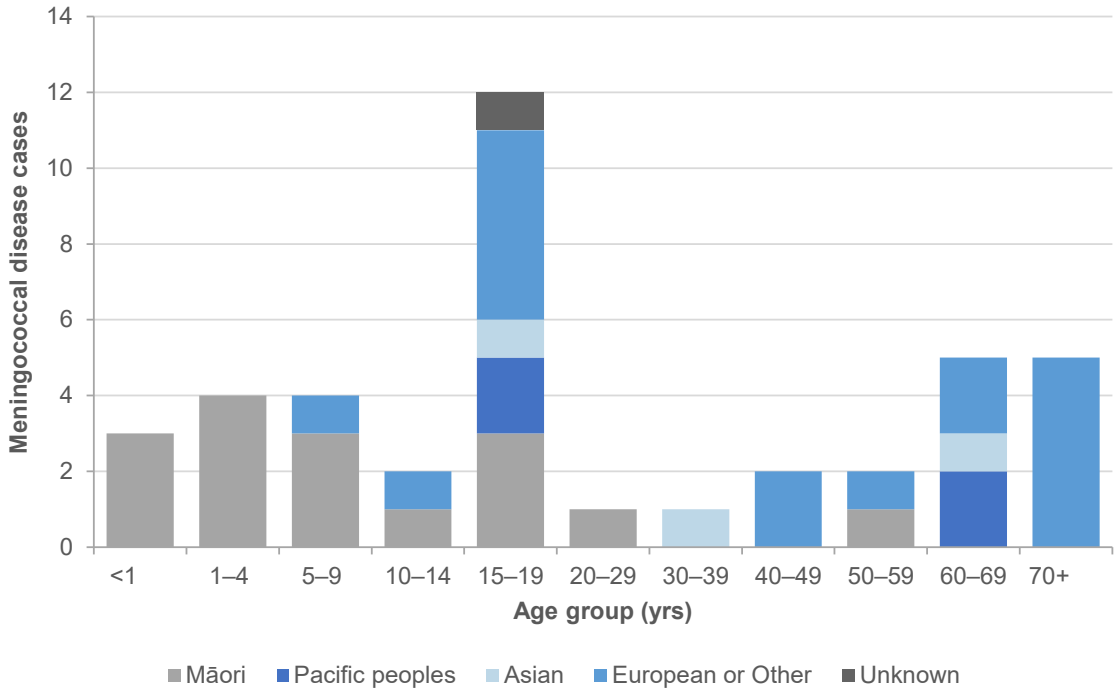


Meningococcal disease by ethnic group and age group

Ethnicity was reported for 40 cases. Most were either European or Other (43%; 17 cases) or Māori ethnicity (40%; 16 cases). Four cases (10%) were Pacific peoples and three (8%) were Asian.

Seven cases were aged under 5 years, and all were Māori (Figure 3). Twelve cases (29%) were aged 15–19 years.

Figure 3. Number of meningococcal disease cases by prioritised ethnicity and age group, 1 January to 30 September 2026

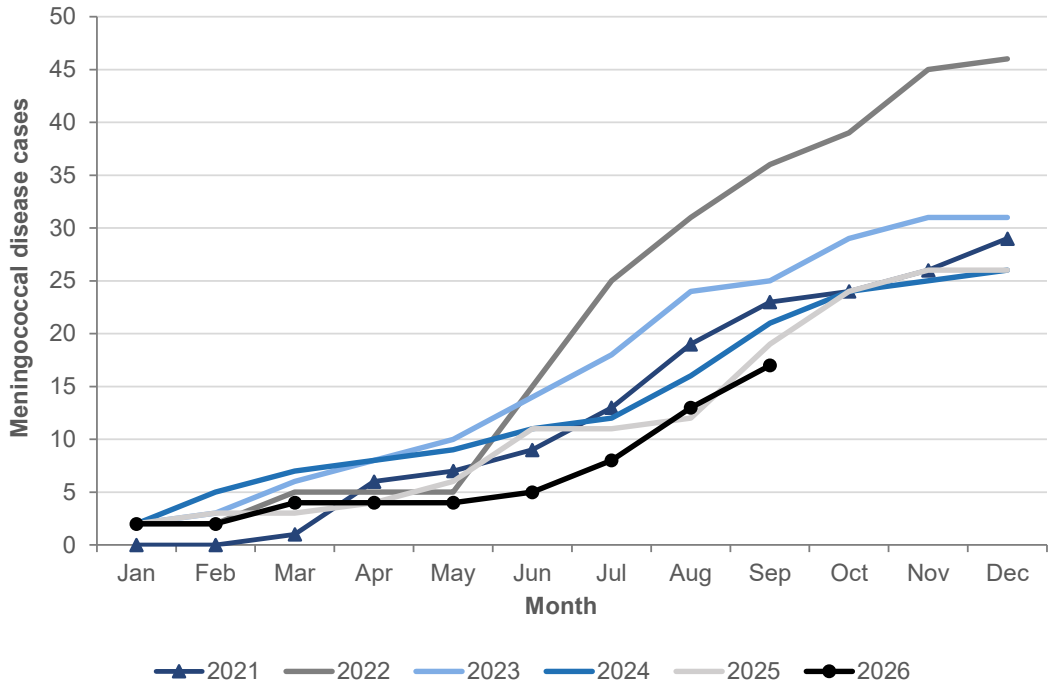


Meningococcal disease by group

The group was identified in 34 (89%) of the 38 confirmed cases notified from 1 January to 30 September 2026. Seventeen (50%) cases were due to group B, 12 (35%) were group Y, four were group W (12%), and one (3%) was group C.

For group B cases, the number of cases in 2026 to date is lower than in 2021 to 2025 (Figure 4).

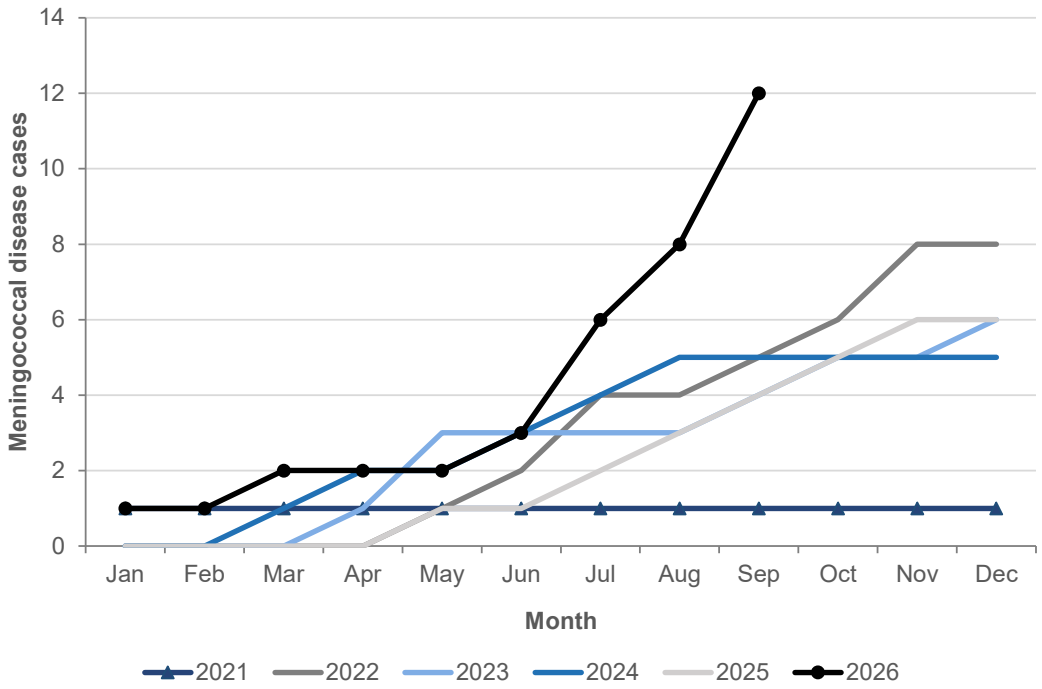
Figure 4. Cumulative number of group B meningococcal disease cases by month, January 2021 to September 2026



For group Y cases, the number of cases in 2026 to date is higher than for the same period in 2021 to 2025 (Figure 5). Cases have been reported across eight health districts, and among people of different age and ethnic groups.

Two group Y strains have been detected in 2026, Y:P1.5-1,10-1 and Y:P1.5-2,10-4, with six cases for each strain. Genomic analysis shows the Y:P1.5-2,10-4 strains are genetically very similar to each other, while the Y:P1.5-1,10-1 strains are more diverse. No epidemiological links were identified among the cases.

Figure 5. Cumulative number of group Y meningococcal disease cases by month, January 2021 to September 2026



The number of cases due to group W in 2026 to date (4 cases) is similar to the same period in 2021 to 2025 (1 to 4 cases).

There has been one group C case reported in 2026 to date. One group C case was reported during the same period in 2025. No group C cases were reported during the same period in 2021 to 2024.

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Meningococcal disease by district and group

The highest numbers of meningococcal cases in 2026 to date were reported from the Northern (17 cases) and Midland | Te Manawa Taki (11 cases) regions (Table 1).

Table 1. Number of meningococcal disease cases by group and district, 1 January to 30 September 2026

District / Region	Group				Group unknown[1]	Not lab-confirmed[2]	Total
	B	Y	W	C			
Northern	**6**	**5**	**2**	**1**	**2**	**1**	**17**
Northland	1	0	0	0	1	0	2
Waitemata	3	1	1	1	0	1	7
Auckland	2	0	1	0	0	0	3
Counties Manukau	0	4	0	0	1	0	5
Midland | Te Manawa Taki	**4**	**5**	**1**	**0**	**1**	**0**	**11**
Waikato	2	1	0	0	0	0	3
Lakes	0	0	0	0	1	0	1
Bay of Plenty	2	2	0	0	0	0	4
Tairāwhiti	0	1	0	0	0	0	1
Taranaki	0	1	1	0	0	0	2
Central | Te Ikaroa	**3**	**1**	**1**	**0**	**0**	**0**	**5**
Hawke's Bay	1	0	0	0	0	0	1
Whanganui	1	0	1	0	0	0	2
MidCentral	0	0	0	0	0	0	0
Capital, Coast and Hutt Valley	1	1	0	0	0	0	2
Wairarapa	0	0	0	0	0	0	0
South Island | Te Waipounamu	**4**	**1**	**0**	**0**	**1**	**2**	**8**
Nelson Marlborough	1	0	0	0	0	1	2
West Coast	0	0	0	0	0	0	0
Canterbury	1	0	0	0	0	1	2
South Canterbury	0	0	0	0	0	0	0
Southern	2	1	0	0	1	0	4
Total	**17**	**12**	**4**	**1**	**4**	**3**	**41**

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

Group B and vaccination status

Vaccination against meningococcal group B (Bexsero) was added to the National Immunisation Schedule on 1 March 2023, with a two dose primary series given at ages 3 and 5 months and a booster at 12 months. Children aged less than 5 years are eligible for funded vaccine. Young people aged 13–25 years are also eligible for two doses of funded vaccine if they are entering communal living settings (e.g., hostels, halls, barracks, prisons).

For 2026 to date, there have been four cases of meningococcal disease due to group B in children aged 2 months to 4 years. Of these, two cases had received three Bexsero doses, one had received one dose (appropriate for age), and one was unvaccinated.

There were eight cases of meningococcal disease due to group B in young people aged 13–25 years and all were unvaccinated [1].

[1] One case was vaccinated within 14 days of onset of illness. Since it takes 14 days for immunity to develop following vaccination this case was classified as not vaccinated.

Group B PorA type trends

Table 2 shows the trends in selected group B PorA types since 2021. The PorA types included in the table are those detected to date in 2026 as well as those that were most common in previous years.

Five different PorA types were identified among the 17 group B cases in 2026 to date, and these were geographically dispersed.

The most common PorA types in 2026 to date are P1.7-12,14 and P1.22,14. No cases of the New Zealand epidemic strain (P1.7-2,4) have been detected in 2026 to date.

Table 2. Number of group B meningococcal disease cases by selected PorA type, 2021 to September 2026

PorA type	Year					
	2021	2022	2023	2024	2025	2026[1]
P1.7-12,14	12	14	11	10	11	8
P1.22,14	2	2	4	5	5	6
P1.7-36,14	0	2	0	0	1	1
P1.18,25-44	0	0	0	0	0	1
P1.22-60,14	0	0	0	0	0	1
P1.7-2,4	8	14	8	4	6	0
P1.7,16-26	1	2	1	1	0	0
P1.19-1,15	0	1	2	0	0	0
P1.5,2	1	1	0	0	0	0
P1.18-1,3	0	1	0	1	0	0
P1.18-1,34	0	2	0	0	0	0
P1.19,15	1	0	1	0	0	0
P1.22,14-49	0	0	2	0	0	0
P1.5,2-12	0	0	0	0	1	0
P1.5-2,10-1	1	0	0	0	0	0
P1.7,4-46	0	0	1	0	0	0
P1.7,16-53	1	0	0	0	0	0
P1.7-1,1	0	0	0	0	1	0
P1.7-2,16-53	0	0	0	1	0	0
P1.7-12,14-80	0	0	0	1	0	0
P1.7-13,14	0	1	0	0	0	0
P1.17,16-3	1	0	0	0	0	0
P1.18-1,30-8	0	0	1	0	0	0
P1.20,23-3	0	0	0	1	0	0
P1.22,9	1	0	0	0	0	0
P1.22-21,14	0	0	0	1	0	0

[1] Data to 30 September 2026