PHF Science

Invasive Meningococcal Disease Monthly Report October 2026

This report summarises invasive meningococcal disease notifications and trends nationally from 1 January to 31 October 2026. Information is based on data recorded in EpiSurv and at PHF Science's Meningococcal Reference Laboratory as at 17 November 2026. Data presented may be further updated and should be regarded as provisional.

Summary

Between 1 January and 31 October 2026:

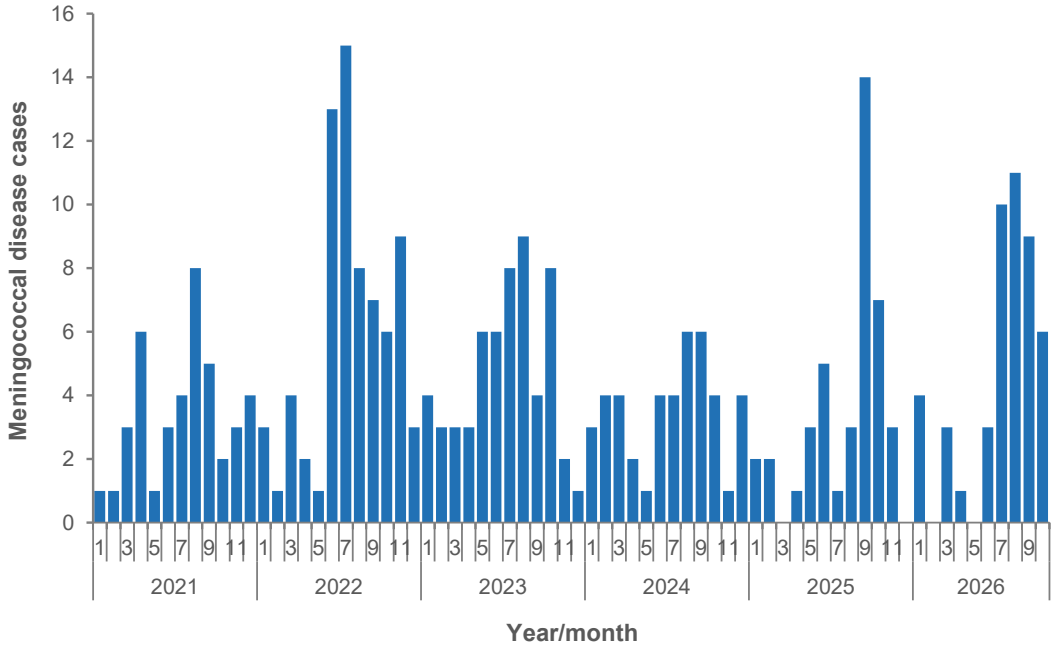
- there were 47 cases (44 confirmed and 3 probable) of invasive meningococcal disease reported. This number is higher than the same period in 2025;
- there was one death in a case aged 20–29 years;
- the group was identified for 38 cases: 20 (53%) were group B, 12 (32%) were group Y, five were group W (13%) and one (3%) was group C.
- the Northern (18 cases) and Midland | Te Manawa Taki (12 cases) regions reported the highest number of cases.

National trends

Between 1 January and 31 October 2026, there were 47 cases (44 confirmed and 3 probable) of meningococcal disease reported. All 47 cases were hospitalised. There was one death in a case aged 20–29 years due to group B, PorA P1.7-12,14.

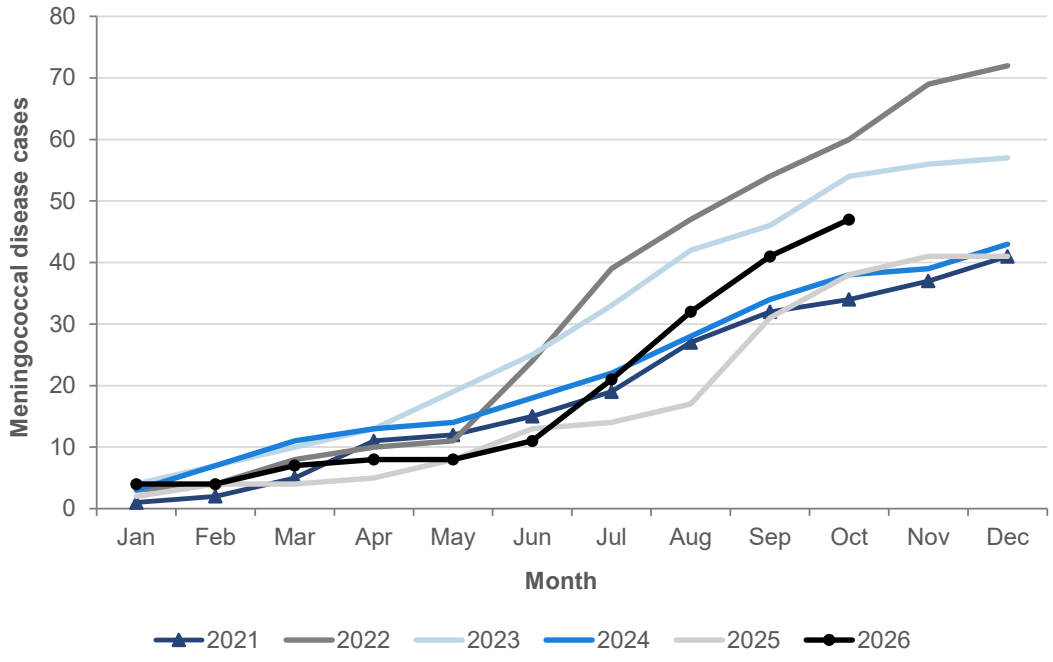
In New Zealand, meningococcal disease follows a seasonal pattern with case numbers peaking in winter and continuing into spring (Figure 1). Six cases were reported in October.

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

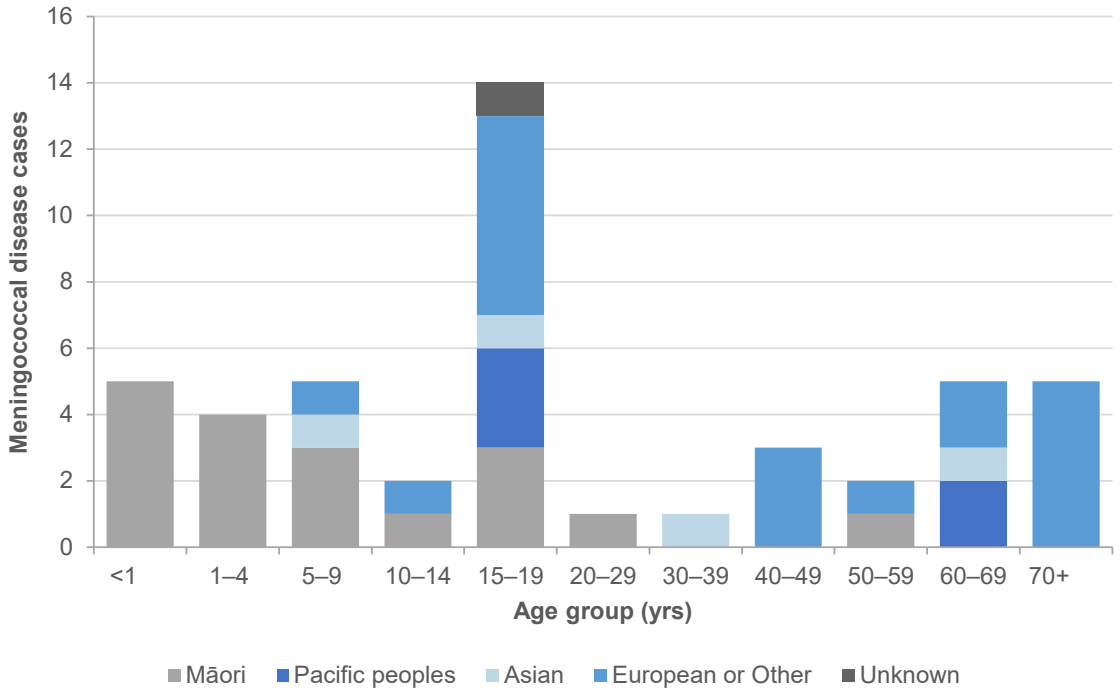


Meningococcal disease by ethnic group and age group

Ethnicity was reported for 46 cases. Most were either European or Other (41%; 19 cases) or Māori ethnicity (39%; 18 cases). Five cases (11%) were Pacific peoples and four (9%) were Asian.

Nine cases were aged under 5 years, and all were Māori (Figure 3). Fourteen cases (30%) were aged 15–19 years.

Figure 3. Number of meningococcal disease cases by prioritised ethnicity and age group, 1 January to 31 October 2026

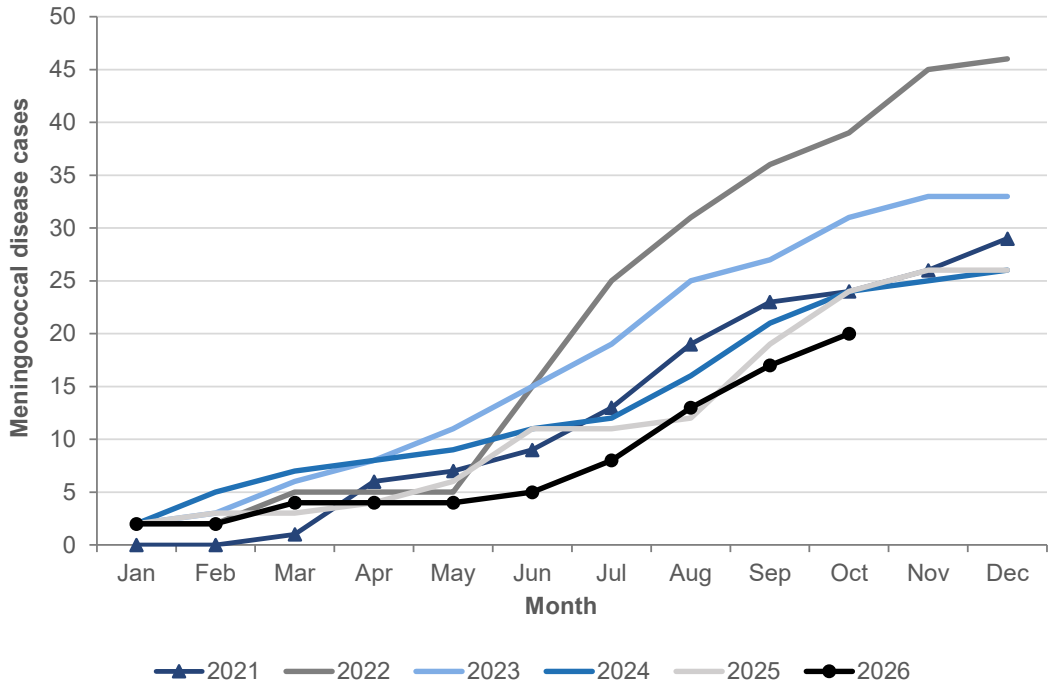


Meningococcal disease by group

The group was identified in 38 (86%) of the 44 confirmed cases notified from 1 January to 31 October 2026. Twenty (53%) cases were due to group B, 12 (32%) were group Y, five were group W (13%), and one (3%) was group C.

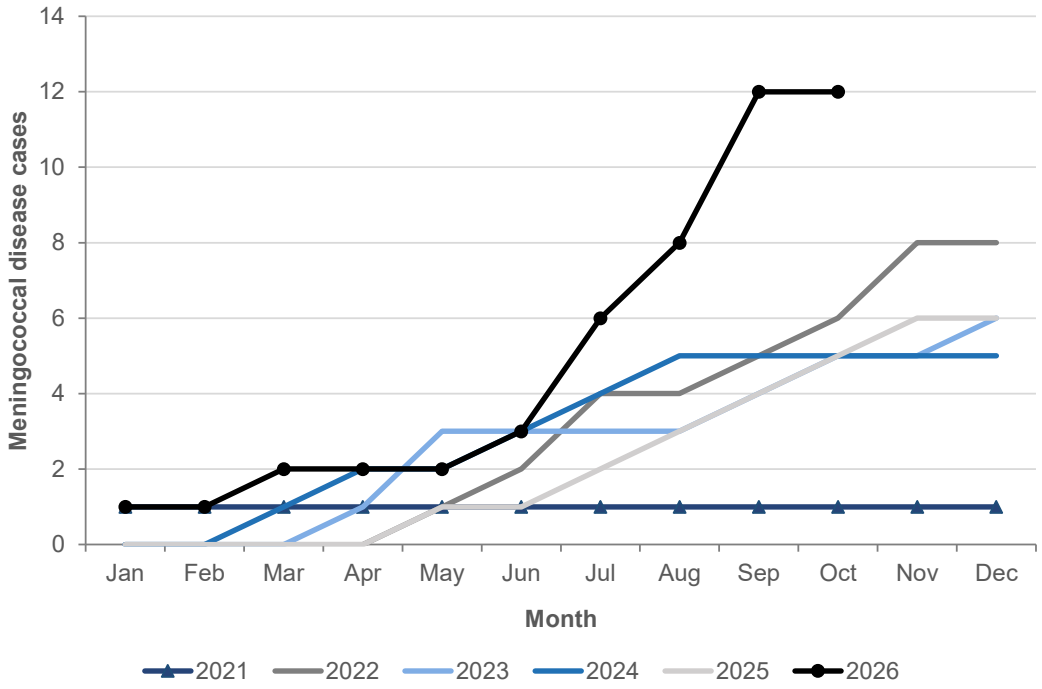
For group B cases, the number of cases in 2026 to date is lower than in 2021 to 2025 (Figure 4).

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



The number of group Y cases reported in 2026 to date is higher than for the same period in 2021 to 2025 (Figure 5). 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.

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



The number of cases due to group W in 2026 to date (5 cases) is similar to the same period in 2021 to 2025 (2 to 4 cases).

One group C has been reported to date in 2026, which is similar to the number reported during the same period in 2021 to 2025 (0 to 2 cases).

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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 (18 cases) and Midland | Te Manawa Taki (12 cases) regions (Table 1).

Table 1. Number of meningococcal disease cases by group and district, 1 January to 31 October 2026

District / Region	Group				Group unknown[1]	Not lab-confirmed[2]	Total
	B	Y	W	C			
Northern	**7**	**5**	**2**	**1**	**2**	**1**	**18**
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	1	4	0	0	1	0	6
Midland | Te Manawa Taki	**5**	**5**	**1**	**0**	**1**	**0**	**12**
Waikato	2	1	0	0	0	0	3
Lakes	0	0	0	0	1	0	1
Bay of Plenty	3	2	0	0	0	0	5
Tairāwhiti	0	1	0	0	0	0	1
Taranaki	0	1	1	0	0	0	2
Central | Te Ikaroa	**3**	**1**	**1**	**0**	**2**	**0**	**7**
Hawke's Bay	1	0	0	0	1	0	2
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	1	0	3
Wairarapa	0	0	0	0	0	0	0
South Island | Te Waipounamu	**5**	**1**	**1**	**0**	**1**	**2**	**10**
Nelson Marlborough	1	0	0	0	0	1	2
West Coast	0	0	0	0	0	0	0
Canterbury	2	0	1	0	0	1	4
South Canterbury	0	0	0	0	0	0	0
Southern	2	1	0	0	1	0	4
Total	**20**	**12**	**5**	**1**	**6**	**3**	**47**

[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 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.

Six different PorA types were identified among the 20 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 October 2026

PorA type	Year					
	2021	2022	2023	2024	2025	2026[1]
P1.7-12,14	12	14	11	10	11	9
P1.22,14	2	2	4	5	5	7
P1.7-36,14	0	2	0	0	1	1
P1.18,25-4	0	0	0	0	0	1
P1.22-60,1	0	0	0	0	0	1
P1.7,16-2	1	2	1	1	0	1
P1.7-2,4	8	14	8	4	6	0
P1.19-1,1	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 31 October 2026