PHF Science

Invasive Meningococcal Disease Summary January–December 2025

This report summarises invasive meningococcal disease notifications and trends nationally from 1 January to 31 December 2025. Information is based on data recorded in EpiSurv and at PHF Science's Meningococcal Reference Laboratory as at 15 January 2026. Data presented may be further updated and should be regarded as provisional.

Summary

Between 1 January and 31 December 2025:

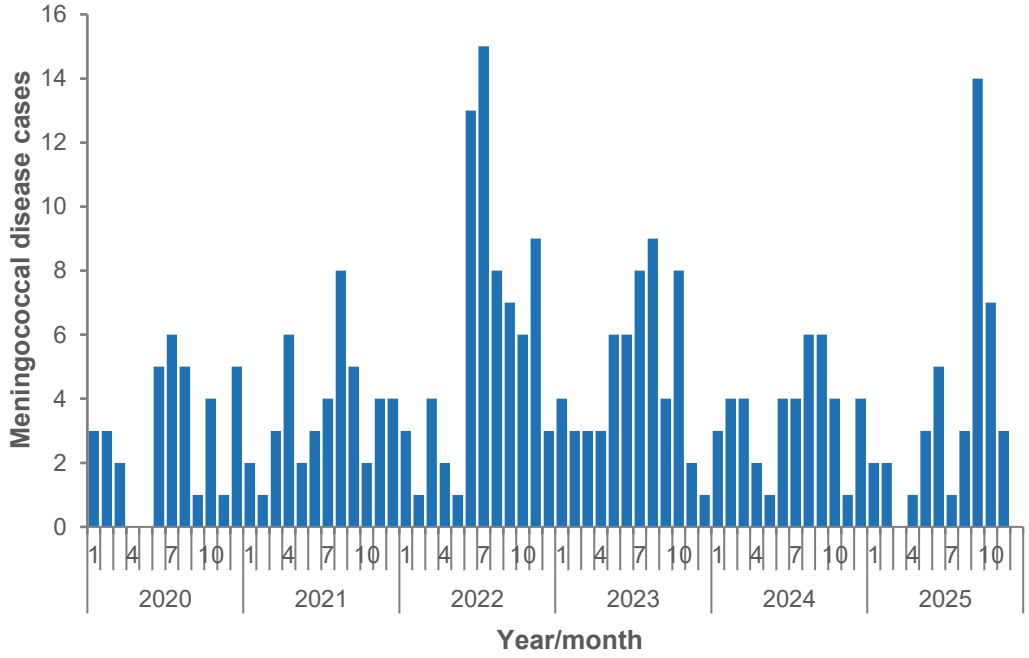
- there were 41 cases (40 confirmed and 1 probable) of invasive meningococcal disease reported. This number is similar to the same period in 2024, and lower than in 2022 and 2023;
- there were four deaths: one each were aged less than 1 year, 15–19 years, 30–39 years and 70 years and over;
- group B was the dominant group type. The group was identified for 35 cases: 26 (74%) were group B, six group Y, two group W and one group C;
- cases were geographically dispersed with the highest number of cases reported from Northern region (18 cases).

National trends

There were 41 cases (40 confirmed and 1 probable) of meningococcal disease reported in 2025. 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.

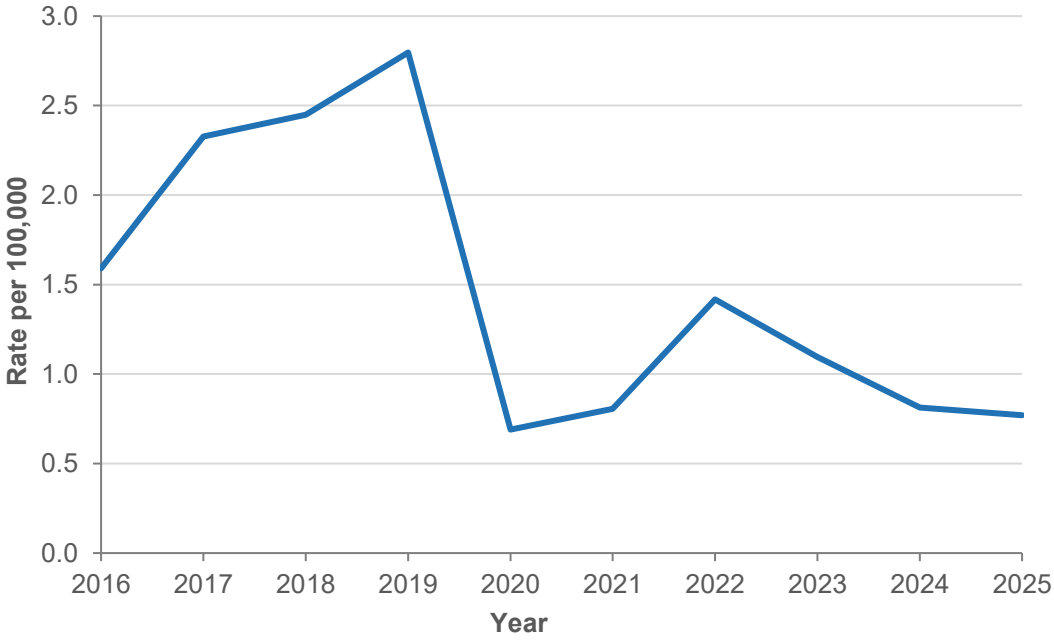
In New Zealand, meningococcal disease follows a seasonal pattern with case numbers typically peaking in winter and continuing into spring (Figure 1). In 2025, case numbers were low in winter but increased in early spring with 14 cases reported in September. No cases were reported in December.

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



The annual incidence rate for meningococcal disease in 2025 was 0.8 cases per 100,000. This is the second lowest incidence rate in the past 10 years after 2020 (0.7 per 100,000, 35 cases) and is a marked decrease from 2019 (2.8 per 100,000 139 cases) (Figure 2).

Figure 2. Annual incidence rate for meningococcal disease, 2016–2025

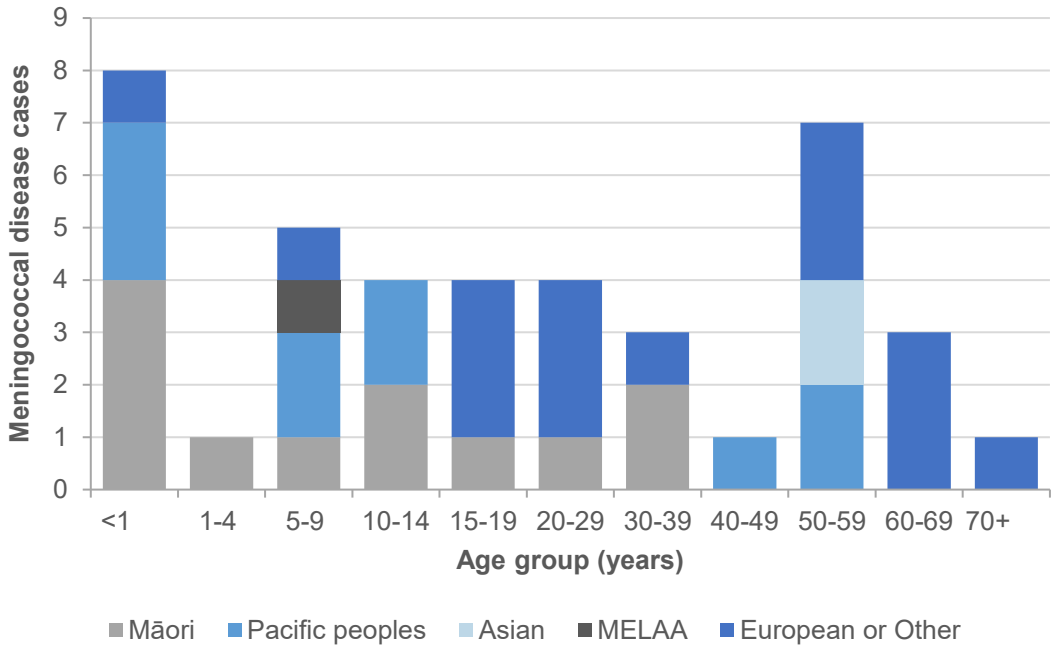


Meningococcal disease by ethnic group and age group

Over half (54%) of the meningococcal disease cases in 2025 were Māori (12 cases, 29%) or Pacific peoples (10 cases, 24%).

Of the nine cases aged under 5 years, five were Māori and three were Pacific peoples. For those aged 15–29 years, 75% (6/8) were European or Other and 25% (2/8) were Māori (Figure 3).

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

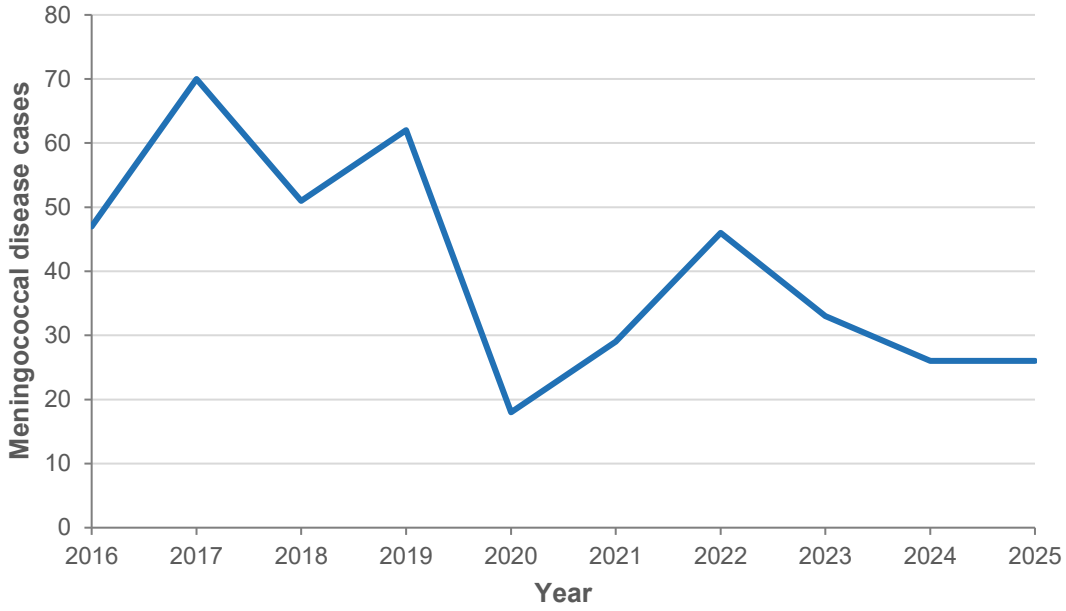


Meningococcal disease by group

The group was identified in 35 (88%) of the 40 confirmed cases in 2025. Group B was the dominant group type, accounting for 26 (74%) cases. Six (17%) cases were group Y, two (6%) were group W and one (3%) was group C.

The number of group B cases in 2025 was lower or equal to every year in the past 10 years other than 2020, and much lower than the high of 70 cases in 2017 (Figure 4Table 1).

Figure 4. Number of group B meningococcal disease cases by year, 2016-2025



The number of group Y cases in 2025 was similar to 2023 and 2024, and lower than in 2017–2019 (Table 1). The number of group W cases in 2025 was similar to 2023 and 2022 and much lower than the peak of 36 cases in 2019 when there was a group W epidemic. There was one case of group C in 2025. Annual group C case numbers have been low since 2020.

Table 1. Meningococcal disease strain group distribution by year, 2016–2025

Strain group	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
B	47	70	51	62	18	29	46	33	26	26
Y	7	11	16	16	2	1	8	6	5	6
W	5	12	33	36	11	6	3	2	4	2
C	8	11	10	7	1	0	0	2	0	1
E	0	0	0	1	0	0	0	0	0	0
X	0	0	1	0	0	0	0	0	0	0
Unknown	8	8	9	17	3	5	15	14	8	6
Total	**75**	**112**	**120**	**139**	**35**	**41**	**72**	**57**	**43**	**41**

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).

In 2025, there were seven cases of meningococcal disease due to group B in children aged less than 5 years. Of the seven cases, one case was too young to be eligible for the vaccine, and the remaining six cases were not vaccinated[1].

There were six cases of meningococcal disease due to group B in young people aged 13–25 years. Two cases had received one dose of Bexsero prior to illness onset (approximately 8 months and 18 months prior).

[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.

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Meningococcal disease by district and group

Meningococcal disease cases were geographically dispersed throughout the country (Table 2). The highest number of meningococcal cases in 2025 was reported from the Northern region (18 cases).

Table 2. Number of meningococcal disease cases by group and district, 1 January to 31 December 2025

District / Region	Group				Group unknown[1]	Not lab-confirmed[2]	Total
	B	Y	W	C			
Northern | Te Tai Tokerau	**10**	**2**	**1**	**1**	**3**	**1**	**18**
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	5	0	0	0	2	0	7
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**	**2**	**1**	**0**	**0**	**0**	**9**
Hawke's Bay	1	0	0	0	0	0	1
Whanganui	0	1	0	0	0	0	1
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	**3**	**0**	**0**	**0**	**2**	**0**	**5**
Nelson Marlborough	0	0	0	0	1	0	1
West Coast	0	0	0	0	0	0	0
Canterbury	3	0	0	0	1	0	4
South Canterbury	0	0	0	0	0	0	0
Southern	0	0	0	0	0	0	0
Total	**26**	**6**	**2**	**1**	**5**	**1**	**41**

[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 3 shows the trends in selected group B PorA types since 2020. The PorA types included in the table are those detected in 2025 and those that were most common in previous years.

Six different PorA types were identified among the 26 group B cases in 2025, and these were geographically dispersed. The PorA was not detected for one case.

The most common PorA type in 2025 was 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 3. Number of group B meningococcal disease cases by selected PorA type, 2020–2025

PorA type	Year					
	2020	2021	2022	2023	2024	2025
P1.7-12,14	3	12	14	11	10	11
P1.7-2,4	9	8	14	8	4	6
P1.22,14	0	2	2	4	5	5
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