PHF Science

Invasive Meningococcal Disease Monthly Report July 2026

This report summarises invasive meningococcal disease notifications and trends nationally from 1 January to 31 July 2026. Information is based on data recorded in EpiSurv and at PHF Science's Meningococcal Reference Laboratory as at 19 August 2026. Data presented may be further updated and should be regarded as provisional.

Summary

Between 1 January and 31 July 2026:

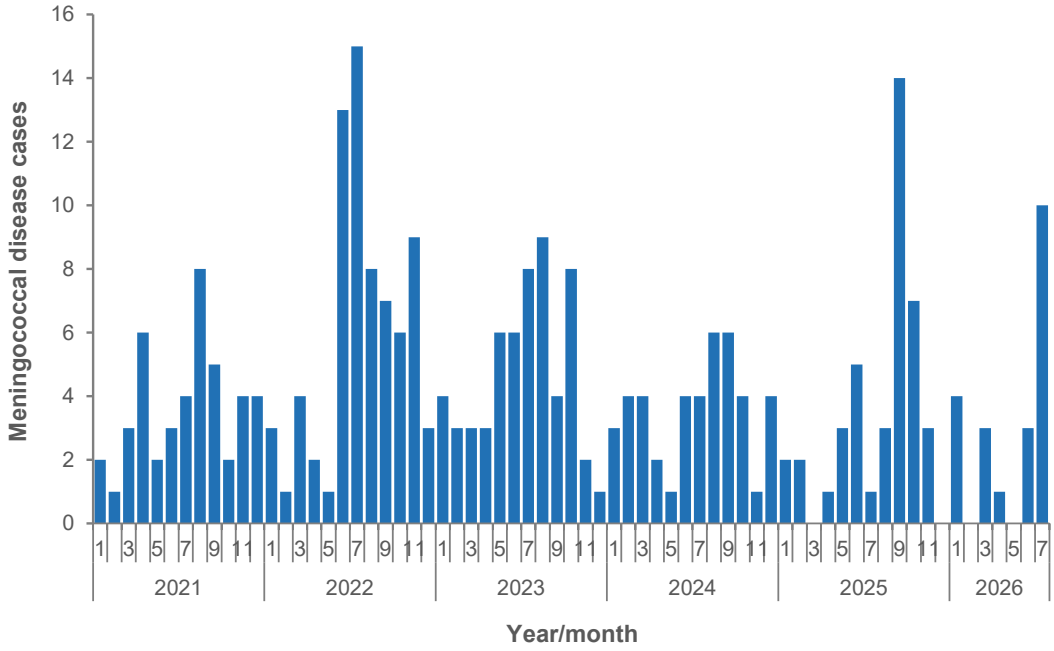
- there were 21 cases (18 confirmed and 3 probable) of invasive meningococcal disease reported. This number is higher than the same period in 2025 and similar to 2024;
- no deaths were reported;
- group B was the dominant group type. The group was identified for 15 (83%) cases: eight (53%) were group B, six were group Y (40%), and one was group C (7%);
- the Northern and South Island | Te Waipounamu regions reported the highest number of cases (7 cases each).

National trends

Between 1 January and 31 July 2026, there were 21 cases (18 confirmed and 3 probable) of meningococcal disease reported. No deaths were reported.

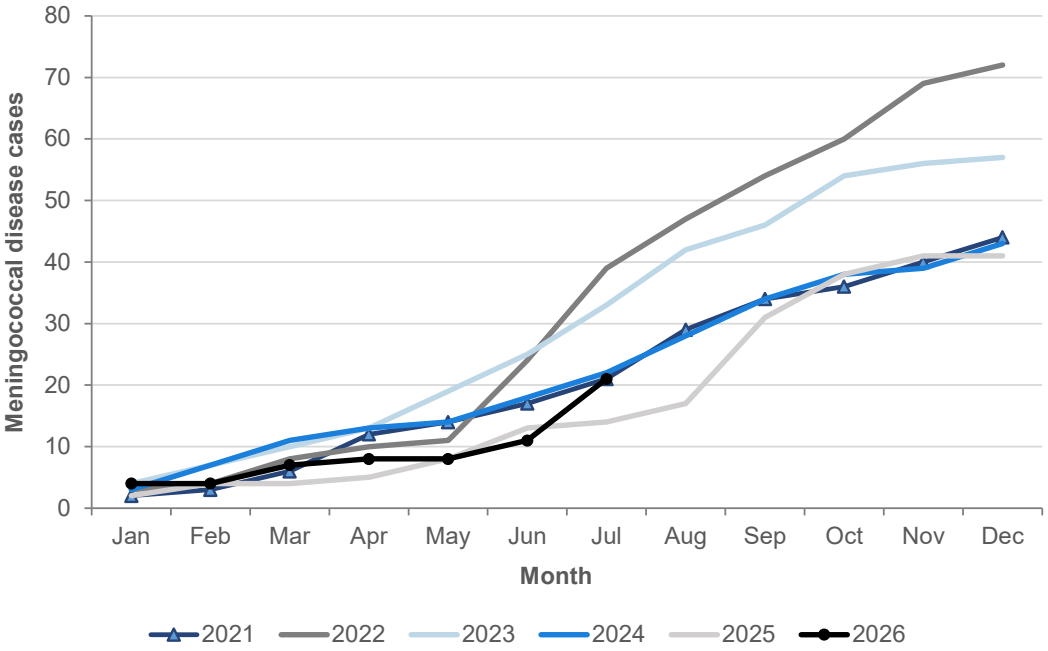
In New Zealand, meningococcal disease follows a seasonal pattern with case numbers peaking in winter and continuing into spring (Figure 1). Ten cases were reported in July.

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



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

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

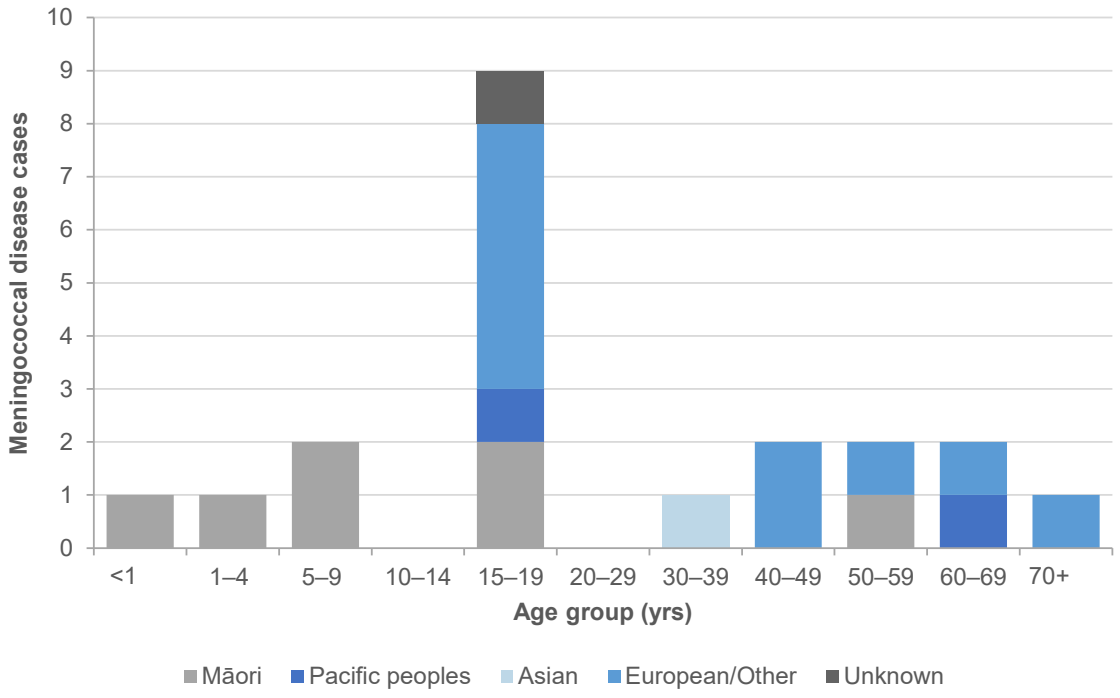


Meningococcal disease by ethnic group and age group

Ethnicity was known for 20 cases. Of these, half (50%, 10 cases) were European or Other ethnicity, seven were Māori, two Pacific peoples and one Asian.

Four cases were aged under 10 years, and all were Māori. For those aged 15–19 years, 63% (5/8) were European or Other (Figure 3).

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

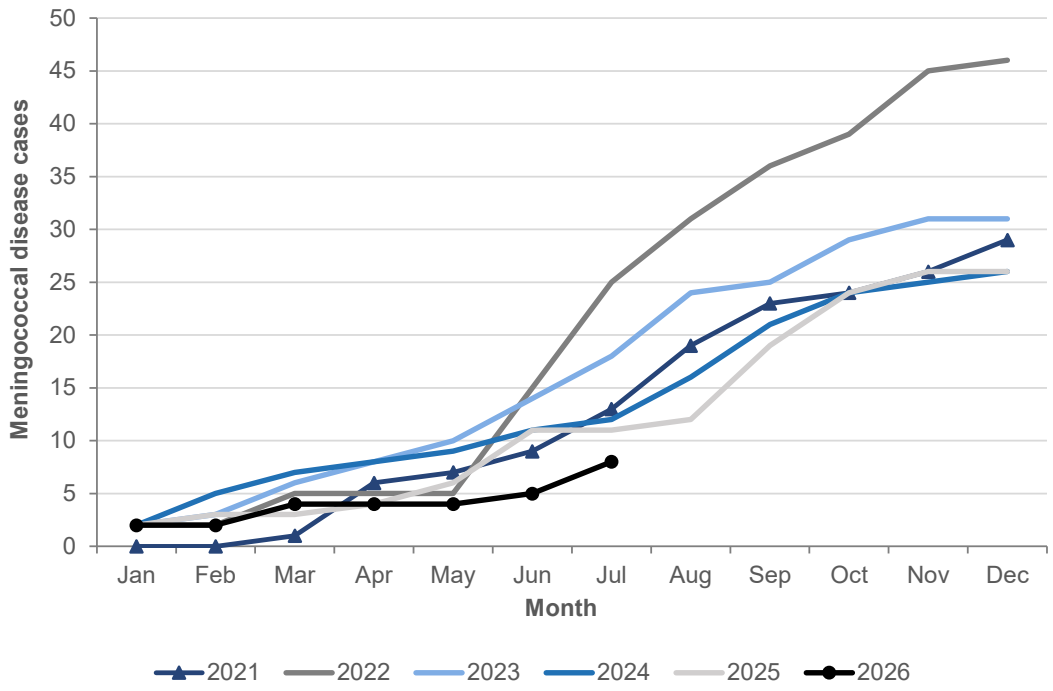


Meningococcal disease by group

The group was identified in 15 (83%) of the 18 confirmed cases notified from 1 January to 31 July 2026. Group B was the dominant group type accounting for eight (53%) cases. Six (40%) cases were group Y and one (7%) was group C.

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

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



The number of cases due to group Y in 2026 to date (6 cases) is higher than for the same period in 2021 to 2025 (1 to 4 cases).

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

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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 and South Island | Te Waipounamu regions (7 cases each) (Table 1).

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

District / Region	Group			Group unknown[1]	Not lab-confirmed[2]	Total
	B	Y	C			
Northern	**3**	**1**	**1**	**1**	**1**	**7**
Northland	0	0	0	1	0	1
Waitemata	1	0	1	0	1	3
Auckland	2	0	0	0	0	2
Counties Manukau	0	1	0	0	0	1
Midland | Te Manawa Taki	**1**	**3**	**0**	**1**	**0**	**5**
Waikato	1	1	0	0	0	2
Lakes	0	0	0	1	0	1
Bay of Plenty	0	0	0	0	0	0
Tairāwhiti	0	1	0	0	0	1
Taranaki	0	1	0	0	0	1
Central | Te Ikaroa	**1**	**1**	**0**	**0**	**0**	**2**
Hawke's Bay	1	0	0	0	0	1
Whanganui	0	0	0	0	0	0
MidCentral	0	0	0	0	0	0
Capital, Coast and Hutt Valley	0	1	0	0	0	1
Wairarapa	0	0	0	0	0	0
South Island | Te Waipounamu	**3**	**1**	**0**	**1**	**2**	**7**
Nelson Marlborough	1	0	0	0	1	2
West Coast	0	0	0	0	0	0
Canterbury	0	0	0	0	1	1
South Canterbury	0	0	0	0	0	0
Southern	2	1	0	1	0	4
Total	**8**	**6**	**1**	**3**	**3**	**21**

[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.

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

The most common PorA types in 2026 to date are P1.22,14 and B:P1.7-12,14.

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

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

[1] Data to 31 July 2026