

Invasive Meningococcal Disease Monthly Report August 2025

This report summarises invasive meningococcal disease notifications and trends nationally from 1 January to 31 August 2025. Information is based on data recorded in EpiSurv and at PHF Science's Meningococcal Reference Laboratory as at 22 September 2025. Data presented may be further updated and should be regarded as provisional.

Summary

Between 1 January and 31 August 2025:

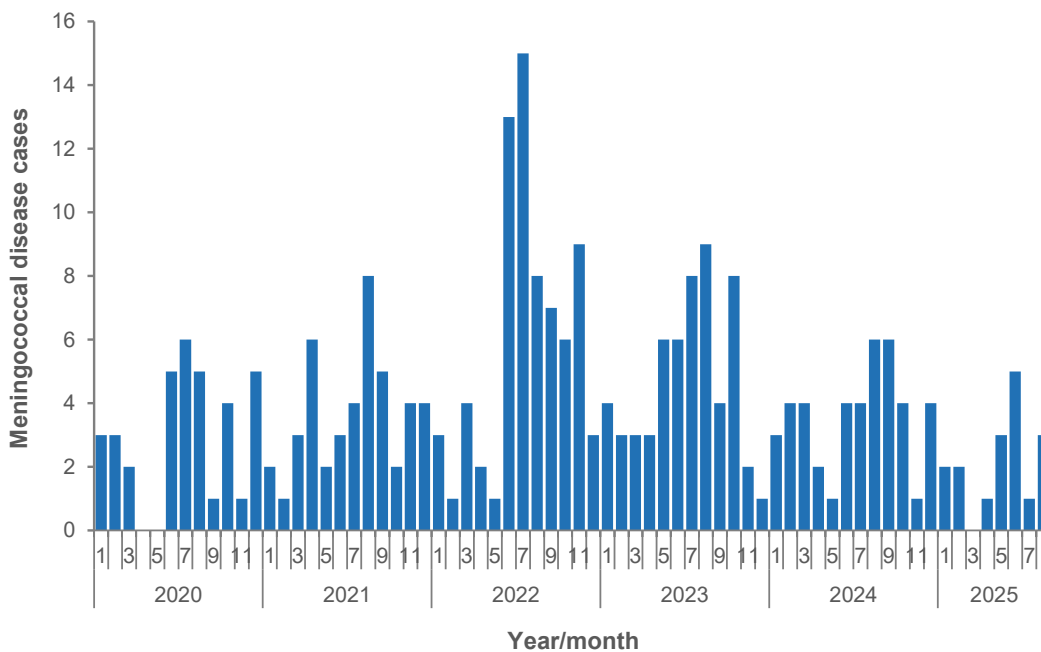
- there were 17 confirmed cases of invasive meningococcal disease reported. This number is lower than for the same time period in 2020 to 2024;
- there were two deaths, one in a young adult aged 15–19 years and one in an adult aged 70 years and over;
- group B was the dominant group type. The group was identified for 15 cases: 12 (80%) were group B and three were group Y;
- the Northern region reported the highest number of cases (9). No cases were reported from the South Island.

National trends

Between 1 January and 31 August 2025, there were 17 confirmed cases of meningococcal disease reported. There were two deaths, one in a young adult aged 15–19 years due to group B, PorA type P1.22,14, and one in an adult aged 70 years and over (group unknown).

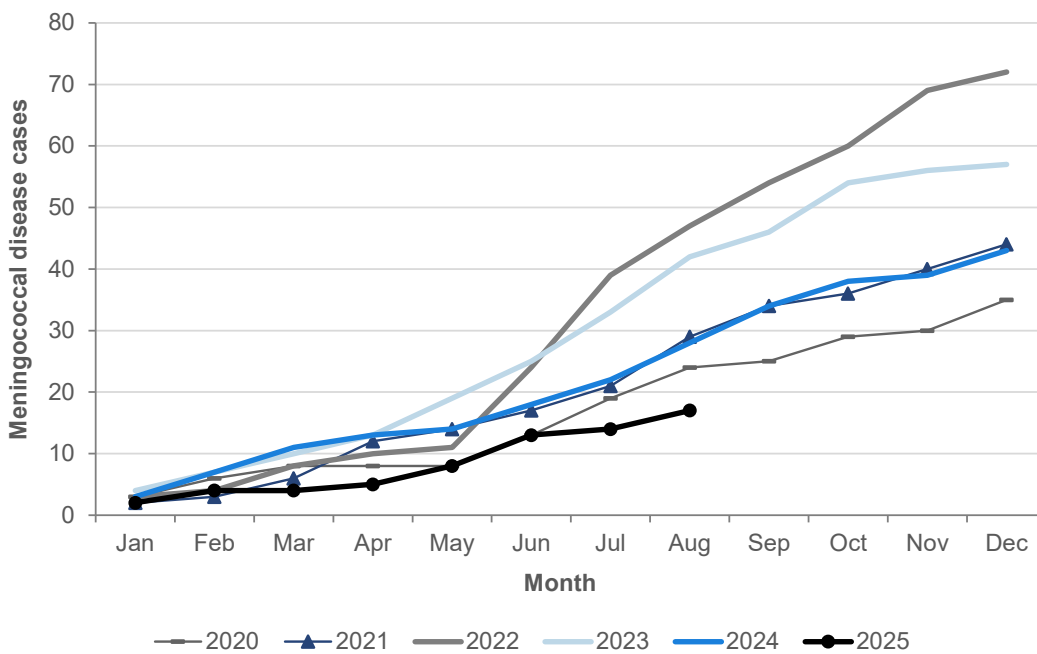
In New Zealand, meningococcal disease follows a seasonal pattern with case numbers typically peaking in winter and continuing into spring (Figure 1).

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



The total number of cases in 2025 to date is lower than for the same time period in 2020 to 2024 (Figure 2).

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

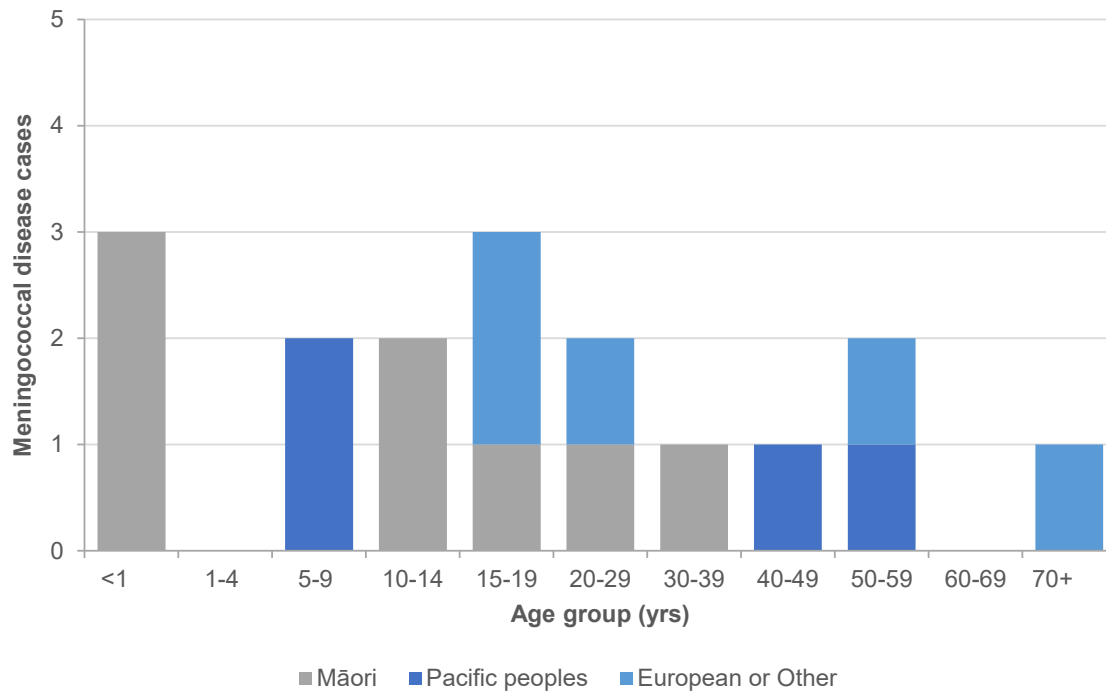


Meningococcal disease by ethnic group and age group

Almost half (47%, 8 cases) of the meningococcal disease cases in 2025 to date were Māori. Five were European or Other and four were Pacific peoples.

All three cases aged under 5 years were Māori. For those aged 15–29 years, 60% (3/5) were European or Other and 40% (2/5) were Māori (Figure 3).

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

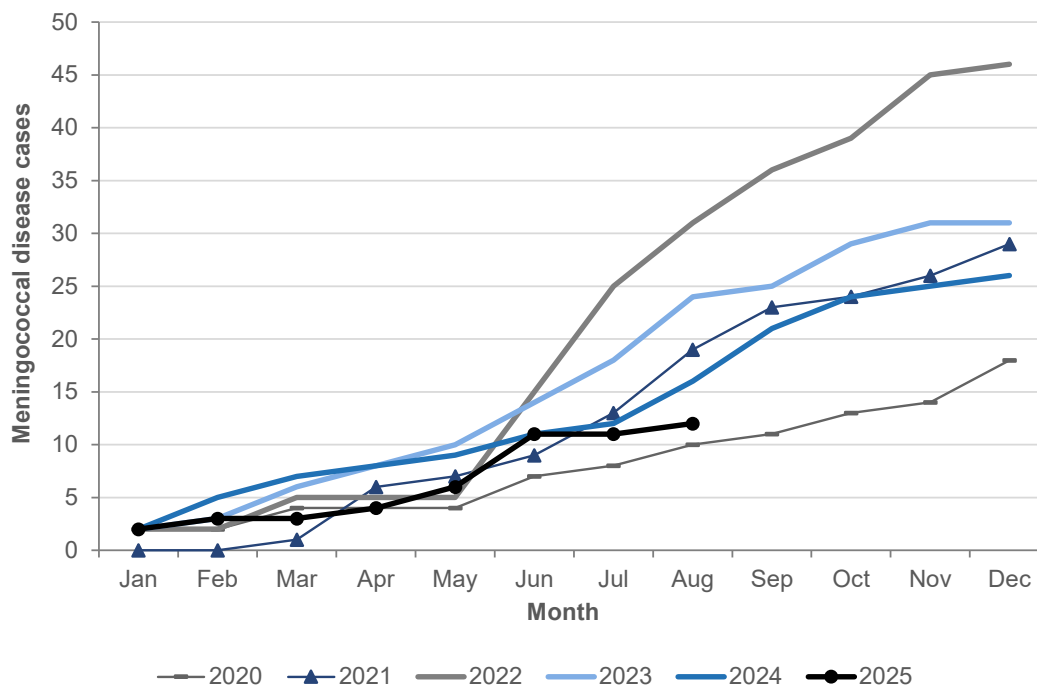


Meningococcal disease by group

The group was identified in 15 (88%) of the 17 confirmed cases notified from 1 January to 31 August 2025. Group B was the dominant group type accounting for 12 (80%) cases. Three (20%) cases were group Y.

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

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



The number of cases due to group Y in 2025 to date (3 cases) is the same as in 2023 (3 cases), higher than for the same period in 2020 (2 cases) and 2021 (1 case), and lower than the same period in 2022 (4 cases) and 2024 (5 cases).

There have been no cases of group C or group W in 2025 to date.

Meningococcal disease by district and group

The highest number of meningococcal cases in 2025 to date was reported from the Northern region (9 cases). No cases were reported in the South Island (Table 1).

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

District / Region	Group		Group unknown ¹	Total
	B	Y		
Northern Te Tai Tokerau	5	2	2	9
Northland	0	0	0	0
Waitemata	0	2	0	2
Auckland	3	0	1	4
Counties Manukau	2	0	1	3
Midland Te Manawa Taki	3	1	0	4
Waikato	2	0	0	2
Lakes	0	0	0	0
Bay of Plenty	1	0	0	1
Tairāwhiti	0	0	0	0
Taranaki	0	1	0	1
Central Te Ikaroa	4	0	0	4
Hawke's Bay	1	0	0	1
Whanganui	0	0	0	0
MidCentral	1	0	0	1
Hutt Valley	0	0	0	0
Capital & Coast	2	0	0	2
Wairarapa	0	0	0	0
South Island Te Waipounamu	0	0	0	0
Nelson Marlborough	0	0	0	0
West Coast	0	0	0	0
Canterbury	0	0	0	0
South Canterbury	0	0	0	0
Southern	0	0	0	0
Total	12	3	2	17

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

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.

Three different PorA types were identified among the 12 group B cases in 2025 to date, and these were geographically dispersed.

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 a common group B strain.

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

PorA type	Year					
	2020	2021	2022	2023	2024	2025 ¹
P1.7-12,14	3	12	14	11	10	6
P1.22,14	0	2	2	4	5	3
P1.7-2,4	9	8	14	8	4	3
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
P1.7-36,14	2	0	2	0	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 August 2025