

INVASIVE MENINGOCOCCAL DISEASE REPORT 19 December 2018

This report summarises invasive meningococcal disease notifications for the period from 1 January to 14 December 2018 (a cumulative summary). The information in this report is based on confirmed and probable cases reported up to 14 December 2018 (surveillance weeks 1–50) and extracted from EpiSurv and the Invasive Pathogens Laboratory results, ESR, on 18 December 2018. Data presented may be further updated and should be regarded as provisional.

This report will be updated on a fortnightly basis. A more detailed quarterly report was published on 23 November 2018.

National trends

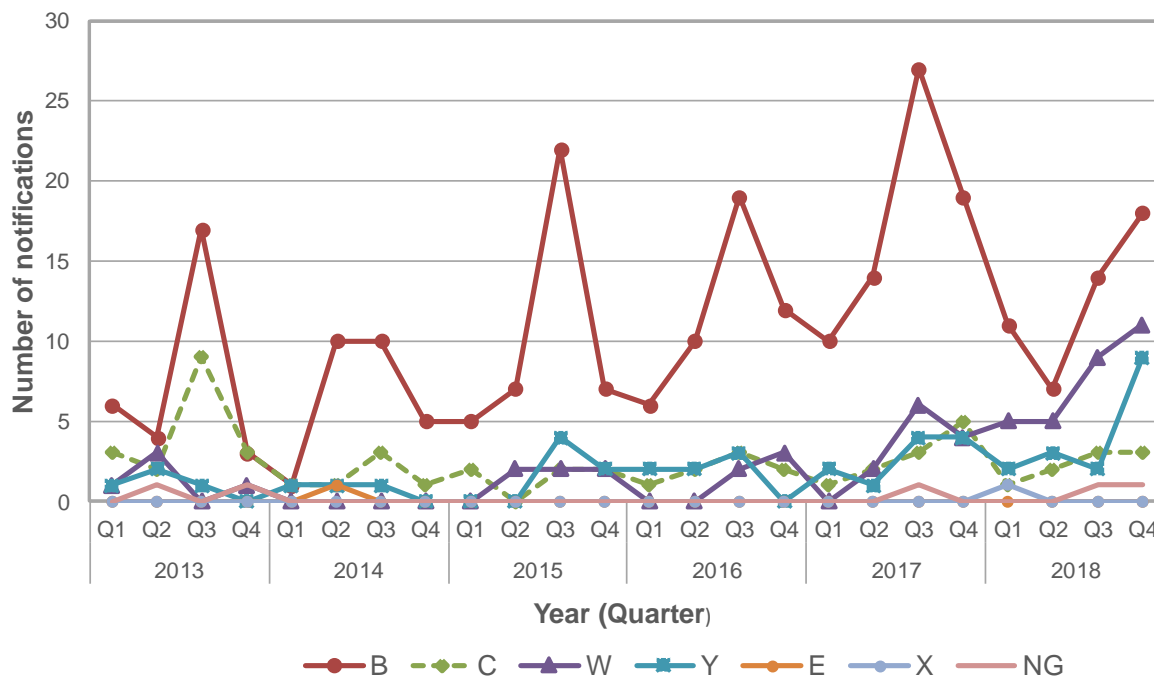
In the past two weeks (weeks 49–50), six new cases of invasive meningococcal disease were reported. The cases were from Waitemata (2 cases), Northland, Auckland, MidCentral and Canterbury (1 case each) District Health Boards (DHBs). No deaths were reported.

The total number of reported cases for 2018, year to date (YTD), is 115 cases with 10 deaths. This is higher than the 105 cases and 9 deaths reported at the same time in 2017.

Notifications in 2018 continue to follow the usual seasonal pattern seen in New Zealand, whereby there is an increase in cases reported in winter and spring (Figure 1).

In 2018 YTD 112 (97.4%) cases were laboratory-confirmed and the group was determined for 108 cases: group B (50), group W (30 cases), group Y (16 cases), group C (9 cases), non-groupable (NG) (2 cases) and group X (1 case) (Figure 1).

Figure 1. Meningococcal disease notifications by group by quarter by year, 2013–2018*



NG – non-groupable.

*Cases reported up to 14 December 2018 only.

Geographic distribution

In 2018 YTD Northland had the highest rate (6.8 per 100,000, 12 cases) followed by Bay of Plenty (3.9 per 100,000, 9 cases), Taranaki (3.4 per 100,000, 4 cases) and Southern (3.4 per 100,000, 11 cases) DHBs (Table 1).

The Auckland region (Waitemata, Auckland and Counties Manukau DHBs) had the highest group B notifications (17 cases) followed by Southern (8 cases) DHB. Northland DHB had the highest group W notifications (7 cases) (Table 1).

Table 1. Meningococcal disease notifications by DHB, 1 Jan–14 Dec 2018

District Health Board	Group						Other lab-confirmed ²	Probable ³	Total	Rate per 100,000*
	B	W	Y	C	X	NG ¹				
Northland	0	7	3	0	0	0	1	1	12	6.8
Waitemata	3	4	2	2	1	0	0	0	12	2.0
Auckland	5	4	1	1	0	0	0	1	12	2.3
Counties Manukau	9	2	1	0	0	0	1	0	13	2.4
Waikato	3	0	0	4	0	1	0	0	8	2.0
Lakes	0	2	1	0	0	0	0	0	3	2.8
Bay of Plenty	5	1	0	1	0	0	1	1	9	3.9
Tairāwhiti	1	0	0	0	0	0	0	0	1	2.1
Taranaki	3	0	0	1	0	0	0	0	4	3.4
Hawke's Bay	0	0	0	0	0	0	0	0	0	0.0
Whanganui	1	1	0	0	0	0	0	0	2	3.1
MidCentral	1	1	2	0	0	0	0	0	4	2.3
Hutt Valley	1	0	0	0	0	1	0	0	2	1.4
Capital & Coast	4	2	0	0	0	0	0	0	6	1.9
Wairarapa	0	0	1	0	0	0	0	0	1	2.2
Nelson Marlborough	2	0	2	0	0	0	0	0	4	2.7
West Coast	0	0	0	0	0	0	0	0	0	0.0
Canterbury	4	3	2	0	0	0	1	0	10	1.8
South Canterbury	0	1	0	0	0	0	0	0	1	1.7
Southern	8	2	1	0	0	0	0	0	11	3.4
Total	50	30	16	9	1	2	4	3	115	2.4

*Rates should be interpreted with caution for DHBs with <5 cases.

¹ Non-groupable – group not determined but other strain characteristics were determined.

² Includes DNA laboratory-confirmed by PCR where no group or other strain characteristics were determined, or laboratory-confirmed isolates not received by the Meningococcal Reference Laboratory.

³ Probable – A clinically compatible illness.

This report is available at: https://surv.esr.cri.nz/surveillance/Meningococcal_disease.php