

INVASIVE MENINGOCOCCAL DISEASE REPORT 6 March 2019

This report summarises invasive meningococcal disease notifications for the period from 1 January 2018 to 1 March 2019 (a cumulative summary). The information in this report is based on confirmed and probable cases reported up to 1 March 2019 (surveillance weeks 1–52, 2018, and weeks 1–9, 2019) and extracted from EpiSurv and the Invasive Pathogens Laboratory results, ESR, on 5 March 2019. 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

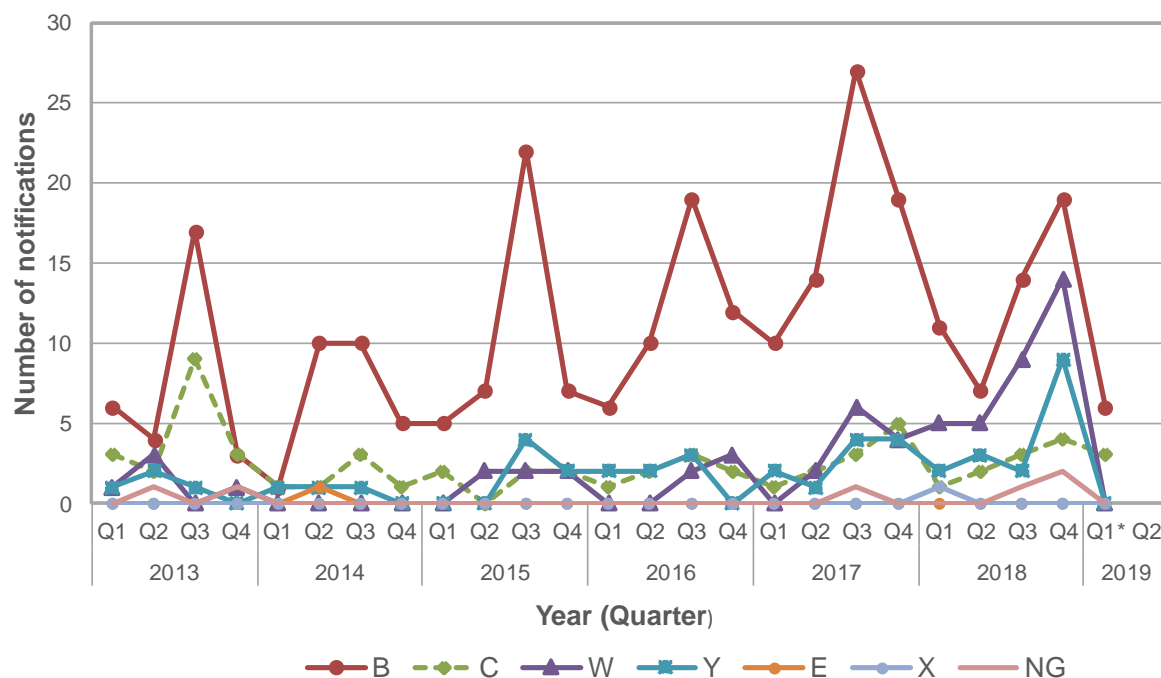
In the past two weeks (weeks 8–9, 2019), one case of invasive meningococcal disease was reported from Waikato District Health Board (DHB).

There have been nine cases and no deaths reported in 2019 year to date (YTD). The total number of reported cases for 2018 was 120 cases with 10 deaths. This was higher than the 112 cases and 9 deaths reported in 2017.

Although notifications in 2018 followed the usual seasonal pattern seen in New Zealand, whereby there is an increase in cases reported in winter and spring, there was a later peak than in recent years (Figure 1).

In 2019 YTD all nine cases were laboratory-confirmed with the group determined as: group B (6 cases) and group C (3 cases). In 2018 117 (97.5%) cases were laboratory-confirmed and the group was determined for 113 cases: group B (51 cases), group W (33 cases), group Y (16 cases), group C (10 cases), non-groupable (NG) (2 cases) and group X (1 case) (Figure 1).

Figure 1. Meningococcal disease notifications by group by quarter by year, 2013–2019*



NG – non-groupable.

*Cases reported up to 1 March 2019 only.

Geographic distribution

In 2019 YTD nine cases have been reported. Six of these cases were group B from Auckland (2 cases), Counties Manukau, Waikato, Capital & Coast and Canterbury (1 case each) DHBs, and three were group C from Bay of Plenty (2 cases) and Capital & Coast (1 case) DHBs.

In 2018 Northland DHB had the highest rate (7.4 per 100,000, 13 cases) followed by Whanganui (4.7 per 100,000, 3 cases), Bay of Plenty (4.3 per 100,000, 10 cases) and Southern (3.7 per 100,000, 12 cases) DHBs. 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–31 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	1	0	0	1	1	13	7.4
Waitemata	3	5	2	2	1	0	0	0	13	2.1
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	2	0	1	0	0	1	1	10	4.3
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	2	1	0	0	0	0	0	0	3	4.7
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	3	1	0	0	0	0	0	12	3.7
Total	51	33	16	10	1	2	4	3	120	2.5

*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