

Quarterly report

Meningococcal Surveillance Australia

Reporting period 1 January to 31 March 2025

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The reference laboratories of the Australian National Neisseria Network report data on invasive meningococcal disease (IMD) confirmed by culture and/or molecular techniques for the Australian Meningococcal Surveillance Programme (AMSP). Culture-positive cases and molecular-based diagnoses are defined as IMD by the Communicable Diseases Network Australia National Guidelines for Public Health Units.¹ Data contained in the quarterly reports are restricted to a description of the number of cases by jurisdiction and serogroup, when known. The content of the quarterly reports was expanded in 2024 to include antimicrobial resistance (AMR) data for ceftriaxone, penicillin, ciprofloxacin and rifampicin. IMD AMR data was previously only reported annually in the AMSP Annual Report. Some minor corrections to data in Table 1 may be made in subsequent reports if additional data are received.

IMD notifications in Australia for the first quarter of 2025 were higher than in the corresponding period of 2024 (Table 1),² but lower than the 37 IMD notifications in quarter one of 2019 (prior to the SARS-CoV-2 pandemic).³ In quarter 1 2025, there were 27 notifications of IMD nationally, of which 25/27 (93%) had the serogroup determined at the time of reporting. Notably, the predominance of *N. meningitidis* serogroup B (MenB) IMD continues, accounting for 72% of notifications (18/25) in quarter 1 2025, although this is lower than in quarter 1 2024 (84%). In contrast, between 2019 and 2021, the proportion of IMD attributable to MenB was 50–62%.⁴ There were three MenY (3/25; 12%) notifications, two MenW (2/25; 8%) notifications and one infection each of MenC and MenA in this quarter. MenA IMD has not been reported in Australia for many years and the one MenA IMD notification in this quarter was from Victoria involving a traveller from Eastern Europe.



Antimicrobial susceptibility testing data on the 14 IMD diagnosed by culture detected one penicillin resistant isolate from Western Australia (MenB). All IMD isolates were susceptible to ceftriaxone and there was no resistance detected to ciprofloxacin and rifampicin. A full analysis of laboratory-confirmed cases of IMD in each calendar year is contained in the AMSP annual report published in *Communicable Diseases Intelligence*.

Table 1: Number of laboratory confirmations of invasive meningococcal disease, Australia, 1 January to 31 March 2025, by serogroup and state or territory

Jurisdiction	Year	Serogroup												All		
		A		B		C		W		Y		ND ^a		Q1	ytd	
		Q1	ytd ^b	Q1	ytd	Q1	ytd	Q1	ytd	Q1	ytd	Q1	ytd	Q1	ytd	
Australian Capital Territory	2025	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	2024	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
New South Wales	2025	0	0	5	5	1	1	1	1	3	3	1	1	1	11	11
	2024	0	0	3	3	0	0	0	0	0	0	0	0	0	3	3
Northern Territory	2025	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	2024	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Queensland	2025	0	0	8	8	0	0	0	0	0	0	0	0	0	8	8
	2024	0	0	5	5	0	0	0	0	1	1	1	1	1	7	7
South Australia	2025	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	2024	0	0	6	6	0	0	0	0	1	1	0	0	0	7	7
Tasmania	2025	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	2024	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Victoria	2025	1	1	4	4	0	0	0	0	0	0	1	1	1	6	6
	2024	0	0	2	2	0	0	0	0	0	0	1	1	1	3	3
Western Australia	2025	0	0	1	1	0	0	1	1	0	0	0	0	0	2	2
	2024	0	0	0	0	0	0	1	1	0	0	0	0	0	1	1
Australia	2025	1	1	18	18	1	1	2	2	3	3	2	2	2	27	27
	2024	0	0	16	16	0	0	1	1	2	2	2	2	2	21	21

^a ND: not determined at time of report.

^b ytd: year to date, data from 1 January to 31 March 2025.

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