

Quarterly report

Meningococcal Surveillance Australia: Reporting period 1 July to 30 September 2025

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National Neisseria Network

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 (CDNA) 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, which has its own programme-specific quality assurance processes. Some minor corrections to data in Table 1 may be made in subsequent reports if additional data are received.

In Australia, there were 91 notifications of IMD between 1 January and 30 September 2025, lower than in the same period in 2024 (Table 1) and a 43.8% reduction (c.f. 162 IMD notifications) from the corresponding period in 2019 (prior to the SARS-CoV-2 pandemic).² In 2025 year-to-date (ytd), 86/91 of the national IMD notifications (94.5%) had the serogroup determined at the time of reporting. Notably, *N. meningitidis* serogroup B (MenB) IMD continued in the majority, accounting for 81.4% of disease notifications (70/86) ytd, increased from the first quarter of 2025 (72.0%).³ In contrast, between 2019 and 2021, the proportion of IMD attributable to MenB was 50.0–62.1%.⁴ IMD notifications in 2025 attributable to MenY and MenW were 9.3% (8/86) and 7.0% (6/86) ytd respectively, and no additional MenA or MenC IMD were reported in the third quarter of 2025 (Table 1).

Among 61 culture-confirmed IMD cases tested ytd, four were identified as penicillin resistant: one each from Queensland (quarter three); Northern Territory (quarter three); Victoria (quarter two); and Western Australia (quarter one). Of these, one isolate was classified as MenW (Queensland), while the remaining three were MenB. All 61 IMD isolates were susceptible to ceftriaxone and no resistance was 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 July to 30 September 2025, by serogroup and state or territory

Jurisdiction	Year	Serogroup													
		A		B		C		W		Y		ND ^a		All	
		Q3	ytd ^b	Q3	ytd	Q3	ytd	Q3	ytd	Q3	ytd	Q3	ytd	Q3	ytd
Australian Capital Territory	2025	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
New South Wales	2025	0	0	6	17	0	1	0	3	1	5	1	2	8	28
	2024	0	0	5	16	0	0	0	0	1	1	0	0	6	17
Northern Territory	2025	0	0	1	1	0	0	0	0	0	0	0	0	1	1
	2024	0	0	1	2	0	0	0	0	0	0	0	0	1	2
Queensland	2025	0	0	2	16	0	0	2	2	0	0	0	1	4	19
	2024	0	0	15	27	1	1	0	0	1	2	2	3	19	33
South Australia	2025	0	0	4	8	0	0	0	0	1	1	0	0	5	9
	2024	0	0	9	19	0	0	0	0	2	3	0	0	11	22
Tasmania	2025	0	0	1	3	0	0	0	0	0	0	0	0	1	3
	2024	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Victoria	2025	0	1	7	14	0	0	0	0	1	1	0	2	8	18
	2024	0	0	5	11	0	0	0	0	1	4	0	1	6	16
Western Australia	2025	0	0	4	11	0	0	0	1	1	1	0	0	5	13
	2024	0	0	5	8	0	0	0	2	2	2	0	0	7	12
Australia	2025	0	1	25	70	0	1	2	6	4	8	1	5	32	91
	2024	0	0	40	83	1	1	0	2	7	12	2	4	50	102

a ND: not determined at time of report.

b ytd: year-to-date, data from 1 January to 30 September 2025.

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