

Quarterly report

Meningococcal Surveillance Australia: Reporting period 1 January to 31 March 2026

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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 genogroup, 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.

In quarter 1 2026, there were 19 IMD notifications across Australia, which was lower than the 27 notifications during the corresponding quarter of 2025 (Table 1).² Of these notifications, 18/19 (95%) had a determined genogroup at the time of reporting, with *N. meningitidis* genogroup B (MenB) constituting 94% (17/18) of these; this was notably higher than the MenB proportion (72%; 18/25) notified in quarter 1 2025. Compared to the 50% prevalence (101/202) of MenB in 2019,³ the increasing proportion of MenB IMD corroborates a consistent trend in previous reports and can be attributed in part to the introduction of the MenACWY vaccine into the National Immunisation Program. In this quarter, there was one MenY notification (1/18; 5.6%), compared to three MenY notifications (3/25; 12%) in quarter 1 2025. Whilst there were notifications from the genogroups A, C and W in quarter 1 2025, there were none reported for the same period in 2026.

Antimicrobial susceptibility testing data was reported for eight IMD notifications. None of the tested IMD isolates demonstrated resistance to penicillin, ceftriaxone, ciprofloxacin or 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 2026, by genogroup and state or territory

Jurisdiction	Year	Genogroup													
		A		B		C		W		Y		ND ^a		All	
		Q1	ytd ^b	Q1	ytd	Q1	ytd	Q1	ytd	Q1	ytd	Q1	ytd	Q1	ytd
Australian Capital Territory	2026	0	0	1	1	0	0	0	0	0	0	0	0	1	1
	2025	0	0	0	0	0	0	0	0	0	0	0	0	0	0
New South Wales	2026	0	0	3	3	0	0	0	0	0	0	0	0	3	3
	2025	0	0	5	5	1	1	1	1	3	3	1	1	11	11
Northern Territory	2026	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	2025	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Queensland	2026	0	0	5	5	0	0	0	0	0	0	1	1	6	6
	2025	0	0	8	8	0	0	0	0	0	0	0	0	8	8
South Australia	2026	0	0	3	3	0	0	0	0	0	0	0	0	3	3
	2025	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tasmania	2026	0	0	2	2	0	0	0	0	0	0	0	0	2	2
	2025	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Victoria	2026	0	0	1	1	0	0	0	0	1	1	0	0	2	2
	2025	1	1	4	4	0	0	0	0	0	0	1	1	6	6
Western Australia	2026	0	0	2	2	0	0	0	0	0	0	0	0	2	2
	2025	0	0	1	1	0	0	1	1	0	0	0	0	2	2
Australia	2026	0	0	17	17	0	0	0	0	1	1	1	1	19	19
	2025	1	1	18	18	1	1	2	2	3	3	2	2	27	27

a ND: not determined at time of report.

b ytd: year to date, data from 1 January to 31 March 2026.

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