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Meningococcal Surveillance Australia Reporting period 1 January to 31 March 2024

Monica M Lahra, Sonya Natasha Hutabarat, Tiffany R Hogan for the National Neisseria Network

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Meningococcal Surveillance Australia

Reporting period 1 January to 31 March 2024

Monica M Lahra, Sonya Natasha Hutabarat, Tiffany R Hogan for the National Neisseria Network

The reference laboratories of the National Neisseria Network, Australia report data on invasive meningococcal disease (IMD) cases 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, and expanded in 2024 to include antimicrobial resistance data for ceftriaxone, penicillin, ciprofloxacin and rifampicin. Some minor corrections to data in Table 1 may be made in subsequent reports if additional data are received.

In the first quarter of 2024, IMD notifications in Australia were lower than in the corresponding period of 2023 (Table 1) and were still reduced from the 37 IMD cases reported in quarter one of 2019 (prior to the SARS-CoV-2 pandemic).² Notably, the predominance of *N. meningitidis* serogroup B (MenB) IMD reported in 2022³ has continued in the first quarter of 2024: where a serogroup could be determined, MenB contributed to 84.2% of notifications (16/19). In contrast, between 2019 and 2021, the proportion of IMD attributable to MenB was 50–62%.⁴ There have not been any MenA IMD cases reported in Australia for many years and there were no MenC IMD cases reported in this quarter. Antimicrobial susceptibility testing data on the twelve IMD cases diagnosed by culture detected one penicillin resistant MenB from Victoria, but all isolates were susceptible to ceftriaxone. Testing for resistance to ciprofloxacin and rifampicin was undertaken on eleven of the twelve IMD cases diagnosed by culture; no resistance to either antimicrobial was detected from these *N. meningitidis* isolates. 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*.

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Table 1: Number of laboratory confirmations of invasive meningococcal disease, Australia, 1 January to 31 March 2024, by serogroup and state or territory

Jurisdiction	Year	Serogroup						All			
		B		W		Y			ND ^a		
		Q1	ytd ^b	Q1	ytd	Q1	ytd		Q1	ytd	
Australian Capital Territory	2024	0	0	0	0	0	0	0	0	0	0
	2023	0	0	0	0	0	0	0	0	0	0
New South Wales	2024	3	3	0	0	0	0	0	0	3	3
	2023	6	6	0	0	1	1	0	0	7	7
Northern Territory	2024	0	0	0	0	0	0	0	0	0	0
	2023	0	0	0	0	0	0	0	0	0	0
Queensland	2024	5	5	0	0	1	1	1	1	7	7
	2023	7	7	0	0	0	0	0	0	7	7
South Australia	2024	6	6	0	0	1	1	0	0	7	7
	2023	2	2	0	0	0	0	0	0	2	2
Tasmania	2024	0	0	0	0	0	0	0	0	0	0
	2023	2	2	0	0	0	0	0	0	2	2
Victoria	2024	2	2	0	0	0	0	1	1	3	3
	2023	3	3	1	1	0	0	0	0	4	4
Western Australia	2024	0	0	1	1	0	0	0	0	1	1
	2023	1	1	0	0	0	0	0	0	1	1
Australia	2024	16	16	1	1	2	2	2	2	21	21
	2023	21	21	1	1	1	1	0	0	23	23

a ND: not determined.

b ytd: year to date, data from 1 January to 31 March 2024.

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