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SURVEILLANCE REPORT

Invasive Meningococcal Disease (IMD) in Ontario: 2025

Published: June 2026

Introduction

This report describes the epidemiology of invasive meningococcal disease (IMD) in Ontario in 2025, including case characteristics and case counts/incidence rates by serogroup, age and geography. Trends over time for the years 2000 to 2025 are also included. During this period, there were two meningococcal vaccines available as part of the publicly funded routine immunization program[1]:

1. Monovalent meningococcal conjugate C vaccine (Men-C-C) program for children (typically administered at 1 year of age; implemented in 2005)
2. Quadrivalent meningococcal conjugate vaccine (Men-C-ACYW) program for adolescents (typically administered in grade 7; implemented in 2009, replacing the Men-C-C program for adolescents from 2005 to 2009)

Meningococcal vaccines are also publicly funded for certain high risk groups including[1]:

- Men-C-ACYW vaccines for high risk groups aged 9 months and older
- Meningococcal B (4CMenB) vaccines for high risk groups 2 months to 17 years of age

Meningococcal vaccines may additionally be publicly funded for post-exposure prophylaxis and as part of an outbreak response, if indicated.

This report includes the most current information available from Ontario's integrated Public Health Information System (iPHIS) as of **March 11, 2026**.

Highlights

Overview

- In 2025, there were 42 cases of IMD reported in Ontario (41 confirmed, 1 probable) (Table 1).
  - The majority of cases (83.3%) were among adults aged 25 years and older: 28.6% of cases were 25–49 years of age, 16.7% were 50–64 years of age, and 38.1% were 65 years of age and older (Table 1).
  - Females accounted for 57.1% of all cases in 2025 (Table 1).
- Seventeen cases (40.5%) in 2025 were serogroup W, 10 (23.8%) were serogroup B, six (14.3%) were serogroup C, five (11.9%) were serogroup Y, two (4.8%) were non-groupable/typeable, one (2.4%) was serogroup E, and one (2.4%) probable case did not have serogroup information (Table 1, Figure 1).

- Twenty cases (47.6%) in 2025 had known immunization status. Of these, 16 (80.0%) were unimmunized prior to disease onset, three (15.0%) were immunized with a meningococcal vaccine that provided protection against serogroup(s) other than that responsible for their infection, and one (5.0%) was immunized with a meningococcal vaccine that provided protection against the serogroup responsible for their infection (Table 1).
- All cases (100.0%) were reported as hospitalized in 2025 (Table 1).
- A total of four (9.5%) fatal outcomes were reported in 2025 among adults aged 25 years and older (one serogroup C, one serogroup W, one non-groupable/typeable, and one probable case without serogroup information) (Table 1).

Trends Over Time

- Overall, during the surveillance period of 2000–2025, case counts and rates of IMD decreased in Ontario (Figure 2).
  - This trend was most notable during the first two years of the COVID-19 pandemic (2020 and 2021) where Ontario had its lowest recorded case counts/rates in the past 26 years, with an approximate one-third reduction in 2020 and two-thirds reduction in 2021 compared to the pre-pandemic five-year average (2015–2019) case counts/rates (Figure 2).
  - However, since 2022, IMD case reporting has shown an increasing trend, and in 2025 the case count/rate was elevated above the pre-pandemic five-year average (2015–2019) case counts/rates (Figure 2).
- When examining monthly trends, there were several months in 2025 (March to June, September, November, and December) where IMD case counts exceeded the pre-pandemic five-year average, and one month (June) where the IMD case count exceeded the pre-pandemic five-year average plus two standard deviations (Figure 3).
- Trends by serogroup show an overall decrease in the incidence rates of IMD serogroups B, C and Y since 2000 and no cases of serogroup A reported in Ontario since 2013 (Figure 4, Table 2).
  - The decline in serogroups C and Y likely relates to the implementation of the Men-C-C and Men-C-ACYW vaccination programs in 2005 and 2009, respectively.[2]
  - Prior to the pandemic there was an increasing trend in incidence of serogroup W in Ontario (Figure 4, Table 2), particularly in older adults and consistent with trends observed across Canada linked to the emergence of a hypervirulent strain.[3] Post-pandemic, incidence of serogroup W in adults has increased again.

Age

- In 2025, IMD incidence rates were highest among the under 1 (0.71 per 100,000 individuals), 65+ (0.52 per 100,000 individuals), and 1–4 (0.35 per 100,000 individuals) year age groups (Table 3).
  - For the under 1 year age group the incidence rate of serogroup W was highest (0.71 per 100,000 individuals), while for the 1–4 year age group the incidence rates of serogroup W and Y were highest (0.17 per 100,000 individuals each). However, the overall number of cases in these age groups was small (n=1 and n=2, respectively).
  - For the 65+ year age group the incidence rates of serogroup B and W were highest (0.13 per 100,000 individuals each).

Geography

- In 2025, IMD cases were reported from 18 public health units (PHUs), with the greatest number from Ottawa Public Health (n=7) (Table 4).
    - The highest incidence rates were from Northwestern Health Unit[4] (5.96 per 100,000 individuals) and North Bay Parry Sound District Health Unit (1.34 per 100,000 individuals), however, the overall number of cases in these PHUs was small (n=5 and n=2, respectively).

Overview

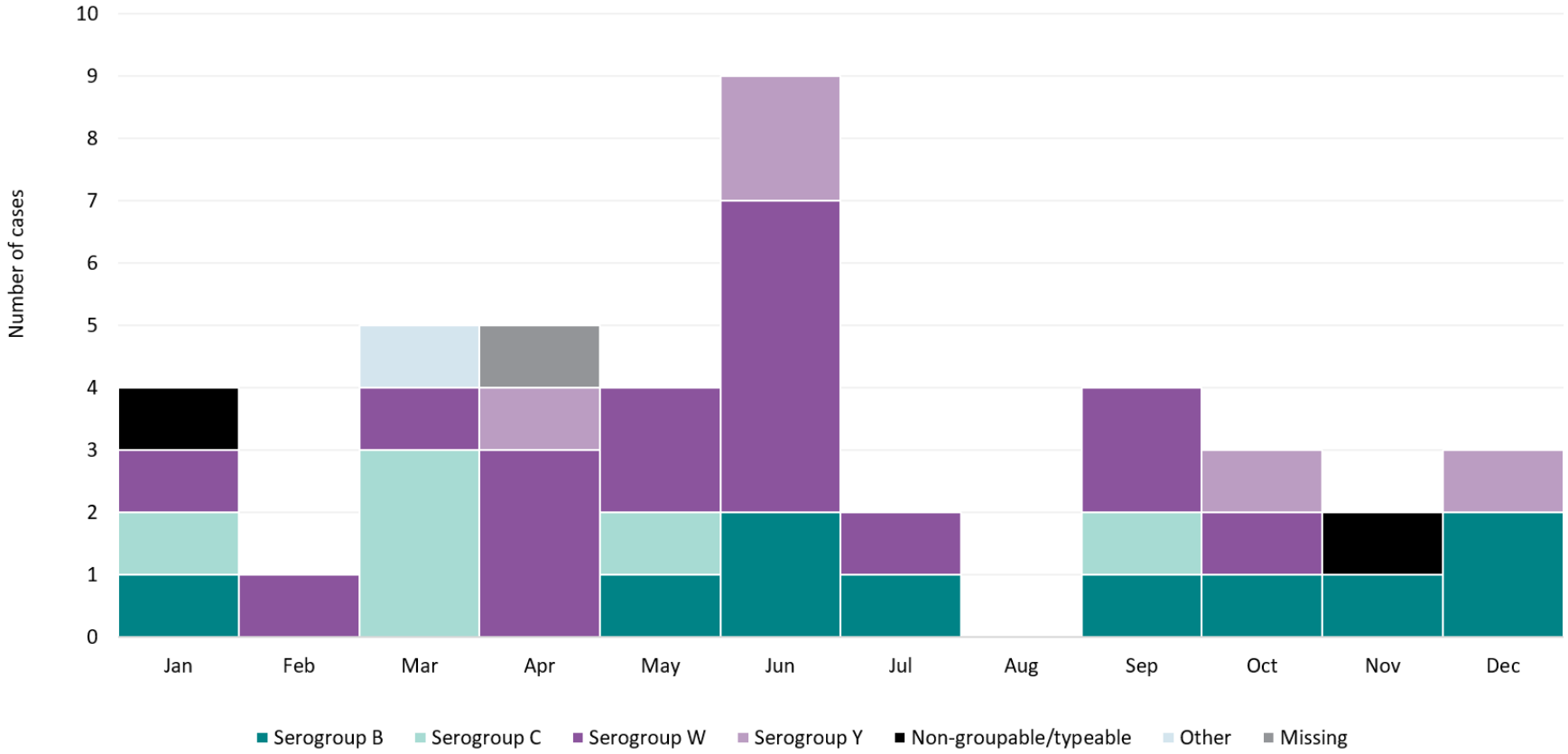
Table 1: Characteristics of IMD Cases by Year

Case Characteristics	2025	2024	2023	2022	2021	2020	Pre-pandemic 5-year period (2015–2019)
Classification (N, %)							
Confirmed	41 (97.6)	39 (100.0)	30 (100.0)	26 (100.0)	10 (100.0)	21 (95.5)	160 (98.8)
Probable	1 (2.4)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (4.6)	2 (1.2)
Gender (N, %)							
Female	24 (57.1)	18 (46.2)	13 (43.3)	12 (46.2)	6 (60.0)	6 (27.3)	80 (49.4)
Male	18 (42.9)	21 (53.8)	17 (56.7)	14 (53.9)	4 (40.0)	16 (72.7)	82 (50.6)
Age (years) (N, %)							
<1	1 (2.4)	1 (2.6)	0 (0.0)	1 (3.9)	1 (10.0)	1 (4.6)	17 (10.5)
1–4	2 (4.8)	4 (10.3)	2 (6.7)	0 (0.0)	0 (0.0)	2 (9.1)	6 (3.7)
5–9	2 (4.8)	1 (2.6)	1 (3.3)	1 (3.9)	0 (0.0)	0 (0.0)	3 (1.9)
10–14	1 (2.4)	0 (0.0)	1 (3.3)	0 (0.0)	0 (0.0)	0 (0.0)	2 (1.2)
15–19	0 (0.0)	6 (15.4)	4 (13.3)	3 (11.5)	2 (20.0)	2 (9.1)	13 (8.0)
20–24	1 (2.4)	2 (5.1)	5 (16.7)	1 (3.9)	1 (10.0)	5 (22.7)	15 (9.3)
25–49	12 (28.6)	8 (20.5)	6 (20.0)	11 (42.3)	4 (40.0)	3 (13.6)	31 (19.1)
50–64	7 (16.7)	4 (10.3)	4 (13.3)	7 (26.9)	1 (10.0)	8 (36.4)	38 (23.5)
65+	16 (38.1)	13 (33.3)	7 (23.3)	2 (7.7)	1 (10.0)	1 (4.6)	36 (22.2)
Missing	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.6)

Case Characteristics	2025	2024	2023	2022	2021	2020	Pre-pandemic 5-year period (2015–2019)
Serogroup (N, %)							
A	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
B	10 (23.8)	8 (20.5)	11 (36.7)	10 (38.5)	5 (50.0)	10 (45.5)	57 (35.2)
C	6 (14.3)	6 (15.4)	6 (20.0)	7 (26.9)	0 (0.0)	1 (4.5)	12 (7.4)
W	17 (40.5)	16 (41.0)	7 (23.3)	8 (30.8)	5 (50.0)	3 (13.6)	33 (20.4)
Y	5 (11.9)	8 (20.5)	3 (10.0)	1 (3.8)	0 (0.0)	6 (27.3)	52 (32.1)
Non-groupable/typeable	2 (4.8)	0 (0.0)	2 (6.7)	0 (0.0)	0 (0.0)	1 (4.5)	1 (0.6)
Other	1 (2.4)	1 (2.6)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	3 (1.9)
Missing	1 (2.4)	0 (0.0)	1 (3.3)	0 (0.0)	0 (0.0)	1 (4.5)	4 (2.5)
Immunization status (N, %)							
Immunized against serogroup responsible for infection*	1 (2.4)	2 (5.1)	1 (3.3)	0 (0.0)	0 (0.0)	0 (0.0)	7 (4.3)
Immunized against different serogroup(s)	3 (7.1)	7 (17.9)	9 (30.0)	7 (26.9)	2 (20.0)	4 (18.2)	23 (14.2)
Unimmunized	16 (38.1)	16 (41.0)	8 (26.7)	6 (23.1)	4 (40.0)	6 (27.3)	72 (44.4)
Unknown	22 (52.4)	14 (35.9)	12 (40.0)	13 (50.0)	4 (40.0)	12 (54.6)	60 (37.0)
Hospitalizations (N, %)	42 (100.0)	38 (97.4)	28 (93.3)	24 (92.3)	9 (90.0)	21 (95.5)	151 (93.2)
Deaths (N, %)	4 (9.5)	6 (15.4)	3 (10.0)	3 (11.5)	1 (10.0)	2 (9.1)	18 (11.1)
Total (N, %)	**42 (100.0)**	**39 (100.0)**	**30 (100.0)**	**26 (100.0)**	**10 (100.0)**	**22 (100.0)**	**162 (100.0)**

*For example, individuals immunized against serogroup responsible for infection would include individuals that received a Men-C-ACYW vaccine, but had an onset of IMD caused by serogroup A, C, Y or W at least 14 days after immunization

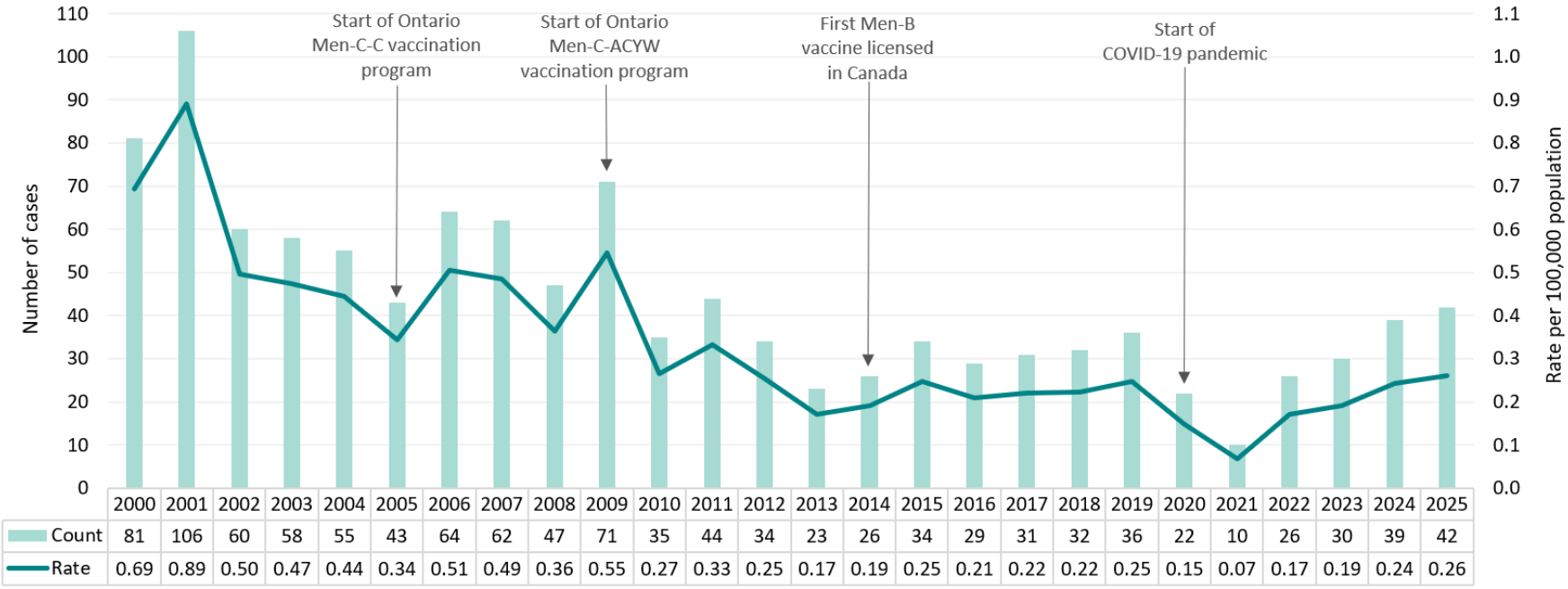
Figure 1: Number of IMD Cases by Month and Serogroup for 2025



Note: The case with 'Other' serogroup was serogroup E

Trends Over Time

Figure 2: Number of IMD Cases and Incidence Rates per 100,000 Population



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Count	81	106	60	58	55	43	64	62	47	71	35	44	34	23	26	34	29	31	32	36	22	10	26	30	39	42
Rate	0.69	0.89	0.50	0.47	0.44	0.34	0.51	0.49	0.36	0.55	0.27	0.33	0.25	0.17	0.19	0.25	0.21	0.22	0.22	0.25	0.15	0.07	0.17	0.19	0.24	0.26

Figure 3: Number of IMD Cases by Month

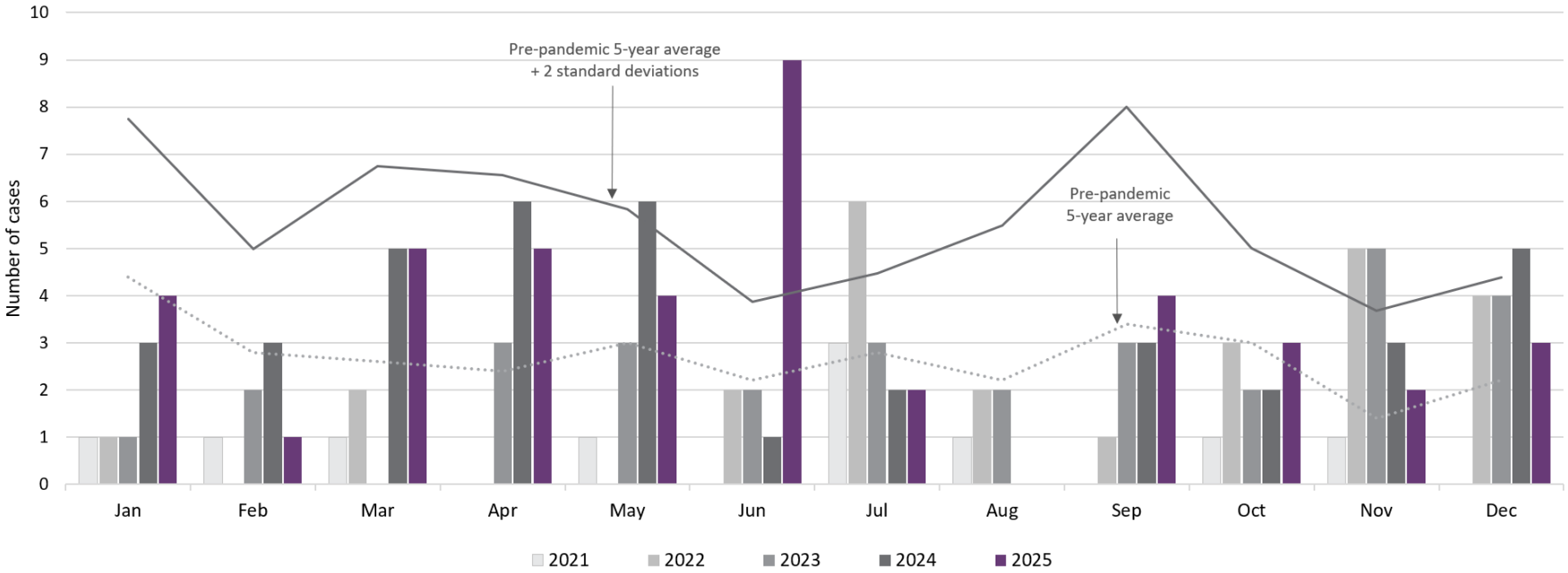


Figure 4: Incidence Rates of IMD Cases per 100,000 Population by Vaccine-Preventable Serogroup

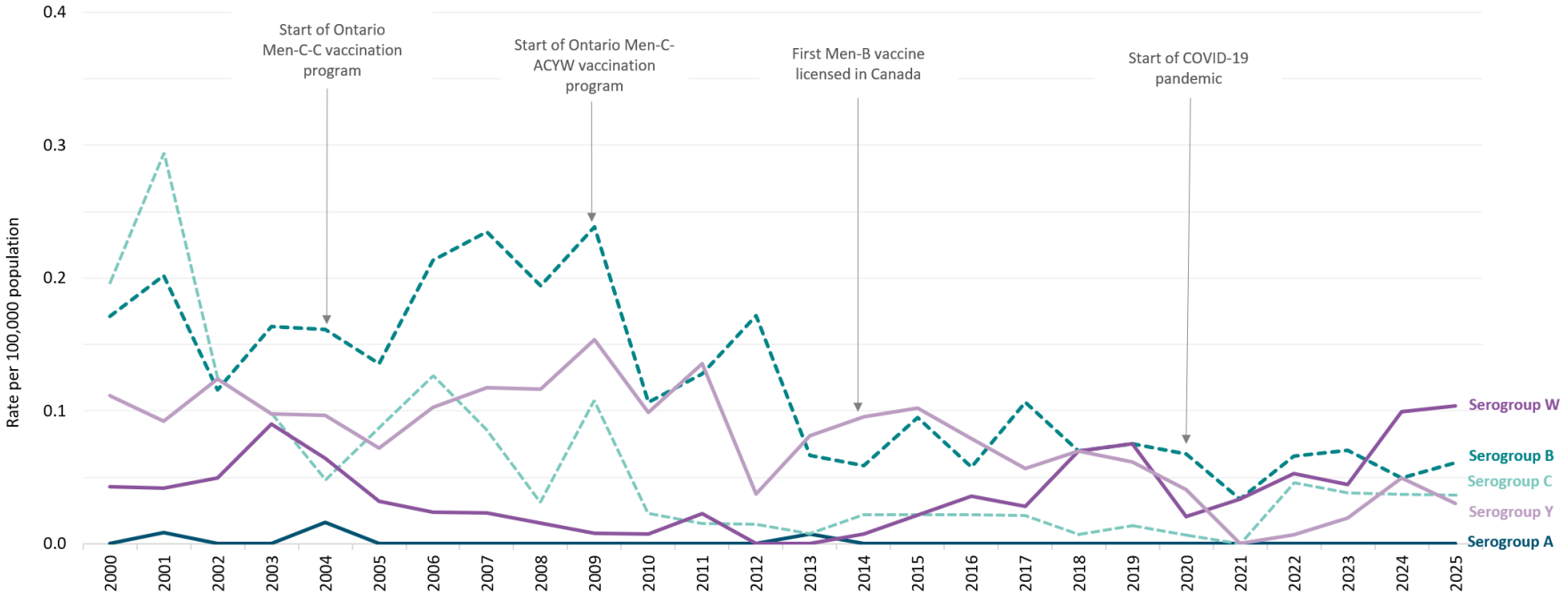


Table 2: Number of IMD Cases and Incidence Rates per 100,000 Population by Serogroup and Year

Year	Serogroup A	Serogroup B	Serogroup C	Serogroup W	Serogroup Y	Non-groupable/ Typeable	Other Serogroup	Missing Serogroup	Total
2000	0 (0.00)	20 (0.17)	23 (0.20)	5 (0.04)	13 (0.11)	20 (0.17)	0 (0.00)	0 (0.00)	**81 (0.69)**
2001	1 (0.01)	24 (0.20)	35 (0.29)	5 (0.04)	11 (0.09)	30 (0.25)	0 (0.00)	0 (0.00)	**106 (0.89)**
2002	0 (0.00)	14 (0.12)	15 (0.12)	6 (0.05)	15 (0.12)	10 (0.08)	0 (0.00)	0 (0.00)	**60 (0.50)**
2003	0 (0.00)	20 (0.16)	12 (0.10)	11 (0.09)	12 (0.10)	3 (0.02)	0 (0.00)	0 (0.00)	**58 (0.47)**
2004	2 (0.02)	20 (0.16)	6 (0.05)	8 (0.06)	12 (0.10)	7 (0.06)	0 (0.00)	0 (0.00)	**55 (0.44)**
2005	0 (0.00)	17 (0.14)	11 (0.09)	4 (0.03)	9 (0.07)	2 (0.02)	0 (0.00)	0 (0.00)	**43 (0.34)**
2006	0 (0.00)	27 (0.21)	16 (0.13)	3 (0.02)	13 (0.10)	5 (0.04)	0 (0.00)	0 (0.00)	**64 (0.51)**
2007	0 (0.00)	30 (0.24)	11 (0.09)	3 (0.02)	15 (0.12)	1 (0.01)	0 (0.00)	2 (0.02)	**62 (0.49)**
2008	0 (0.00)	25 (0.19)	4 (0.03)	2 (0.02)	15 (0.12)	0 (0.00)	0 (0.00)	1 (0.01)	**47 (0.36)**
2009	0 (0.00)	31 (0.24)	14 (0.11)	1 (0.01)	20 (0.15)	1 (0.01)	0 (0.00)	4 (0.03)	**71 (0.55)**
2010	0 (0.00)	14 (0.11)	3 (0.02)	1 (0.01)	13 (0.10)	0 (0.00)	0 (0.00)	4 (0.03)	**35 (0.27)**
2011	0 (0.00)	17 (0.13)	2 (0.02)	3 (0.02)	18 (0.14)	0 (0.00)	1 (0.01)	3 (0.02)	**44 (0.33)**
2012	0 (0.00)	23 (0.17)	2 (0.01)	0 (0.00)	5 (0.04)	0 (0.00)	0 (0.00)	4 (0.03)	**34 (0.25)**
2013	1 (0.01)	9 (0.07)	1 (0.01)	0 (0.00)	11 (0.08)	0 (0.00)	0 (0.00)	1 (0.01)	**23 (0.17)**
2014	0 (0.00)	8 (0.06)	3 (0.02)	1 (0.01)	13 (0.10)	0 (0.00)	0 (0.00)	1 (0.01)	**26 (0.19)**
2015	0 (0.00)	13 (0.09)	3 (0.02)	3 (0.02)	14 (0.10)	0 (0.00)	1 (0.01)	0 (0.00)	**34 (0.25)**
2016	0 (0.00)	8 (0.06)	3 (0.02)	5 (0.04)	11 (0.08)	1 (0.01)	0 (0.00)	1 (0.01)	**29 (0.21)**
2017	0 (0.00)	15 (0.11)	3 (0.02)	4 (0.03)	8 (0.06)	0 (0.00)	1 (0.01)	0 (0.00)	**31 (0.22)**
2018	0 (0.00)	10 (0.07)	1 (0.01)	10 (0.07)	10 (0.07)	0 (0.00)	1 (0.01)	0 (0.00)	**32 (0.22)**
2019	0 (0.00)	11 (0.08)	2 (0.01)	11 (0.08)	9 (0.06)	0 (0.00)	0 (0.00)	3 (0.02)	**36 (0.25)**

Year	Serogroup A	Serogroup B	Serogroup C	Serogroup W	Serogroup Y	Non-groupable/ Typeable	Other Serogroup	Missing Serogroup	Total
2020	0 (0.00)	10 (0.07)	1 (0.01)	3 (0.02)	6 (0.04)	1 (0.01)	0 (0.00)	1 (0.01)	**22 (0.15)**
2021	0 (0.00)	5 (0.03)	0 (0.00)	5 (0.03)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	**10 (0.07)**
2022	0 (0.00)	10 (0.07)	7 (0.05)	8 (0.05)	1 (0.01)	0 (0.00)	0 (0.00)	0 (0.00)	**26 (0.17)**
2023	0 (0.00)	11 (0.07)	6 (0.04)	7 (0.04)	3 (0.02)	2 (0.01)	0 (0.00)	1 (0.01)	**30 (0.19)**
2024	0 (0.00)	8 (0.05)	6 (0.04)	16 (0.10)	8 (0.05)	0 (0.00)	1 (0.01)	0 (0.00)	**39 (0.24)**
2025	0 (0.00)	10 (0.06)	6 (0.04)	17 (0.10)	5 (0.03)	2 (0.01)	1 (0.01)	1 (0.01)	**42 (0.26)**

Age

Table 3: Number of IMD Cases and Incidence Rates per 100,000 Population by Serogroup and Age for 2025

Age (years)	Serogroup A	Serogroup B	Serogroup C	Serogroup W	Serogroup Y	Non-groupable/ typeable	Other serogroup	Missing serogroup	Total
<1	0 (0.00)	0 (0.00)	0 (0.00)	1 (0.71)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	**1 (0.71)**
1–4	0 (0.00)	0 (0.00)	0 (0.00)	1 (0.17)	1 (0.17)	0 (0.00)	0 (0.00)	0 (0.00)	**2 (0.35)**
5–9	0 (0.00)	1 (0.12)	0 (0.00)	1 (0.12)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	**2 (0.25)**
10–14	0 (0.00)	1 (0.12)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	**1 (0.12)**
15–19	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	**0 (0.00)**
20–24	0 (0.00)	0 (0.00)	1 (0.08)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	**1 (0.08)**
25–49	0 (0.00)	3 (0.05)	2 (0.03)	6 (0.10)	1 (0.02)	0 (0.00)	0 (0.00)	0 (0.00)	**12 (0.21)**
50–64	0 (0.00)	1 (0.03)	0 (0.00)	4 (0.13)	1 (0.03)	1 (0.03)	0 (0.00)	0 (0.00)	**7 (0.23)**
65+	0 (0.00)	4 (0.13)	3 (0.10)	4 (0.13)	2 (0.07)	1 (0.03)	1 (0.03)	1 (0.03)	**16 (0.52)**

Note: The case with 'Other' serogroup was serogroup E

Geography

Table 4: Number of IMD Cases and Incidence Rates per 100,000 Population by Serogroup and Public Health Unit for 2025

Public Health Unit	Serogroup A	Serogroup B	Serogroup C	Serogroup W	Serogroup Y	Non-groupable/ typeable	Other serogroup	Missing serogroup	Total
Chatham-Kent Public Health	0 (0.00)	0 (0.00)	0 (0.00)	1 (0.87)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	**1 (0.87)**
City of Hamilton Public Health Services	0 (0.00)	1 (0.16)	1 (0.16)	0 (0.00)	0 (0.00)	1 (0.16)	0 (0.00)	0 (0.00)	**3 (0.47)**
Durham Region Health Department	0 (0.00)	2 (0.25)	0 (0.00)	0 (0.00)	1 (0.12)	0 (0.00)	0 (0.00)	0 (0.00)	**3 (0.37)**
Grand Erie Public Health	0 (0.00)	1 (0.32)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	**1 (0.32)**
Halton Region Public Health	0 (0.00)	1 (0.15)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	**1 (0.15)**
Niagara Region Public Health	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	1 (0.18)	0 (0.00)	0 (0.00)	0 (0.00)	**1 (0.18)**
North Bay Parry Sound District Health Unit	0 (0.00)	1 (0.67)	0 (0.00)	0 (0.00)	1 (0.67)	0 (0.00)	0 (0.00)	0 (0.00)	**2 (1.34)**
Northeastern Public Health	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	1 (0.79)	0 (0.00)	**1 (0.79)**
Northwestern Health Unit	0 (0.00)	0 (0.00)	0 (0.00)	5 (5.96)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	**5 (5.96)**
Ottawa Public Health	0 (0.00)	0 (0.00)	1 (0.09)	5 (0.43)	0 (0.00)	0 (0.00)	0 (0.00)	1 (0.09)	**7 (0.60)**

Public Health Unit	Serogroup A	Serogroup B	Serogroup C	Serogroup W	Serogroup Y	Non-groupable/ typeable	Other serogroup	Missing serogroup	Total
Peel Public Health	0 (0.00)	0 (0.00)	2 (0.12)	0 (0.00)	0 (0.00)	1 (0.06)	0 (0.00)	0 (0.00)	**3 (0.18)**
Simcoe Muskoka District Health Unit	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	1 (0.14)	0 (0.00)	0 (0.00)	0 (0.00)	**1 (0.14)**
Southeast Public Health	0 (0.00)	0 (0.00)	1 (0.16)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	**1 (0.16)**
Southwestern Public Health	0 (0.00)	2 (0.81)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	**2 (0.81)**
Thunder Bay District Health Unit	0 (0.00)	0 (0.00)	0 (0.00)	1 (0.60)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	**1 (0.60)**
Toronto Public Health	0 (0.00)	2 (0.06)	0 (0.00)	3 (0.09)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	**5 (0.15)**
Windsor-Essex County Health Unit	0 (0.00)	0 (0.00)	0 (0.00)	2 (0.40)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	**2 (0.40)**
York Region Public Health	0 (0.00)	0 (0.00)	1 (0.08)	0 (0.00)	1 (0.08)	0 (0.00)	0 (0.00)	0 (0.00)	**2 (0.16)**

Notes:

- The case with 'Other' serogroup was serogroup E
- As of January 1, 2025, Brant County Health Unit and Haldimand-Norfolk Health Unit have merged into Grand Erie Public Health; Hastings and Prince Edward Counties Health Unit, Kingston, Frontenac and Lennox and Addington Health Unit and Leeds, Grenville and Lanark District Health Unit have merged into South East Health Unit; Porcupine Health Unit and Timiskaming Health Unit have merged into Northeastern Public Health; and Haliburton, Kawartha, Pine Ridge District Health Unit and Peterborough County-City Health Unit have merged into Haliburton Kawartha Northumberland Peterborough Health Unit. As of September 11, 2025, Haliburton Kawartha Northumberland Peterborough Health Unit has been renamed to Lakelands Public Health.

Technical Notes

Data Sources

Case Data

- The data for this report were based on information entered in the Ontario Ministry of Health (MOH) integrated Public Health Information System (iPHIS) database as of **March 11, 2026**.
- iPHIS is a dynamic disease reporting system that allows ongoing updates to previously entered data. As a result, data extracted from iPHIS represent a snapshot at the time of extraction and may differ from previous or subsequent reports.

Immunization Data

- Meningococcal immunization data were extracted from the Digital Health Immunization Repository (DHIR) using the Panorama Enhanced Analytical Reporting (PEAR) tool on March 20, 2026, and linked with case data to improve completeness of case immunization status reporting.

Ontario Population Data

- Population estimate 2000: Population reporting [data file]. Toronto, ON: Ministry of Health, IntelliHealth Ontario [distributor]; 2019 Nov 26 [extracted 2019 Nov 26].
- Population estimates 2001-2024: Statistics Canada. Table 17-10-0157-01: Population estimates, July 1, by health region and peer group, 2023 boundaries [Internet]. Ottawa, ON: Government of Canada; 2025 Feb 19 [extracted 2025 Feb 21]. Available from: https://doi.org/10.25318/1710015701-eng
- Population projections 2025: Population reporting. Population Projections Public Health Unit, 2024–2051 [data file]. Toronto, ON: Ministry of Finance [producer]; Toronto, ON: Ministry of Health, IntelliHealth Ontario [distributer]; [data extracted 2025 Sep 12].

Data Caveats

- **Data reported for 2020–2022 should be interpreted with caution. Both testing and iPHIS data entry practices may have been impacted by the COVID-19 pandemic response.**
- Only IMD cases meeting the confirmed and probable case classification as listed in the Ontario MOH surveillance case definitions are included in the reported case counts.[5]
    - Changes to provincial surveillance case definitions and disease classifications have occurred over the years and thus may impact the analysis of trends over time. Cases are classified in iPHIS based on the Ontario MOH surveillance case definitions in use at the time the case was identified.
- Cases of IMD are reported based on the Episode Date, which is an estimate of the onset date of disease for a case. In order to determine this date, the following hierarchy exists in iPHIS: Onset Date > Specimen Collection Date > Lab Test Date > Reported Date.
    - For example: If an Onset Date exists, it will be used as the Episode Date. If Onset Date is not available, then the next available date in the hierarchy (i.e., Specimen Collection Date) will be used, and so on.

- Case counts by geography are based on the diagnosing health unit (DHU). DHU refers to the case's public health unit of residence at the time of illness onset or report to public health and not necessarily the location of exposure.
    - Cases for which the DHU was reported as 'MOHLTC' (to signify a case that is not a resident of Ontario) were excluded from this analysis.
- Cases for which the Disposition Status was reported as 'ENTERED IN ERROR', 'DOES NOT MEET DEFINITION', 'DUPLICATE-DO NOT USE', or any variation on these values, were excluded from this analysis.
- Cases with missing serogroup information were either probable cases, cases where serotyping was not performed, or cases where serogroup information was not recorded in iPHIS.
- To determine immunization status of cases, only documented doses of a meningococcal vaccine product administered at least 14 days prior to disease onset were included.
- To be considered as a valid case hospitalization, a case must have a hospital admission date that is no more than 60 days prior to disease onset or 90 days post disease onset.
- To be considered as a fatal case outcome, a case must have a death recorded that is not classified as "reportable disease was unrelated to cause of death".

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Citation

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Invasive meningococcal disease (IMD) in Ontario: 2025. Toronto, ON: King's Printer for Ontario; 2026.

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