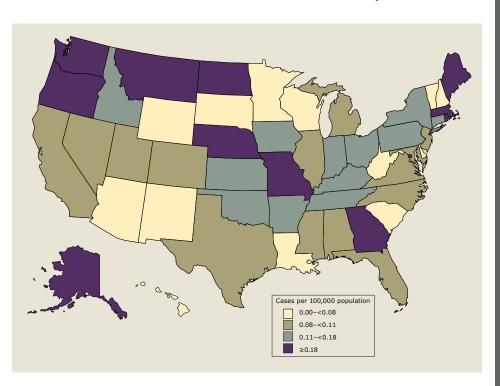
# Enhanced Meningococcal Disease Surveillance Report, 2019



Confirmed and Probable Cases Reported to the National Notifiable Diseases Surveillance System, 2019



As part of Enhanced Meningococcal Disease Surveillance (EMDS)\*, additional data and isolates were collected from 50 state and 3 large jurisdiction health departments. In 2019, the population under surveillance was 328,239,523. EMDS focuses on: (1) collecting isolates from all cases; and (2) collecting complete case information, with an emphasis on college attendance for cases in people aged 15–24 years; history of sex with men for cases in males aged ≥16 years; and information on homelessness for all cases.

<u>CSTE case definition</u>: A confirmed case was defined as isolation of *Neisseria meningitidis* or detection of *N. meningitidis* by PCR from a normally sterile body site.

A probable case was defined as detection of *N. meningitidis* antigen by latex agglutination or immunohistochemistry.

\*Funding for EMDS is provided by CDC through the Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Cooperative Agreement.

# Meningococcal Disease Cases and Incidence by Serogroup and Age

Age (years)	<b>B</b> No. (Incidence⁺)	C No. (Incidence†)	<b>W</b> No. (Incidence⁺)	<b>Y</b> No. (Incidence†)	Nongroupable No. (Incidence†)	Other <sup>‡</sup> /Unknown No. (Incidence <sup>†</sup> )	<b>Total</b> No. (Incidence†)
<1	16 (0.42)	4 (0.11)	0 (0.00)	4 (0.11)	3 (0.08)	4 (0.11)	31 (0.82)
1–4	12 (0.08)	10 (0.06)	2 (0.01)	1 (0.01)	1 (0.01)	4 (0.03)	30 (0.19)
5–10	0 (0.00)	5 (0.02)	0 (0.00)	1 (0.00)	0 (0.00)	1 (0.00)	7 (0.03)
11–15	2 (0.01)	4 (0.02)	0 (0.00)	0 (0.00)	1 (0.00)	2 (0.01)	9 (0.04)
16–23	21 (0.06)	1 (0.00)	1 (0.00)	3 (0.01)	11 (0.03)	6 (0.02)	43 (0.13)
24–44	21 (0.02)	13 (0.01)	8 (0.01)	19 (0.02)	9 (0.01)	10 (0.01)	80 (0.09)
45-64	12 (0.01)	28 (0.03)	11 (0.01)	20 (0.02)	5 (0.01)	11 (0.01)	87 (0.10)
65	15 (0.03)	20 (0.04)	18 (0.03)	20 (0.04)	7 (0.01)	8 (0.01)	88 (0.16)
Total	99 (0.03)	85 (0.03)	40 (0.01)	68 (0.02)	37 (0.01)	46 (0.01)	375 (0.11)

Includes all confirmed and probable cases reported from all jurisdictions. †Cases per 100,000 population. †Includes 3 serogroup E cases.



#### **Case Fatality**

Serogroup	No. deaths	CFR <sup>†</sup>
В	6	6.1
C	8	9.6
W	3	7.7
Υ	8	11.8
NG	5	13.5
Unknown	5	13.9
Overall	35	9.6

Age (years)	No. deaths	CFR <sup>†</sup>
<1	4	12.9
1–4	1	3.3
5–10	1	16.7
11–15	0	0.0
16–23	4	9.5
24–44	4	5.2
45-64	12	14.1
≥65	9	10.5
Overall	35	9.6

Includes all confirmed and probable cases reported from all jurisdictions; †Case fatality ratio (CFR): deaths per 100 cases with known outcome; 9 (2%) cases with unknown outcome.

#### **Laboratory Confirmation Method**

83.9% (313/373) of confirmed cases were confirmed by culture; of those 266 (85.0%) had isolates submitted to CDC.

10.7% (40/373) of confirmed cases were confirmed by PCR.

4.3% (16/373) of confirmed cases had unknown laboratory confirmation method.

#### **Outbreaks**

94.4% (354/375) of cases had information on association with an outbreak; of those, 15 (4.2%) were part of an outbreak.

#### **Complement inhibitor use**

75.2% (282/375) of cases had information on use of a complement component inhibitor; of those, 5 (1.8%) were taking a complement inhibitor.

#### Homelessness

94.1% (353/375) of cases had information on homelessness; of those, 9 (2.6%) were experiencing homelessness.

## History of sex with men among cases in men

Among cases in men aged  $\geq$ 16 years, 66.9% (101/151) had information on history of sex with men; of those, 10 (9.9%) were identified as men who had sex with men (MSM).

### College attendance among cases in people aged 18-24 years

Among cases in people aged 18-24 years, 95.4% (41/43) had information on college attendance; 21 (51.2%) were attending college.

#### **Symptoms**

77.6% (291/375) of cases had symptom information available; of those 4 (1.4%) had gastrointestinal symptoms (nausea, vomiting, or diarrhea) in the absence of typical meningococcal symptoms (headache, fever, neck stiffness, rash).

## Antibiotic-resistant serogroup Y

68 NmY cases were reported. 57 (83.8%) had isolates available for characterization at CDC; of those, 8 (14.0%) were found to be ciprofloxacin- and penicillin-resistant, and 5 (8.8%) were found to be penicillin-resistant only.

# Meningococcal Disease Cases and Incidence by Serogroup and College Attendance\*

	B No. (Incidence†)	C No. (Incidence†)	<b>W</b> No. (Incidence <sup>†)</sup>	<b>Y</b> No. (Incidence†)	Nongroupable No. (Incidence <sup>†</sup> )	<b>Total**</b> No. (Incidence†)
Attending college <sup>‡</sup>	12 (0.10)	0 (0.00)	0 (0.00)	0 (0.00)	7 (0.06)	21 (0.18)
Not attending college <sup>‡</sup>	6 (0.03)	1 (0.01)	2 (0.01)	3 (0.02)	5 (0.03)	20 (0.11)

<sup>\*</sup>Among cases in people aged 18-24 years. \*\*Includes 4 cases with unknown serogroup and 1 serogroup E case. †Cases per 100,000 population. ‡Assumes 38.3% of 18–24 year olds attending college

# Vaccination Status among cases 18-24 years

MenACWY (meningococcal conjugate vaccine) receipt:

College students: 100% (21/21) had information on MenACWY receipt; of those 95.2% received ≥1 dose of MenACWY.

Persons not attending college: 80.0% (16/20) had information on MenACWY receipt; of those 75.0% received ≥1 dose of MenACWY.

MenB (serogroup B meningococcal vaccine) receipt:

College students: 76.2% (16/21) had information on MenB receipt; of those 56.3% received ≥ 1 dose of MenB.

Persons not attending college: 55.0% (11/20) had information on MenB receipt; of those 0 received MenB.



# **HIV Infection among Meningococcal Disease Cases**

Data collected on HIV status will allow CDC to assess the impact of the recent Advisory Committee on Immunization Practices recommendation for use of MenACWY vaccination in HIV-infected persons.<sup>2</sup>

54.7% (205/375) of cases had information on HIV status; of those, 6 (2.9%) were identified as HIV-infected.

<sup>1</sup>U.S. Department of Education. Institute of Education Sciences NCES. Integrated Postsecondary Education Data System Fall Enrollment Survey. https://nces.ed.gov/ipeds/Home/UseTheData, 2015.

<sup>&</sup>lt;sup>2</sup>MacNeil JR, Rubin LG, Patton M, Ortega-Sanchez IR, Martin SW. Recommendations for Use of Meningococcal Conjugate Vaccines in HIV-infected Persons

<sup>—</sup> Advisory Committee on Immunization Practices, 2016. MMWR Morb Mortal Wkly Rep 2016;65:1189–1194. DOI: http://dx.doi.org/10.15585/mmwr.mm6543a3.