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## **Invasive Pneumococcal Disease Surveillance, 1 July to 30 September 2018**

Kate Pennington and the Enhanced Invasive Pneumococcal Disease Surveillance Working Group, for the Communicable Diseases Network Australia

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# Invasive Pneumococcal Disease Surveillance, 1 July to 30 September 2018<sup>i</sup>

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for the Communicable Diseases Network Australia

## Summary

The number of notified cases of invasive pneumococcal disease (IPD) in the third quarter of 2018 was greater than the previous quarter, but lower than the third quarter of 2017. Following the July 2011 replacement of the 7-valent pneumococcal conjugate vaccine (7vPCV) in the childhood immunisation program with the 13-valent pneumococcal conjugate vaccine (13vPCV), there was an initial relatively rapid decline in disease due to the additional six serotypes covered by the 13vPCV across all age groups; however, more recently this decline is no longer evident. Over this period the number of cases due to the eleven serotypes additionally covered by the 23-valent pneumococcal polysaccharide vaccine (23vPPV), and also those serotypes not covered by any available vaccine, has been increasing steadily across all age groups (Figure 1).

## Key points

IPD exhibits seasonal variations with incidence increasing over the winter months in temperate countries. In the third quarter of 2018, there were 808 cases of IPD reported to the National Notifiable Disease Surveillance System (NNDSS). Compared with the previous quarter (n=521), this represented a substantial increase (55%) in the number of cases. However, compared with the number of cases reported in the same quarter in 2017 (n=875), there were 8% fewer cases this quarter (Table 1). In the third quarter of 2018, the most common pneumococcal serotype causing IPD continued to be serotype 3 (12%; 99/808), followed by 22F (8%; 62/808) and 9N (7%; 60/808) (Table 2).

Among non-Indigenous Australians this quarter, the number of notified cases continued to be highest in children aged less than 5 years and in older adult age groups, especially those aged 50 years and older (Table 3). Among Indigenous Australians, notifications tended to be highest among children aged less than 5 years and adults aged 55 to 59 years. The proportion of cases reported as Indigenous Australians this quarter (12%; 99/808) was similar to the proportion observed in the previous quarter (11%; 56/521) and the third quarter of 2017 (11%; 97/875) (Table 1).

Children aged less than 5 years comprised 14% (113/808) of all cases reported in this quarter, which was slightly lower than in the second quarter of 2018 (17%; 88/521) and slightly higher than in the third quarter of 2017 (11%; 98/875). Serotype information was available for 73 (64%) of the cases aged less than 5 years this quarter. Just under half of these cases (45%; 33/73) had a serotype included in the 13vPCV, similar to the previous quarter (46%; 30/65) and the third quarter of 2017 (47%; 34/72) (Figure 2). The most frequent serotypes among cases aged less than 5 years this quarter were serotypes 19F

<sup>i</sup> Based on data extracted from the National Notifiable Diseases Surveillance System (NNDSS) on 30 October 2018. Due to the dynamic nature of the NNDSS, data on this extract is subject to retrospective revision and may vary from data reported in published NNDSS reports and reports of notification data by states and territories.

(16%; 12/73) and 3 (15%; 11/73), both of which are included in the 13vPCV. Of the 33 cases aged less than 5 years with 13vPCV serotypes, 24 cases were fully vaccinated and considered to be 13vPCV failures. These 13vPCV failures were due to serotypes 3 (n=8), 19F (n=8), 19A (n=6) and 14 (n=2) (Table 4).

Among Indigenous Australians aged 50 years and over, there were 35 cases of IPD reported this quarter. The number of reported cases of IPD in this population group this quarter was almost twice as high as the previous quarter (n=18), but was similar to the number of cases reported in the third quarter of 2017 (n=33). Of those cases with a reported serotype (n=32), 25 (78%) were due to a serotype included in the 23vPPV (Figure 3). Whilst the proportion of cases with a reported serotype that were due to a serotype included in the 23vPPV is similar to the proportion reported last quarter (81%; 13/16), this proportion is much higher than in the third quarter of 2017 (56%; 18/32). Amongst this population group, the most frequently reported serotypes this quarter were serotypes 3 (n=7), 8 (n=4) and 17F (n=4), all of which are included in the 23vPPV.

Among non-Indigenous Australians<sup>ii</sup> aged 65 years and over there were 306 cases of IPD reported this quarter. The number of notified cases of IPD in this population group was 57% higher than the number of cases reported in the previous quarter (n=195) and 11% lower than the number reported in the third quarter of 2017 (n=342). Of those cases with a reported serotype (n=281), 63% (177/281) were due to a serotype included in the 23vPPV (Figure 4). This was higher than the proportion in the previous quarter (55%; 103/186) and was similar to the third quarter of 2017 (62%; 207/332). For this quarter, serotype 3 (n=42) was the most common serotype reported for this population

group, followed by serotypes 9N (n=25), 6C (n=22) and 22F (n=22). Serotypes 3 and 22F are included in the 23vPPV.

During this quarter there were 51 deaths attributed to a variety of IPD serotypes. Forty-one (81%) of the cases had a serotype covered by currently available pneumococcal vaccines, eight were due to a non-vaccine serotype, and two were reported as being untyped. Four (8%) of the reported deaths this quarter were reported in Indigenous Australians. The median age of those cases reported to have died this quarter was 71 years (range 0 to 98 years).

## Notes

The data in this report are provisional and subject to change as laboratory results and additional case information become available. More detailed data analysis of IPD in Australia and surveillance methodology are described in the IPD annual report series published in *Communicable Diseases Intelligence*.

In Australia, pneumococcal vaccination is recommended as part of routine immunisation for children, individuals with specific underlying conditions associated with increased risk of IPD and older Australians. More information on the scheduling of the pneumococcal vaccination can be found on the Immunise Australia Program website ([www.immunise.health.gov.au](http://www.immunise.health.gov.au)).

In this report, a 'vaccine failure' is reported when a child aged less than 5 years is diagnosed with IPD due to a serotype found in the 13vPCV and they have received 3 primary scheduled doses of 13vPCV at least 2 weeks prior to disease onset with at least 28 days between doses of vaccine.

There are currently two pneumococcal vaccines available in Australia via the National Immunisation Program, each targeting multiple serotypes (13vPCV and 23vPPV). Note that in this report serotype analysis is generally grouped according to vaccine composition, both historic and current (Table 5).

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ii Non-Indigenous Australians includes cases reported with an Indigenous status of non-Indigenous, not stated, blank or unknown.

Follow-up of all notified cases of IPD is undertaken in all states and territories except New South Wales and Victoria, which conduct targeted follow-up of notified cases aged under 5 years, and 50 years or over for enhanced data. Follow-up of notified cases of IPD in Queensland is undertaken in all areas except Metro South and Gold Coast Public Health Units, which conduct targeted follow-up of notified cases for those aged under 5 years only. However, in these areas where targeted case follow-up is undertaken, some enhanced data may also be available outside these targeted age groups.

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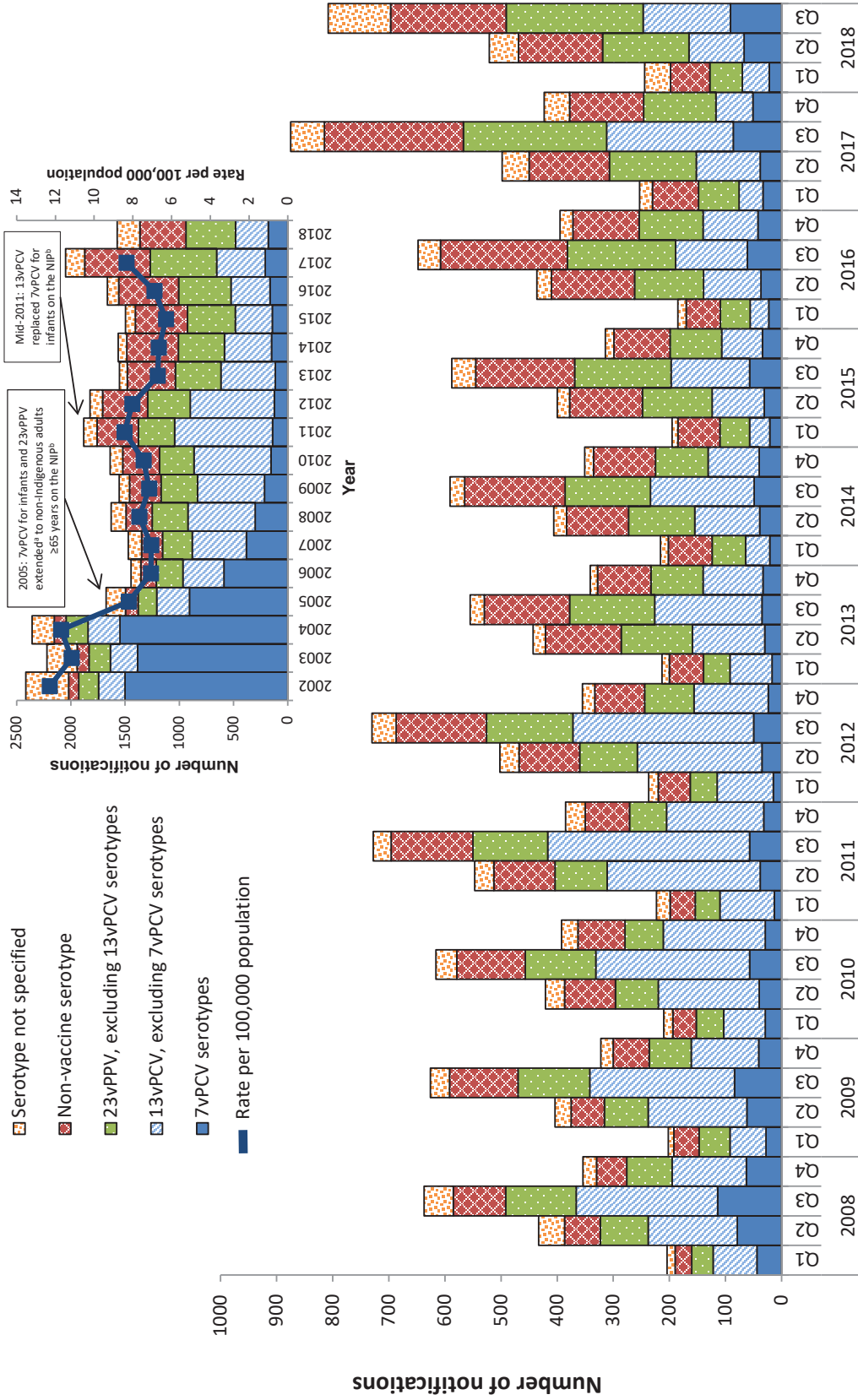
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**Figure 1: Notifications of invasive pneumococcal disease, Australia, 1 January 2002 to 30 September 2018, by vaccine serotype group, year and quarter**



**Year and quarter**

a In 1999, the 23vPPV was funded for all Indigenous Australians aged 50 years and over, as well as younger Indigenous Australian adults with risk factors.  
 b NIP: National Immunisation Program.

**Table 1: Notified cases of invasive pneumococcal disease, Australia, 1 July to 30 September 2018, by Indigenous status, serotype completeness and state or territory**

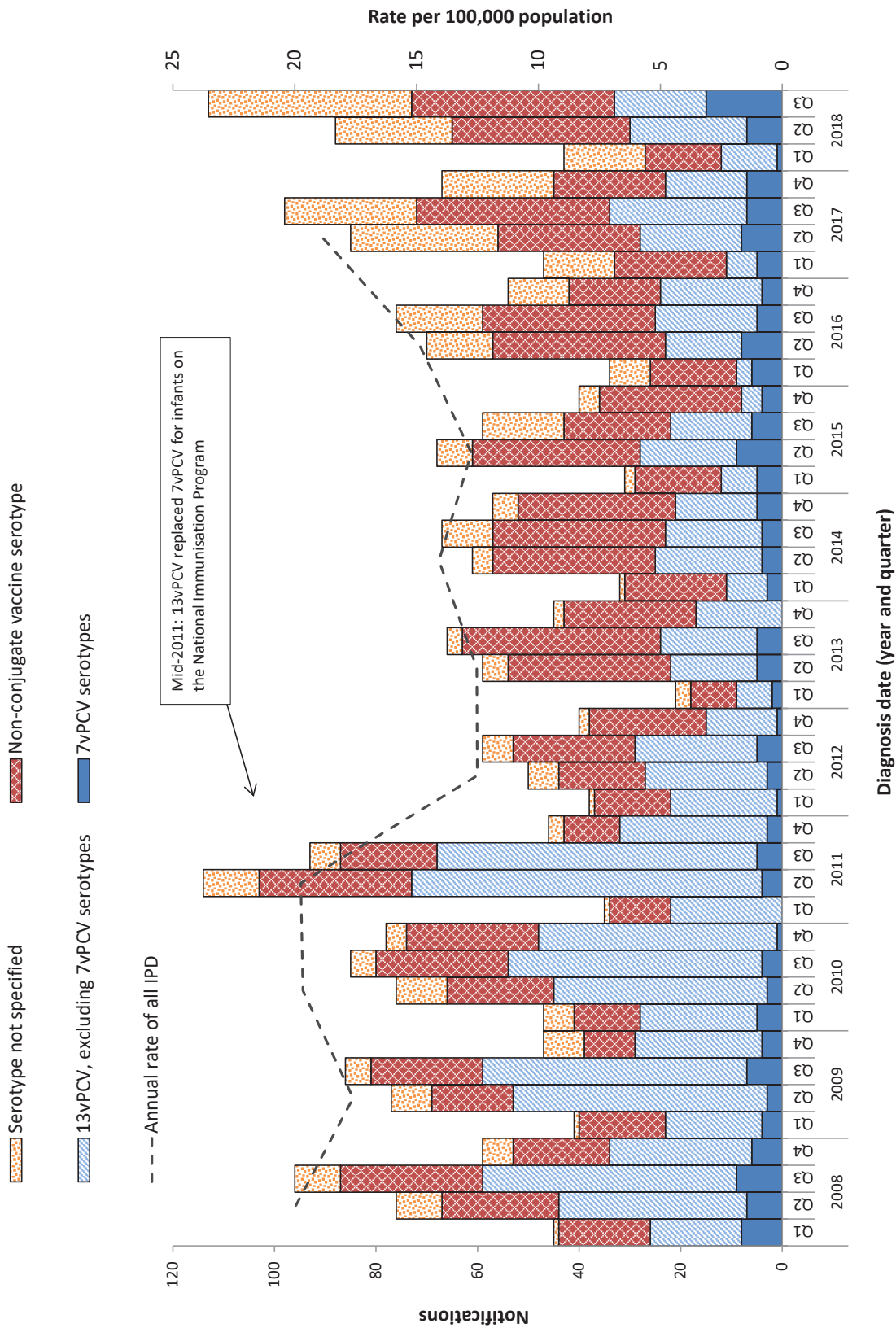
Indigenous status	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	Total 3rd qtr 2018	Total 2nd qtr 2018	Total 3rd qtr 2017	Year to date 2018
Indigenous	0	21	27	19	10	1	5	16	99	56	97	188
Non-Indigenous	10	211	4	127	50	17	157	60	636	411	686	1235
Not stated / Unknown	0	33	0	2	0	1	37	0	73	54	92	150
<b>Total</b>	<b>10</b>	<b>265</b>	<b>31</b>	<b>148</b>	<b>60</b>	<b>19</b>	<b>199</b>	<b>76</b>	<b>808</b>	<b>521</b>	<b>875</b>	<b>1573</b>
Indigenous status completeness <sup>a</sup> (%)	100	88	100	99	100	95	81	100	91	90	89	90
Indigenous status completeness in targeted groups <sup>a,b</sup> (%)	100	93	100	100	100	94	97	100	97	96	96	97
Serotype completeness <sup>c</sup> (%)	100	87	100	94	53	79	98	82	88	90	95	88

a Indigenous status completeness is defined as the reporting of a known Indigenous status, excluding the reporting of not stated or unknown Indigenous status.

b Targeted groups for follow-up by almost all jurisdictions and public health units are cases aged less than 5 years and 50 years and over.

c Serotype completeness is the proportion of all cases of invasive pneumococcal disease that were reported with a serotype or reported as non-typable. Incomplete serotype data can occur in cases when (i) no isolate was available as diagnosis was by polymerase chain reaction and no molecular typing was attempted or was not possible due to insufficient genetic material; (ii) the isolate was not referred to the reference laboratory or was not viable; (iii) typing was pending at the time of reporting, or no serotype was reported by the notifying jurisdiction to the National Notifiable Diseases Surveillance System.

Figure 2: Notifications and annual rates<sup>a</sup> of invasive pneumococcal disease in children aged less than 5 years, Australia, 1 January 2008 to 30 September 2018, by vaccine serotype group



<sup>a</sup> Annual rates are shown on quarter 2, excluding 2018.

**Table 2: Distribution of serotypes causing invasive pneumococcal disease in notified cases, Australia, 1 July to 30 September 2018, by age group**

Vaccine type and serotype	Age groups			Serotype total <sup>a</sup>
	Under 5	5–64	65+	
<b>7vPCV</b>				
4	0	17	2	19
14	2	7	2	11
18C	1	1	1	3
19F	12	20	21	53
<b>13vPCV non-7vPCV</b>				
3	11	43	45	99
7F	0	11	2	13
19A	7	21	15	43
<b>23vPPV non-13vPCV</b>				
8	1	25	5	31
15B	1	6	4	11
17F	0	5	4	9
22F	3	37	22	62
9N	2	33	25	60
10A	0	5	3	8
11A	2	3	12	17
12F	0	15	4	19
33F	3	7	14	24
<b>Non-vaccine type</b>				
6C	0	10	22	32
15A	1	4	11	16
15C	4	2	4	10
16F	4	6	6	16
18A	1	2	0	3
23A	0	12	12	24
23B	6	13	18	37
24	1	1	4	6
24F	1	2	1	4
31	0	4	3	7
35B	3	2	8	13
35F	1	3	5	9
38	1	0	0	14
<b>Other</b>				
Other serotypes <sup>a</sup>	5	20	12	24
Unknown <sup>b</sup>	40	46	25	111
<b>Total</b>	<b>113</b>	<b>383</b>	<b>312</b>	<b>808</b>

a Serotypes that only occur in less than 5 cases per quarter are grouped as 'Other' and include 'non-typable' isolates this quarter.

b 'Serotype unknown' includes those serotypes reported as 'no isolate', 'not referred', 'not viable', 'typing pending' and 'untyped'.

**Table 3: Notified cases of invasive pneumococcal disease, Australia, 1 July to 30 September 2018, by Indigenous status and age group**

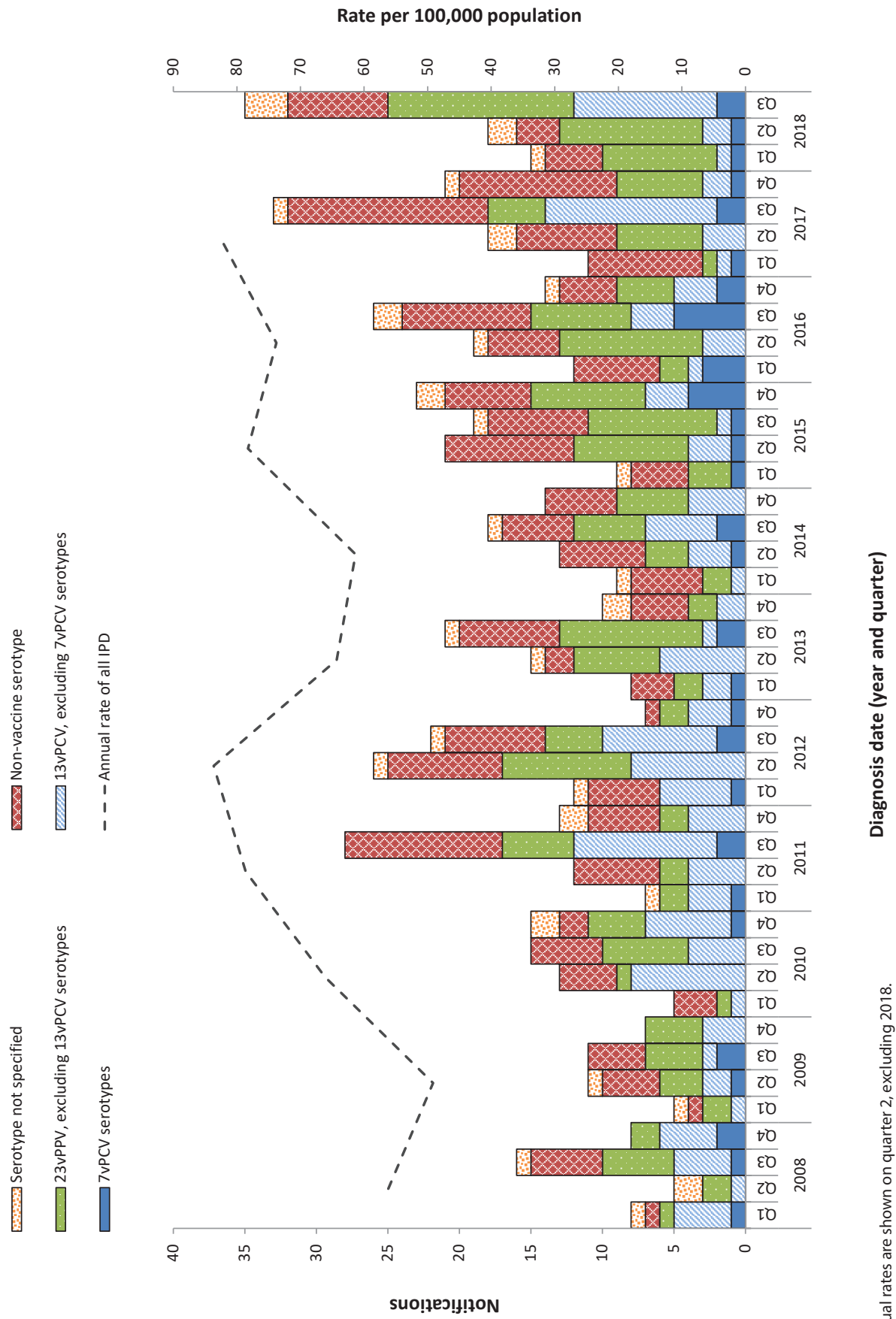
Age group	Indigenous status			Total
	Indigenous	Non-Indigenous	Not reported <sup>a</sup>	
00–04	24	85	4	113
05–09	1	15	4	20
10–14	3	5	1	9
15–19	3	4	4	11
20–24	7	8	3	18
25–29	4	3	1	8
30–34	6	10	10	26
35–39	5	18	10	33
40–44	5	18	5	28
45–49	6	19	16	41
50–54	7	44	0	51
55–59	13	52	1	66
60–64	9	61	2	72
65–69	2	69	2	73
70–74	3	54	1	58
75–79	1	55	2	58
80–84	0	47	2	49
85+	0	69	5	74
<b>Total</b>	<b>99</b>	<b>636</b>	<b>73</b>	<b>808</b>

a Not reported is defined as not stated, blank or unknown Indigenous status.

**Table 4: Characteristics of 13vPCV failures in children aged less than 5 years, Australia, 1 July to 30 September 2018**

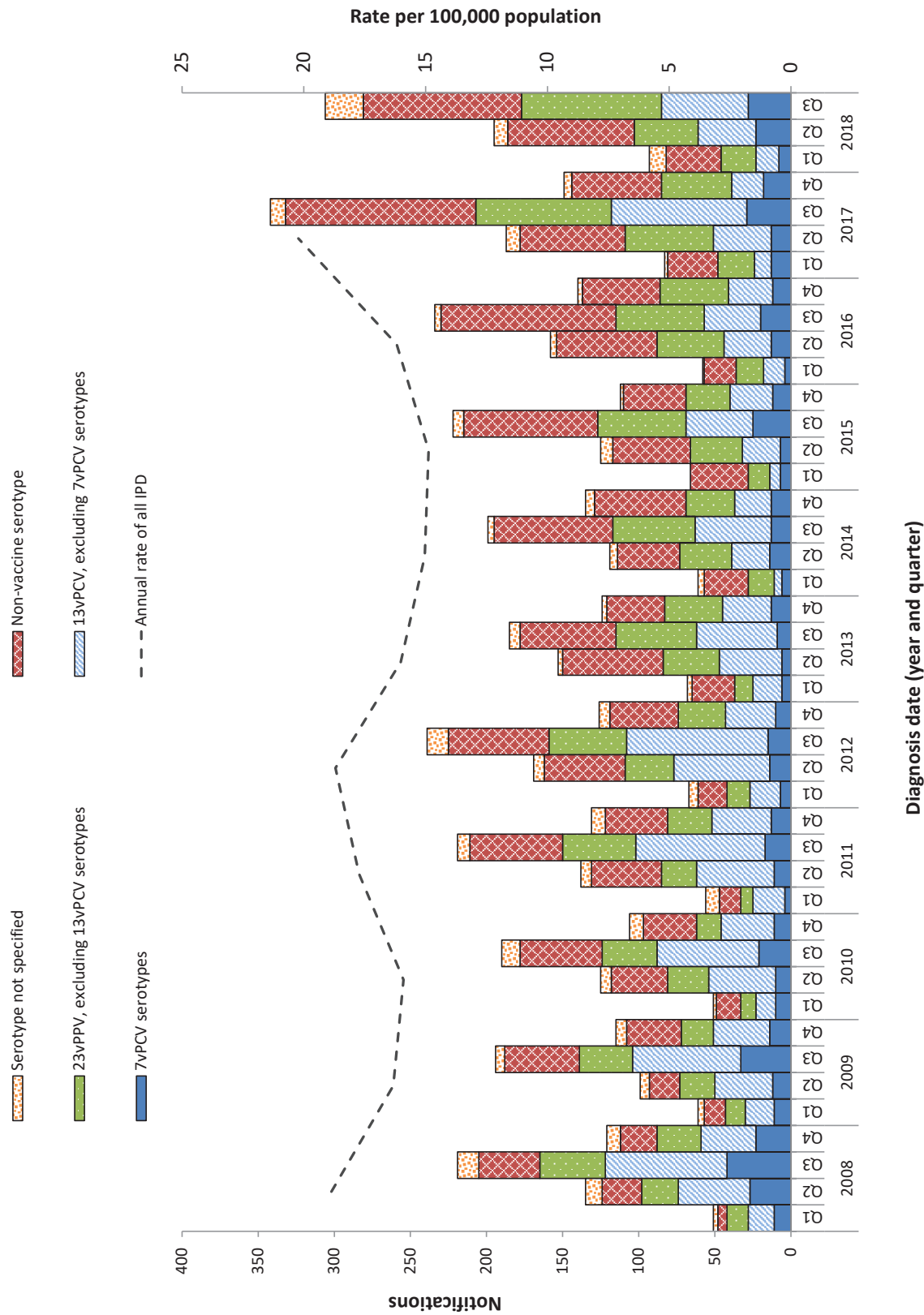
Age	Indigenous status	Serotype	Clinical category	Risk factor(s)
11 months	Indigenous	19F	Bacteraemia	Premature (<37 weeks gestation)
11 months	Indigenous	3	Pneumonia	No data available
1 year	Non-Indigenous	14	Pneumonia	Other
1 year	Non-Indigenous	3	Pneumonia and other (pleural effusion)	Childcare attendee
1 year	Non-Indigenous	3	Pneumonia and other (pleural effusion)	No risk factor identified
1 year	Non-Indigenous	19A	Other (septic arthritis)	Childcare attendee
1 year	Non-Indigenous	19A	Pneumonia	Childcare attendee
1 year	Non-Indigenous	19F	Meningitis	Childcare attendee
1 year	Non-Indigenous	3	Pneumonia	No data available
1 year	Indigenous	19F	Bacteraemia	Childcare attendee
1 year	Non-Indigenous	19A	Bacteraemia	No risk factor identified
2 years	Non-Indigenous	19A	Pneumonia and other (pleural effusion)	No risk factor identified
2 years	Indigenous	3	Pneumonia and other (pleural effusion)	No risk factor identified
2 years	Non-Indigenous	3	Pneumonia	Other
2 years	Non-Indigenous	19F	Pneumonia	No risk factor identified
2 years	Non-Indigenous	19A	Pneumonia	Childcare attendee
2 years	Non-Indigenous	19F	Pneumonia	No data available
2 years	Non-Indigenous	19F	Pneumonia	No risk factor identified
2 years	Unknown	3	Pneumonia	No data available
3 years	Non-Indigenous	19F	Pneumonia	Premature (<37 weeks gestation)
4 years	Indigenous	3	Pneumonia and other (pleural empyema)	Childcare attendee
4 years	Indigenous	19A	Meningitis	Other
4 years	Non-Indigenous	14	Pneumonia	No risk factor identified
4 years	Non-Indigenous	19F	Meningitis	Anatomic or functional asplenia

Figure 3: Notifications and annual rates<sup>a</sup> of all invasive pneumococcal disease in Indigenous Australians aged 50 years or over, Australia, 1 January 2008 to 30 September 2018, by vaccine serotype group



<sup>a</sup> Annual rates are shown on quarter 2, excluding 2018.

Figure 4: Notifications and annual rates<sup>a</sup> of all invasive pneumococcal disease in non-indigenous Australians<sup>b</sup> aged 65 years or over, Australia, 1 January 2008 to 30 September 2018, by vaccine serotype group



a Annual rates are shown on quarter 2, excluding 2018.

b Non-Indigenous Australians includes cases reported with as non-Indigenous, not stated, blank or unknown.

**Table 5: *Streptococcus pneumoniae* serotypes targeted by pneumococcal vaccines**

Serotypes	7-valent pneumococcal conjugate vaccine (7vPCV)	10-valent pneumococcal conjugate vaccine (10vPCV)	13-valent pneumococcal conjugate vaccine (13vPCV)	23-valent pneumococcal polysaccharide vaccine (23vPPV)
1		✓	✓	✓
2				✓
3			✓	✓
4	✓	✓	✓	✓
5		✓	✓	✓
6A			✓	
6B	✓	✓	✓	✓
7F		✓	✓	✓
8				✓
9N				✓
9V	✓	✓	✓	✓
10A				✓
11A				✓
12F				✓
14	✓	✓	✓	✓
15B				✓
17F				✓
18C	✓	✓	✓	✓
19A			✓	✓
19F	✓	✓	✓	✓
20				✓
22F				✓
23F	✓	✓	✓	✓
33F				✓