



# Active Bacterial Core Surveillance (ABCs) Report

## Emerging Infections Program Network

### *Streptococcus pneumoniae*, 2016



#### ABCs Areas

California (San Francisco County and children < 18 years, adults ≥ 65 years in Alameda and Contra Costa counties); Colorado (5 county Denver area); Connecticut; Georgia (20 county Atlanta area); Maryland (6 county Baltimore area); Minnesota; New Mexico; New York (15 county Rochester and Albany areas and children <5 years in Erie county); Oregon (3 county Portland area); Tennessee (20 counties).

#### ABCs Population

The surveillance areas represent 32,182,579 persons.  
Source: National Center for Health Statistics bridged-race vintage 2016 postcensal file

#### ABCs Case Definition

Invasive pneumococcal disease: isolation of *Streptococcus pneumoniae* from normally sterile site in resident of a surveillance area in 2016.

#### ABCs Methodology

ABCs personnel routinely contacted all microbiology laboratories serving acute care hospitals in their area to identify cases. Standardized case report forms that include information on demographic characteristics, clinical syndrome, and outcome of illness were completed for each identified case. WGS based characterization was conducted on all pneumococcal isolates, which includes deduction of capsular serotype and MIC predictions (including PBP typing system for determining beta lactam antibiotic MICs). Conventional MIC testing is conducted on selected strains. Regular laboratory audits assessed completeness of active surveillance and detected additional cases.

Rates of invasive pneumococcal disease were calculated using population estimates for 2016 from the bridged-race vintage 2016 postcensal file. For national estimates, race- and age-specific rates of disease were applied from the aggregate surveillance area to the age and racial distribution of the 2016 U.S. population. Cases with missing data, excluding ethnicity, were multiply imputed using sequential regression imputation methods.<sup>¶</sup>

#### Reported ABCs Profiles

Race	No.	(Rate <sup>*</sup> )
White	2,097	(8.7)
Black	751	(13.9)
Other	209	(7.9)

<sup>\*</sup>Per 100,000 population for ABCs areas

#### ¶ Surveillance Note

Missing race (n=284) data were multiply imputed using sequential regression imputation methods.

Age (years)	Cases		Deaths	
	No.	(Rate <sup>*</sup> )	No.	(Rate <sup>*</sup> )
< 1	57	(13.6)	2	(0.48)
1	56	(13.3)	1	(0.24)
2-4	67	(5.3)	5	(0.40)
5-17	78	(1.4)	2	(0.04)
18-34	190	(2.6)	14	(0.19)
35-49	427	(7.0)	40	(0.65)
50-64	1014	(16.4)	131	(2.12)
65-74	574	(20.1)	74	(2.60)
75-84	355	(26.4)	44	(3.28)
≥ 85	239	(37.9)	54	(8.56)
Total	3,057	(9.5)	367	(1.14)

<sup>\*</sup>Per 100,000 population for ABCs areas

Syndrome	No.	(% <sup>*</sup> )
Meningitis	192	(6.3)
Bacteremia without focus	577	(18.9)
Pneumonia with bacteremia	1,997	(65.3)

<sup>\*</sup> Percent of cases

Antibiotic	S <sup>*</sup>	I <sup>†</sup>	R <sup>‡</sup>
Susceptibility			
Penicillin <sup>+</sup>	96.0	1.8	2.2
Cefotaxime	97.5	2.0	0.4
Erythromycin	69.3	0.0	30.7
TMP/Sulfa	81.7	12.3	6.0
Tetracycline	87.8	0.0	12.2
Levofloxacin	99.8	0.0	0.2
Vancomycin	100	0.0	0.0

Based on reference lab testing of 2,720 isolates.

<sup>\*</sup> Susceptible; <sup>†</sup> Intermediate; <sup>‡</sup> Resistant based on year 2014 CLSI definitions

<sup>+</sup> Penicillin CLSI breakpoints changed in 2009

#### National Estimates of Invasive Disease

Cases: 30,400 (9.4/100,000)  
Deaths: 3,690 (1.14/100,000)

#### Healthy People 2020 Update

Objective: Decrease the incidence of invasive pneumococcal infections to 12 per 100,000 persons less than 5 years of age and to 31 per 100,000 persons aged 65 and older.

Age (year)	2020 Objective	2016 Rate <sup>*</sup>
< 5	12/100,000	8/100,000
≥ 65	31/100,000	24/100,000

<sup>\*</sup>Per 100,000 U.S. population < 5 years or ≥ 65 years

#### Citation

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