Accessible Version: https://www.cdc.gov/abcs/bact-facts/data-dashboard.html
Data Download: https://data.cdc.gov/browse?q=abcs%20bactfacts&sortBy=relevance

Topic

- Cases and Deaths
- Case Rates
- Death Rates
- Syndromes
- Serotypes
- Antibiotic Resistance
- Surveillance Report

Year

2024

Dataset version: Feb 2026
Final run: Mar 23, 2026

Note: Click here to access and download Surveillance Reports.

Data Download

Active Bacterial Core Surveillance (ABCs) Report
Emerging Infections Program Network
Streptococcus pneumoniae, 2024

ABCs Areas: California (3 county San Francisco Bay area); 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 33 additional counties, including Erie); Oregon (3 county Portland area); Tennessee (20 counties).

ABCs Population: The surveillance areas represent 35,770,797 persons. Source: Census Bureau's Vintage 2024 population estimates.

ABCs Case Definition: Disease is defined as isolation of *S. pneumoniae* from a normally sterile site or detection of pathogen-specific nucleic acid in a specimen obtained from a normally sterile body site, using a validated molecular test in a resident of one of the surveillance areas.

ABCs Methodology: ABCs personnel routinely contacted microbiology laboratories serving acute care hospitals 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. Whole genome sequencing (WGS) based characterization was conducted on all pneumococcal isolates, which includes deduction of capsular serotype and minimum inhibitory concentration (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 from the Vintage 2024 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 U.S. population. Cases with missing data, excluding ethnicity, were multiply imputed using sequential regression imputation methods.¶

ABCs Profiles

Race	No.	Rate*
Black	960	16.0
White	2,335	9.4
Other	318	6.6

Age (years)	Cases No.	Cases Rate*	Deaths No.	Deaths Rate*
<1	36	8.8	1	0.24
1	25	6.0	0	0.00
2-4	86	6.8	3	0.24
5-17	123	2.2	5	0.09
18-34	274	3.4	13	0.16
35-49	640	8.9	49	0.68
50-64	1,032	15.8	100	1.53
65-74	732	20.5	86	2.41
75-84	453	23.7	64	3.35
≥85	212	33.3	40	6.29
Total	3,613	10.1	361	1.01

*Rates are per 100,000 population for ABCs areas

¶ Surveillance Note

Missing race (n=324) data were multiply imputed using sequential regression imputation methods.

Antibiotic Susceptibility

Antibiotic	S*	I†	R‡
TMPsulfa	80.2	12.0	7.6
Erythromycin	75.3	0.0	23.9
Levofloxacin	99.8	0.0	0.0
Penicillin+	95.8	1.1	1.5
Cefotaxime	96.6	1.5	0.3
Tetracycline	88.8	0.0	11.2
Vancomycin	100.0	0.0	0.0

Based on reference lab testing of 3,013 isolates.
*Susceptible; †Intermediate; ‡Resistant based on 2024 CLSI definitions. +Penicillin CLSI breakpoints changed in 2009.

National Estimates of Invasive Disease

Total Cases: 34,350 (10.1/100,000 population)
Deaths: 3,430 (1.01/100,000 population)

Syndromes

Syndrome	No.	%*
Meningitis	239	6.6
Bacteremia Without Focus	402	11.1
Bacteremia With Pneumonia	2,656	73.5

*Percent of Cases

Citation

Centers for Disease Control and Prevention. 2024. Active Bacterial Core Surveillance Report, Emerging Infections Program Network, Streptococcus pneumoniae, 2024. www.cdc.gov/abcs/downloads/SPN_Surveillance_Report_2024.pdf