Invasive Pneumococcal Disease

CLINICAL CASE DEFINITION

Invasive Pneumococcal Disease (IPD) is defined as *Streptococcus pneumoniae* (*S. pneumoniae*) isolated from a normally sterile site (e.g., CSF, blood, joint fluid, pleural fluid, pericardial fluid, etc.). The major clinical syndromes of invasive pneumococcal disease include pneumonia, bacteremia, and meningitis.

CASE CLASSIFICATION

*Confirmed*: a clinically compatible case caused by laboratory-confirmed culture of *S. pneumoniae* from a normally sterile site.

Case classifications for Drug Resistant Streptococcus pneumoniae (DRSP) and Invasive Pneumococcal Disease (IPD) are further described as:

- **Drug Resistant Streptococcus pneumoniae (DRSP)** - Isolates causing IPD for which antibacterial susceptibilities are available and determined to be drug resistant; report in MDSS only as *Strep Pneumo, Drug Resistant*. To be drug resistant, the infection must be Invasive AND the isolate must be intermediate or resistant to at least one antimicrobial agent approved for treating pneumococcal infections.

- **Invasive Pneumococcal Disease (IPD)** - Isolates causing IPD which are susceptible, or for which susceptibilities are not available; report in MDSS as *Streptococcus pneumoniae, Inv.*

TRANSMISSION

- Person-to-person contact via respiratory droplets, either by direct oral contact or indirectly through articles freshly soiled with respiratory discharges;

- Self-infection in persons carrying the bacteria in their upper respiratory tract

INCUBATION PERIOD

Short, probably about 1 – 3 days

PERIOD OF COMMUNICABILITY

Unknown; presumably can be spread for as long as organism is present in respiratory secretions

REPORTING/INVESTIGATION

- All cases of invasive pneumococcal disease are reportable in Michigan
  - Report/ensure reporting of case to the Michigan Disease Surveillance System (MDSS); see Case Classification section above for correct MDSS classification
  - Obtain immunization history information from provider record or MI Care Improvement Registry (MCIR - state immunization registry)

- Update the MDSS record in a timely manner with new or additional info as it becomes available. Finalize MDSS record when case investigation is complete

- Investigation and public health follow-up is generally not useful and is not recommended, except in known outbreak situations
♦ In the event of death, please mark the Patient Status variable as “Died” on the MDSS case report form

LABORATORY CONFIRMATION

♦ Laboratory criteria for diagnosis: Isolation of *S. pneumoniae* from a normally sterile site (e.g., blood, cerebrospinal fluid, or, less commonly, joint, pleural, or pericardial fluid)

♦ Serotyping of isolates is encouraged if possible; however, resources are not currently available for serotyping at the state public health laboratory

IMMUNITY/SUSCEPTIBILITY

♦ Susceptibility is universal; protection results from prior infection or immunization

♦ Children are routinely immunized with a multiple-dose series of pneumococcal conjugate vaccine (PCV) which protects against several serotypes of *S. pneumoniae* accounting for the majority of invasive infection – see the ACIP childhood immunization schedule for further details ([http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html](http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html))

♦ 23-valent pneumococcal polysaccharide vaccine (PPSV23) should be administered routinely to all adults 65 years of age and older (1 dose); there are selected indications for PPSV23 use in younger persons as well (e.g. immunocompromised persons) – see the ACIP Adult Immunization Schedule for details ([http://www.cdc.gov/vaccines/schedules/index.html](http://www.cdc.gov/vaccines/schedules/index.html))

  ○ In addition to PPSV23, adults with immunocomprised and specified other conditions should receive 13-valent pneumococcal conjugate vaccine (PCV13) – see the ACIP Adult Immunization Schedule for details ([http://www.cdc.gov/vaccines/schedules/index.html](http://www.cdc.gov/vaccines/schedules/index.html))

CONTROL MEASURES


LABORATORY PROCEDURES AND CONSIDERATIONS

Not applicable