Direct and Indirect Impact of 13-valent Pneumococcal Conjugate Vaccine (PCV13) on Invasive Pneumococcal Disease (IPD) Among Children and Adults in the U.S.

Tamara Pilishvili, Centers for Disease Control and Prevention
Ryan Gierke, Centers for Disease Control and Prevention
Monica Farley, Emory University
William Schaffner, Emory University
Ann Thomas, Oregon Public Health Division
Arthur Reingold, University of California
Lee Harrison, University of Pittsburgh
Ruth Lynfield, Minnesota Department of Health
Shelley M. Zansky, New York State Department of Health
Susan Petit, Connecticut Emerging Infections Program

Only first 10 authors above; see publication for full author list.

Journal Title: Open Forum Infectious Diseases
Volume: Volume 4, Number suppl_1
Publisher: Oxford University Press (OUP) | 2017-10-04, Pages S66-S67
Type of Work: Article | Final Publisher PDF
Publisher DOI: 10.1093/ofid/ofx162.158
Permanent URL: https://pid.emory.edu/ark:/25593/s6f6c

Final published version: http://dx.doi.org/10.1093/ofid/ofx162.158

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Accessed July 16, 2018 7:39 AM EDT
Bacteriology I, National Institute of Infectious Diseases, Tokyo, Japan; 2Department of Infection Control and Laboratory Diagnostics, Internal Medicine, Tohoku University Graduate School of Medicine, Sendai, Japan

**Session:** 277. Global Infections Saturday, October 7, 2017: 2:00 PM

**Background.** The proportion of enteric fever cases caused by *Salmonella enterica* subspecies *enterica* serovar Paratyphi A (S. Paratyphi A) has recently been increasing in Asian countries, which is a public health concern. In 2015, an unusual increase in S. Paratyphi A infection among Japanese travelers returning from Myanmar was noted, while there is little information on this up trend in Myanmar.

**Methods.** Isolates from travelers who returned with enteric fever from 2005 to 2015 were analyzed in order to determine country-specific notification rates (epidemiological investigation). The notification rate was defined as cases returning from each country per 100,000 Japanese travelers who visited to the country. S. Paratyphi A isolates collected from 2001 to 2015 were analyzed by whole-genome sequencing (microbiological investigation).

**Results.** Yearly notification trends indicated that enteric fever was potentially endemic to Myanmar (5–16 cases/100,000 travelers); the trends were similar to those observed in India (4–21 cases/100,000 travelers). A rapid increase in S. Paratyphi A infection occurred from 2012–2014 (2–4 cases/100,000 travelers) to 2015 (13 cases/100,000 travelers). A phylogenetic tree, constructed based on analysis of 105 S. Paratyphi A isolates (33 and 30 related to Myanmar and Cambodia, and 42 controls), revealed that most Myanmar- and Cambodia-related isolates formed clusters in the same lineage (Figure 1). Additionally, Myanmar-related isolates from 2015 harbored identical phage type 1 and were genetically closely related (each isolates had 0–10 single-nucleotide polymorphisms (SNPs), mostly within 0–7 SNPs [Figure 2]), yielding a wider SNP range than outbreak-associated isolates from Cambodia in 2013 (within a SNP distance of 0–6).

**Conclusion.** Epidemiological trends and molecular subtyping suggested a possible outbreak of S. Paratyphi A infection occurred in Myanmar in 2015. The recent up trend of S. Paratyphi AInfection in Myanmar is important for travelers and clinicians since infection cannot be prevented by typhoid vaccination.

**Figure 1.** Polygenetic tree of 105 S. Paratyphi A isolates

**Figure 2.** SNP analyses of Paratyphi A isolates from Myanmar in 2015 (A) and Cambodia in 2013 (B).

**Disclosures.** All authors: No reported disclosures.

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**2491. Murine Typhus: a Common Cause of Acute Febrile Illness with Potential for Serious Complications**

Zeehan Aziz, MD; Sundun Kallumaduma, MD; Feng Wang, MD; Vagish S. Hemmige, MD and Daniel Musher, MD, FIDSA; 3Department of Family and Preventive Medicine, McAllen Family Medicine Residency Program, The University of Texas Rio Grande Valley, McAllen, Texas; 2Section of Infectious Diseases, Baylor College of Medicine, Houston, Texas; 2Baylor College of Medicine, Houston, Texas

**Session:** 277. Global Infections Saturday, October 7, 2017: 2:00 PM

**Background.** Individual cases and outbreaks of murine typhus have been documented in South Texas. We report 90 cases from Hidalgo County, Texas, enumerating complications and comparing results in children and adults.

**Methods.** We reviewed records of 101 patients in three hospitals in Hidalgo County, Texas, who had positive typhus serology (IgG or IgM titer ≥1:128) during the period of January 2014 to June 2016. Isolates were serotyped by Quellung, PCR, or whole genome sequencing and classified as PCV13 or non-vaccine type (NVT). Incidence changes were estimated as percent changes (one minus rate ratio) and 95% confidence intervals (95% CI) before pre-PCV13 (2007–2009) and two post-PCV13 periods (July 2014–June 2015 and July 2015–June 2016).

**Results.** ABCs identified 31,190 IPD cases among children <5 years. In June 2012, PCV13 was recommended for use in series with 23-valent polysaccharide vaccine (PPSV23) for adults ≥19 years with select medical conditions, and in August 2014, for all adults ≥65 years. We evaluated the direct and indirect effects of PCV13 6 years post-introduction on invasive pneumococcal disease (IPD).

**Disclosures.** All authors: No reported disclosures.

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**2492. Direct and Indirect Impact of 13-valent Pneumococcal Conjugate Vaccine (PCV13) on Invasive Pneumococcal Disease (IPD) Among Children and Adults in the U.S.**

Tamura Pilishvili, MPH1; Ryan Gierke, MPH2; Monica Farley, MD, FIDSA3; William Schaffner, MD, FIDSA, FSHEA4; Ann Thomas, MD, MPH5; Arthur Reingold, MD, FIDSA6; Lee Harrison, MD; 7Ruth Lynfield, MD, FIDSA, Shelley M. Zahnd, MD, PhD, Syn Sepic, MD, MPH9; 10Lisa Miller, MD, MPH10; 11Joan Baumback, MD, MPH11; 12MS13; 14Bernard Beall, PhD15 and Cynthia Whitney, MD, MPH, FIDSA, 16National Center for Immunizations and Respiratory Diseases, Centers for Disease Control and Prevention, Atlanta, Georgia; 17Respiratory Diseases Branch, Centers for Disease Control and Prevention, Atlanta, Georgia; 18Department of Medicine, Emory University School of Medicine and Atlanta VA Medical Center, Atlanta, Georgia; 19Vanderbilt University School of Medicine, Nashville, Tennessee; 20Oregon Public Health Division, Portland, Oregon; 21University of California - Berkeley, Berkeley, California; 22University of Pittsburgh, Pittsburgh, Pennsylvania; 23Minnesota Department of Health, St. Paul, Minnesota; 24New York State Department of Health, Albany, New York; 25Connecticut Emerging Infections Program, New Haven, Connecticut; 26Preventive Medicine Residency Program, University of Colorado School of Public Health, Aurora, Colorado; 27New Mexico Department of Health, Santa Fe, New Mexico; 28Centers for Disease Control and Prevention, Atlanta, Georgia

**Session:** 278. Pneumococcal and Pertussis Vaccines Saturday, October 7, 2017: 2:00 PM

**Background.** In February 2010, PCV13 was introduced for routine use among children <5 years. In June 2012, PCV13 was recommended for use in series with 23-valent polysaccharide vaccine (PPSV23) for adults ≥19 years with select medical conditions, and in August 2014, for all adults ≥65 years. We evaluated the direct and indirect effects of PCV13 6 years post-introduction on invasive pneumococcal disease (IPD).

**Methods.** IPD cases (isolation of pneumococci from sterile sites) were identified among residents of Active Bacterial Core surveillance (ABCs) sites during July 2007–June 2016. Isolates were serotyped by Quelling, PCR, or whole genome sequencing and classified as PCV13 or non-vaccine type (NVT). Incidence changes were estimated as percent changes (one minus rate ratio) and 95% confidence intervals (95% CI) before pre-PCV13 (2007–2009) and two post-PCV13 periods (July 2014–June 2015 and July 2015–June 2016).

**Results.** ABCs identified 31,190 IPD cases between 2007 and 2015, with 2,750 cases among children <5 years and 10,930 among those ≥65 years. During the two post-PCV13 periods, overall IPD rates were 35%–62% lower relative to 2007–2009 among all age groups, including <5 years and ≥65 years (Figure). Significant reductions in PCV13-type IPD incidence were observed for all age groups during both post-PCV13 periods, with incidence 84% (95% CI 78, 88%) and 68% (95% CI 63, 73%) lower in 2015–2016 among children <5 years and adults ≥65 years, respectively. PCV13-type IPD reductions were driven by serotypes 19A and 7F IPD due to non-vaccine types also declined significantly among children <5 years (–27%, 95% CI –42, –9%) and adults ≥65 years (–24%, 95% CI –34, –14%). PCV13-type IPD incidence did not differ significantly between the two post-PCV13 periods.

**Conclusion.** IPD incidence declined among children and adults in the U.S. following PCV13 introduction among children. The lack of difference in PCV13 rates between 2014–2015 and 2015–2016 suggests no measurable early impact of PCV13 introduction among adults ≥65 years. To date, we found no evidence of significant replacement disease with non-PCV13 types. Further work is needed to explain reductions in non-vaccine type disease observed in the post-PCV13 era.
493. Invasive Pneumococcal Disease in Massachusetts Children 6 Years Following Introduction of PCV13

Inc Yildirim, MD MSc 1; Brent Little, PhD 2; Stephen L. Pelton, MD 3; Pediatric Infectious Diseases, Emory University, Atlanta, Georgia; 2Pediatric Infectious Diseases, Boston University, Boston, Massachusetts; 3Boston University Schools of Medicine and Public Health, Boston, Massachusetts

Session: 278. Pneumococcal and Pertussis Vaccines
Saturday, October 7, 2017: 2:00 PM

Background. A second generation 13-valent-pneumococcal conjugate vaccine (PCV13) replaced PCV7 in the childhood immunization schedule in Massachusetts (MA) beginning in April 2010

Results. Three-hundred thirty-seven IPD cases have been identified in MA children between 4 January 2010 and 31 March 2017 (Figure). Thirty-five (10.4%) were in children under 6 months; 41 (12.2%) in children between 6 and 12 months; 60 (17.8%) in children between 4 and 6 years.

Conclusions. Four to 6 years after PCV13 was introduced, PCV13 ST (especially ST 3, 19A and 19F) accounted for about 25% of IPD in children. For all of the PCV13 ST accounted for 19.7% (27/137), 26.8% (30/112) and 26% (33/127) of IPD cases in 2014, 2015 and 2016, respectively. ST 3, 19A and 19F accounted for 90% of the PCV13 ST IPD cases, >50% of the children had received ≥2 doses of PCV13 prior to IPD.

Conclusion. Four to 6 years after PCV13 was introduced, PCV13 ST (especially ST 3, 19A and 19F) accounted for about 25% of IPD in children. For all of the PCV13 ST, over half of these IPD cases occurred in children who had received ≤ 2 doses of the recommended PCV schedule; 25% of cases occurred in children who had not received any doses but were of the age at diagnosis that at least 2 PCV doses should have been received. Additional PCV13 ST IPD cases may be preventable if the PCV13 schedule is followed as recommended.

Disclosures. S. L. Pelton, Pfizer: Grant Investigator and Speaker at PCV13 Launch Meeting in China, Research grant and Speaker honorarium; J. S. Bradley, Merck & Co., Inc.: Investigator, Research support

2494. Changes in Pneumonia Incidence and Infant Mortality 5 Years Following Introduction of the 13-valent Pneumococcal Conjugate Vaccine in a “3+0” Schedule in Nicaragua

Sydyla Becker-Dreps, MD, MPH 1; Bryan Bletse, BS 2; Rafaela Briceno, MD 3; Jorge Aleman, MD 4; Michael G. Hudgens, PhD 5; Gilberto Moreno, MD, MPH 6; Ana Ordonez, RN 7; Julio Rocha, RN, MPH 8; David J. Weber, MD, MPH, FIDSA, FSHEA 9 and Erick Amaya, PhD 10; Family Medicine, University of North Carolina