

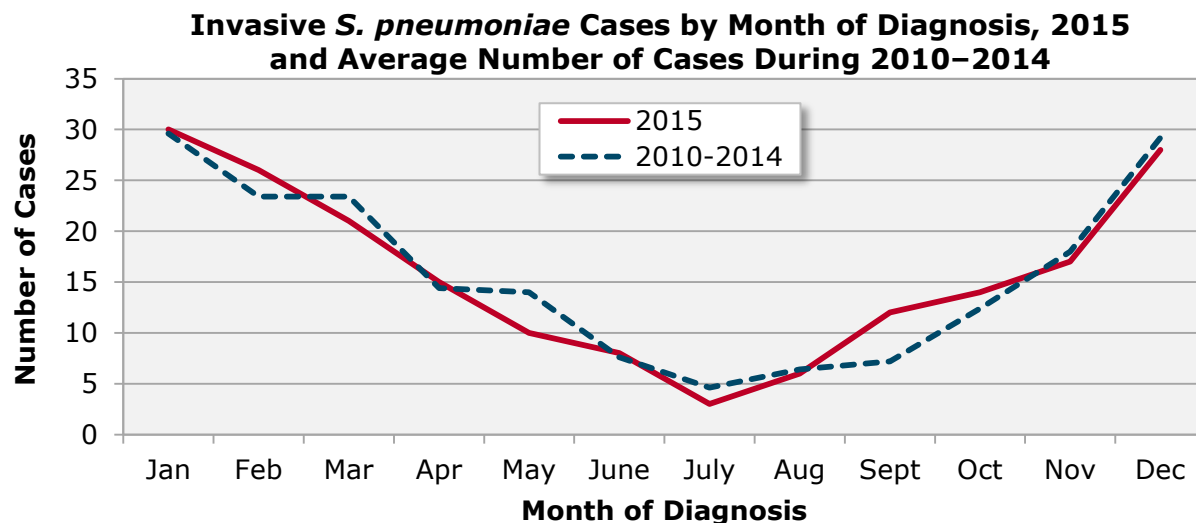
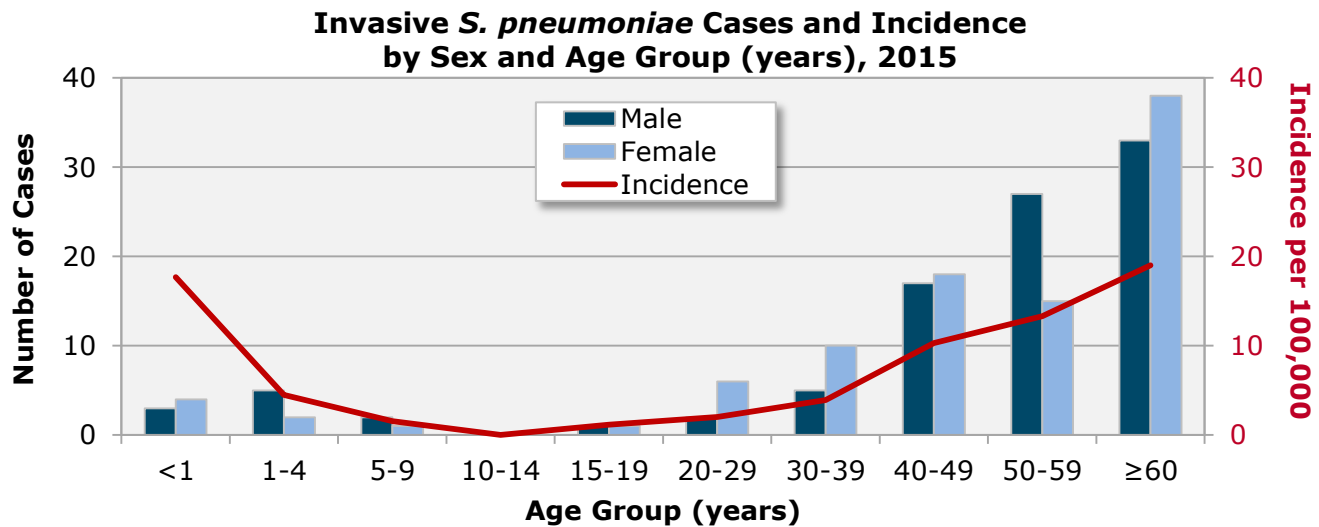
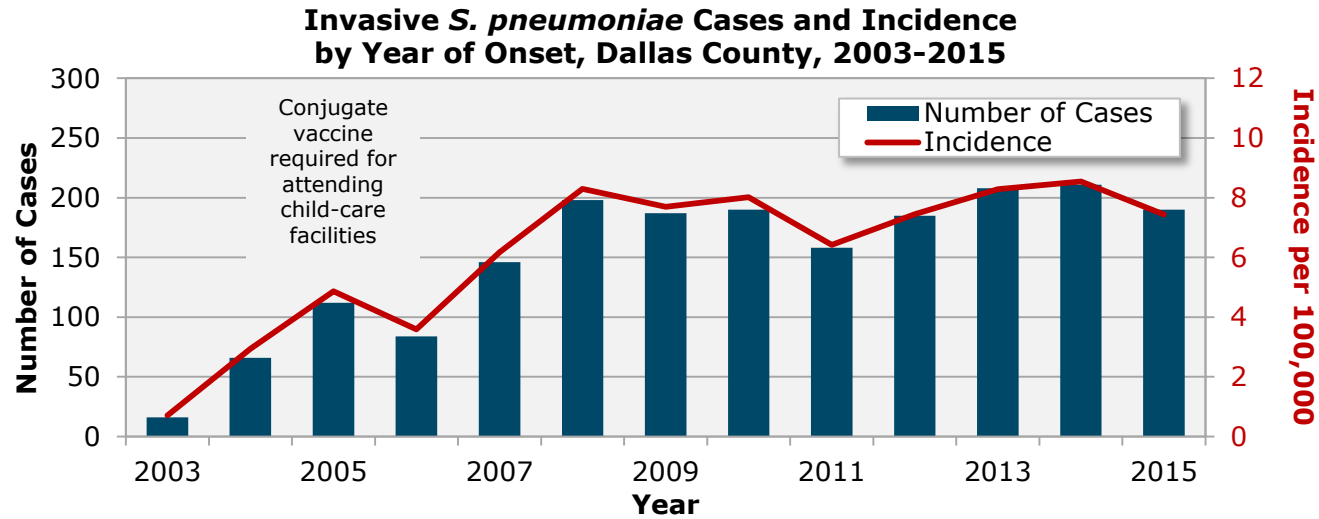


2015 Profile of Invasive *Streptococcus pneumoniae* in Dallas County

Dallas County Health and Human Services

Summary of Invasive *S. pneumoniae* Cases, 2015

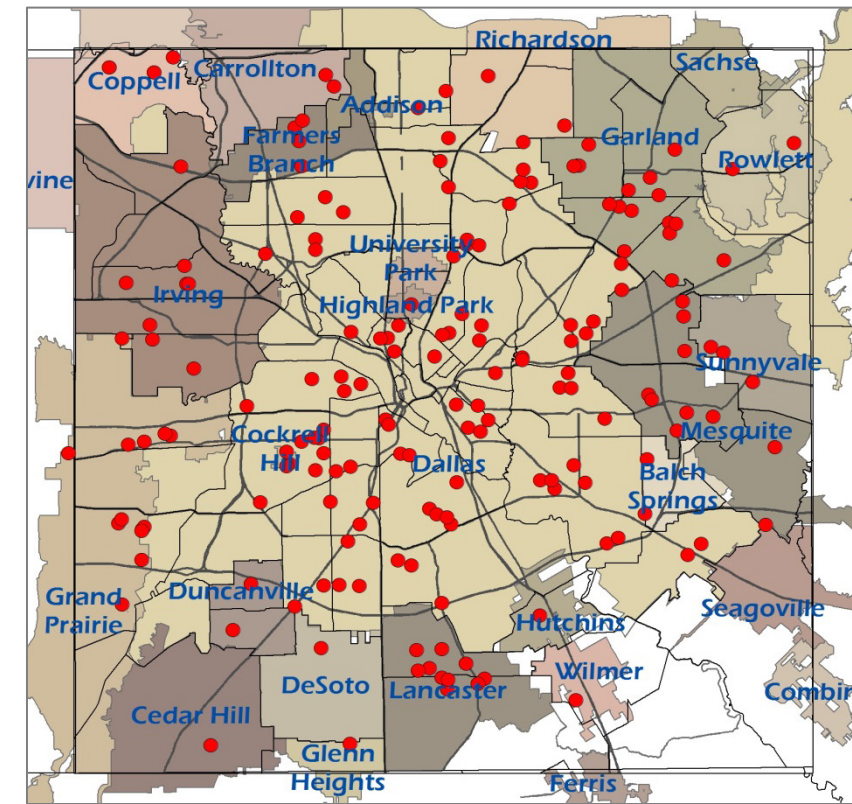
	n (%)	Incidence per 100,000
Total	190	7.4
Sex		
Male	95 (50.0)	7.6
Female	95 (50.0)	7.3
Race/Ethnicity		
Hispanic	35 (18.4)	3.5
White	89 (46.8)	11.2
Black	61 (32.1)	10.6
Asian	5 (2.6)	3.1
American Indian	0	N/A
Age Group (years)		
<1	7 (3.7)	17.7
1-4	7 (3.7)	4.5
5-9	3 (1.6)	1.5
10-14	0	N/A
15-19	2 (1.1)	1.2
20-29	8 (4.2)	2.0
30-39	15 (7.9)	3.9
40-49	35 (18.4)	10.3
50-59	42 (22.1)	13.3
≥60	71 (37.4)	19.0
Hospitalizations	106 (55.8)	4.2
Deaths	9 (4.7)	4.6
Clinical Syndrome	n	(%)
Primary Bacteremia	167	87.9
Pneumonia	11	5.8
Empyema	2	1.1
Meningitis	2	1.1
Septic arthritis	1	0.5
Primary bacteremia and pneumonia	3	1.6
Primary meningitis and pneumonia	1	0.5
Other*	3	1.6



Summary

- Invasive pneumococcal disease is identified by isolation of *S. pneumoniae* bacteria from a normally sterile body site (e.g., blood, cerebrospinal fluid, or pleural fluid). The major clinical syndromes caused by *S. pneumoniae* are pneumonia, bacteremia, and meningitis.
- Persons with increased risk of invasive pneumococcal disease include children less than 5 years old who attend daycare, and persons with cochlear implants, functional asplenia, or chronic heart, kidney or lung disease, or immunosuppression.
- Pneumococcal conjugate vaccine (PCV13) is recommended for children younger than five and newly recommended for all adults ≥65 years. The pneumococcal polysaccharide vaccine (PPSV23) is also recommended for adults ≥65 years.

Distribution of Invasive *S. pneumoniae* Cases, 2015



N/A = Not applicable
 * Includes abscess, osteomyelitis, and otitis media

Note: Incidence calculated using projected population data for 2015
 Data Sources: Dallas County Department of Health and Human Services, Epidemiology Division; National Electronic Disease Surveillance System (NEDSS); Population data obtained through the Centers for Disease Control and Prevention: WONDER Bridged-Race Population Estimates 1990-2015.