

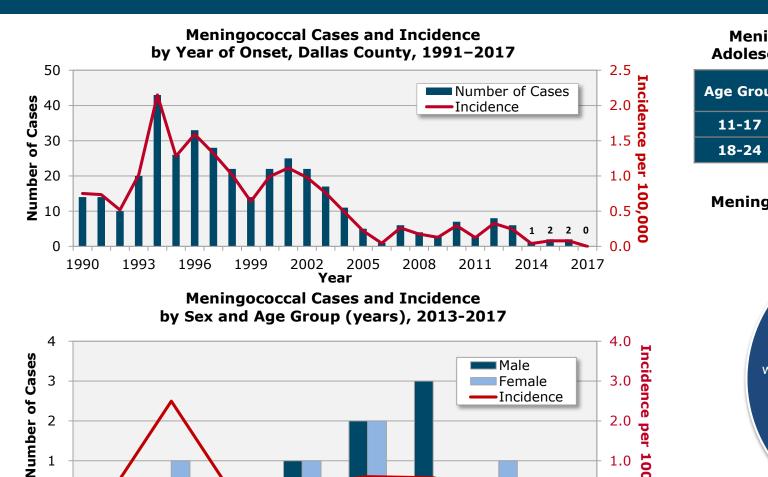
## 2013-2017 Profile of Neisseria meningitidis (Meningococcal Disease) in Dallas County **Dallas County Health and Human Services**

Summary of N. meningitidis (Meningococcal) Cases, 2013-2017

	n (%)	n (%) Incidence per 100,000			
Total	11 (100.0)	0.1			
Sex					
Male	6 (54.5)	0.1			
Female	5 (45.5)	0.1			
Race/Ethnicity					
Hispanic	5 (45.5)	0.1			
White	3 (27.3)	0.1			
Black	3 (27.3)	0.1			
Asian	0	N/A			
American Indian	0	N/A			
Age Group (years)					
<1	0	N/A			
1	1 (9.1)	2.5			
2-4	0	N/A			
5-17	2 (18.2)	0.4			
18-34	4 (36.4)	0.6			
35-49	3 (27.3)	0.6			
50-64	1 (9.1)	0.2			
≥65	0	N/A			
Deaths	0	N/A			

N/A = Not applicable

- Meningococcal disease refers to illnesses caused by the bacteria Neisseria meningitidis. These infections are often severe and can cause meningitis and/or bacteremia.
- Persons at increased risk of meningococcal disease include: military recruits, college freshmen living in dormitories, persons traveling to parts of the world where meningococcal disease is common, and persons with functional asplenia, or immune system deficiencies.
- Rates of meningococcal disease have been declining in the U.S. since the late 1990s; highest rates are in children <1 year, followed by a second peak in adolescence.
- · Two doses of conjugate meningococcal vaccine (MCV4) are recommended for adolescents 11 through 18 years of age, and protect against serogroups A, C, W, and Y. Vaccines for B serogroup have been recently approved.



Meningococcal Cases and Incidence by Age Group, 2013–2017

Age Group (years)

18-34

5-17

2-4

35-49

50-64

Age Group (years)	Serogroup B n (Incidence)	Serogroup C n (Incidence)	Serogroup Y n (Incidence)	Serogroup W n (Incidence)	Not Serotyped n (Incidence)
<1	0	0	0	0	0
1	0	0	1 (2.5)	0	0
2-4	0	0	0	0	0
5-17	1 (0.2)	0	1 (0.2)	0	0
18-34	2 (0.3)	1 (0.2)	1 (0.2)	0	0
35-49	0	1 (0.2)	0	1 (0.2)	1 (0.2)
50-64	0	0	0	0	1 (0.2)
≥65	0	0	0	0	0
Total	3 (0.1)	2 (0.1)	3 (0.1)	1 (<0.1)	2 (0.1)

Note: Incidence calculated using projected population data for 2016; 5 year average incidence from 2012-2016; and percent values are calculated using known data

1

0

<1

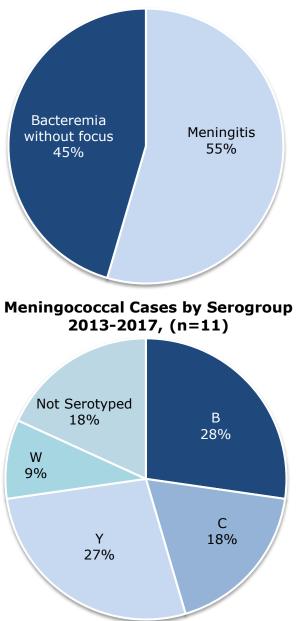
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Data Sources: Dallas County Department of Health and Human Services, Epidemiology Division; National Electronic Disease Surveillance System (NEDSS); Population data obtained through the Centers for Disease Control and Prevention: WONDER Bridged-Race Population Estimates 1990-2016.

## Meningococcal Cases and Incidence in Adolescents and Young Adults, 2013-2017

up (years)	n	Incidence per 100,000
	2	0.2
	2	0.2

## Meningococcal Cases by Clinical Syndrome 2013-2017, (n=11)



100,000

1.0

0.0

65+