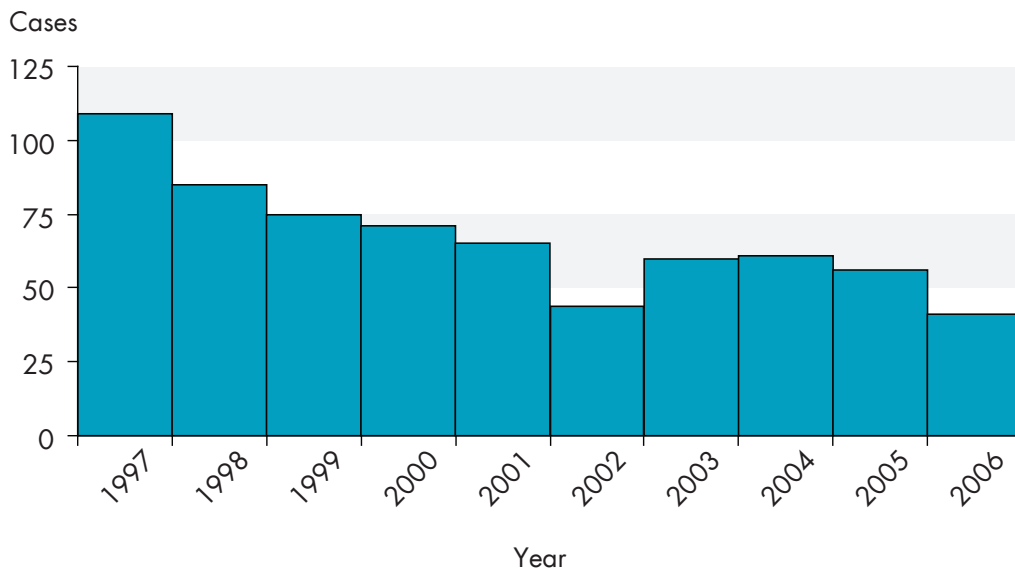


Meningococcal disease

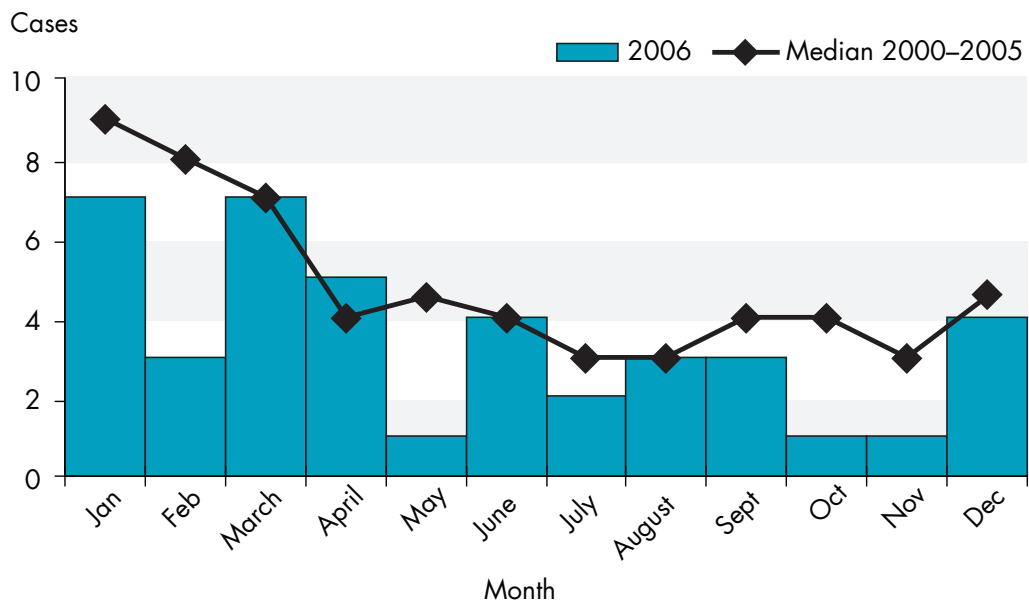
Reported cases of invasive meningococcal infections, including sepsis and meningitis, have declined from the hyperendemic levels seen in 1993–1997 to those observed prior to the advent of the enzyme-type 5 (ET5) strain of serogroup B. Respiratory secretions and droplets continue to be shared among Oregonians and predispose secondary cases.

In 2006, 41 cases of meningococcal disease were reported, a 17 year low. Though the trend in Oregon is one of decline, we continue to have higher rates than the nation. The highest majority of illness in Oregon has been caused by serogroup B organisms, but in 2006 they were only 36% of all Oregon isolates. December through March shows an increase in meningococcal activity, with the highest rates of disease occurring among infants. Higher rates are also seen in those aged 10–19 years and in persons over 70 years. Though a new conjugate vaccine (Menectra) for adolescents and young adults was licensed in 2006, this vaccine does not protect against serogroup B disease.

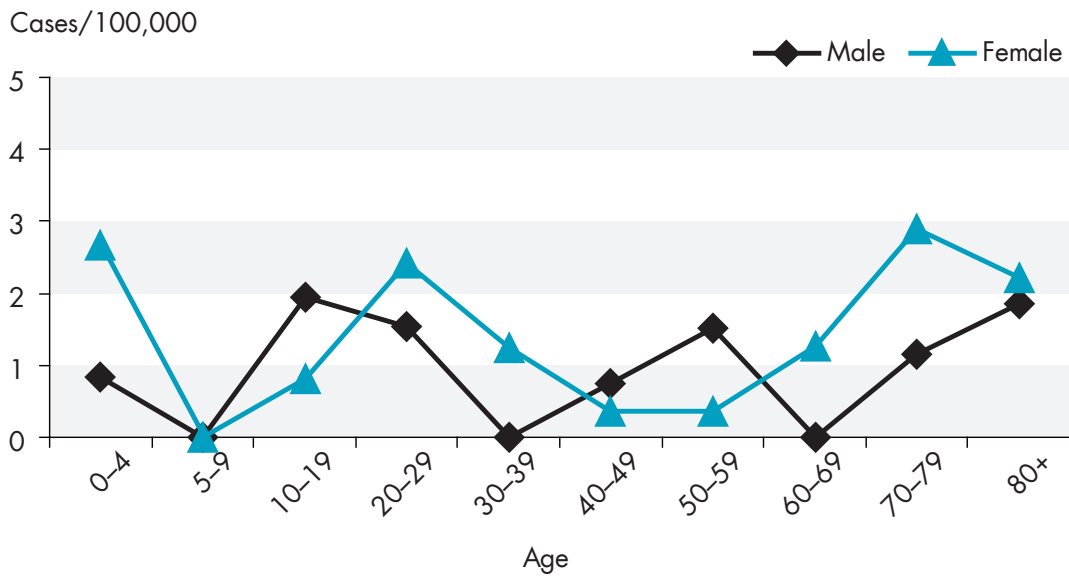
Meningococcal disease by year - Oregon, 1997–2006



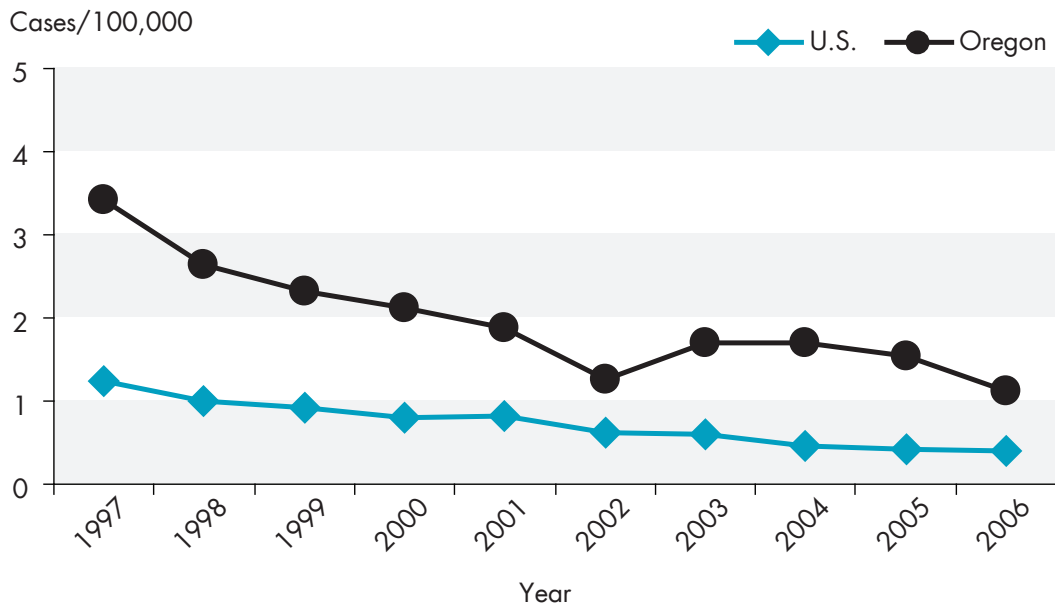
Meningococcal disease by onset month - Oregon, 2006



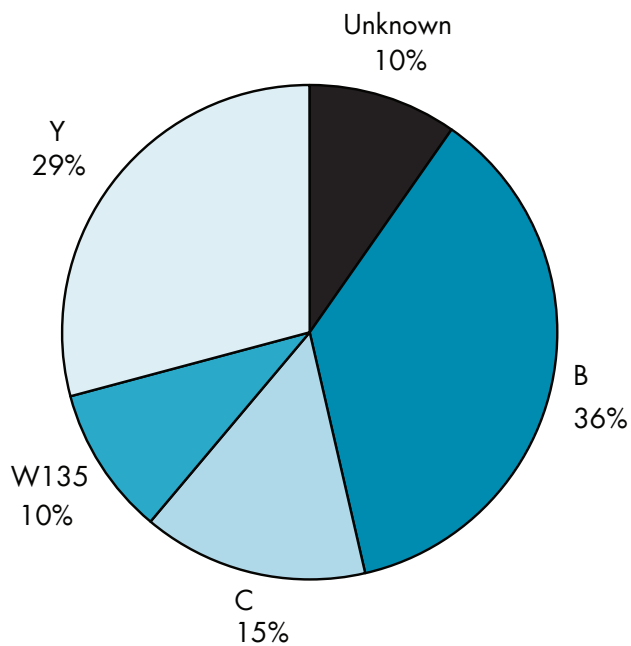
Incidence of meningococcal disease by age and sex - Oregon, 2006



Incidence of meningococcal disease - Oregon vs. nationwide 1997–2006



Meningococcal disease by serogroup - Oregon, 2006



Incidence of meningococcal disease by county of residence - Oregon, 2006

