

Meningococcal disease

Reported cases of invasive meningococcal infections, including sepsis and meningitis, have declined from the hyperendemic levels seen in 1993–1997 attributable to a clonal strain of serogroup B. Respiratory secretions and droplets continue to be shared among Oregonians and predispose secondary cases.

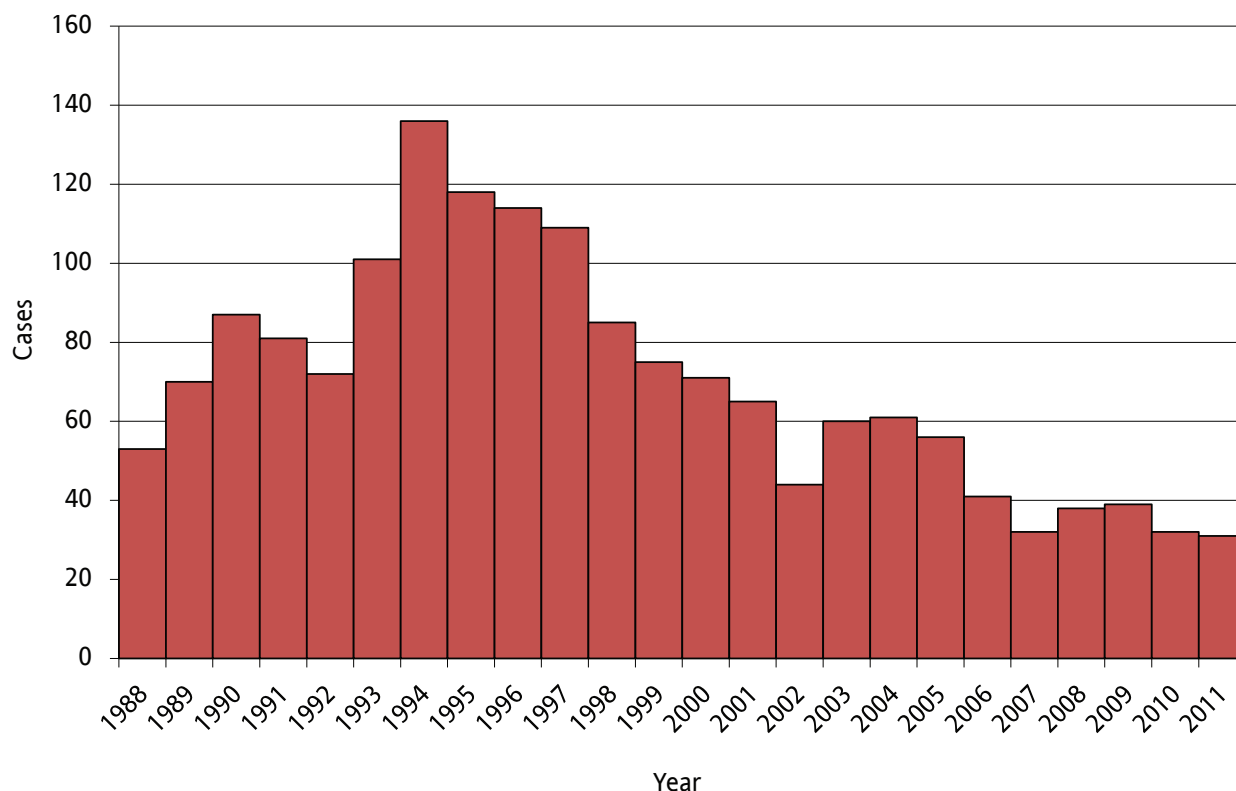
In 2011, there were 31 reports of meningococcal disease in Oregon. This continues the overall decline in cases throughout the state. The highest majority (36%) of illness in Oregon was caused by serogroup Y organisms, followed by serogroups C (32%), B (21%) and W-135 (11%). This serogroup distribution more closely matches the national profile. Historically, serogroup B has been the predominant serogroup causing invasive meningococcal disease in Oregon.

The burden of meningococcal disease is highest in those 0–4 years of age (3.36/100,000), with a second, lower peak in incidence in young adults aged 18–24 years (1.68/100,000).

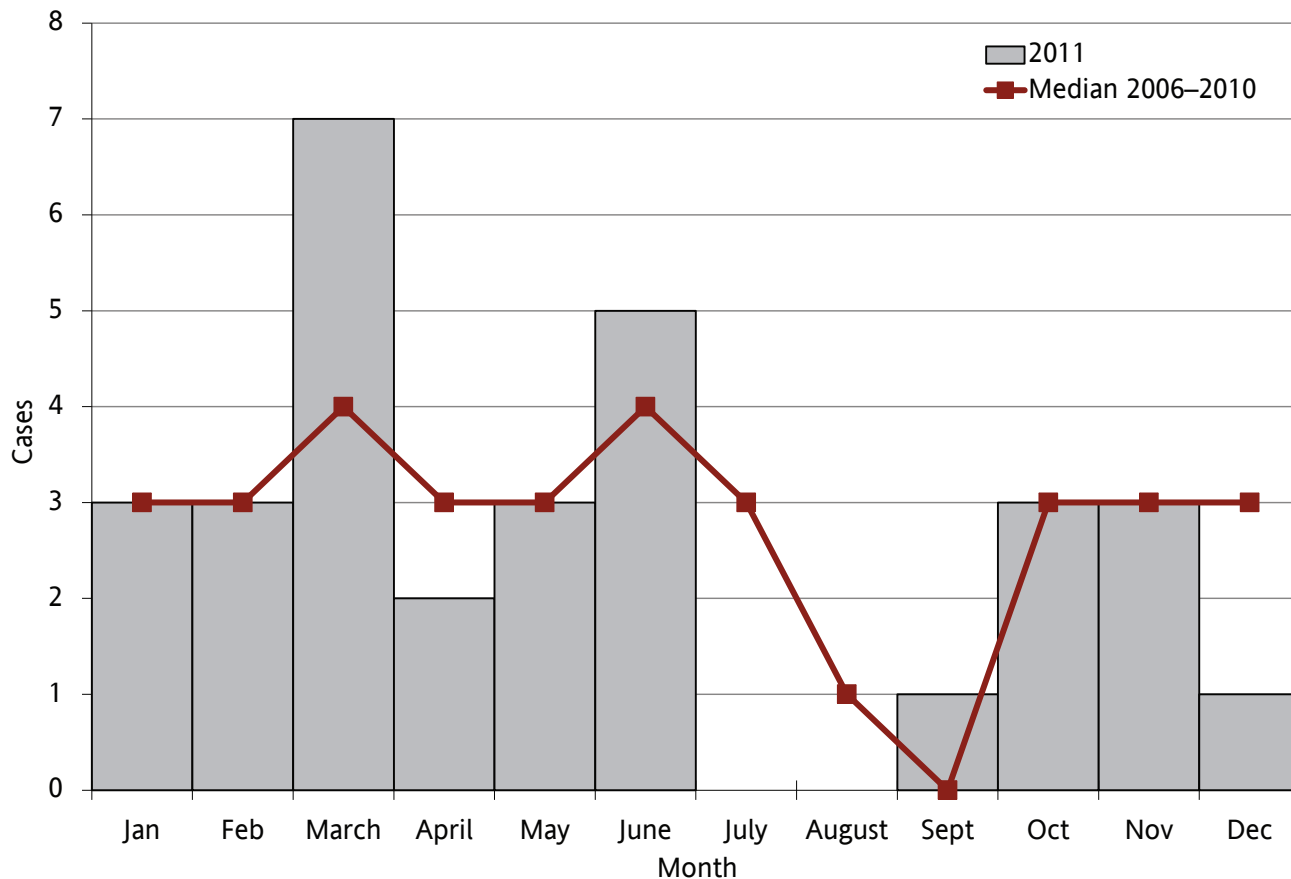
The quadrivalent (serogroups A, C, Y and W-135) meningococcal conjugate vaccine is recommended routinely for adolescents 11 through 18 years of age and persons at high risk for meningococcal disease. The vaccine does not protect against serogroup B disease.

For updated recommendations, visit: www.cdc.gov/vaccines/pubs/ACIP-list.htm.

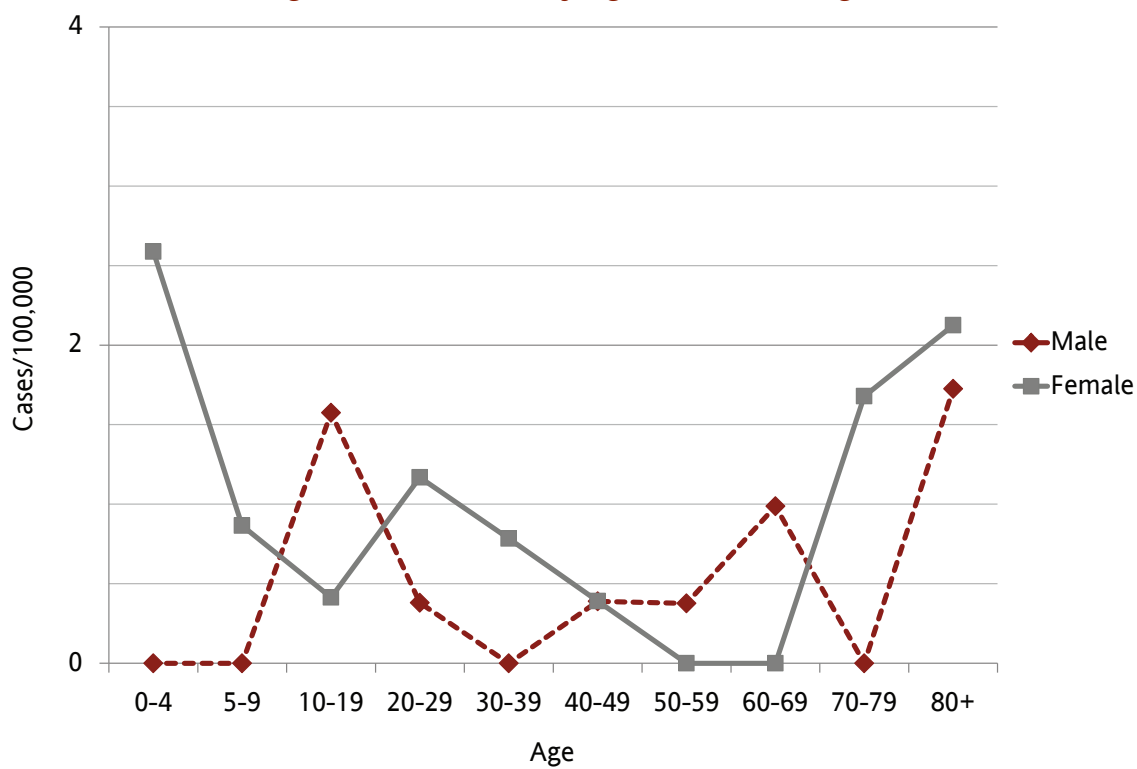
Meningococcal disease by year: Oregon, 1988–2011



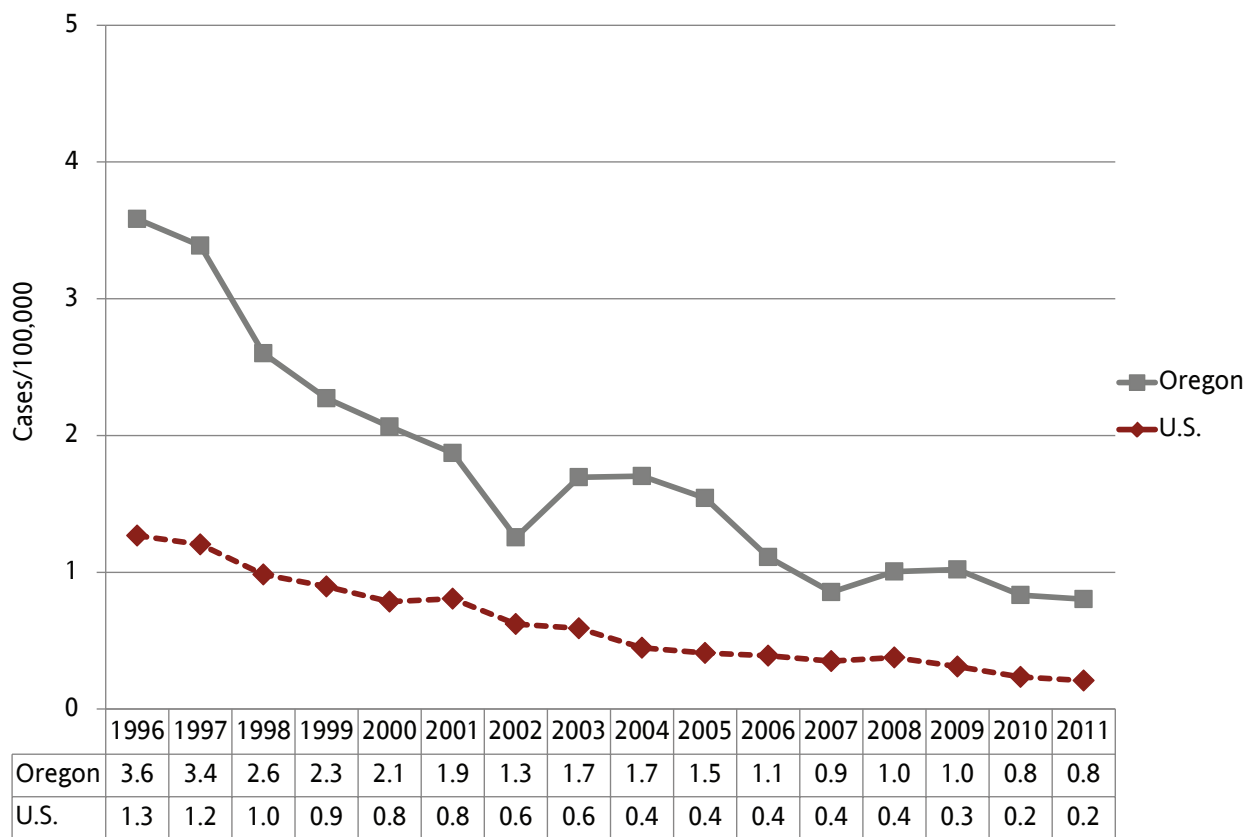
Meningococcal disease by onset month: Oregon, 2011



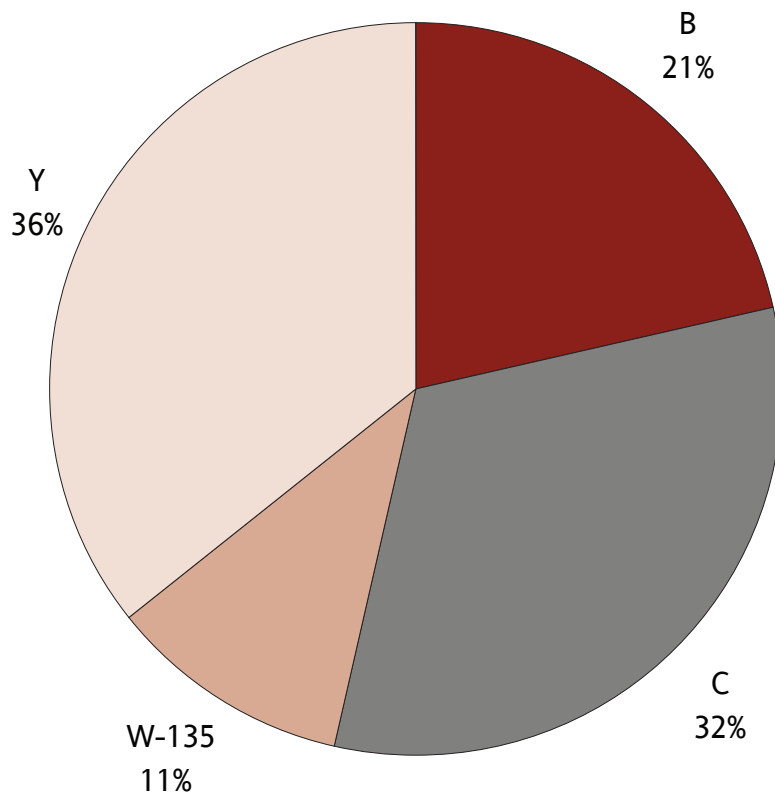
Incidence of meningococcal disease by age and sex: Oregon, 2011



Incidence of meningococcal disease: Oregon vs. nationwide, 1996–2011



Meningococcal disease by serogroup: Oregon, 2011



Incidence of meningococcal disease by county of residence: Oregon, 2002–2011

