Active Bacterial Core Surveillance (ABCs) Report
Emerging Infections Program Network
Streptococcus pneumoniae, 2013

ABCs Areas

California (San Francisco County and children < 5 years in Alameda and Contra Costa counties); Colorado (5 county Denver area); Connecticut; Georgia (20 county Atlanta area); Maryland (6 county Baltimore area); Minnesota; New Mexico; New York (15 county Rochester and Albany areas and children <5 years in Erie county); Oregon (3 county Portland area); Tennessee (20 counties)

ABCs Population

The surveillance areas represent 30,604,240 persons.
Source: National Center for Health Statistics bridged-race vintage 2013 postcensal file

ABCs Case Definition

Invasive pneumococcal disease: isolation of *Streptococcus pneumoniae* from normally sterile site in resident of a surveillance area in 2013.

ABCs Methodology

ABCs personnel routinely contacted all microbiology laboratories serving acute care hospitals in their area to identify cases. Standardized case report forms that include information on demographic characteristics, clinical syndrome, and outcome of illness were completed for each identified case. Pneumococcal isolates were collected and sent to reference laboratories for susceptibility testing using CLSI methods and serotyping. Regular laboratory audits assessed completeness of active surveillance and detected additional cases.

Rates of invasive pneumococcal disease were calculated using population estimates for 2013 from the bridged-race vintage 2013 postcensal file. For national estimates, race- and age-specific rates of disease were applied from the aggregate surveillance area to the age and racial distribution of the 2013 U.S. population. Cases with missing data, excluding ethnicity, were multiply imputed using sequential regression imputation methods.[¶]

Reported ABCs Profiles

Race	No.	(Rate*)
White	2,317	(9.9)
Black	780	(15.5)
Other	170	(7.7)

* Cases per 100,000 population for ABCs areas

[¶] **Surveillance Note**
Missing race (n=365) data were multiply imputed using sequential regression imputation methods.

Age (years)	Cases No.	(Rate*)	Deaths No.	(Rate*)
< 1	61	(14.7)	1	(0.24)
1	63	(15.1)	1	(0.24)
2-4	86	(6.8)	4	(0.32)
5-17	82	(1.6)	2	(0.04)
18-34	205	(2.9)	5	(0.07)
35-49	496	(8.0)	35	(0.57)
50-64	1,050	(17.4)	112	(1.86)
65-74	493	(21.6)	41	(1.79)
75-84	404	(34.8)	73	(6.28)
≥ 85	327	(59.2)	68	(12.31)
Total	3,267	(10.7)	342	(1.12)

* Cases or deaths per 100,000 population for ABCs areas

Syndrome	No.	(%*)
Meningitis	210	(6.4)
Bacteremia without focus	545	(16.7)
Pneumonia with bacteremia	2,258	(69.1)

* Percent of cases

Antibiotic Susceptibility	S* %	I[†] %	R[‡] %
Penicillin	95.3	2.5	2.2
Cefotaxime	97.4	1.9	0.7
Erythromycin	71.5	0.3	28.2
TMP/Sulfa	81.7	9.7	8.6
Tetracycline	89.6	0.1	10.3
Levofloxacin	99.8	0	0.2
Vancomycin	100	0	0

Based on reference lab testing of 2,898 isolates

* Susceptible; [†] Intermediate; [‡] Resistant based on year 2013 CLSI definitions

National Estimates of Invasive Disease

Cases: 33,900 (10.7/100,000)
Deaths: 3,700 (1.2/100,000)

Healthy People 2020 Update

Objective: Decrease the incidence of invasive pneumococcal infections to 12 per 100,000 persons less than 5 years of age and to 31 per 100,000 persons aged 65 and older.

Age (year)	2020 Objective	2013 Rate*
< 5	12/100,000	9.6/100,000
≥ 65	31/100,000	30.5/100,000

* Cases per 100,000 U.S. population < 5 years or ≥ 65 years

Citation

Centers for Disease Control and Prevention. 2013. Active Bacterial Core Surveillance Report, Emerging Infections Program Network, *Streptococcus pneumoniae*, 2013.
Available via the internet: http://www.cdc.gov/abcs/reports-findings/survreports/spneu13.pdf