

# The Changing Epidemiology of Invasive Meningococcal Disease in Ireland Four years after introducing the MenC conjugate vaccine





Margaret Fitzgerald<sup>1</sup>, Suzanne Cotter<sup>1</sup>, Darina O'Flanagan<sup>1</sup>, Mary Cafferkey<sup>2</sup>, Karen Murphy<sup>2</sup> and Nicola O'Sullivan<sup>2</sup>

<sup>1</sup> Health Protection Surveillance Centre, Dublin and <sup>2</sup>Irish Meningococcal and Meningitis Reference Laboratory, Dublin

### Introduction

#### In the late 1990s:

- ➤ Ireland had one of the highest incidence rates of invasive meningococcal disease (IMD) in Europe; >14 cases per 100, 000 total population were notified per annum.
- Over 80% of cases were laboratory confirmed 12/100,000.
- > Serogroup C disease accounted for 30% of laboratory confirmed cases. Infants and children under 5 years of age and young adults were mostly affected.

#### In October 2000:

➤ MenC conjugate vaccine was introduced in Ireland to the infant immunisation schedule at 2, 4 and 6 months. A catch-up campaign was also launched targetting all those under 23 years of age.

### Aims

To describe the epidemiology of IMD in Ireland and the changes that have occurred in the four years since introducing the meningococcal serogroup C conjugate (MenC) vaccine.

### Results

### Total IMD - Cases and Deaths

- >Annual incidence rates of IMD have more than halved in recent years, from 14.8 cases per 100,000 in 1999 down to 5.1 cases in 2004 (Fig. 1).
- > Number of IMD associated deaths has also decreased, 17 deaths in 1999 and 25 in 2000 down to 10 in 2004 (Fig. 2).
- > Annual case fatality rates (CFR) ranged from 3% to 5 % between 1999 and 2004 (Fig. 2). CFRs tended to be higher in the older age groups. Between 1999-2004, the avergage IMD CFR in adults was 7-8%.

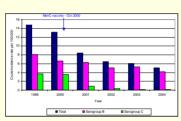


Figure 1. Annual crude incidence rates of IMD



### Results

#### Serogroup C - Cases and Deaths

- Fincidence of serogroup C disease has declined from a high of 3.7 per 100,000 in 1999 to 0.1 per 100,000 in 2003 and 2004 (Fig. 1).
- > Overall, the number of serogroup C IMD cases has declined by 96% when compared to the time pre MenC vacination (Fig. 3 and Table 1).
- > In 2004, no serogroup C cases occurred in any child under 15 years of age. In 2000, 123 cases occurred in this age group (Table 1).
- > Over the past three years (2002-2004) no child or adolescent has died from serogroup C disease.
- > From 2001-2004, five MenC vaccine failures have occurred, none of these have occurred in the last two years.

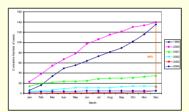


Figure 3. Cumulative number of serogroup C cases

# Table 1. Comparison of number of serogroup C cases by age group in 2000 and 2004

Age group	2000	2004	% Reduction
<1	20	0	100
1-4	37	0	100
5-9	15	0	100
10-14	20	0	100
15-19	31	1	97
20-24	8	1	88
>25	8	3	75
Total	139	5	96

### IMD and Laboratory Confirmation

- > Serogroup B disease is by far the predominant serogroup in Ireland, accounting for 95% of confirmed cases in 2004 (Fig. 4)
- Serogroup C disease now only accounts for 3% of cases (Fig. 4).
- ➤ Incidence of non-B/non-C serogroups has not changed in recent years and their incidence remains low.
- ➤ Incidence of serogroup B disease is highest in young children. In 2004, the age specific incidence rate was 77 per 100,000 in the <1 year olds and 31 per 100,000 in the 1-4 year olds.
- > There were seven serogroup B deaths in 2004, all occurring in children <5 years of age
- Majority of cases were confirmed by PCR. In 2004, 60% by PCR alone, 36% by culture and PCR and 4% by culture alone.
- > Many serogroup B serosubtypes are associated with IMD in Ireland. The most commonly reported ones are 4: P1.4; NT: P1.9; NT: P1.15 and 4: P1.15.
- In the few serogroup C cases that do occur, the most commonly identified serosubtype is 2a: P1.5, P1.2.

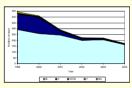


Figure 4. IMD notifications by serogroup, 1999-2004

## Methods

- > Invasive meningococcal disease (IMD) is a notifiable disases in Ireland. Clinicians and laboratories are legally obliged to notify.
- > Cases are notified daily to the Health Protection Surveillance Centre.
- ➤ An enhanced surveillance system is in operation since 1997.

  Demographic, clinical, microbiological and epidemiological information are collected on each notification.
- > Notification data are reconciled monthly with laboratory data from the Irish Meningococcal and Meningitis Reference Laboratory (IMMRL).

### Conclusions

- > The incidence of invasive meningococcal disease has been steadily declining since 1999.
- > The introduction of the MenC conjugate vaccine in Ireland in October 2000, has had a major impact in this deline.
- > Uptake/coverage of the MenC vaccine at 24 months was 88% in 2004.
- Morbidity and mortality due to serogroup C disease have substantially declined.
- > The epidemiology of non-B/non-C serogroups has not changed, incidence of these serogroups remains low
- > The incidence of serogroup B disease has also declined, suggesting Ireland is emerging from the hyper-endemic period experienced in the late 1990s.
- > Serogroup B disease now accounts for 95% of the IMD cases in Ireland, with highest incidence rates in infants and young children.
- > In 2004, 69% of serogroup B cases occurred in children <5 years of age, while all (100%) of the serogroup B deaths (n=7) occurred in this age group.
- > Despite a decline in the incidence of serogroup B disease, the burden of illness due to this serogroup is still substantial in Ireland.
- > The development and availability of a suitable and effective MenB vaccine targetting a broad spectrum of serosubtypes would be very much welcomed.

## Acknowledgements

HPSC and IMMRL would like to thank all those involved in the surveillance of IMD in Ireland – staff in the Departments of Public Health, Community Care Areas and Microbiology Laboratories.

#### **Further Information**

For further information on the epidemiology of meningococcal disease in Ireland, please contact:

Dr. Margaret Fitzgerald, Senior Surveillance Scientist, HPSC, Dublin.

Email: MargaretA.Fitzgerald@mailx.hse.ie