

Protecting and improving the nation's health

# Laboratory confirmed cases of invasive meningococcal infection (England): October to December 2017

Health Protection Report Volume 12 Number 7 23 February 2018

# Laboratory confirmed cases of invasive meningococcal infection (England): October to December 2017

In England, the national Public Health England (PHE) Meningococcal Reference Unit (MRU) confirmed 172 cases of invasive meningococcal disease (IMD) between October and December 2017 [1]. IMD cases were 15% lower during these three months compared to 202 cases in the equivalent period in 2016 (table 1).

The age distribution of meningococcal capsular groups causing IMD is summarised in table 2, with capsular group B (MenB) accounting for 47% (80/172) of all cases, followed by MenW (n=53, 31%), MenY (n=25, 15%), MenC (n=13, 8%) and one ungrouped.

There were 80 MenB cases confirmed between October and December 2017, a decrease of 27% from 110 cases in the same period in 2016. Confirmed cases of MenW, MenY and MenC were similar to the number of cases confirmed in the equivalent period 2016 (table 1). There were no reported cases for capsular groups A, X, Z/E and ungroupable.

Between October and December 2017 MenB was responsible for the majority of IMD cases in children aged less than five years of age (29/44, 66%) but, as expected, contributed to a lower proportion of cases in older age groups (table 2). The introduction of a routine national MenB immunisation programme for infants was announced in June 2015 [2] with immunisation of infants starting from 1 September 2015. Preliminary vaccine coverage estimates for infant MenB immunisation are 95.0% for one dose, 92.9% for two doses and 87.4% for the booster dose by 18 months age (evaluated between August and December 2017) [3]. The two-dose infant MenB schedule has been shown to be highly effective in preventing MenB disease in infants [4].

Of the 53 MenW cases confirmed between October and December 2017, 43% (n=23) were aged 65 years or older followed by adults aged 45 to 64 years (n=11, 21%). The increase in MenW cases, which has been previously reported [5,6], led to the introduction of MenACWY conjugate vaccine to the national immunisation programme in England [7,8].

Targeted catch-up with MenACWY vaccine began in August 2015 at which time it also replaced the existing time-limited MenC 'freshers' vaccination programme. MenC vaccine was also directly substituted with MenACWY vaccine in the routine adolescent schools programme (school year 9 or 10) from Autumn 2015.

National cumulative MenACWY vaccine coverage to the end of November 2017 was 38.4% for the third GP based catch-up cohort (aged 18-19 years during the 2017/2018 academic year), higher than either of the two previous cohorts at the equivalent time point [9].

Coverage for the first cohorts to be routinely offered MenACWY vaccine in schools from September 2015 and evaluated up to the end August 2017 was 83.6% (Year 9 in 2016/2017), 82.5% (Year 10) 79.0% (Year 11) and 71.4% (Year 12) [10].

All teenage cohorts remain eligible for opportunistic MenACWY vaccination until their 25<sup>th</sup> birthday and it is important that these teenagers continue to be encouraged to be immunised, particularly if they are entering Higher Educations Institutions. A first assessment of the MenACWY vaccination impact in the 2015 school leaver cohort has been published [11].

The impact of the MenACWY teenage vaccination and the MenB infant programme continue to be monitored.

Table 1. Invasive meningococcal disease in England by capsular group and laboratory testing method: October - December 2017

	CULTURE AND PCR		CULTURE ONLY		PCR ONLY		Total	
Capsular groups~	2016	2017	2016	2017	2016	2017	2016	2017
	Q4	Q4	Q4	Q4	Q4	Q4	Q4	Q4
В	30	24	21	15	59	41	110	80
С	4	4	4	4	2	5	10	13
W	13	11	34	33	12	9	59	53
Υ	3	7	14	12	3	6	20	25
Other*	0	0	0	0	3	1	3	1
Total	50	46	73	64	79	62	202	172

<sup>~</sup>No cases of groups A, X, Z/E or ungroupable were confirmed during the periods summarised in the table.

Table 2. Invasive meningococcal disease in England by capsular group and age group at diagnosis: October - December 2017

Age groups		Ca					
	В	С	W	Υ	Other*	Total	%
<1 year	8	2	6	2	0	18	10.5
1-4 years	21	0	4	1	0	26	15.1
5-9 years	6	4	1	1	1	13	7.6
10-14 years	6	0	1	1	0	8	4.7
15-19 years	16	1	2	1	0	20	11.6
20-24 years	3	0	0	2	0	5	2.9
25-44 years	7	2	5	2	0	16	9.3
45-64 years	8	3	11	7	0	29	16.9
>=65 years	5	1	23	8	0	37	21.5
Total	80	13	53	25	1	172	

<sup>\*</sup> Other includes ungrouped (ungroupable refers to invasive clinical meningococcal isolates that were non-groupable, while ungrouped cases refers to culture-negative but PCR screen (ctrA) positive and negative for the four genogroups [B, C, W and Y] routinely tested for).

<sup>~</sup>No cases of groups A, X, Z/E or ungroupable were confirmed during the periods summarised in the table.

\* Other includes ungrouped (ungroupable refers to invasive clinical meningococcal isolates that were non-groupable, while ungrouped cases refers to culture-negative but PCR screen (ctrA) positive and negative for the four genogroups [B, C, W and Y] routinely tested for).

### References

- 1. Data source: PHE Meningococcal Reference Unit, Manchester.
- 2. PHE and NHS England (22 June 2015). Introduction of Men B immunisation for infants (Bipartite letter).
- 3. PHE (2018). Meningococcal B immunisation programme: vaccine coverage estimates: update from August to December 2017. HPR 12(3), 27 January.
- 4. Parikh SR, Andrews NJ, Beebeejaun K, Campbell H, Ribeiro S, Ward C et al (27 October 2016). Effectiveness and impact of a reduced infant schedule of 4CMenB vaccine against group B meningococcal disease in England: a national observational cohort study, *Lancet* **388** (10061), 2775-2782.
- 5. PHE (2015). <u>Continuing increase in meningococcal group W (MenW) disease in England</u>. *HPR* **9**(7): news.
- 6. "Freshers told 'it's not too late' for meningitis C vaccine" PHE press release: 27 November 2014.
- 7. PHE and NHS England (22 June 2015). Meningococcal ACWY conjugate vaccination (MenACWY). (Bipartite letter.)
- 8. PHE website. Meningococcal ACWY (MenACWY) vaccination programme.
- 9. PHE (2017). <u>Vaccine coverage for the GP based catch-up meningococcal ACWY</u> (MenACWY) immunisation programme in England to the end of August 2017. *HPR* **11**(34), 29 September 2017
- 10. PHE (2018) <u>Preliminary vaccine coverage for the school based meningococcal ACWY</u> (MenACWY) adolescent vaccination programme in England, 1 September 2015 to 31 August 2017. *HPR* **12**(3), 27 January.
- 11. Campbell H, Edelstein M, Andrews N, Borrow R, Ramsay M, Ladhani S, et al (2017). Emergency Meningococcal ACWY Vaccination Program for Teenagers to Control Group W Meningococcal Disease, England, 2015-2016. Emerg Infect Dis. **23**(7): 1184-1187.

## About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and are a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

## About Health Protection Report

Health Protection Report is a national public health bulletin for England and Wales, published by Public Health England. It is PHE's principal channel for the dissemination of laboratory data relating to pathogens and infections/communicable diseases of public health significance and of reports on outbreaks, incidents and ongoing investigations.

Public Health England, Wellington House, 133-155 Waterloo Road, London SE1 8UG Tel: 020 7654 8000 <a href="https://www.gov.uk/phe">www.gov.uk/phe</a>

Twitter: @PHE\_uk Facebook: www.facebook.com/PublicHealthEngland

Queries relating to this document should be directed to:
Immunisation, Hepatitis and Blood Safety Department: <a href="mailto:immunisation@phe.gov.uk">immunisation@phe.gov.uk</a>
National Infection Service, PHE Colindale,
61 Colindale Avenue, London NW9 5EQ.



© Crown copyright 2018

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence v3.0. To view this licence, visit <u>OGL</u>. Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

Published February 2018 PHE publications gateway number: 201715



PHE supports the UN Sustainable Development Goals

