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Invasive Pneumococcal Disease (IPD) (Streptococcus pneumoniae) 2017 Case Definition | CDC  
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Invasive Pneumococcal Disease (IPD) (  
Streptococcus pneumoniae  
)  
2017 Case Definition  
Invasive Pneumococcal Disease (IPD) (  
Streptococcus pneumoniae  
)  
2017 Case Definition  
NOTE:  
A surveillance case definition is a set of uniform criteria used to define a disease for public health surveillance. Surveillance case definitions enable public health officials to classify and count cases consistently across reporting jurisdictions. Surveillance case definitions are not intended to be used by healthcare providers for making a clinical diagnosis or determining how to meet an individual patient’s health needs.  
CSTE Position Statement(s)  
16-ID-08  
Background  
Invasive pneumococcal disease (IPD) is a notable cause of morbidity and mortality in the US,  
despite the availability of 7-valent pneumococcal conjugate vaccine (PCV7) and 13-valent pneumococcal  
conjugate vaccine (PCV13). After introduction of PCV7 in 2000, rates were reduced by 64-77% among adults  
and older children, and down to less than one case per 100,000 among children under 5 for the included  
serotypes. In 2010, PCV13 further lowered rates. However, in 2011 there were still more than 35,000 cases  
and 4,200 deaths from IPD, indicating a need for continued surveillance.  
The ability to test for  
Streptococcus pneumoniae  
using culture independent diagnostic tests (CIDTs)  
like polymerase chain reaction (PCR)-based testing has become both more available and more common.  
PCR can be and is used for typing of  
Streptococcus pneumoniae  
, a key component of surveillance, and  
integrating CIDT identification into the case definition would increase overall coherence. Similar  
to the convention with other diseases, it is therefore suggested that a category of “probable” IPD  
cases be created, to classify CIDT positive but culture negative (or with absent culture results)  
individuals.  
Clinical Criteria  
Invasive Pneumococcal (  
Streptococcus pneumoniae  
) Disease or IPD causes many clinical syndromes,  
depending on the site of infection (e.g., bacteremia, meningitis.)  
Laboratory Criteria For Diagnosis  
Supportive: Identification of  
S. pneumoniae  
from a normally sterile body site by a CIDT without  
isolation of the bacteria.  
Confirmatory: Isolation of  
S. pneumoniae  
from a normally sterile body site.  
Epidemiologic Linkage  
Not required.  
Criteria to Distinguish a New Case from an Existing Case  
A single case should be defined as a health event with a specimen collection date that occurs  
more than 30 days from the last known specimen with a positive lab finding.  
Case Classification  
Probable  
A case that meets the supportive laboratory evidence.  
Confirmed  
A case that meets the confirmatory laboratory evidence.  
Comments  
The use of CIDTs as stand-alone tests for the direct detection of  
S. pneumoniae  
from  
clinical specimens is increasing. Data regarding their performance indicate variability in the  
sensitivity, specificity, and positive predictive value of these assays depending on the  
manufacturer and validations methods used. It is therefore useful to collect information on the  
laboratory conducting the testing, and the type and manufacturer of the CIDT used to diagnose  
each IPD case. Culture confirmation of CIDT-positive specimens is still the ideal method of  
confirming a case of IPD.  
Related Case Definition(s)  
Invasive Pneumococcal Disease (IPD) (  
Streptococcus pneumoniae  
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NNDSS receives and shares case data from state, local, and territorial health departments to help public health monitor, control, and prevent serious diseases.  
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