

## 6. Invasive meningococcal disease

### Summary of notifications

In 2004, the department received notifications for 80 cases of confirmed and probable invasive meningococcal disease, for 44 males (55 per cent) and 36 females (45 per cent). This compared with 129 cases in 2003. The total notification rate was 1.6 per 100,000.

There were six deaths, corresponding to a case fatality rate of eight per cent. The median age of persons notified was 19 years (range: two months to 83 years), with characteristically higher rates among those in the zero to four and 15-19 years age groups (figure 20).

The highest number of cases were notified in June (14, 18 per cent) followed

by August and January (10, 13 per cent respectively). The notification rate was highest for the Barwon South Western region (figure 21).

There was greater than four times more serogroup B than serogroup C cases. Serogroup B was confirmed in 55 cases (an overall notification rate of 1.1 per 100,000), with five deaths (a case fatality rate of nine per cent). Serogroup C was confirmed in 13 cases (an overall notification rate of 0.3 per 100,000), with one death (a case fatality rate of eight per cent). There were three serogroup Y cases and one serogroup W135 case. Three further cases of unidentified serogroup were laboratory confirmed (for example, gram negative diplococci identified in cerebrospinal fluid), and there were five cases notified on the basis of a clinical diagnosis only.

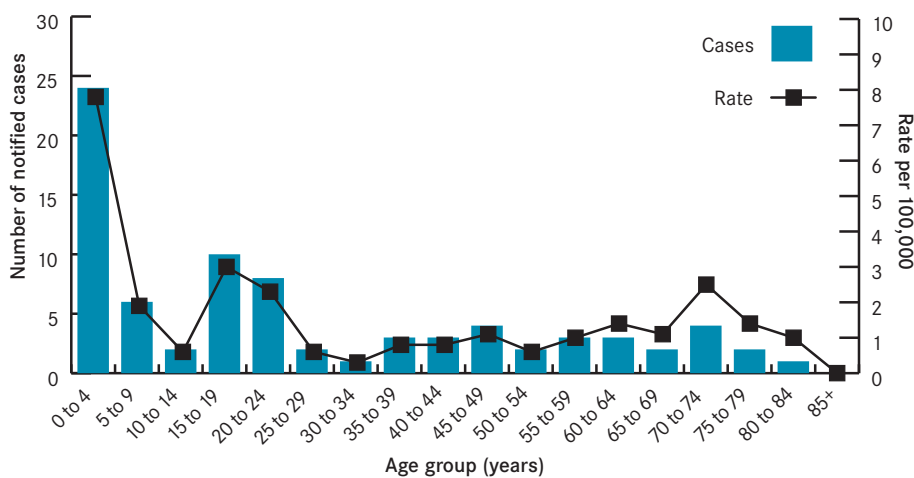
Serogroup C disease occurred in an older age group (median age of 46 years) compared to serogroup B disease (median age of 17 years), and the proportion of cases aged less than 20 years was higher for serogroup B than for serogroup C (60 per cent and 23 per cent respectively).

The number of notified cases of invasive meningococcal group C disease in 2004 was lower than that in 2003 (13 and 47 respectively), a reduction of 72 per cent. The reduction was evident in all age groups, except the under one year old age group.

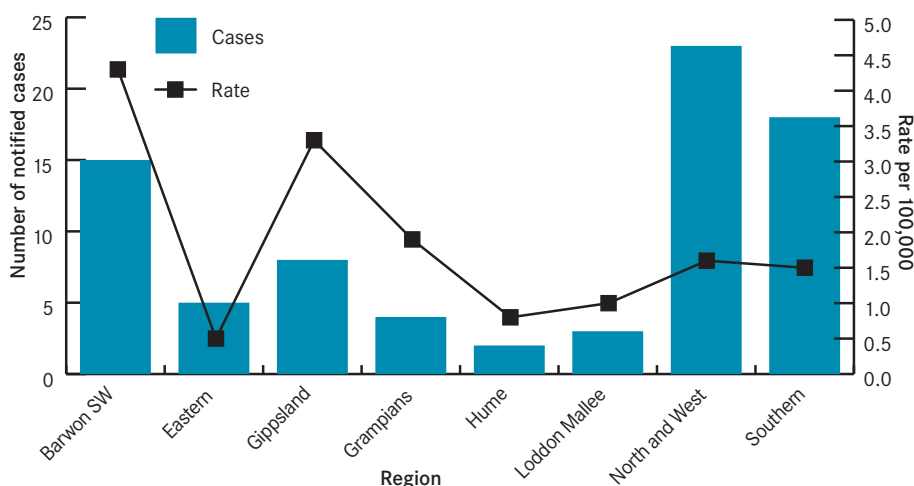
### Risk factors

Risk factor data were not routinely collected.

**Figure 20: Notified cases of invasive meningococcal disease, by age group and rate per 100,000 population, Victoria, 2004**



**Figure 21: Notified cases of invasive meningococcal disease, by region and rate per 100,000 population, Victoria, 2004**



## Outbreak and other investigations

No outbreaks were identified; no epidemiological links between cases were identified.

## Comment

Early treatment of meningococcal disease improves outcome, and administration of antibiotics should not be delayed for any reason. While no vaccines protect against serogroup B disease, there is an effective vaccine against serogroup C that is provided free for infants aged 12 months under the National Immunisation Program. The sharp decrease in cases of serogroup C disease was probably attributable to the introduction of the National Meningococcal C Immunisation Program for all children aged from one to 19 years in 2003.

Meningococcal polysaccharide vaccine confers protection of limited duration against serogroups A, C, W135 and Y, and is recommended for persons over two years of age with inherited defects of properdin or complement, or functional or anatomical asplenia, those travelling to areas where epidemics of these serogroups are frequent, and pilgrims attending the Hajj in Saudi Arabia.