High Risk Conditions and Vaccination Gaps in Invasive Pneumococcal Disease Cases in Tennessee, 2011-2016

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Outline

- Brief Introduction of Field Experience
- Minor Project: SNiPP Data Entry
- Major Project: High Risk Conditions and Vaccination Gaps in IPD
- Core Competencies
- Questions



Field Experience: Emerging Infections Program





Emerging Infections Program

- Established in 1995 by the CDC
- Response to the growing population, an increase in poverty, and the heightened international travels
- Network of state health departments, public health and clinical laboratories, academic establishments, state and federal agencies, and healthcare providers



Emerging Infections Program



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Emerging Infections Program





TN Emerging Infections Program

- Active Bacterial Core Surveillance (ABCs)
- FoodNet
- Healthcare-Associated Infections (HAI)
- Flu-Surv Net
- HPV-IMPACT
- TickNet



Active Bacterial Core Surveillance (ABCs)

- Focuses on the epidemiology and surveillance of invasive bacterial diseases
- Group A Streptococcus (GAS), Group B Streptococcus (GBS), Haemophilus influenza, Neisseria meningitides, Streptococcus pneumoniae, and Methicillin-Resistant Staphylococcus aureus (MRSA)



Learning Objectives

- Learn to navigate database software used for population-based surveillance and research
- Gain experience extracting pertinent medical information from patient records and CRFs
- Expand knowledge of statistical analyses and additional epidemiological techniques



Measurable Outcomes

- Shadowed personnel in population-based surveillance, epidemiology, and diseaseprevention careers
- Assisted in data entry for SNiPP project
- Aided in data cleaning and audit for Pneumococcal Carriage Study
- Attended weekly surveillance meetings and discussions at TDH

Measureable Outcomes

- Assisted in the transfer of data to new software databases (REDCap)
- Participated in monthly EIP meetings to discuss various public health issues
- Designed and implemented an observational study to evaluate high risk conditions in populations with IPD, and to determine vaccination gaps within those identified populations



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Minor Project: SNiPP

SNiPP: Surveillance for Non-invasive Pneumococcal pneumonia

- Most common form of pneumococcal disease in adults
- Over **900,000** diagnosed each year in U.S.
- Account for 36% of community-acquired pneumonia







Urine Antigen Test (UAT)

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	Container with boric acid or other (specif	y) compound
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IF YES, PLEASE	INDICATE SPECIMEN SOURCE(S)(indicate a	II that apply):
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IF YES, Please i	nclude ABCS StaterD (10) sterile site positive	
WHAT WERE T	HE RESULTS OF THE CULTURE(S):	
🗆 no	o culture was obtained	
	ositive for S. pneumoniae, please specify sou	acimen was positive for
	negative for 5. pneumonide spe	
	on't know	



Objectives

- To properly transfer patient medical information from hard copy of the case report form (CRF) to the electronic form entry
- Results from data entry are used to provide population-based estimates that are easily transmitted to the CDC for future studies



Methods



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REDCap

Software solution to develop and manage online surveys and databases

- Established by Vanderbilt
- Over 2,000 institutional partners use REDCap
- TN EIP transfers all data to REDCap



Methods: Data Entry

REDCap Logged in as red_0005 | Log out My Projects A Project Home 5 Project Setup Project status: Development Data Collection Edit instrum Record Status Dashboard - View data collection status of all records Add / Edit Records - Create new records or edit/view existing Record number 10 Select other re Data Collection Instruments: Participant Information Labs **Observed Behavior** Sleep Index Applications Data Exports, Reports, and Stats E Logging User Rights Data Quality

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Record number 10 Participant Information Participant Name * must provide value * must provide value E-mail address Date subject signed consent form * must provide value	Adding new Record number 10		
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Results

- Submitted over 1,000 negative UAT cases into REDCap
- Approximately over 7,400 negative UAT cases in the REDCap Patient Tracker



Discussion

- Pneumococcal pneumonia is very common
- Important to enter both positive and negative UAT cases to ensure proper population-based estimates
- EIP analyzes the proportions of pneumonia hospitalizations in hospitals that perform the UATs and those that do not



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Major Project: High Risk Conditions and Vaccination Gaps in Invasive Pneumococcal Disease in Tennessee, 2011-2016



History: Streptococcus pneumoniae

- Gram + bacteria, also known as pneumococcus
- First isolated by Pasteur in 1881 by a rabies + patient
- As of 2011, over 92 serotypes identified





Background: Streptococcus pneumoniae

- Normal inhabitants of the respiratory track
- Certain serotypes cause serious illness (6A, 14, 19F, and 23F)
- Cause invasive illnesses and/or noninvasive illnesses

- Major clinical illnesses:
 - ✓ Pneumonia
 - ✓ Sinusitis
 - ✓ Otis media
 - ✓ Bacteremia
 - ✓ Meningitis



Invasive Pneumococcal Disease (IPD)

- Morbidity
- Mortality

- 62% of invasive disease worldwide
- Over **12,000** bacteremia cases/year in U.S.
- **50%** of meningitis cases in U.S.
- 22,000 deaths/year in U.S.



"Pneumococcal disease kills more people in the United States each year than all other vaccinepreventable diseases combined."

-CDC, 2014



IPD Risk Factors

- Race
- Age
- Immunosuppressant illnesses

The CDC lists the following as most prevalent underlying conditions:

- HIV
- Diabetes
- Liver/Heart Disease
- Smoking
- Asthma



1 AIDS or CD4 count <200 1 Complement Deficiency 1 INDU, Current 1 Peptic Ulcer Disease 1 Alcohol Abuse, Current 1 Connective Tissue Disease (Lupus, etc.) 1 INDU, Past 1 Peripheral Neuropathy 1 Alcohol Abuse, Past 1 CSF Leak 1 Leukemia 1 Peripheral Vascular Disease 1 Asthma 1 Deaf/Profound Hearing Loss 1 Multiple Myeloma 1 Plegias/Paralysis 1 Atherosclerotic Cardiovascular Disease 1 Dementia 1 Multiple Sclerosis 1 Premature Birth (specify gestational age at birth) (wks) 1 Bone Marrow Transplant (BMT) 1 Emphysema/COPD 1 Neuromuscular Disorder 1 Scizure/Seizure Disorder 1 Chronic Kidney Disease 1 Hotgkin's Disease/Lymphoma 1 Other Drug Use, Current 1 Solid Organ Malignancy 1 Current Chronic Dialysis 1 Immunosuppressive Therapy 1 Other Drug Use, Past 1 Solid Organ Transplant 1 Chronic Skin Breakdown 1 Immunosuppressive Therapy



Vaccinations





Vaccination Recommendations

- PCV 13 (Prevnar 13)
 - Children 2 years of age and younger
 - ✓ Adults 65+
 - ✓ Adults 19+ with certain illnesses (HIV and kidney disease)

- PPSV23(Pneumovax 23)
 - ✓ Adults 65+
 - ✓ Children under 2 years of age and Adults 19+ with certain illnesses (diabetes and heart disease)



INFORMATION FOR ADULT PATIENTS 2017 Recommended Immunizations for Adults: By Age

If you are this age, talk to your healthcare professional about these vaccines Flu Td/Tdap Shingles Pneumococcal Meningococca MMR HPV Chickenpox Hepatitis A Hepatitis B Hib Tetanus, Meases, Haemophilus Influenza Zoster Human papillomavirus Varicella diphtheria, mumps, influenzae MenACWY pertussis PPSV23 rubella type b PCV13 MenB for women for men or MPSV4 19 - 21 years 22 - 26 years 27 - 59 years 60 - 64 years 65+ year You should get a Td booster every You should get 1 dose of PCV13 and at least 1 dose of PPSV23 You should You should More You should get this vaccine if you did not get it when you were a child. Information: get flu vaccine every year. get shingles vaccine even depending on your age and health condition. You should get HPV vaccine if you are a woman through age 26 years or a man through age 21 years and did not already 10 years. You if you have had shingles before. also need 1 dose of Tdap, Women complete the series. should get a Tdap vaccine during every pregnancy to help protect the baby. For more information, call 1-800-CDC-INFO (1-800-232-4636) or visit www.cdc.gov/vaccines Recommended For You: This vaccine is recommended for you *unless* your healthcare professional tells you that you do not need it or If you are traveling outside the United States, you

may need additional vaccines. Ask your healthcare professional about which vaccines May Be Recommended For You: This vaccine you may need at least 6 weeks before you travel. is recommended for you if you have certain risk factors due to your health condition or other. Tak

should not get it.

this vaccine.

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to your healthcare professional to see if you need



U.S. Department of Health and Human Services Centers for Disease Control and Prevention

INFORMATION FOR ADULT PATIENTS

2017 Recommended Immunizations for Adults: By Health Condition





For more information, call 1-800-CDC-INFO (1-800-232-4636) or visit www.cdc.gov/vaccines

Recommended For You: This vaccine is recommended for you *unless* your healthcare professional tells you that you do not need it or should not get it. May Be Recommended For You: This vaccine is recommended for you if you have certain other risk factors due to your age, health condition or other. Talk to your healthcare professional to see if you need this vaccine. YOU SHOULD NOT GET THIS VACCINE



U.S. Department of Health and Human Services Centers for Disease Control and Prevention



Objectives:

- To evaluate ABC's data from REDCap and Access to identify the high-risk conditions of patients with IPD
- 2) To provide awareness of vaccination gaps within the IPD population



Methods: Data Collection

 An IPD case is defined as a positive culture of Streptococcus pneumoniae in an adult $(aged \ge 19 years old)$ with one or more highrisk conditions within the Tennessee catchment areas





Case Report Form

Nutriess(Number, Street, Apt. No.] Chart No.]								
(City, State) (Zip Code) Hospital:								
- Patient identifier information is not transmitted to CDC- 2017 ACTIVE BACTERIAL CORE controls no expected control. SURVEILLANCE (ABCs) CASE REPORT ADDIVISION ACORE COMPONENT OF THE EMERGING INFECTIONS PROGRAM NETWORK - STADBORG AND APPONENT OF THE EMERGING INFECTIONS PROGRAM NETWORK								
1.STATE: 3a. Was a culture performed? Platient Residence! 1. Ves. Positive 2. Ves. Negative 3. No 2.STATE LD: 3b. DATE FIRST POSITIVE CULTURE COLLECTED Von Dy Ves Ves	3c. DATE FIRST Pr Diagnostic Test (U Mo. D. 3d. TYPE OF CIDI 1 Biofire Menir 2 Other	STITUE CURTURE Independe CIDT, e.g. PCR) COLLECTED y Year T: igitis Panel 9 Unknown	4. Date reported to EIP site: Model 5. CRF Status: 1 1 Complete 2 Incomplete	Mo. Day Year to EP site:				
6. COUNTY: (Residence of Patient)	7a. HOSPITAL/LAE CULTURE IDE	NTIFIED:	7b. HOSPITAL I.D. W PATIENT TREAT	HERE				
8. DATE OF BIRTH: 9a. AGE: Mo. Day Year 9b. Is age in day/molyr? 1 Days 2 Mos. 3 Yrs.	10. SEX: 1Male 2Female	11a. ETHNIC ORIGIN: 1 Hispanic or Latino 2 Not Hispanic or Lati 9 Unknown	11b. RACE: (Check all that a 1 Uhite 1 Black 1 American Indian or Alaska Native	pply) 1 Asian 1 Native Hawaiian or Other Pacific Islander 1 Unknown				
12a. BACTERIAL SPECIES ISOLATED FROM ANY NORMALLY STERILE SITE: 1 Neisseria meningitidis 3 Group B Streptococcus 5 Group A S	Streptococcus	12b. OTHER BACTERIAL SPECIES ISOLATED FROM ANY NORMALLY STERILE SITE: (specify)						
2 Haemophilus influenzae 4 Listeria monocytogenes 6 Streptoco	occus pneumoniae							
13.3 FERRILE SITES FROM WHICH ORGANISM ISOUND ED: Clock all wild apply 1 Blood 1 1 Peritoreal fluid 1 1 Peritoreal fluid 1 1 Peritoreal fluid 1 1 Peritoreal fluid 1 1 Other normally sterile site (specify) 1 Blood 1 1 Other normally sterile site (specify) 1 Blood 1 1 Other normally sterile site (specify) 1 Blood 1 1 Other normally sterile site (specify) 1 Blood 1 1 Other normally sterile site (specify) 1 Blood 1 1 Other normally sterile site (specify) 1 Blood 1 1 Other normally sterile site (specify) 1 Blood 1 1 Other normally sterile site (specify)								
INFLUENZA 15. Did this patient have a positive flu test 10 days prior to or fo	ollowing <u>any</u> ABCs	positive culture? 1 Ye	2 No 9 Unknown					
16 WASPATIENT HOSPITALIZED? If YES, date of admission: No. Date of discharge: Mo. Total for discharge: Mo. Total fo								
18a. Where was the patient a resident at time of initial culture? 1 Private residence 4 Inoneless 7 Non-medical w 2 Long term care facility 5 Incarcerated 8 Other (specify) 3 Long term care care facility 6 Color demitory 9 Unknown	ard Fa	b. If resident of a facility, wh was the name of the facilit acility ID:	at 19a.Was patient transferred from another hospital? _ 1 Yes 2 No _ 9 Unknown	19b. If YES, hospital I.D.:				
206. WEIGHT:	NSURANCE: (Check te care caid/state assistance	all that apply) 1 Military 1 Indian Heal program 1 Incarcerate	1 Other <i>(spe</i> th Service (IHS) 1 Uninsurec 1 Unknown	cify)				
22. OUTCOME: 1								
24a. At time of first positive culture, patient was: 1 Pregnant 2 Postpartum 3 Neither 9 Unknown	26.	TYPES OF INFECTION CAUS	ED BY ORGANISM: (Check all the	it apply) Endomotritic				
24b. If pregnant or postpartum, what was the outcome of fetus: 1 Survived, no apparent illness 4 Abortion/stillbirth 9 Unknown 2 Survived, chical infection 5 Induced abortion Unknown 3 Live birth/neonatal death 6 Still pregnant		without Focus Meningitis Otitis media Preumonia	Pericarditis Septic abortion Chorioamnionitis	STSS Necrotizing fasciitis Puerperal sepsis				
24c. Mark if this is a HINSES fetal death with placenta and/or amniotic flui a stillbirth, or neonate <22 wks gestation.	id isolate,	Cellulitis 1	Septic arthritis 1	Septic shock Other (specify)				
25. If patient <1 month of age, indicate gestational age and birth weight. If p	Hemolytic uremic	Empyema						

I Chorole Abuse, Past I Leak I Peripheral Vascular Disease I Asthma I DeerfProfound Hearing Loss I Multiple Scleosis I Pregus/Paralysis I Asthma I DeerfProfound Hearing Loss I Multiple Scleosis I Pregus/Paralysis I Asthma I Deerentia I Deerentia I Multiple Scleosis I Pregus/Paralysis I Bone Marrow Transplant (BMT) I Deaterst Mellitus I More Tainer Scher								
- IMPORTANT - PLEASE COMPLETE FOR THE RELEVANT ORGANISM -								
28a. What was the serotype? 1 b 2 Not Typeable 3 a 4 c 5 d 6 e 7 f 8 Other (specify) 9 Not Tested or Unknown								
28b. If <15 years of age and serotype fv or 'unknown' did	LOT NUMBER	28c.Were records obtained to verify vaccination history? (<5 years of age with Hib/unknown serotype, only)						
		1 Yes 2 No						
2		If YES, what was the source of the information? (Check all that apply)						
3		1 Vaccine Registry						
4		1 Other(specify)						
NetssentA menincittots 29. What was the 1 A 2 B 3 C 4 Y 5 W135 6 Not Groupable 8 Other	9_Unknov	vn 30. Is patient currently attending college? 1 Yes 2 No 9 Unknown						
31.Did patient receive meningococcal vaccine? 1 Yes 2 No 9 Unknown If YES, complete the table	STREPTOCOCCUS PN	IEUMONIAE						
DOSE TYPE DATE GIVEN NAME MANUFACTURER LOT NUMBER	1 Ves 2 No	9 Unknown						
	If YES, please note w	hich pneumococcal vaccine was received:						
2	1 Prevnar®7-valen	t Pneumococcal Conjugate Vaccine (PCV7)						
3	1 🗆 Prevnar-13 [®] , 13-v	alent Pneumococcal Conjugate Vaccine (PCV13)						
	1 Pneumovax [®] , 23-valent Pneumococcal Polysaccharide Vaccine (PPV23)							
	1 U Vaccine type not specified If between >2 months and >5 years of age and an isolate is available for							
	serotyping, please complete the Invasive Pneumococcal Disease in Children expanded form.							
6 Codes: 1= ACWY conjugate (Menactra, Menveo, MenHibrix) 2= ACWY polysaccharide (Menomune)								
3= B (Bexsero, Trumenba) 9= Unknown 21b Meuninged did actions have any of the following seguence evident upon discharge? (check all that applied		10						
1 Hearing deficits 1 Amputation (digit) 1 Amputation (limb) 1 Seizures 1 Paralysis or spasticity	1 Skin Scarring/necro	sis t Other (specify)						
GROUP A STREPTOCOCCUS (#33-35 refer to the 14 days prior to first positive culture) 34. Did the patient deliver a baby ((vaginal or C-section) ?	35. Did patient have:						
33. Did the patient have surgery 1 Yes 2 No 9 Unknown 1 Yes 2 No 9 Unknown or any skin incision? Mo. Day Year Mo. Day	/n Yoar	Varicella Varicella						
If YES, date of surgery or skin incision:		If YES to any of the above, record the number of days prior to the first positive culture						
9 Unknown date 9 Unknown	date	(if > 1, use the most recent skin injury) 1 0-7 days 2 8-14 days 9 Unknown days						
36. COMMENTS:								
- SURVEILLANCE OFFICE USE ONLY -								
37. Was case first identified through audit? 1 Ves. 2 No 38. Does this case have recurrent disease with 1 Ves. 2 No 39. Initials of (1st) state LD:								
Submitted By: Phone No. : ()	Date: / /						


Methods: Data Analysis

- 2011-2012 IPD data extracted from Access
- 2013-2016 IPD data extracted from REDCap

Total number of IPD cases=2,693 (years 2011-2016)

• All data complied into one excel worksheet



Phase 1: IPD Study Population Demographics



Age





Race





Ethnic Origin





Hospital and ICU %





Prevalent IPD Underlying Conditions



Phase 2: Most Prevalent IPD Underlying Conditions (by age)



IPD Underlying Conditions 60.00% 50.00% 40.00% 30.00% 20.00% 10.00% 0.00% ASCVD Diabetes COPD Smoker Othill **19-49** 2.50% 12.65% 7.96% 41.84% 17.14% **50-64** 10.24% 25.18% 30.09% 51.10% 19.23% 65-84 25.32% 33.37% 38.88% 30.09% 19.49% **85**+ 30.13% 27.15% 26.82% 4.64% 19.54% ■ 19-49 ■ 50-64 ■ 65-84 ■ 85+



Phase 3: IPD Vaccination Gaps







Vaccination Percentages for 19-49 Age Group







Vaccination Percentages for Age Group 65-84



Vaccination Percentages for Age Group 85+











2012 Percentages for Underlying Conditions within Vaccine Types by Age



2013 Percentages for Underlying Conditions within Vaccine Types by Age



2014 Percentages for Underlying Conditions within Vaccine Types by Age











Dual Vaccine Recommendation

- Evaluated the percentages of the vaccinated population that received dual vaccines
 - less than 1.7% of the age group, 65-84,
 - and less than 2.2% of the age group, 19-49, received the recommended dual vaccines



Data Summary

- Phase 1 Largest Populations
 - ✓ Age: 50-64
 - ✓ Race: Caucasian
 - ✓ Ethnic Origin: Not Hispanic
 - ✓ Hospital/ICU group: 50-64
 - ✓ Most prevalent underlying conditions: ASCVD, Diabetes, COPD, Smoker, Other illnesses



Data Summary:

- Phase 2
 - ✓ 19-49: Smoker
 ✓ 50-64: Smoker
 ✓ 65, 84: CODD
 - ✓ 65-84: COPD
 - ✓ 85+: ASCVD



Data Summary:

• Phase 3:

✓ Vaccination Percentages for each age group:

- 19-49: 11%
- 50-64: 18%
- 65-84: 31%
- 85+: 40%

✓ Vaccine Types for all age groups: PPSV 23

 Low percentage of dual vaccinations in all age groups



Conclusion:

Analyses was conducted to shed light on IPD highrisk conditions and vaccination gaps among those with IPD

- Most prevalent highrisk condition is smoking
- Younger age groups are going unvaccinated
- Majority of patients mark unknown vaccination status
- Low percentages of dual vaccines





Trends in invasive pneumococcal disease among adults aged 19-64 years old, 1998–2015

*PPSV23 serotypes: 1, 2, 3, 4, 5, 6B, 7F, 8, 9N, 9V, 10A, 11A, 12F, 14, 15B, 17F, 18C, 19A, 19F, 20, 22F, 23F, and 33F *PCV13 serotype: 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F, and 23F

Active Bacterial Core surveillance data, 1998–2015, unpublished





Trends in invasive pneumococcal disease among adults aged >65 years old, 1998–2015

*PPSV23 serotypes: 1, 2, 3, 4, 5, 6B, 7F, 8, 9N, 9V, 10A, 11A, 12F, 14, 15B, 17F, 18C, 19A, 19F, 20, 22F, 23F, and 33F *PCV13 serotype: 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F, and 23F



Limitations

- Small study population
- Incomplete CRFs
- Unknown Vaccination Statuses
- Lack of communication between patients and healthcare providers (i.e. medical terminology)



Future Studies

- A larger study population
- Comparison of IPD data within all ten EIP states
- Vaccination gaps among pregnant women with IPD high-risk conditions
- Measure the risk of reoccurrence of IPD in same study population
- Measure the risk of IPD in Hepatitis C patients

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Core Competencies

- **Biostatistics:** Use of descriptive statistics and statistical analyses
- Environmental Health: Acknowledgement of the link between disease and the environment
- Epidemiology: Use and understanding of surveillance methods and terms



Core Competencies

- Health Administration: Use of HIPAA regulations and understanding of the U.S. healthcare system
- Social and Behavioral Science: Acknowledgment of the link between demographics with certain diseases and health disparities



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Questions?




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