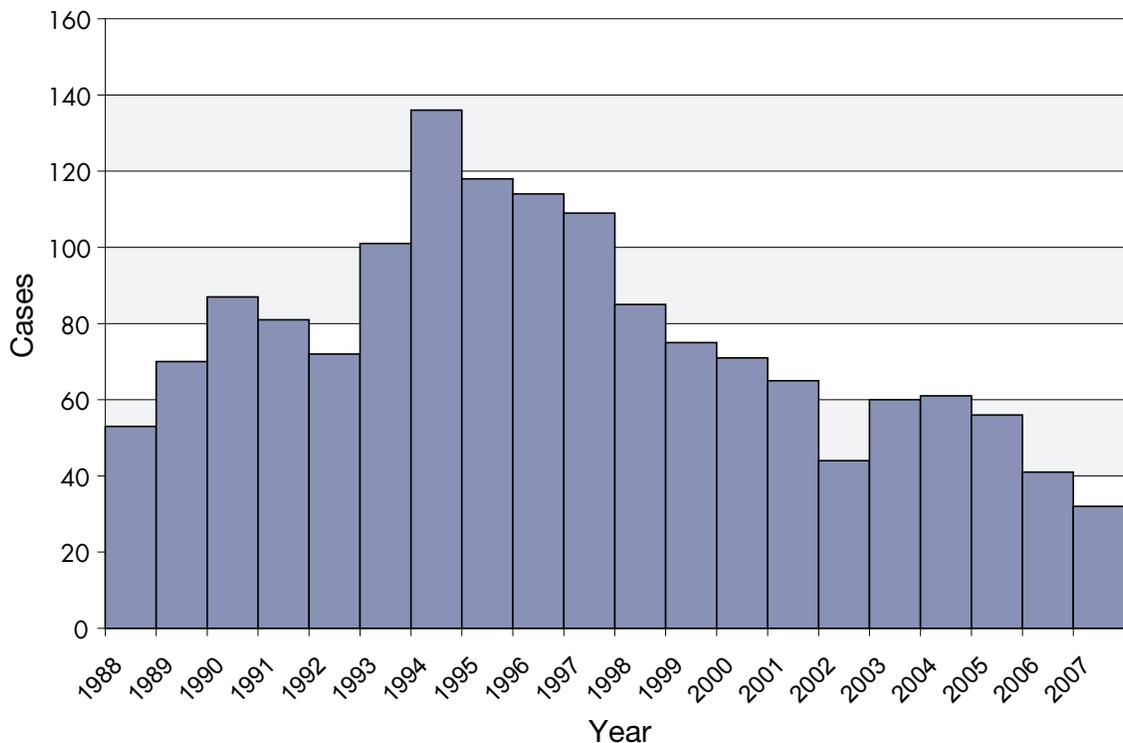


## Meningococcal disease

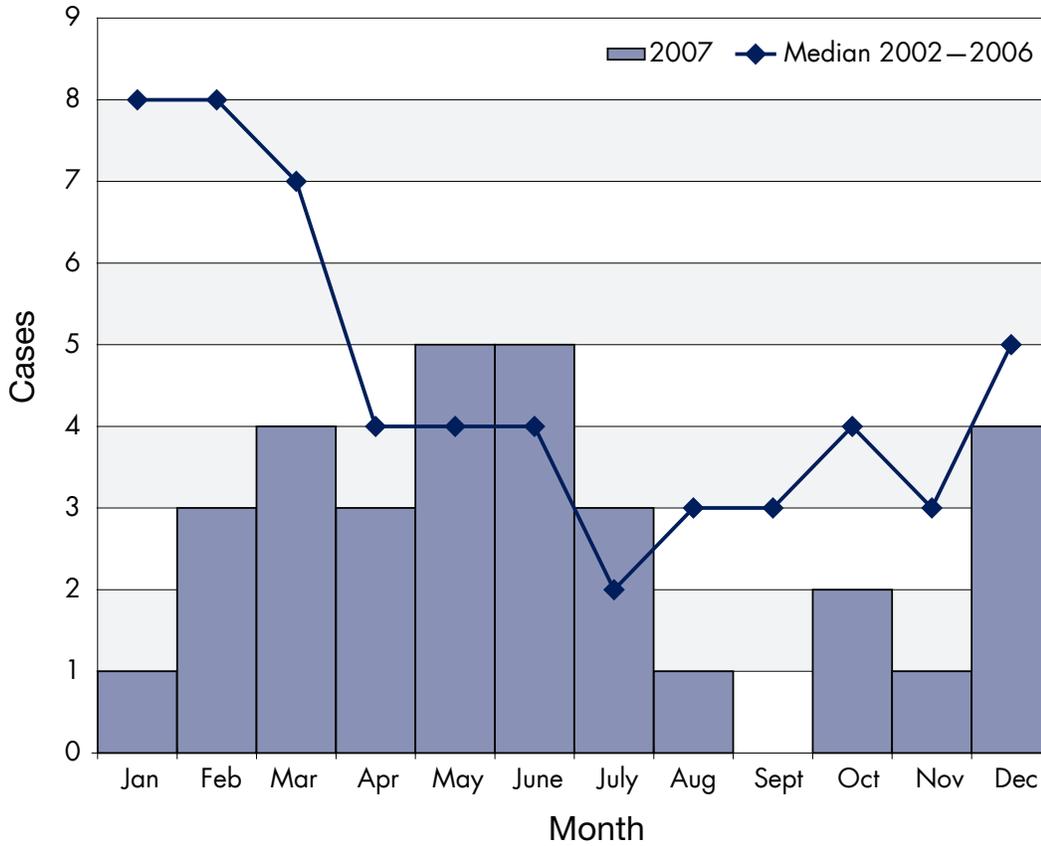
Reported cases of invasive meningococcal infections, including sepsis and meningitis, have declined from the hyperendemic levels seen in 1993–1997 to those observed prior to the advent of the enzyme-type 5 (ET5) strain of serogroup B. Respiratory secretions and droplets continue to be shared among Oregonians and predispose secondary cases.

In 2007, 32 cases of meningococcal disease were reported, at least a 20-year low. Though Oregon's trend is one of decline, we do continue to have higher rates than the nation. In 2007, the highest majority (53%) of illness in Oregon was once again caused by serogroup B organisms. December through March shows an increase in meningococcal activity, with the highest rates of disease occurring among infants. Higher rates are also seen in those aged 10–19 years and in persons more than 70 years of age. Though a new conjugate vaccine (Menectra) for adolescents and young adults was licensed in 2006, this vaccine does not protect against serogroup B disease.

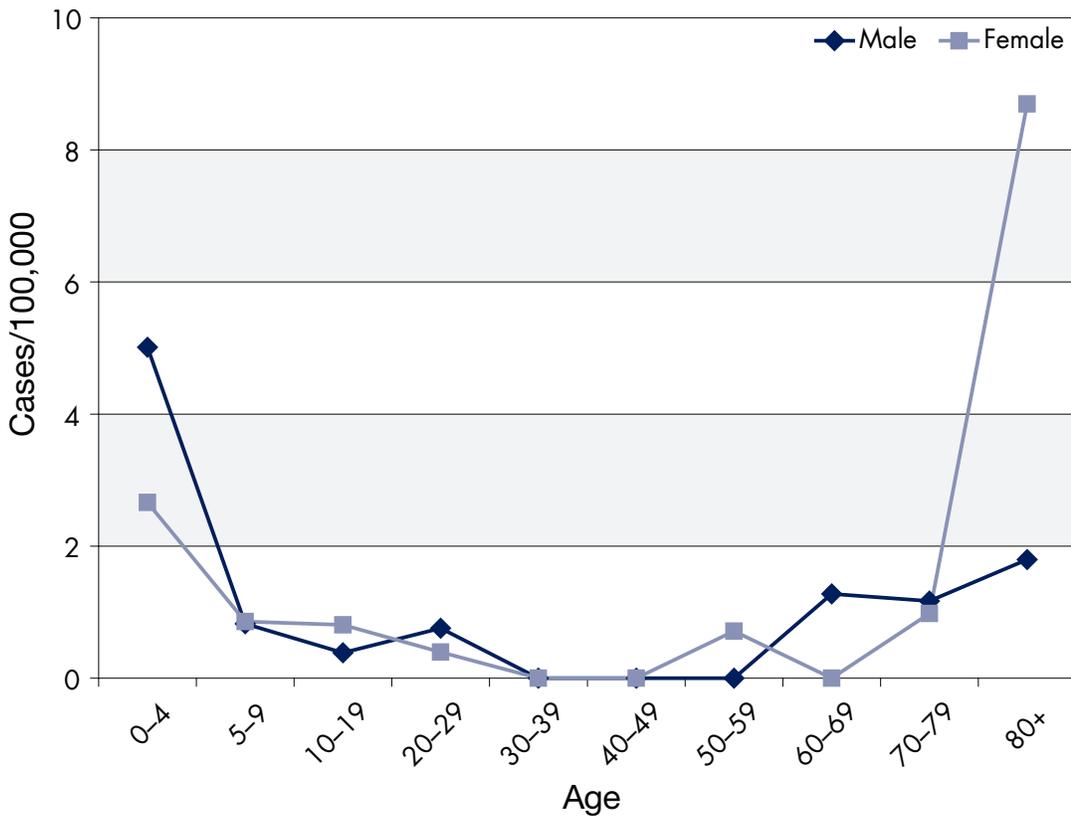
Meningococcal disease by year: Oregon, 1988–2007



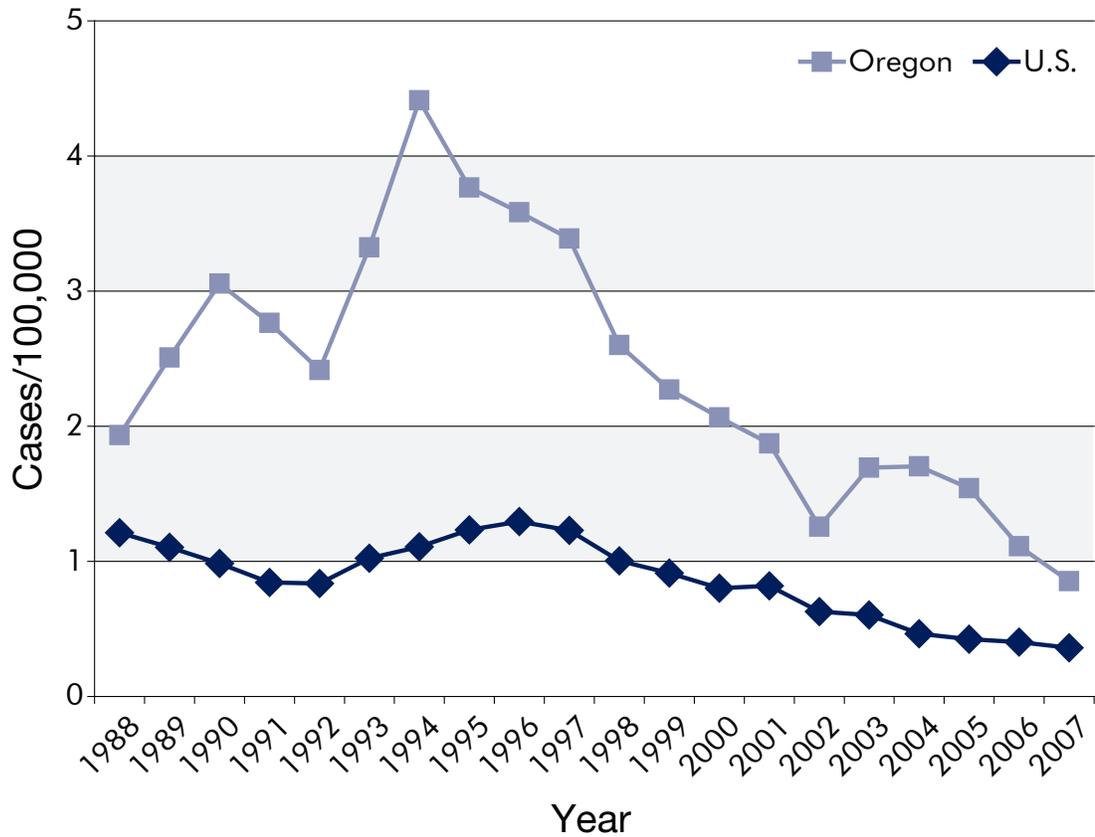
### Meningococcal disease by onset month: Oregon, 2007



### Incidence of meningococcal disease by age and sex: Oregon, 2007

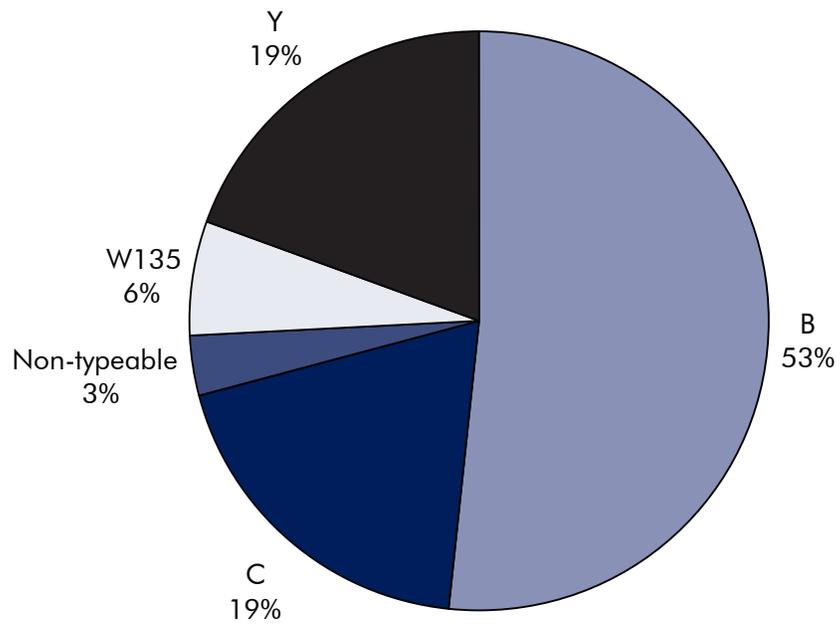


Incidence of meningococcal disease: Oregon vs. nationwide, 1988–2007



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Meningococcal disease by serogroup: Oregon, 2007



# Incidence of meningococcal disease by county of residence: Oregon, 1998–2007

