

Reporting Criteria of Invasive Pneumococcal Infection/Disease

(1) Definition

Cases of invasive infection by *Streptococcus pneumoniae*, from whose cerebrospinal fluid or blood *S. pneumoniae* was detected.

(2) Clinical Symptoms

Incubation period is unknown. Children and the elderly are most affected. Clinical features differ between children and adults.

- **Children:** Many pediatric cases are detected as bacteremia with unclear infection foci. Unlike cases among adults, pneumonia is rare. Meningitis may occur as a direct result of infection or subsequent to otitis media.
- **Adults:** Many adult cases present as pneumonia associated with bacteremia, with initial symptoms of fever, cough, expectoration and short breath. In meningitis cases, headache, fever, convulsion, disturbance of consciousness and meningeal irritation may occur.

(3) Reporting criteria

a) "Patients (confirmed cases)"

In compliance with Article 12 paragraph 1 of the Infectious Diseases Control Law, if a physician examines a patient with clinical characteristics as described in (2), suspects invasive pneumococcal infection from clinical findings, and makes a diagnosis of invasive pneumococcal infection based on the laboratory methods and specimen as described below, the physician must notify the case within 7 days.

b) "Deceased"

In compliance with Article 12 paragraph 1 of the Infectious Diseases Control Law, if a physician suspects invasive pneumococcal infection in a deceased patient with clinical characteristics as described in (2), and diagnoses that the death was due to invasive pneumococcal infection based on the laboratory methods and specimen as described below, the physician must notify the case within 7 days.

Laboratory method	Specimen
Detection of pathogens by isolation and identification	Cerebrospinal fluid, blood
Detection of bacterial DNA by PCR	Cerebrospinal fluid, blood
Detection of bacterial antigen by the latex method or by the immunochromatography method	Cerebrospinal fluid