

Carriage of serogroups 6A/6B (p=0.001), 3 (p=0.043), 13 (p=0.015),

35F/47 (p<0.001), and NT (p=0.007) were significantly different

42.2% and 19.1% of PCR-positive SPN.

between cases and controls.



Pneumococcal Carriage Among Children in Malaysia: A Case-Control Study

Andrew Chun Hoong Tan^{1,2}, Nurul Hanis Ramzi¹, Nur Alia Johari¹, Anna Marie Nathan³, Norhayati Aida Sulaiman³, Cindy Shuan Ju Teh⁴, Mohamad Ikram Ilias⁵, Zakuan Zainy Deris⁶, Siti Nur Haidar Hazlan⁶, Nur Syafiqah Mohamad Nasir⁶, Asrar Abu Bakar⁷, Muhd Alwi Muhd Helmi⁷, Wan Khairunnisa Wan Juhari⁷, Norhidayah Kamarudin⁸, Chun Wie Chong^{1,9}, David W. Cleary^{10,11}, Stuart C. Clarke^{1,11,12,13}, Lokman Hakim Sulaiman^{1,14}

¹Institute for Research, Development and Innovation, IMU University, Malaysia ²School of Postgraduate Studies, IMU University, Malaysia ³Department of Paediatrics, School of Medical Sciences, University of Malaysia ⁴Department of Paediatrics, Faculty of Malaysia ⁵Department of Paediatrics, School of Medical Microbiology, Faculty of Malaysia ⁵Department of Paediatrics, School of Medical Microbiology, Faculty of Malaysia ⁵Department of Paediatrics, School of Medical Microbiology, Faculty of Malaysia ⁵Department of Paediatrics, School of Medical Microbiology, Faculty of Malaysia ⁵Department of Paediatrics, School of Medical Microbiology, Faculty of Malaysia ⁵Department of Paediatrics, School of Medical Microbiology, Faculty of Malaysia ⁵Department of Paediatrics, School of Medical Microbiology, Faculty of Malaysia ⁵Department of Paediatrics, School of Medical Microbiology, Faculty of Malaysia ⁵Department of Paediatrics, School of Medical Microbiology, Faculty of Micro School of Medical Sciences, University Malaysia Health Campus, Malaysia ¹⁰Institute of Microbiology and Infection, College of Medical and Dental Sciences, University Malaysia, Malaysia ¹⁰Institute of Microbiology and Infection, College of Medical and Dental Sciences, University of Birmingham, UK ¹¹Faculty of Medicine, International Islamic University of Southampton, UK ¹²NIHR Southampton, UK ¹²NIHR Southampton, UK ¹⁴Department of Public Health and Community Medicine, School of Medicine, IMU University, Malaysia

children 0-12 months old.

Chivelendy of Diminighani, Crk Tubany of Medicine a ma	strate for Ene Colonecc, eniversity of Coathampton,	ert Hinn Couldanpien Diemedical Research Col	ine, envereny neophar-	eeunampten reandation		Clobal Health	recould interactor, chiverency of
Introduction		Table1: Demographic and clinical characteristics of cases and controls.				Table 2: Laboratory results of L	
• Streptococcus pneumoniae (SPN) is the most common cause of		Characteristics	Cases	Controls	p-value*	SPN isolates from culture and	
bacterial pneumonia.			(n= 508), n(%) (n= 502), n(%)			
 In December 2020, the Malaysian government included the 10-valent pneumococcal conjugate vaccine (PCV10) in the National Immunisation Programme (NIP). Methods 		Age, mean (months) ± SD	20.55 ± 15.4	20.90 ± 16.26	0.725		Characteristics
		Age group (months)				BINAXNow® positivity statu (n=1003)	
		0-12	200 (39.4)	197 (39.2)	0.864		
		13-24	130 (25.6)	127 (25.3)			
Observational prospective case-control study recruited children		24-36	85 (16.7)	77 (15.3)			sitive
under 5 years old from three teaching hospitals located in Peninsular		37-48	60 (11.8)	60 (12.0)			gative
Malaysia.		49-60	33 (6.5)	41 (8.2)		Optochin sensitive SPN	
 Nasopharyngeal (NP) swabs were collected and subjected to testing 		Underlying medical conditions**				isolates (n=1010)	
for SPN using both culture and multiplex conventional PCR.		Yes	94 (18.5)	36 (7.2)	<0.001	Pos	sitive
• Urine samples were tested for pneumococcal urinary antigen using		No	414 (81.5)	466 (92.8)		Neg	gative
BINAXNow® assay.		Day care or nursery school				cpsA m	ultiplex PCR positivi
		attendance		000 (11 0)	0.000	(n=920)	
Kota Bharu Kelantan P 205:201		Yes	212 (41.7)	206 (41.0)	0.822	. ,	sitive
	Cases : Hospitalised children with symptomatic and CXR confirmed pneumonia (by WHO methodology). Controls : Healthy age-	No	296 (58.3)	296 (59.0)			gative
		Residential area	0.47 (00.0)		0.055		gative
		Urban	347 (68.3)	365 (72.7)	0.055		
		Rural	47 (9.3)	54 (10.8)		25	1
		Others	114 (22.4)	83 (16.5)			
	matched children without any	Household size, mean ± SD	5.60 ± 2.116	5.24 ± 2.092	0.006		
Pahang	intercurrent respiratory illness.	Siblings (<5 age of years)		000 (11 0)	0.004		
Federal		Yes	288 (56.7)	222 (44.2)	<0.001	20	
Territory of Kuala Lumpur		No	220 (43.3)	280 (55.8)			
		Exposure to tobacco at home					
		Yes	203 (40.0)	154 (30.7)	0.002	15	
		No	304 (60.0)	348 (69.3)			
		Educational level of parents	40 (0.4)	40 (2.0)	0.400	Count	
		No/primary/unknown	12 (2.4)	16 (3.2)	0.106	ŏ	
		Secondary/vocational/diploma	277 (54.5)	241 (48.0)		10	
		College degree or higher	219 (43.1)	245 (48.8)			
		Vaccination up-to-date (UTD) status					
Powered by © GeoNames, Microsoft, Torr	nTom	Yes	506 (99.6)	502 (100)	0.159	5	
Figure 1: Recruitment sites in Kuala Lumpur, Pahang, and Kelantan with the number of subjects (Case:Control).		No or unknown	2 (0.4)	0	0.155	5	
		PCV 1 st dose	2 (0.4)	0			
		Yes	285 (56.1)	310 (61.8)	0.068		
		No	223 (43.9)	192 (38.2)	0.000	0	
 In total, 1,010 children were recruited (October 2021-August 2023). Optochin constitute, SPN, isolates, were found in 15.4% of complexity. 		PCV 2 nd dose	220 (40.0)	102 (00.2)		PCV10 PCV13	19F 13F 23F 23F
 Optochin-sensitive SPN isolates were found in 15.4% of sample culture. 		Yes	249 (49)	262 (52.2)	0.313	PCV15	
 Multiplex PCR (n=920) detected SPN in 14.6% of samples. 		No	259 (51)	240 (47.8)	0.010	PCV20	8F/18B
• The most prevalent pneumococcal serotypes/serogroups were		PCV 3 rd dose	200 (01)	270 (77.0)		PPSV23	
35F/47, 13, 6A/6B, 19F, 15B/15C , and non-typeable, collectively		Yes	111 (21.9)	128 (25.5)	0.173		8C/
64.7% of all strains.		No	397 (78.1)	374 (74.5)	0.170	Figure 3.	Distribution of SPN se
 Vaccine-type (VT) serotypes accounted for 38.7% while non-vaccine 		*significant findings appear in bold.	<u> </u>	517 (14.5)			
type (NVT) serotypes and non-typeable (NT) strains accounted for		**immunodeficiency conditions, kidney disease, cardiac disease, sickle-cell disease, thalassemia, chronic				Conclusions	

*immunodeficiency conditions, kidney disease, cardiac disease, sickle-cell disease, thalassemia, chronic iver disease, malnutrition, and any other chronic illness.

Reference

CDC Streptococcus Laboratory. NCIRD/DBD/RDB-Centers for Disease Control and Prevention. 2010. Streptococcus pneumoniae carriage study protocol nasopharyngeal (NP) swab processing.



UNIVERSITI SAINS MALAYSIA



SULTAN AHMAD SHAH **MEDICAL CENTRE @IIUM**

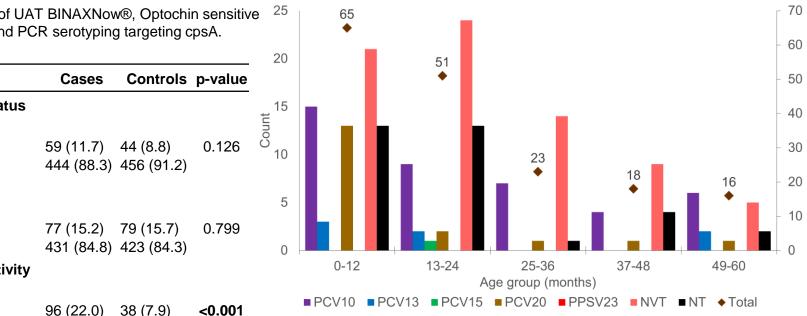
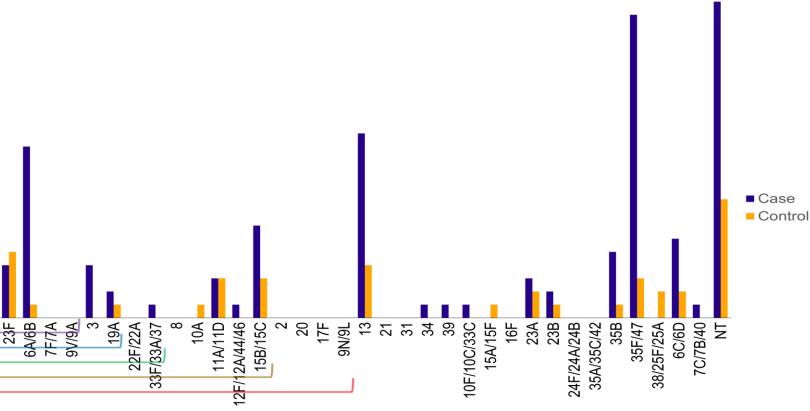


Figure 2: SPN serotype distribution for cases and controls by age group. Serotypes are grouped by vaccine coverage (PCV10,13,15, 20, PPSV23), NVT, or NT. The () indicates total number of SPN per age group.



serotypes in children <5 years old by Case and Control subject type.

340 (78.0) 446 (92.1)

SPN carriage tested by PCR was higher cases than controls, with higher carriage of SPN in

Underlying medical condition(s), household size, having siblings <5 years old and exposure to tobacco at home were observed to be significant risk factors for symptomatic pneumonia. • This study contributes to pneumococcal carriage surveillance, serotype distribution, and aids estimation of the impact of PCV10 implementation in Malaysia.

Acknowledgment

This work is funded by Merck, Sharpe & Dohme (MSD) under the MSD Investigator Initiated Studies Program (MISP). We thank all the parents/guardians and children who participated in the study. We also wish to acknowledge the work of the medical staffs at respective sentinel sites.