



Serotype transmission dynamics and reduced incidence of invasive pneumococcal disease caused by different serotypes after implementation of non-pharmaceutical interventions during COVID-19 pandemic

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Shareable abstract (@ERSpublications) Significant reduction in the incidence rates of both vaccine and non-vaccine serotype invasive pneumococcal disease among children and adults during the COVID-19 pandemic were observed after the implementation of non-pharmaceutical interventions https://bit.ly/36CAute

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Received: 2 April 2021 Accepted: 7 July 2021 To block the transmission of severe acute respiratory syndrome coronavirus 2 (SARS-COV-2), a number of non-pharmaceutical interventions (NPIs) are being implemented. Taiwan successfully controlled coronavirus disease 2019 (COVID-19) mainly through NPIs that were centred on facial masking, enhanced hand hygiene, social distancing, international travel controls, effective quarantine and contact-tracing policy [1, 2]. After the first case of COVID-19 was detected on 21 January, 2020, a rise in local demand for surgical masks and N95 respirators was observed and at least 50% of people spontaneously wore a facemask in public places from early February 2020 [3, 4]. Among the total of 799 COVID-19 cases reported in 2020, annual incidence rate of COVID-19 in Taiwan was remarkably low (0.238 per 100000; n=56) for locally acquired (local) cases and high (3.153 per 100000; n=743) for internationally acquired (imported) cases (Taiwan CDC, https://data.cdc.gov.tw/en/dataset). It is perceived that NPIs that are currently being implemented to reduce COVID-19 should also prevent both acquisition and transmission of other viral and bacterial respiratory tract infections [5-9]. In this observational study we examined the monthly incidence rates of invasive pneumococcal disease (IPD) and serotype distribution in age groups at high risk and from high pneumococcal transmission settings between January 2020 and February 2021. The differential serotype transmission dynamics revealed by various levels of reduction in IPD caused by different serotypes was discussed.

