



To: CAHAN San Diego Participants

Date: November 15, 2024

From: Public Health Services

Health Advisory: Increase in *Mycoplasma Pneumoniae* Activity in the United States

#### Key Messages

- The Centers for Disease Control and Prevention (CDC) has received reports indicating increased *Mycoplasma pneumoniae* activity in the United States.
- *M. pneumoniae* is a bacterial respiratory pathogen that is [transmitted through respiratory droplets](#) during close contact.
- From March to October 2024, CDC reported the highest increase in reported *M. pneumoniae* infections was among children ages 2–4 years. A similar increasing trend is occurring in San Diego County.
- CDC reports *M. pneumoniae* [resistance to macrolides](#) has emerged but remains under 10% in United States.
- Consider *M. pneumoniae* in patients with community-acquired pneumonia who aren't improving clinically on antibiotics that are known to be ineffective against *M. pneumoniae*, such as beta-lactams.

#### Situation

Although not a reportable disease, the Centers for Disease Control and Prevention (CDC) has been monitoring available data on *Mycoplasma pneumoniae*. On October 18, 2024, the CDC issued a bulletin about an [increase in \*M. pneumoniae\*](#) infections in the United States. The proportion of patients discharged from emergency departments with a diagnosis of *M. pneumoniae*-associated pneumonia or acute bronchitis has been increasing over the past six months.

#### Background

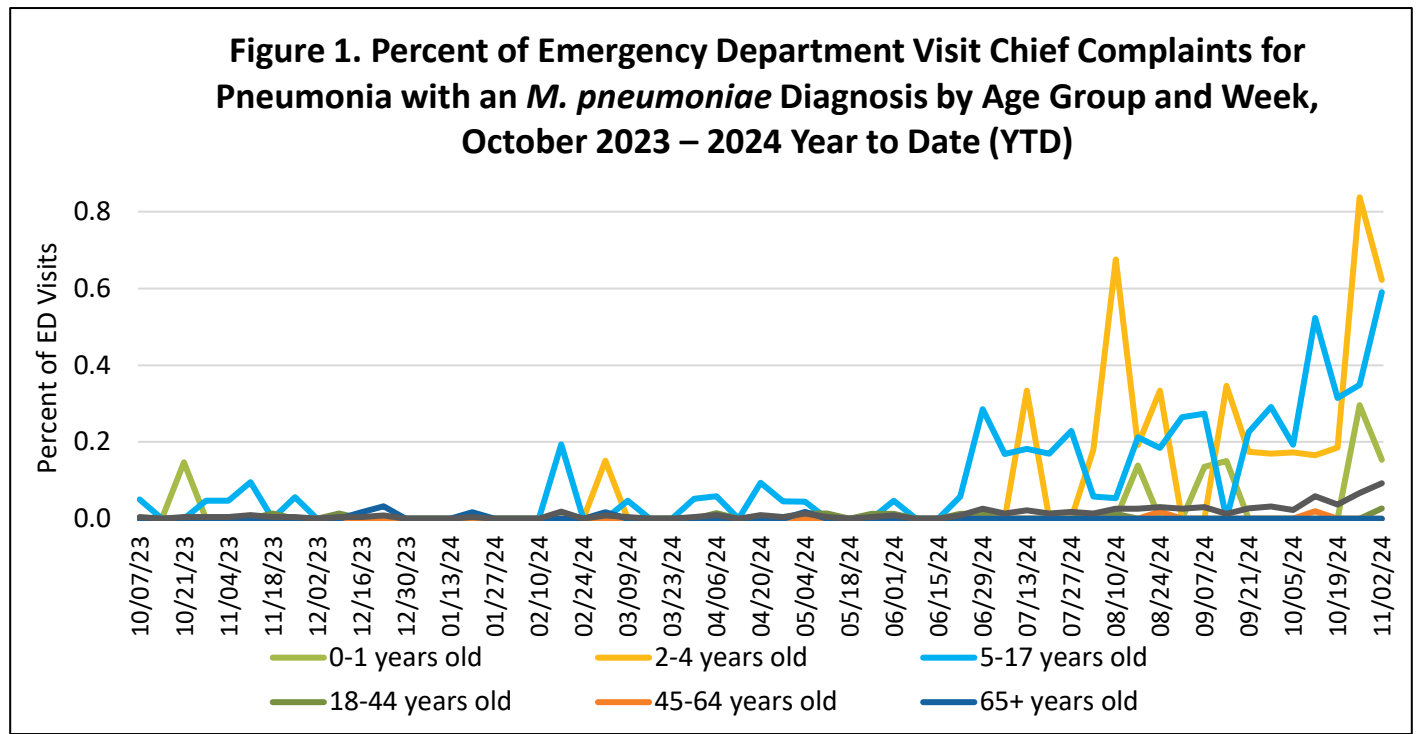
*Mycoplasma pneumoniae* is a common cause of mild respiratory illness but can result in severe infections in persons with recent respiratory infections, with immunocompromising conditions, and with preexisting lung conditions (e.g., asthma, reactive airway disease). *M. pneumoniae* infections are common, with an estimated 2 million infections occurring each year in the United States. However, there is no routine surveillance for *M. pneumoniae*, and it is not a notifiable condition, so the true number of people affected every year is unknown.

In 2023, *M. pneumoniae* began to [re-emerge globally](#), after a prolonged period of low incidence of infections since the start of the COVID-19 pandemic. CDC routinely monitors emergency department care of people with pneumonia and other respiratory diseases. So far in 2024, CDC has seen an increase in the percentage of pneumonia-associated emergency department visits with a discharge diagnosis of *M. pneumoniae*.

According to CDC the *M. pneumoniae* discharge diagnosis data from March 31 through October 5, 2024, show an increase among all age groups across the United States, peaking in August, and remaining high. The increase, however, was [highest among children](#). The percentage of pneumonia-associated emergency department visits from 1.0% to 7.2% among children ages 2–4 years and from 3.6% to 7.4% among children ages 5–17 years in that time

frame. The increase in children ages 2–4 years is notable because *M. pneumoniae* historically has not been recognized as a leading cause of pneumonia in this age group.

In San Diego County the percent of ED visits for pneumonia with a *M. pneumoniae* diagnosis have also been increasing in the 2–4 years and the 5–17 age groups (Figure 1).



Source: County of San Diego Syndromic Surveillance Data through 11/2/2024.

[Macrolides are the treatment of choice.](#) However, consider using a second-line antibiotic regimen to treat patients with suspected or confirmed *M. pneumoniae* infection who aren't improving on macrolides. [Resistance to macrolides](#) emerged in *M. pneumoniae* in the early 2000s. There is global variability, but according to CDC it has remained under 10% in United States.

### Actions Requested

1. **Promote** CDC recommendations for core prevention strategies to prevent respiratory illness, including practicing good hand hygiene and taking steps for cleaner air to reduce spread of *M. pneumoniae* and other respiratory pathogens.
2. **Consider** *M. pneumoniae* in patients with community-acquired pneumonia who are not improving clinically on antibiotics that are known to be ineffective against *M. pneumoniae*, such as beta-lactams.
3. **Perform** laboratory testing when *M. pneumoniae* infection is suspected, especially among hospitalized children, to ensure appropriate antibiotic therapy is administered.
4. **Consider** using a second-line antibiotic regimen, such as fluoroquinolones or tetracyclines, to treat patients with suspected or confirmed *M. pneumoniae* infection who are not improving on macrolides.

## Resources

- [Clinical Overview of Mycoplasma pneumoniae Infection | M. pneumoniae | CDC](#)
- [Clinical Features of Mycoplasma pneumoniae Infection | M. pneumoniae | CDC](#)
- [Clinical Care of Mycoplasma pneumoniae Infection | M. pneumoniae | CDC](#)
- [Preventing Spread of Infections in K-12 schools | CDC](#)

Thank you for your participation.

### **CAHAN San Diego**

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