

Systematic Literature Review on the Burden and Economic Impact of Invasive Meningococcal Disease in Adolescents and Young Adults in France, Italy, Spain, and Germany



IMD causes a high burden with severe complications and high costs among European adolescents and young adults, underscoring the importance of prevention.



Pavo Marijic¹, Ginita Jutlla², Thierry Oliver Schaffner³, Elise Kuylen⁴, Gaurav Mathur⁵, Nicola Clarke⁶, Andy Easton⁶, Christian Rauschert¹, Stefano Castagna⁷, Simona Comparoni⁷, Celine Pribil⁸, Laure-Anne Cussac⁸, Laura Vallejo⁹, Carmen Gonzalez⁹, Thatiana Pinto⁴, Zeki Kocaata¹

¹GSK, Munich, Germany; ²GSK, London, UK; ³GSK, Baar, Switzerland; ⁴GSK, Wavre, Belgium; ⁵GSK, Rockville, MN, US; ⁶Health Economics & Outcomes Research Ltd, Cardiff, UK; ⁷GSK, Verona, Italy; ⁸GSK, Reuil Malmaison, France; ⁹GSK, Madrid, Spain

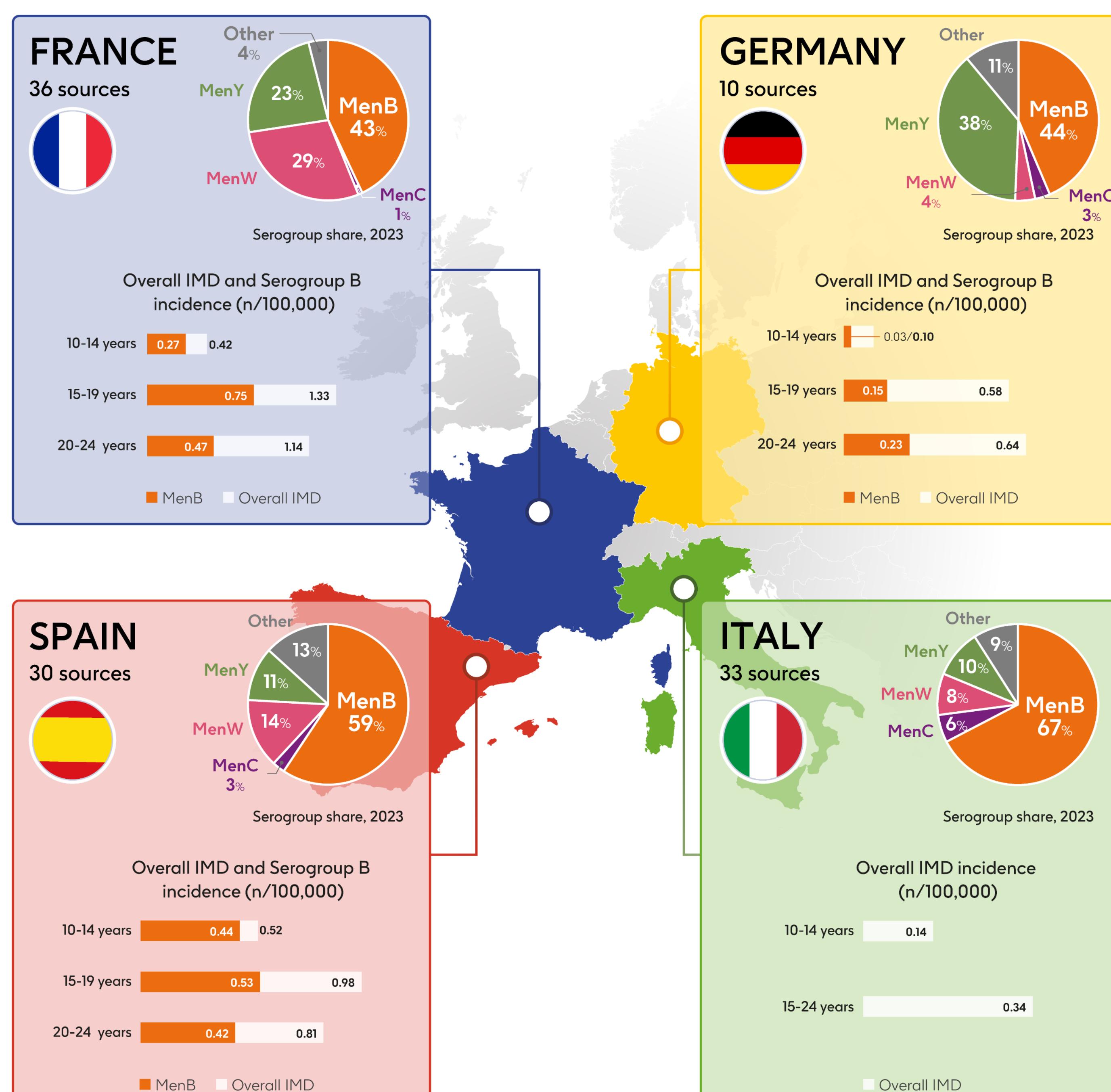
Background and aims

- Invasive meningococcal disease (IMD) is a serious and unpredictable disease** that can cause severe complications, long-term sequelae, and even death.¹
- Although IMD is most common in infants, **a second incidence peak occurs in adolescents and young adults, contributing to a substantial health and economic burden.**²
- We assessed the epidemiology, disease burden, and economic burden of IMD in France, Italy, Spain, and Germany, in this systematic literature review, **with a focus on adolescents and young adults (10–24-year-olds).**

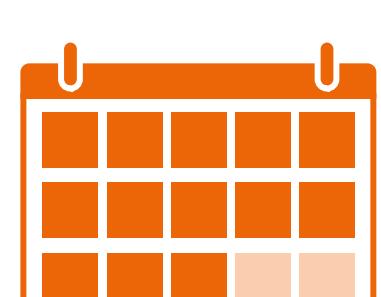
Results

Figure 1: Country-level serogroup data.

⇒ MenB was predominant in all 4 countries in the most recent years.³



For 10–24-year-olds, IMD resulted in **sequelae in 0–23%** (mainly **epilepsy** and **anxiety**) and **death in 0–22%** of cases.

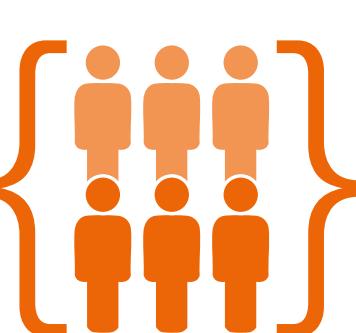


In 10–24-year-olds, acute hospitalisation duration averaged **8–13 days**

Study design



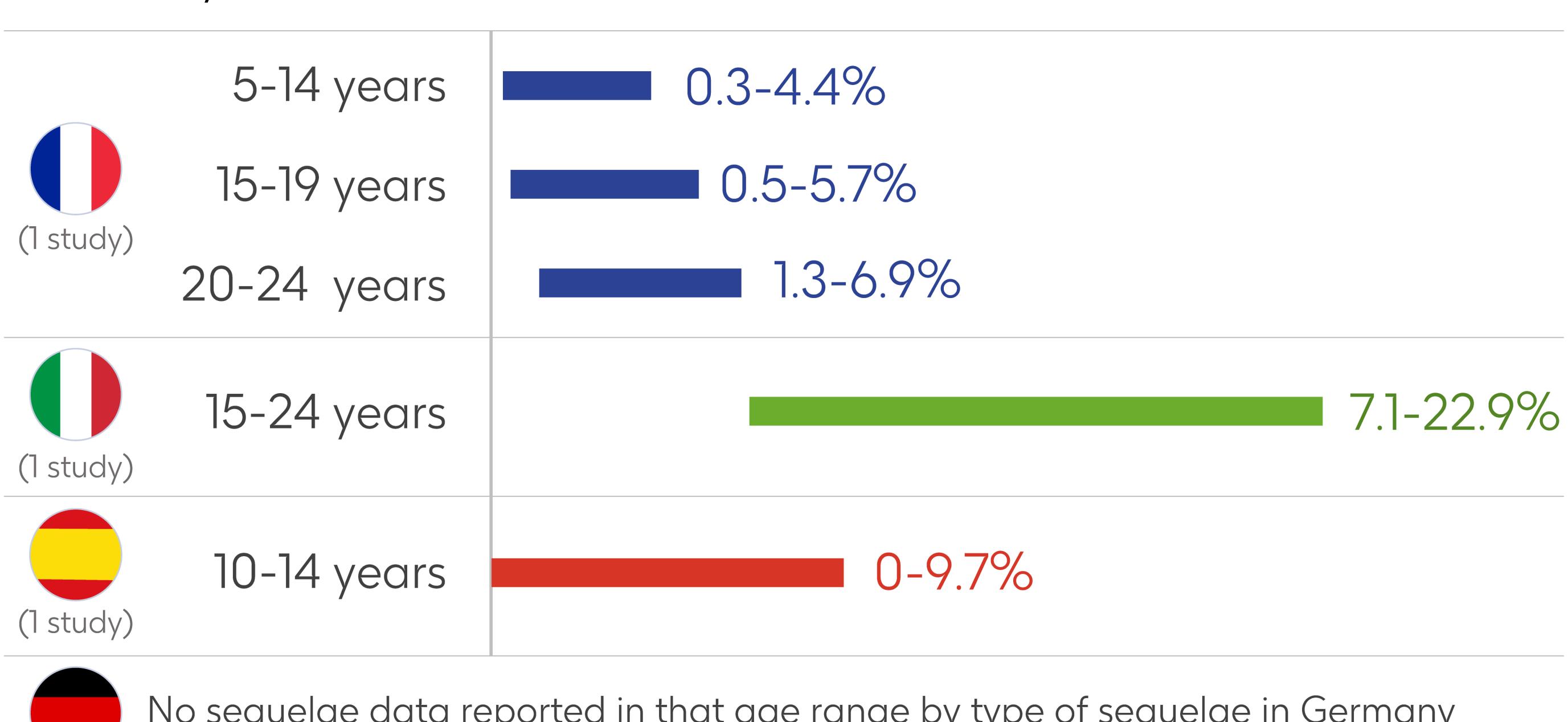
Searches in March 2025 included peer-reviewed literature from MEDLINE and Embase (past 10 years), conference proceedings (past 3 years), and relevant websites and governmental/non-governmental organisations.



Outcomes included **epidemiology, disease burden**, as well as **acute and long-term healthcare resource utilisation** and **costs**.

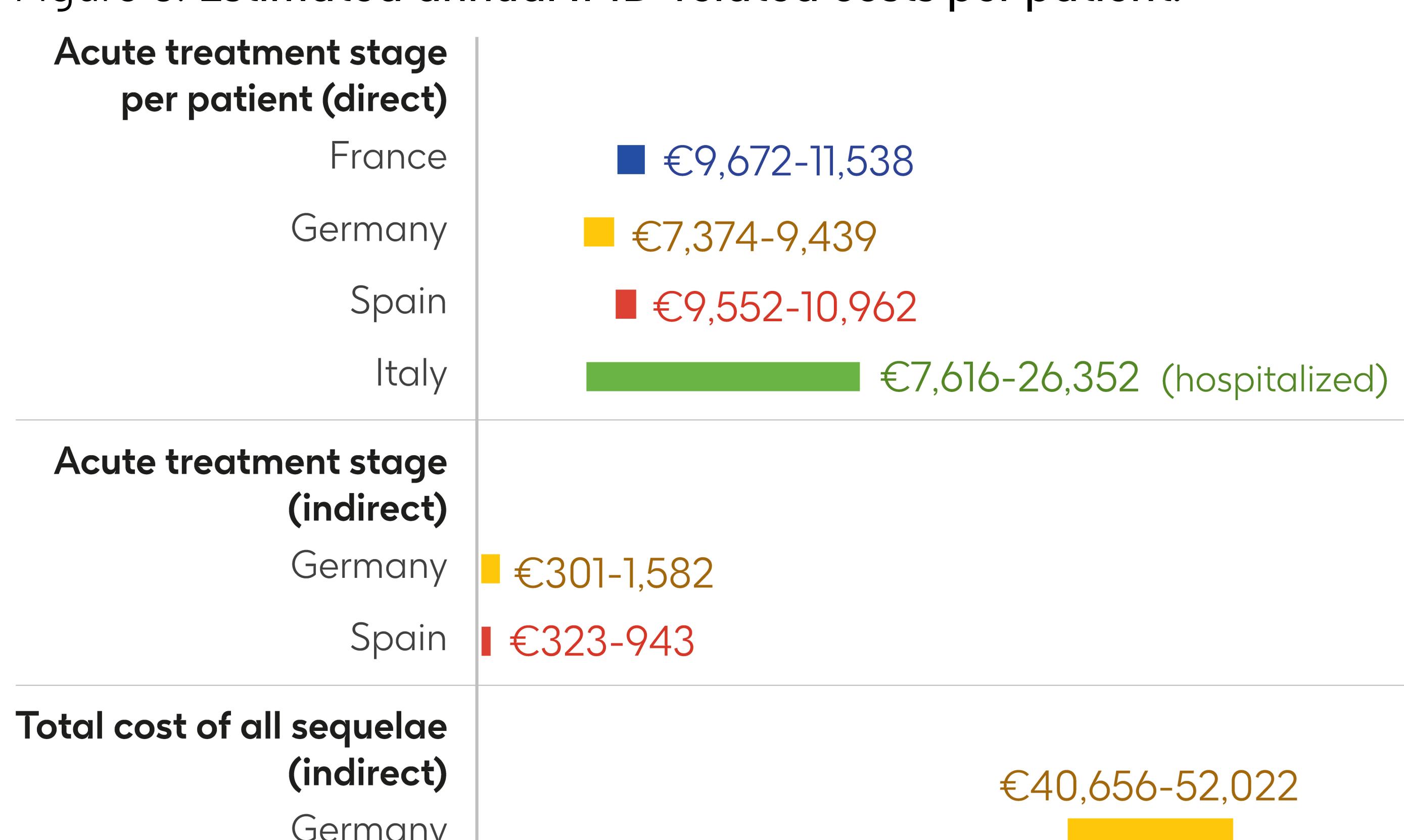
Figure 2: Range of IMD sequelae by type.

⇒ An important proportion of cases result in sequelae in all age groups 10–24 years.



Definitions and reporting periods may vary by study.

Figure 3: Estimated annual IMD-related costs per patient.

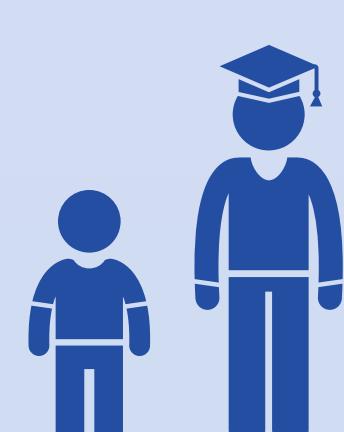


Indirect costs: caregiver burden, productivity loss, premature death, etc.

Only including data per patient and for age groups 10–24 years. Year of costs vary by study, some studies did not report cost year.

Data updated post-abstract submission.

Conclusions



A **second peak of IMD incidence** is observed **among adolescents and young adults**, among whom **serogroup B remains dominant**.



Individuals who contract IMD are at **risk of severe complications**, which poses a **high financial burden** for their **family, friends and society**.



These findings highlight the current status of IMD in Europe, and can be used to inform health strategies.

Abbreviations

IMD: invasive meningococcal disease; MenA/B/C/W/Y: meningococcal serogroup A/B/C/W/Y; n: number

References

- Marshall GS et al. Infect Dis Ther. 2024;13(11):2213–2220. doi: 10.1007/s40121-024-01026-w.
- Judelson R and Marshall GS. J Pediatric Infect Dis Soc. 2012;1(1):64–73. doi: 10.1093/jpids/pir003.
- ECDC. Available from: <https://atlas.ecdc.europa.eu/public/index.aspx> [accessed 10/03/2025].

Acknowledgements

Enovalife Medical Communication Service Center on behalf of GSK (Jenny Lloyd, independent writer, provided writing support for the abstract; Amandine Radziejewski provided writing support for the poster).

Presenting author: Zeki Kocaata, zeki.x.kocaata@gsk.com

Disclosures

Funding: GSK (GSK study identifier: VEO-001289). **Conflicts of interest:** CR and CG are employed by GSK. SCA, SCo, PM, TP, GM, TOS, EK, CP, LV, LAC are employed by GSK and hold financial equities in GSK. GJ is a freelance consultant for GSK and received consulting fees for the conduct of the study. AE and NC are employees of Health Economics and Outcomes Research Ltd, which received funding from GSK for this Systematic literature review. These authors declare no other financial and non-financial relationships and activities.