



To: CAHAN San Diego Participants  
Date: June 19, 2015

## Invasive Meningococcal Disease in Men Who Have Sex with Men

This health advisory informs local healthcare professionals of cases of invasive meningococcal disease (IMD) in men who have sex with men (MSM) in several U.S. cities and provides vaccine recommendations for at-risk individuals who plan travel to these locations. At this time, there have been no reported IMD cases in MSM in San Diego County.

### Background

A cluster of six cases of IMD in MSM was [recently reported](#) by the Chicago Department of Public Health. The cases were caused by serogroup C meningococcus, prompting a [local recommendation](#) that all MSM, transwomen, and individuals who have sex with MSM get immunized with one of the available quadrivalent meningococcal vaccines.

An increase in IMD cases in MSM due to serogroup C meningococcus has been [previously reported](#) in New York City, with the last case noted in December 2014. The New York City Department of Health and Mental Hygiene has a [local recommendation](#) to vaccinate all HIV-infected MSM and MSM, regardless of HIV status, who regularly have close or intimate contact with men met through an online website, digital application (“app”), or at a bar or party.

IMD cases in MSM have been reported in Los Angeles County since December 2012, but the number of cases there has declined, with the [last case reported](#) in January 2015. The Los Angeles County Department of Public Health has a [local recommendation](#) to vaccinate both HIV-positive MSM and HIV-negative MSM whose activities put them at higher risk.

The County of San Diego Health and Human Services Agency closely monitors IMD locally. **No case of IMD has been reported in MSM in San Diego County.** Only two IMD cases in San Diego County have been reported to date in 2015, and both were caused by serogroup B meningococcus. Since 2004, the number of IMD cases reported in San Diego County has averaged about twelve per year, and when serogroups were determined, 37% were B, 36% C, 23% Y, and 4% W135.

### Recommendations for Providers

Providers who care for MSM and transwomen who are planning travel to Chicago, New York City or Los Angeles are advised to inform these patients of the clusters of IMD cases in MSM in these cities. Of note, the 46th Annual Chicago Pride is scheduled June 20-21, 2015 and Chicago Black Pride is scheduled July 2-5, 2015, and [vaccine clinics have been coordinated](#) with the events. New York City Pride week is June 21-28, 2015.

Along with routine advice on safe sex, quadrivalent meningococcal vaccination should be offered to travelers who may be at increased risk for IMD. The at-risk individuals are defined by the local health department in the destination city. Vaccination should be at least two weeks before travel for optimum protection and should be given as follows:

- For HIV-positive individuals at risk, two doses of quadrivalent meningococcal vaccine separated by eight weeks. HIV-positive individuals at risk who have already received one dose of the vaccine should receive a second dose, regardless of the interval that has passed since the first dose.
- For HIV-negative individuals at risk, one dose of quadrivalent meningococcal vaccine.
- For both HIV-positive and HIV-negative individuals at risk who have already received the full quadrivalent meningococcal vaccine series (i.e., 2 doses for HIV-positive and 1 dose for HIV-negative), a repeat dose should be given if it has been 5 years or longer since the patient received the last dose due to concern for waning immunity.

Providers are advised to have a high index of suspicion for IMD regardless of vaccination status, especially in HIV-infected patients. Individuals may not identify as gay or volunteer to providers that they have sex with men. Patients can present with meningitis, bacteremia, meningococemia or multiple syndromes. Less common syndromes include pneumonia and septic arthritis.

Recognition of meningococcal bacteremia and early sepsis can be difficult. Fever with influenza-like symptoms are common, however, the following clues should warrant further evaluation and consideration for empiric antibiotic therapy:

- Petechiae - examine areas of skin pressure zones, the palms and the soles, conjunctivae and pharynx
- Severe muscle or abdominal pain unexplained by an alternative etiology
- Borderline tachycardia, tachypnea or hypotension
- Low peripheral white blood cell count ( $< 5,000/\text{mm}^3$ ) with predominance of neutrophils or a subnormal platelet count ( $< 150,000/\text{mm}^3$ )

Patients presenting with meningitis are more easily recognized and the finding of either gram-negative diplococci or a positive meningococcal antigen test in cerebrospinal fluid is sufficient to immediately report the case. A negative bacterial culture may not rule-out meningococcal disease; PCR testing of blood, cerebrospinal, joint and pleural fluid can be arranged by contacting the San Diego Public Health Laboratory at 619-692-8500. Antibiotic treatment should never be delayed while obtaining diagnostic specimens.

Immediately report both suspect and confirmed IMD cases (including meningitis, bacteremia, meningococemia, pneumonia and septic arthritis) to the County of San Diego Epidemiology Program by calling **619-692-8499** during business hours Monday-Friday, or **858-565-5255** after-hours on evenings, weekends, and County-observed holidays.

Useful resources include:

- Current Advisory Committee on Immunization Practices Meningococcal Vaccine Recommendations: <http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html>
- Centers for Disease Control and Prevention Meningococcal Disease website: <http://www.cdc.gov/meningococcal/index.html>
- California Department of Public Health Meningococcal Disease website: <http://www.cdph.ca.gov/HealthInfo/discond/Pages/MeningococcalDisease.aspx>
- European Centre for Disease Control and Prevention Rapid Risk Assessment July 2013: Invasive meningococcal Disease among men who have sex with men: <http://ecdc.europa.eu/en/publications/Publications/rapid-risk-assessment-invasive-meningococcal-disease-among-MSM.pdf>

Thank you for your continued participation.

#### **CAHAN San Diego**

County of San Diego, Health & Human Services Agency  
Epidemiology and Immunization Services Branch  
Phone: (619) 692-8499, Fax: (858) 715-6458  
Urgent Phone for pm/weekends/holidays: (858) 565-5255  
E-mail: [cahan@sdcounty.ca.gov](mailto:cahan@sdcounty.ca.gov)  
Secure Website: <http://cahan.ca.gov>  
Public-Access Website: <http://www.cahansandiego.com>

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