CAHAN San Diego
California HEALTH ALERT NETWORK

To: CAHAN San Diego Participants
Date: June 24, 2016

Invasive Meningococcal Disease in Southern California

This health advisory informs local healthcare providers about a recent increase in cases of invasive meningococcal disease (IMD) in Southern California, primarily among men who have sex with men (MSM). It also provides updated recommendations on meningococcal vaccination for HIV-infected persons and at-risk MSM, with additional guidance to prevent and detect IMD.

Background

Outbreaks of serogroup C IMD among MSM have been reported in New York City, Los Angeles County and Chicago since 2014. Since the beginning of May 2016, nine IMD cases have been identified in men living in Los Angeles and Orange Counties, most of whom were MSM. One patient died as a result of the infection. Six of the cases were caused by serogroup C and one other case is pending serogroup confirmation. **No IMD cases have been reported in San Diego County in 2016.**

IMD includes meningitis, bacteremia, sepsis, arthritis, and pericarditis, and is caused by *Neisseria meningitidis* bacteria, which are transmitted from person-to-person through respiratory droplets, usually during close contact. MSM who are HIV-infected are at increased risk of IMD. In addition, other MSM may also be at increased risk, including those who:

- Regularly have close or intimate contact with multiple partners, or who seek partners through the use of online websites or phone digital applications.
- Regularly visit crowded venues such as bars, parties, etc.
- Smoke cigarettes, marijuana or illegal drugs, or spend time in smoky settings.

Quadrivalent meningococcal conjugate vaccines (MenACWY) protect against serogroup A, W and Y disease, as well as serogroup C, which is causing the clusters and outbreaks among MSM. Although serogroup B vaccines are also available, serogroup B has not been associated with similar clusters in this population.

Because of the increased risk for IMD in persons with HIV infection, the U.S. Advisory Committee on Immunization Practices (ACIP) voted on June 22, 2016, to recommend that all persons two months of age and older with HIV infection be routinely vaccinated with MenACWY vaccine. The Category A recommendation made by ACIP will be forwarded to the director of the Centers for Disease Control and Prevention (CDC) for review and approval. Once approved, the recommendation will be published in the *Morbidity and Mortality Weekly Report (MMWR)*.

MenACWY is included on the AIDS Drug Assistance Program (ADAP) formulary, and is available for uninsured and underinsured individuals at San Diego County Public Health Center Immunization Clinics and STD Clinics.

Recommendations for Providers and Hospitals

Updated meningococcal vaccination recommendations:

- **All HIV-infected persons** (≥2 months of age) should receive two doses of MenACWY vaccine (Menveo® or Menactra®), 8-12 weeks apart, as their primary series. Previously vaccinated HIV-infected persons who received only one dose of vaccine should receive a second dose at the earliest opportunity, regardless of the time interval since previous dose. A booster dose should be given every 5 years if the previous dose was administered at >7 years of age.
- **MSM who are not HIV-infected but who may be at increased risk of IMD** (see background above) should receive one dose of MenACWY vaccine (Menveo® or Menactra®). Because meningococcal vaccine induced immunity wanes, a booster dose can be considered for those whose last dose of MenACWY was >5 years ago. MSM who are not known to be HIV-infected and have not been tested for HIV within the last year should be offered an HIV test along with vaccination.

- **All adolescents** should continue to be routinely vaccinated with MenACWY vaccine as per current ACIP recommendations.
- **Infants, children and adults with increased risk of meningococcal disease** (due to underlying complement deficiency or asplenia, or due to exposure through travel, occupation, or outbreak) should continue to be routinely vaccinated with meningococcal vaccines as per current ACIP recommendations.

Vaccine	Primary Schedule	Storage/Handling
Menactra® (MenACWY-D) *(Sanofi Pasteur)*	Single dose: 0.5mL (IM) No reconstitution required	• Store MenACWY-D and MenACWY-CRM (lyophilized and liquid components) in the refrigerator between 35°F and 46°F (aim for 40°F). • Do not freeze any component – do not use if this happens.
Menveo® (MenACWY-CRM) *(Novartis)*	Single dose: 0.5 mL (IM)	

Although Menactra® and Menveo® are licensed for persons through 55 years of age, they may be administered to persons 56 years of age and older

Other actions for healthcare providers:

1. Inform HIV-positive individuals and at-risk MSM to take the following steps to reduce the risk of IMD:

- Get vaccinated against meningococcal disease. San Diego Pride events are scheduled for July 15-17, 2016, and individuals who have not been immunized and may be at risk should consider getting vaccinated at least two weeks before attending local Pride activities for better protection.
- Avoid sharing drinks, cigarettes or other smoking equipment.
- Avoid contact with saliva or other fluids from the mouth or nose of other persons.
- Condoms protect against sexually transmitted diseases, but will not reduce the risk of IMD.

2. Maintain a high index of suspicion for IMD when evaluating patients with fever and petechial or purpuric rash.

3. Immediately report suspected IMD cases by telephone to the Epidemiology Program**.** Healthcare providers should immediately report clinically suspect cases and not wait for culture results. Laboratories should immediately report gram-negative diplococci from any sterile site (e.g., blood, CSF, pericardial fluid, synovial fluid), as well as confirmation of *N. meningitidis* from any culture source. The Epidemiology Program can be contacted by calling 619-692-8499 during normal business hours (Monday-Friday 8 AM-5 PM), or 858-565-5255 after hours, on weekends, and County-observed holidays.

4. Remember that PCR testing can be more sensitive in detecting *N. meningitidis* than routine cultures, especially if specimens are collected after antibiotic administration. CSF is sterile as soon as 15 minutes after parenteral antibiotic administration (and likely to occur soon after oral antibiotic therapy). PCR testing can be arranged for clinically compatible cases by contacting the Epidemiology Program, especially for patients being evaluated after antibiotic administration. More information about laboratory testing for IMD may be found at the California Department of Public Health (CDPH) Meningococcal Disease website.

5. Ensure timely and appropriate antibiotic coverage when prescribing meningococcal post-exposure prophylaxis (PEP). PEP should be implemented as soon as possible, ideally within 24 hours of case identification or strong clinical suspicion. Detailed information on prophylaxis may be found in the recently updated CDPH Meningococcal Quicksheet.

More information for clinicians on meningococcal disease may be found at the CDC Meningococcal Disease website.

Thank you for your continued participation.

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