CAHAN San Diego
California HEALTH ALERT NETWORK

To: CAHAN San Diego Participants
Date: July 27, 2016

Update: Invasive Meningococcal Disease among Men Who Have Sex with Men in Southern California

This health advisory updates local healthcare personnel about a recent increase in cases of invasive meningococcal disease (IMD), especially among men who have sex with men (MSM) in Southern California. **Meningococcal vaccination is now recommended for HIV-infected persons and all MSM, regardless of HIV-infection status.**

Background

Since the beginning of March 2016, 18 IMD cases have been identified in individuals living in Los Angeles and Orange Counties. Fourteen of these individuals were MSM, and all cases that were able to be typed were caused by *Neisseria meningitidis* serogroup C, which has been associated with previous outbreaks among MSM in New York City, Chicago, and Los Angeles. The California Department of Public Health (CDPH) has also identified a serogroup C IMD case in an MSM from Minnesota who had visited Los Angeles during his potential exposure period.

No cases of IMD 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. Individuals who are HIV-infected are at increased risk of IMD. In addition, MSM are at increased risk, especially those who:

- Regularly have close or intimate contact with multiple partners, or who seek partners through the use of online websites or mobile phone 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 the serogroup causing 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 individuals with HIV infection, the U.S. Advisory Committee on Immunization Practices (ACIP) recently recommended that all persons two months of age and older with HIV infection be routinely vaccinated with MenACWY vaccine.

The Los Angeles County Public Health Department and the Orange County Health Care Agency recently expanded meningococcal vaccination recommendations to include all gay, bisexual, and other MSM, in addition to all persons with HIV infection.

MenACWY is included on the AIDS Drug Assistance Program (ADAP) formulary. Due to the cases occurring in nearby counties, the vaccine currently is available for any MSM, regardless of insurance status, at San Diego County Public Health Center Immunization Clinics and STD Clinics.

San Diego County Health Department Recommendations for Local 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.

- **All MSM, regardless of HIV-infection status.** MSM who are not HIV infected 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 MCV4 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. Those who are HIV-infected should be vaccinated with two doses, as noted above.
- **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.

Other Actions for Healthcare Providers:

1. **Inform HIV-positive individuals and MSM to take the following steps to reduce the risk of IMD:**
   - Get vaccinated against meningococcal disease.
   - 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 may not reduce the risk of meningococcal disease.

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

3. **Immediately report suspected IMD 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, weekends, and on 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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