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HEALTH ADVISORY

JUNE 28, 2016

Outbreak of Meningococcal Disease involving Men who Have Sex With Men in Southern California; Recommendations for San Francisco

The San Francisco Dept. of Public Health (SFDPH) provides this guidance based on current information. Recommendations may change, and SF recommendations may differ from those issued by the Centers for Disease Control and Prevention (CDC) and the California Department of Public Health (CDPH). For updates visit: www.sfdcp.org

SITUATIONAL UPDATE

Due to higher risk of invasive meningococcal disease (IMD) among HIV-infected persons, on 6/22/2016 the CDC's Advisory Committee on Immunization Practices (ACIP) expanded its recommendation for immunization with quadrivalent meningococcal vaccine (MenACWY; Menactra[®] or Menveo[®]) to include **all HIV-positive persons age 2 months and above**. In addition, on 6/24/2016 CDPH announced an outbreak of IMD in May-June 2016 in Los Angeles and Orange Counties. Among 9 reported cases, most were in men who have sex with men (MSM), and meningococcal serogroup C is the strain identified thus far. **Therefore CDPH and SFDPH also recommend vaccination with MenACWY for MSM who are not HIV-infected but who have other risk factors for meningococcal disease:**

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

In 2015, a single case of IMD in a San Francisco MSM was reported, the only such case in the past 5 years.

ACTIONS REQUESTED OF SF CLINICIANS:

- 1. Routinely vaccinate all HIV-positive persons age \geq 2 months with MenACWY vaccine.** For older children, adolescents, and adults with HIV infection the primary schedule is 2 doses given 8-12 weeks apart. (Younger children have special schedule requirements*). Previously vaccinated persons who received only one dose should receive a second dose at the earliest opportunity, regardless of the time interval since the previous dose. A booster dose should be given every 5 years.
- 2. Recommend MenACWY vaccine for MSM and transgender persons who have sex with men, particularly those with the risk factors listed above.** Because meningococcal vaccine-induced immunity wanes, a booster dose can be considered for those whose last dose of MenACWY vaccine was \geq 5 years ago. MSM not known to be HIV-infected who have not been tested for HIV within the last year should be tested for HIV along with vaccination, and should be offered screening for other sexually transmitted diseases based on reported risk.
- 3. Immediately report** all San Francisco residents with suspected or confirmed meningococcal disease to the 24/7 Communicable Disease Control Unit (CDCU) of SFDPH at (415) 554-2830. After hours follow instructions to page the on-call MD. Do not wait to report until the diagnosis is culture-confirmed; any delay in reporting compromises the ability to identify close contacts and ensure they receive timely antibiotic prophylaxis. SFDPH can assist with coordinating Polymerase Chain Reaction (PCR) testing.

ADDITIONAL INFORMATION

Mode of Transmission - IMD results from infection with *Neisseria meningitidis* bacteria, which can cause meningitis, bacteremia and septicemia. Transmission is via contact with the respiratory secretions or aerosols of someone carrying the bacteria in their nasopharynx; usually by close or sexual contact. Transmission occurs more easily in households and other crowded or congregate settings where there is close contact with many others. This is reflected in the increased risk of IMD among college dormitory residents and military recruits.

Other known risk factors for IMD include smoking and exposure to cigarette smoke or cigarette smokers, preceding viral infection, especially influenza A infection, and mycoplasma infection. The higher risk of IMD is because both infection and exposure to smoke can cause microtrauma of the nasopharynx, increasing the risk that bacteria will enter the bloodstream.

Vaccination and other Prevention Measures - All current ACIP recommendations for routine immunization of adolescents with MenACWY vaccine, for immunization of infants, children, and adults at increased risk of IMD with MenACWY vaccine, and for immunization of older children and adults at increased risk of meningococcal serogroup B disease with MenB vaccine, remain in place.

While highly effective, vaccination is not 100% effective. Those wishing to further reduce their risk of IMD should consider avoiding contact with nasopharyngeal secretions and aerosols from the nose or mouth of other persons, as well as avoiding smoking or smoky settings.

Clinical Description – Prompt Recognition of IMD Cases is Key - Prompt recognition and antibiotic treatment of meningococcal disease is critical. Symptoms of meningitis may include sudden onset of fever, headache, and stiff neck, accompanied by nausea, vomiting, photophobia, and altered mental status. Symptoms of septicemia may include fatigue, nausea, vomiting, cold hands and feet, chills, severe muscle aches or abdominal pain, rapid breathing, diarrhea, and a petechial or purpuric rash.

The following may be helpful in making the diagnosis:

- A thorough examination of the skin, conjunctiva and pharynx for petechiae, with particular attention to pressure zones beneath clothes, the palms and the soles
- Severe muscle or abdominal pain, particularly when there is no apparent alternative etiology
- Blood pressure values that are in the normal range but are actually low considering the heart rate, temperature, and severity of illness (e.g., BP 100/60 with a heart rate of 140).
- Platelet counts between 100,000-150,000/mm³.

While any one finding does not necessarily indicate IMD, the constellation of findings warrants closer scrutiny and consideration of antibiotic therapy. A history of vaccine does not rule out IMD. Antibiotics should not be delayed to obtain diagnostic specimens.

Post-exposure Prophylaxis – detailed information on chemoprophylaxis of exposed close contacts can be found at: <https://www.cdph.ca.gov/programs/immunize/Documents/Meningquicksheet.pdf>.

Additional Resources:

- Report of ACIP vote: <http://www.aappublications.org/news/2016/06/23/MenACWY062316>
- ACIP Vaccine Recommendations: <http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html>
- CDPH Meningococcal Page: <https://www.cdph.ca.gov/HealthInfo/discond/Pages/MeningococcalDisease.aspx>
- SFDPH Meningococcal Page: <http://sfcdcp.org/meningococcal.html>

*<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6324a2.htm>

Categories of urgency levels

Health Alert: conveys the highest level of importance; warrants immediate action or attention

Health Advisory: provides important information for a specific incident or situation; may not require immediate action

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action