HEALTH ADVISORY

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

TO: HEALTH CARE PROVIDERS
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CC: PLEASE SHARE WITH MEDICAL STAFF

SITUATIONAL UPDATE

Due to higher risk of invasive meningococcal disease (IMD) among HIV-infected persons, on June 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.

The risk of meningococcal disease may also be increased for men who have sex with men (MSM) without HIV infection, including those who:
- 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.

The California Department of Public Health (CDPH) reports an ongoing outbreak of IMD. Since March 2016, 24 confirmed cases of serogroup C meningococcal disease, including 2 fatal cases, have been reported among residents of Los Angeles and Orange County and the City of Long Beach. Of the 24 cases, 22 are men and of these, 19 identified as MSM.

Currently, CDPH is recommending vaccination with MenACWY for:

1. All MSM residing in Los Angeles, Orange and San Diego Counties and the City of Long Beach;
2. MSM residing outside of these jurisdictions who plan to travel to Los Angeles or Orange Counties or the City of Long Beach;
3. All HIV infected persons.

For more information go to the CDPH Clinician Health Advisory:

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, 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](https://www.cdph.ca.gov/programs/immunize/Documents/Meningquicksheet.pdf).

**Additional Resources:**
- Report of June 2016, ACIP vote: [https://www.cdc.gov/vaccines/acip/](https://www.cdc.gov/vaccines/acip/)
- ACIP Vaccine Recommendations: [http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html](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](https://www.cdph.ca.gov/HealthInfo/discond/Pages/MeningococcalDisease.aspx)

* [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6324a2.htm](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