

**March 21, 2013**

**TO:** Healthcare Providers, Hospitals, Healthcare Facilities, Pharmacists, Local Health Departments (LHDs), HIV and Ryan White Providers and other Public Health Partners

**FROM:** New York State Department of Health (NYSDOH) Division of Epidemiology

**HEALTH ADVISORY: EXPANDED OUTBREAK RESPONSE MENINGOCOCCAL VACCINE RECOMMENDATIONS FOR MEN WHO HAVE SEX WITH MEN:**

**UPDATE #1**

**Please distribute to the Emergency Department, Infectious Disease, Primary Care, HIV Clinic, Pharmacy, Medical Director, Director of Nursing, and all patient care areas.**

*This advisory updates the previous advisory dated March 8, 2013. Information that is new or has been revised is highlighted*

NYSDOH continues to coordinate with the New York City Department of Health and Mental Hygiene (NYCDOHMH) regarding their expanded recommendations for meningococcal vaccine for men who have sex with men (MSM). These recommendations have been issued in response to an outbreak of invasive meningococcal disease (IMD) in New York City (NYC). To date, 22 men have become ill in this outbreak: 1 in 2010, 4 in 2011, 13 in 2012 and 4 in 2013. Seven men have died, including three of the last five. A 23<sup>rd</sup> individual from outside NYC, but who had spent significant time in its boroughs, also became ill but recovered. Please see the latest advisory from the NYSDOHMH which is attached below.

NYCDOHMH has identified the following groups at highest risk of IMD for whom vaccination with quadravalent meningococcal vaccine is recommended:

- All HIV-infected MSM
- MSM, regardless of HIV status, who regularly have close or intimate sexual contact with men met through an online website, digital application (“app”), or at a bar or party. (Previously, vaccination was recommended only for those with contact in certain high risk areas in New York City.)

NYS is extending this vaccination recommendation to persons residing in the rest of the state who traveled to NYC and engaged in the risk behaviors described above since September 1, 2012 and to anyone who wants to reduce their risk.

**TIMELY REPORTING**

In three of the last four cases, providers did not report cases promptly. Any delay in reporting compromises the ability to identify close contacts and ensure that they receive timely antibiotic prophylaxis. Providers must immediately report suspected or confirmed cases of IMD to the

LHD where the patient resides. Do not wait for laboratory confirmation to report a suspected case. Contact information for LHDs and reporting guidance can be found at [www.health.ny.gov/professionals/diseases/reporting/communicable](http://www.health.ny.gov/professionals/diseases/reporting/communicable). In turn, LHDs should notify the NYSDOH Bureau of Communicable Disease Control (BCDC).

### **IMMUNIZATION**

NYSDOH is encouraging residents who reside outside of NYC and feel that they may be at risk of IMD to contact their usual care provider and schedule an appointment to be immunized. HIV positive individuals who do not have a provider or whose provider does not currently have vaccine can visit [www.health.ny.gov/diseases/aids/resources/resource\\_directory/patient\\_resources\\_directory](http://www.health.ny.gov/diseases/aids/resources/resource_directory/patient_resources_directory) to identify a site where they can be vaccinated and/or obtain care. Other individuals can visit [www.nysacho.org/i4a/member\\_directory/feSearchForm.cfm?directory\\_id=2&pageid=3289&showTitle=1](http://www.nysacho.org/i4a/member_directory/feSearchForm.cfm?directory_id=2&pageid=3289&showTitle=1) to find contact information for their LHD, which may also have vaccine.

Vaccine costs and administration for HIV positive individuals may be reimbursable through the New York State Medicaid program and the AIDS Drug Assistance Program. LHDs can apply for reimbursement for other individuals at risk through their State Aid Application/Article 6 reimbursement process.

In order to help monitor the success of the meningococcal vaccination program, facilities and providers should consider reporting administered vaccine doses to the New York State Immunization Information System (NYSIIS). Whereas reporting of immunizations given to persons 18 years of age and younger is mandatory, facilities and providers must obtain written patient consent to use NYSIIS for persons 19 and older. Sample consent forms are available at [www.health.ny.gov/prevention/immunization/information\\_system/providers](http://www.health.ny.gov/prevention/immunization/information_system/providers) and reporting assistance is available by contacting NYSIIS at 518-473-2839.

### **ADDITIONAL INFORMATION**

Clinicians with questions regarding vaccine recommendations should contact the NYSDOH AIDS Institute Office of the Medical Director at 212-417-4536. Providers with other questions should contact their LHD or NYSDOH BCDC at [bcdc@health.state.ny.us](mailto:bcdc@health.state.ny.us) or (518) 473-4439.



NEW YORK CITY DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE  
Thomas Farley, M.D., M.P.H.  
*Commissioner*

## 2012 ALERT # 5

### **UPDATE: Invasive Meningococcal Disease in Men Who Have Sex with Men, Four New Cases Reported in 2013, Expanded Vaccine Recommendations**

**Please Share this Alert with All Emergency Medicine, Family Medicine, Primary Care Physicians, HIV Specialists, Infectious Disease, and Internal Medicine Staff in Your Facility**

- Four new cases of invasive meningococcal disease have occurred in men who have sex with men (MSM) in 2013, bringing the total number of cases to 22.
- Providers must immediately notify the Department of Health and Mental Hygiene (DOHMH) of suspect cases. Do not wait for culture confirmation to report a suspected case.
- DOHMH has simplified and expanded its vaccine recommendations. Meningococcal vaccine should now be offered to:
  - (a) All HIV-infected MSM
  - (b) 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.

March 6, 2013

Dear Providers,

Invasive Meningococcal Disease (IMD) continues to spread among men who have sex with men (MSM) in New York City. Four new cases of IMD in MSM have occurred in 2013. To date, 22 men have become ill in this outbreak: 1 in 2010, 4 in 2011, 13 in 2012 and 4 in 2013. Seven men have died, including three of the last five cases.

In three of the last four cases, providers did not report cases promptly to the Department of Health and Mental Hygiene (DOHMH). In two cases, providers waited until the diagnosis was confirmed by positive culture, which occurred 48 hours or longer after specimen collection. In the third case, providers did not initially report the case, because cultures were negative; the suspected case was eventually reported 10 days after admission, and DOHMH confirmed the diagnosis by PCR testing the following day. Providers must immediately report both suspect and confirmed IMD cases to DOHMH by telephone. Any delay in reporting compromises DOHMH’s ability to identify close contacts and ensure that they receive timely antibiotic prophylaxis.

To report a suspect or confirmed IMD case, please call:

During regular business hours (Monday - Friday, 9AM-5PM): 347-396-2600

During non-business hours: Poison Control Center at 212-764-7667 (212-POISONS)

For information about IMD and vaccination, call the Provider Access Line: 866-

NYC-DOH1 (1-866-692-3641)

For cases identified in non-NYC residents, providers must immediately report cases to the local health department where the patient resides.

Seventeen (77%) of 22 IMD cases have been either Brooklyn or Manhattan residents. Four of the last five cases were from Manhattan. The age range of cases is 21-59 years, and 50% have been Black, 27% White, and 18% Hispanic (any race). Twelve cases were HIV-infected, of which five have died. In total, seven IMD cases have died. Incidence rates in MSM ages 18-64 years continue to be high, more than 60 times that of New York City males aged 18-64 years who are not MSM.

#### Prompt Recognition of Cases Needed

Prompt recognition and antibiotic treatment of IMD is critical. Early clues to the diagnosis include:

- A thorough examination of the skin, conjunctiva and pharynx for petechiae, with particularly attention to pressure zones beneath clothes, the palms and the soles.
- Severe muscle or abdominal pain is a frequent symptom associated with IMD, particularly when there is no apparent alternative etiology.
- Blood pressure values that are in the normal range but are actually abnormal considering the heart rate, temperature, and severity of illness (e.g., BP 100/60 with a heart rate of 140). A widened pulse pressure may also be present.
- Platelet counts between 100,000-150,000/mm<sup>3</sup>.

While any individual finding does not necessarily indicate IMD, the constellation of findings warrants closer scrutiny and consideration of antibiotic therapy. Serial vital signs and examinations are critical to assuring that meningococcal infection is recognized and treated promptly. Antibiotic treatment should not be delayed to obtain diagnostic specimens. DOHMH can arrange for PCR testing at the New York State Wadsworth Center Laboratory. Providers should maintain a high index of suspicion for IMD when evaluating any HIV-infected MSM with fever.

#### Revised Target Population for Vaccination

DOHMH estimates that approximately 45% of the initial target population (HIV-infected MSM who meet high risk criteria) has received a first dose of meningococcal vaccine since October 4, 2012. As several MSM involved in the outbreak have not self-identified as gay, we encourage providers to perform complete sexual histories on their male patients to identify those at risk, especially among men of color. Based on the continuing occurrence of IMD among MSM, the shifting geography of recent cases, and concern expressed by providers about difficulty in determining whether their patient should be vaccinated, DOHMH has simplified its meningococcal vaccination recommendation for responding to this outbreak as follows:

**Meningococcal vaccine should be offered to the following New York City residents:**

- **All HIV-infected MSM**
- **MSM, regardless of HIV status, who regularly have close or intimate contact with other men met either through an online website, digital application (“app”), or at a bar or party**

To increase vaccine uptake, DOHMH requests that providers actively communicate with eligible patients about the need for meningococcal vaccination. DOHMH encourages providers and facilities that serve the at-risk population to provide meningococcal vaccine for their patients. Patients can also go to any DOHMH immunization (<http://www.nyc.gov/html/doh/html/living/immun-clinics.shtml>) or STD clinic (<http://www.nyc.gov/html/doh/html/living/std-clinics.shtml>) for vaccine. DOHMH will continue to monitor the epidemiology of the outbreak and vaccine uptake, and will revise its vaccine recommendations accordingly, if needed.

We greatly appreciate our partnership with healthcare providers in NYC in addressing this outbreak.

Sincerely,

*Jane R Zucker, MD, MSc*

Jane R. Zucker, MD, MSc, Assistant Commissioner  
Bureau of Immunization

*Marcelle Layton, MD*

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Bureau of Communicable Disease