



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
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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/mm³.

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

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