



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
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Commissioner

2012 ALERT # 36

UPDATE: Invasive Meningococcal Disease in Men Who Have Sex with Men, Two New Cases Reported in the Past 5 Weeks

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

- Two new cases of invasive meningococcal disease have occurred in men who have sex with men in the past 5 weeks, bringing the total to 16 cases since August 2010.
- Meningococcal vaccine should be offered to HIV-infected men who are New York City residents and who report intimate contact with a man met either through an online website, digital application (“app”), or at a bar or party since September 1, 2012.
- Meningococcal vaccine should now also be offered to men who have sex with men, regardless of HIV status, if they live in specific areas of Brooklyn and report intimate contact with a man met either through an online website, digital application (“app”), or at a bar or party since September 1, 2012.

November 29, 2012

Dear Providers:

The Health Department continues to identify new cases of invasive meningococcal disease (IMD) among men who have sex with men (MSM). All cases have been serogroup C. Since our last health alert on October 22, 2012, there have been 2 new IMD cases, the most recent with illness onset on November 13, 2012. This brings the total number of IMD cases among MSM to 11 in the past 12 months and 16 since August 2010.

Since January 1, 2011, the incidence rate of IMD among MSM ages 18-64 years is 7.3 per 100,000, which is more than 30 times that of New York City adults ages 18-64 years who are not MSM. All 16 cases have been in men between 21 and 59 years old. Seventy-five percent were either Black (n=8) or Hispanic (n=4). All 16 cases reported having sex with men. Eight cases lived in Brooklyn, three in Manhattan, two in the Bronx, two in Queens, and one was undomiciled. Nine cases were HIV-infected, including 7 (64%) of the 11 cases that occurred in the past 12 months. Three of four IMD cases who died were HIV-infected.

Meningococcal Vaccine Recommendations

DOHMH is expanding its criteria for who should receive meningococcal vaccine, based on the continuing occurrence of IMD among MSM, including those who are HIV-uninfected, and the clustering of cases in Northwest Brooklyn. DOHMH advises the following regarding meningococcal vaccination and this outbreak:

- 1) Meningococcal vaccine should be offered to all HIV-infected MSM who:
 - a. Are NYC residents and

- b. Have had intimate contact with other men met either through an online website, digital application (“app”), or at a bar or party since September 1, 2012.
- 2) Meningococcal vaccine should be offered to all HIV-negative MSM who:
 - a. Have had intimate contact with other men met either through an online website, digital application (“app”), or at a bar or party since September 1, 2012 and
 - b. Live in one of the following Brooklyn neighborhoods: Bedford Stuyvesant, Brownsville, Bushwick, Clinton Hill, Crown Heights, Downtown, Dumbo, East New York, Prospect Heights and Williamsburg.
- 3) Men in the two categories above who have not had intimate contact with other men met either through an online website, digital application (“app”), or at a bar or party since September 1, 2012, but plan to have such contact in the near future should also be offered meningococcal vaccine.
- 4) Providers should consider offering meningococcal vaccine to MSM, regardless of HIV status or neighborhood of residence, who have had intimate contact with other men met either through an online website, digital application (“app”), or at a bar or party since September 1, 2012.

DOHMH estimates that between 15%-20% of the initial target population (HIV-infected MSM who meet the high risk criteria above) have received a first dose of meningococcal vaccine since October 4, 2012. To increase vaccine uptake, DOHMH requests providers to actively communicate with eligible patients about the need for meningococcal vaccination. DOHMH will continue to promote the need for vaccination via media releases, banner ads on MSM-friendly social media sites, and posters and other materials displayed at MSM-friendly social venues, such as bars, clubs, and gyms. As not all recent IMD cases have self-identified as gay or told others that they have sex with men, it is important for providers to perform a complete sexual history with their male patients to identify those at risk, especially among Black and Hispanic men living in the most heavily impacted neighborhoods of Brooklyn.

DOHMH will continue to monitor the epidemiology of the outbreak and vaccine uptake, and will revise its vaccine recommendations accordingly.

Administration of Meningococcal Vaccine

There are three licensed quadrivalent meningococcal vaccines for adults. These three vaccines protect against four serotypes of *Neisseria meningitides* (A, C, W 135, and Y). Although CDC does not recommend routine meningococcal vaccination for HIV-infected persons, individuals who meet the description above should be targeted as part of this outbreak response.

Adults aged 55 years and younger should receive meningococcal conjugate vaccine (MCV4), rather than the polysaccharide vaccine (MPSV4). HIV-infected persons should receive 2 doses of the conjugate vaccine, administered at least 8 weeks apart and no less than 6 weeks. Providers should ensure that their patients receive 2 doses of vaccine as part of this outbreak response. Patients who have not received their second dose should be contacted to return to the office for vaccination. For patients aged 56 years and older, MPSV4 should be used; only one dose is needed. Health care providers may administer MCV4 off-

label to individuals 56 years and older using the same two-dose schedule as above if MPSV4 is not available.

Detailed information on meningococcal vaccine is available on the Health Department website at <http://www.nyc.gov/html/doh/html/cd/meningitis-provider.shtml>. Resources include a patient consent form, standing orders, Vaccine Information Statements, instructions on how to register for the Citywide Immunization Registry to help us monitor the success of this vaccine effort, as well as answers to frequently asked questions (FAQs) from providers on meningococcal vaccination. The FAQs address what to do if a patient has previously received a meningococcal vaccine, contraindications to vaccine, common side effects of MCV4 and MPSV4, how to report an adverse event to vaccine, information on insurance coverage for meningococcal vaccine, and where to purchase vaccine. To report suspect cases of IMD or for more information about meningococcal disease or vaccination, call the Provider Access Line: 866-NYC-DOH1 (1-866-692-3641).

Patients who meet criteria for vaccination but do not have access to a provider with vaccine can call 311 to locate a Health Department clinic that administers meningococcal vaccine.

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

Sincerely,

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