

October 4, 2012

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: MENINGOCOCCAL VACCINE RECOMMENDATIONS FOR
HIV-INFECTED MEN WHO HAVE SEX WITH MEN**

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

New York State Department of Health (NYSDOH) has been coordinating with the New York City Department of Health and Mental Hygiene (NYCDOHMH) regarding their recent recommendations for meningococcal vaccine for HIV-infected men who have sex with men (attached).

NYSDOH is extending this recommendation for residents outside of NYC who had intimate contact with a man in New York City, met either through an online website, smart phone app, bar, or party since September 1, 2012.

Patients should first check with their usual HIV care provider to ask if they have vaccine and to schedule an appointment to be immunized. If the patient does not have an HIV care provider or if the patient's usual medical provider does not currently have vaccine, patients can visit <http://goo.gl/ATJ4E> to identify a site where they can be vaccinated and/or obtain HIV care. Local Health Departments (LHDs) may also have vaccine available and contact information is available at <http://goo.gl/FBccq>.

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 <http://goo.gl/pWd1G> and reporting assistance is available by contacting NYSIIS at 518-473-2839.

Vaccine costs and administration are reimbursable through the New York State Medicaid program and AIDS Drug Assistance Program.

Clinicians with questions regarding this information should contact the NYSDOH AIDS Institute Office of the Medical Director at 212-417-4536.



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

2012 ALERT # 28

UPDATE: Meningococcal Vaccine Recommendations for HIV-infected Men Who Have Sex with Men

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

- No new cases of invasive meningococcal disease have been reported since September 26, 2012
- Meningococcal vaccine should be administered to HIV-infected men who are NYC residents and who had intimate contact with a man met either through an online website, digital application (“app”), or at a bar or party since September 1, 2012.

October 4, 2012

This Health Alert updates Health Alert # 27 on the invasive meningococcal disease (IMD) outbreak in men who have sex with men (MSM). Health Alert #27 can be found here: <https://a816-health29ssl.nyc.gov/sites/NYCHAN/WebPages/home.aspx>.

Outbreak Epidemiology

Since 2010, there have been 13 cases of serogroup C *Neisseria meningitidis* infection among MSM residing in NYC, including one additional case uncovered through retrospective review. There was 1 case in 2010, 4 in 2011, and 8 in 2012. No new cases have been reported since September 26, 2012. All cases were men between 21 and 59 years old. Eight cases are HIV-infected. Six cases lived in Brooklyn, three in Manhattan, two in the Bronx, one in Queens, and one was undomiciled. Four patients have died, 3 of who were HIV-infected.

The approximate annual incidence rate in MSM is 5.8 per 100,000. In contrast, the rate of IMD (all serogroups) in all other New Yorkers is 0.25 per 100,000. Genetic analysis was performed on 9 cases, of which 8 are related to a strain of *N. meningitidis* that was responsible for a 2006 outbreak among drug users in New York City.

Vaccine Recommendation

Based on the recent increase in cases, the high case fatality rate among HIV-infected MSM, and case investigations, DOHMH recommends administration of meningococcal vaccine to the following persons: HIV-infected men who are NYC residents and who had intimate contact with a man met either through an online website, digital application (“app”), or at a bar or party since September 1, 2012. Individuals who meet some but not all of these criteria are advised to discuss their need for meningococcal vaccine with their physician or medical provider.

Meningococcal Vaccines

There are three licensed quadrivalent meningococcal vaccines for adults. These three vaccines protect against four serotypes of *N. meningitidis* (A, C, W135, and Y), see Table 1. Serotype B is not included in any of the vaccines licensed in the United States. Although CDC does not recommend routine meningococcal vaccine for HIV-infected individuals, individuals that meet the description above should be vaccinated as part of this outbreak response.

Table 1. Meningococcal Vaccines Licensed in the United States for Use in Adults

Vaccine (manufacturer)	Type of Vaccine	Licensed Age Group	Dose	Route of Administration
Menactra (Sanofi Pasteur)	conjugate vaccine	9 months – 55 years	0.5 ml	IM
Menveo (Novartis)	conjugate vaccine	2 – 55 years	0.5 ml	IM
Menomune (Sanofi Pasteur)	polysaccharide vaccine	≥ 2 years	0.5 ml	SC

IM = intramuscular, SC = subcutaneous

For adults 55 years of age and younger, meningococcal conjugate vaccines (MCV4) should be used, rather than the polysaccharide vaccine (MSPV4). HIV-infected patients should receive two doses; the second dose should ideally be administered eight weeks after the first dose but no less than six weeks. For patients 56 years of age 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.

Contraindications to meningococcal vaccine include a severe allergic (anaphylactic) reaction either to a vaccine component or to a prior dose of either vaccine. Patients with a minor illness do not need to defer vaccination; persons with more severe illness, however, may wish to defer until they are healthier. Immunosuppression is not a contraindication for meningococcal vaccine. Influenza vaccination may be administered at the same time as meningococcal vaccination. In addition to influenza vaccination, HIV-infected men may also benefit from other routine vaccinations, which can be found at: <http://www.cdc.gov/vaccines/schedules/downloads/adult/adult-schedule-easy-read.pdf>.

Available vaccine resources include a patient consent form, standing orders, and Vaccine Information Statements (VIS) on the DOHMH website at <http://www.nyc.gov/html/doh/html/cd/cdmen.shtml>. Vaccine Information Statements are also available in 21 languages at www.immunize.org/vis/vis_meningococcal.asp

To assist DOHMH with monitoring the meningococcal vaccination program, facilities should report administered vaccine doses to the Citywide Immunization Registry (CIR). Whereas reporting of immunizations given to persons 18 years of age and younger is mandatory, facilities must obtain written patient consent to use the Citywide Immunization Registry for persons 19 and older. Sample consent forms are available at the website above. To report to CIR, a facility must be registered and obtain a facility code; call 347-396-2489 to register a facility.

Additional information from the Centers for Disease Control and Prevention about *N. meningitidis* infection and meningococcal vaccines can be found at the following websites:

- <http://www.cdc.gov/meningococcal/index.html>
- <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6003a3.htm>
- <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm#mening>
- <http://www.cdc.gov/vaccines/pubs/pinkbook/mening.html>

Vaccine Availability and Financing

To get vaccinated, patients should first check with their usual HIV care provider to ask if they have meningococcal vaccine. If a patient’s usual medical provider does not currently have vaccine, patients should call 311 to identify a site where they can be vaccinated. New York City Health and Hospitals Corporation HIV clinics, as well as DOHMH immunization and sexually transmitted disease clinics, have vaccine available.

Meningococcal vaccination is a covered service for Medicaid and AIDS Drug Assistance Program (ADAP) /ADAP Plus. Providers should bill for it in the way that they usually bill vaccines.

Vaccines may be ordered directly from the manufacturers. For information on ordering vaccines from Novartis, go to www.novartisvaccines.direct.com/Index. For information on ordering vaccine from Sanofi Pasteur, call 1-800-822-2463 or go to www.vaccineshoppe.com.

Invasive Meningococcal Disease

Clinicians should maintain a high index of suspicion for meningococcal disease in men who have sex with men, particularly if they are known to be HIV-infected. Patients with meningococcal disease characteristically present with fever, headache, stiff neck, petechial rash, sepsis, and/or altered mental status. Early in the course, an abnormality in pulse, blood pressure or respiratory rate out of proportion to the physical examination may be the only indication of a serious infection. Rapid recognition of invasive meningococcal disease with administration of appropriate antibiotics increases the probability of survival. Treatment with antibiotics should not be delayed pending the results of diagnostic testing. Early clues to meningococcal disease may include:

- Presence of petechial or purpuric rash. It is especially important to examine the skin thoroughly for the presence of petechiae. In the early stages of meningococcal disease, the rash may be maculopapular and blanch.
- Severe abdominal pain.

To report a suspect or confirmed case of meningococcal disease, please call:

Business hours: 347-396-2600

Non-business hours: Call the Poison Control Center at 212-764-7667 (212-POISONS)

For information about meningococcal disease and vaccination, call the Provider Access Line: 866-NYC-DOH1 (1-866-692-3641)

We greatly appreciate our partnership with healthcare providers in NYC in reporting and investigating unusual disease manifestations or clusters.

Sincerely,

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