NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
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Commissioner

2014 ALERT # 28

UPDATE: Invasive Meningococcal Disease in 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

- Three cases of invasive meningococcal disease have occurred in men who have sex with men since August 24, 2014; two cases have been reported in the last three days.
- Providers are reminded to notify immediately the Health Department of suspect cases and *not* wait for culture confirmation to report.
- The Health Department continues to recommend meningococcal vaccine for:
  (a) All HIV-infected men who have sex with men,
  (b) Men who have sex with men, 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.

September 5, 2014

Dear Providers,

Three new cases of invasive meningococcal disease (IMD) have been reported in men who have sex with men (MSM) since August 24, 2014. Two of these cases were reported in just the last three days. All are Black and/or Hispanic, between the ages of 21 and 55 years, and HIV-infected. Two of these are serogroup C, and one is pending. Two reside in Brooklyn (Zip Code 11212), and one in Queens. No cases have died.

One additional case of serogroup C IMD occurred earlier in 2014 in an HIV-infected MSM (Health Alert #15, July 18, 2014). Of the four cases among MSM that occurred in 2014, two received two doses of meningococcal vaccine.

Providers are advised to have a high index of suspicion for IMD, especially in HIV-infected patients. Individuals may not identify as gay or volunteer to providers that they have sex with men. Patients may present with meningitis only, bacteremia/meningococcemia only, both or other less common syndromes (pneumonia, septic arthritis). For patients who present with meningitis, please immediately report as a suspect case if the cerebrospinal fluid gram stain is positive for gram-negative diplococci or meningococcal antigen. Meningococcal bacteremia/meningococcemia may be difficult to recognize. The following clinical and laboratory clues may aid in suspecting the diagnosis:

- Petechiae particularly on areas of skin pressure zones, the palms and the soles or the conjunctiva and pharynx
- Severe muscle or abdominal pain unexplained by an alternative etiology
- Tachycardia, tachypnea or hypotension (initially may be borderline)

- Low peripheral white blood cell count (< 5,000/mm^3) with predominance of neutrophils or low platelet counts (<150,000/mm^3)

While any individual finding does not necessarily indicate IMD, the constellation of findings in a febrile, ill-appearing patient warrants closer scrutiny and consideration of empiric antibiotic therapy while awaiting confirmatory test results. 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. The Health Department can arrange for PCR testing of blood, cerebrospinal, joint and pleural fluid.

Vaccination

The Health Department continues to recommend meningococcal vaccine for 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

Although vaccination is not 100% effective, particularly in people with HIV infection, it is the best available intervention to prevent disease. Providers are strongly recommended to continue to offer vaccine to eligible patients who have not yet been vaccinated. To screen for eligibility, providers should specifically inquire about recent sexual activity with other men. The Health Department estimates that approximately 20%-25% of individuals recommended to receive meningococcal vaccine have received at least one dose since the beginning of this outbreak.

HIV-infected patients are recommended to receive two doses of meningococcal conjugate vaccine, and providers should recall those patients who have only received one dose. For additional resources on meningococcal vaccination, including frequently asked questions, screening forms and fact sheets, please visit: http://www.nyc.gov/html/doh/html/diseases/meningitis-provider.shtml.

Report immediately both suspect and confirmed IMD cases to the Health Department by telephone. To report a suspect or confirmed IMD case and for information about IMD and vaccination, please call 866-NYC-DOH1 (1-866-692-3641)

We greatly appreciate your assistance.

Sincerely,

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Bureau of Communicable Disease

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