



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

2014 ALERT # 15

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

- First case of invasive meningococcal disease due to the outbreak strain has occurred since February 2013 in a man who has sex with men (MSM).
- Providers are reminded to immediately notify the Health Department of suspect cases. Do not wait for culture confirmation to report a suspected case.
- The Health Department continues to recommend meningococcal vaccine for:
 - (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.

July 18, 2014

Dear Providers,

A new case of serogroup C invasive meningococcal disease (IMD) was reported in late June in an HIV-infected man who has sex with men (MSM). This is the first case related to the 2012-2013 IMD outbreak since February 2013. The patient had evidence of both meningitis and bacteremia and survived the illness. During the outbreak, 5 (42%) of 12 HIV-infected MSM died from meningococcal infection. The patient received two doses of meningococcal vaccine: the first dose in the fall of 2013 and the second in early 2014. The strain of serogroup C *Neisseria meningitidis* isolated was indistinguishable by pulsed field electrophoresis to the outbreak strain that was circulating in 2012.

Providers are reminded to immediately report both suspect and confirmed IMD cases to the Health Department by telephone. 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 ($< 5,000/\text{mm}^3$) with predominance of neutrophils or low platelet counts ($< 150,000/\text{mm}^3$)

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 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. The Health Department can arrange for PCR testing of blood, cerebrospinal, joint and pleural fluid. Providers should maintain a high index of suspicion for meningococcal disease when evaluating any HIV-infected MSM with fever.

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

The Health Department estimates that approximately 20%-25% of individuals recommended to receive meningococcal vaccine have received at least one dose. Providers should continue to offer vaccine to eligible patients who have not yet been vaccinated.

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>.

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,

Jane R Zucker, MD, MSc

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