



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
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Commissioner

2015 ALERT # 11

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

- The Chicago Department of Public Health recently issued vaccine recommendations in response to a cluster of 4 cases of invasive meningococcal disease (IMD) in men who have sex with men (MSM)
- The last case of IMD in MSM in NYC was in December of 2014.
- 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.
- Providers are reminded to immediately notify the Health Department of suspect IMD cases and *not* wait for culture confirmation to report.

June 12, 2015

Dear Providers,

The Chicago Department of Health issued vaccine recommendations earlier this month in response to a cluster of 4 cases of invasive meningococcal disease (IMD) in men who have sex with men (MSM). While there has not been a case of IMD in MSM in NYC since December 2014, we are taking this opportunity to remind providers that the following meningococcal vaccination recommendations for MSM residing in NYC are still in effect:

- 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

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 (see *City Health Information* publication for information on providing health care to men who have sex with men: <http://www.nyc.gov/html/doh/downloads/pdf/chi/chi-33-4.pdf>). HIV-infected patients are recommended to receive two doses of meningococcal conjugate vaccine; the second dose should ideally be administered eight weeks after the first dose (minimum six weeks). Providers should identify and recall their HIV-infected patients who have only received one dose of vaccine. 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>.

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 can present with meningitis, bacteremia, meningococemia or multiple syndromes. Less common syndromes include pneumonia and septic arthritis.

Recognition of meningococcal bacteremia and early sepsis can be difficult. Fever with influenza-like symptoms are common, however, the following clues should warrant further evaluation and consideration for empiric antibiotic therapy:

- Petechiae. Examine areas of skin pressure zones, the palms and the soles, conjunctiva and pharynx.
- Severe muscle or abdominal pain unexplained by an alternative etiology
- Borderline tachycardia, tachypnea or hypotension
- Low peripheral white blood cell count ($< 5,000/\text{mm}^3$) with predominance of neutrophils or a subnormal platelet count ($< 150,000/\text{mm}^3$)

Patients presenting with meningitis are more easily recognized and the finding of either gram-negative diplococci or a positive meningococcal antigen test in cerebrospinal fluid is sufficient to report the case. The Health Department can arrange for PCR testing of blood, cerebrospinal, joint and pleural fluid and antibiotic treatment should not be delayed while obtaining diagnostic specimens.

Please report immediately both suspect and confirmed IMD cases (including meningitis, bacteremia, meningococemia, pneumonia and septic arthritis) 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,

Don Weiss, MD, MPH

Director of Surveillance

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