



Health, Housing & Community Services Department
Public Health Division
(510) 981-5300

Janet Berreman, MD, MPH
Health Officer

Health Advisory
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Meningococcal Disease
Please distribute to all providers in your practice

Current Situation:

Since May 2016, nine confirmed cases of meningococcal disease, including one death, have been reported in men living in Southern California, most of whom were men who have sex with men (MSM). This represents a substantial increase above the typical number of reported cases. To reduce the risk of meningococcal disease all HIV-infected persons and gay and bisexual men should be urged to consider receiving MenACWY, the meningococcal vaccine that protects against meningococcal serogroups A, C, W and Y.

Background:

Six of the Southern California cases are known to be caused by serogroup C and one additional case is awaiting serogroup identification. Quadrivalent meningococcal conjugate vaccines (MenACWY) protect against serogroup C disease, the serogroup causing clusters and outbreaks among MSM, as well as against A, W, and Y disease. Although serogroup B (MenB) vaccines are now available, serogroup B has not been associated with clusters or outbreaks among MSM. Gay and bisexual men may be at increased risk of meningococcal disease if they have close or intimate contact with multiple partners, regularly visit crowded venues such as bars and parties, or smoke cigarettes, marijuana or illegal drugs.

Actions Requested of Clinicians:

Offer and Administer Meningococcal vaccine in accordance with recommendations:

- MSM who **are not** HIV-infected, but who are at increased risk of meningococcal disease should be offered 1 dose of MenACWY vaccine (Menveo® or Menactra®). Because meningococcal vaccine-induced immunity wanes, a booster dose can be considered for those whose last dose of MenACWY vaccine was >5 years ago.
- MSM who are not known to be HIV-infected and have not been tested for HIV within the last year should be offered an HIV test along with vaccination.
- HIV-infected persons should routinely receive 2 doses of MenACWY vaccine (Menveo or Menactra), 8-12 weeks apart, as their primary series. Previously vaccinated HIV-infected persons who received only 1 dose of vaccine should receive a second dose at the earliest opportunity, regardless of the time interval since the previous dose. A booster dose should be given every 5 years if the previous dose was administered at >7 years of age.
- All adolescents should continue to be routinely vaccinated with MenACWY vaccine as per current ACIP recommendations
- Infants, children and adults with increased risk of meningococcal disease (due to underlying complement deficiency or asplenia, or due to exposure through travel, occupation, or outbreak) should continue to be routinely vaccinated with meningococcal vaccines as per current ACIP recommendations.

Transmission and Clinical Symptoms:

Meningococcal disease results from infection with *Neisseria meningitidis* bacteria, which can cause meningitis, bacteremia and septicemia. Meningococcal bacteria are transmitted through close personal contact and can be spread from person to person by small respiratory droplets. Symptoms of meningococcal disease may include fever, vomiting, severe headache, stiff neck, confusion, rash (petechiae) and generalized muscle pains. Symptoms of infection usually occur within 3-7 days after exposure.

Resources:

- [CDPH Health Advisory](#)
- Prevention and Control of Meningococcal Disease: Recommendations of the Advisory Committee on Immunization Practices (ACIP) [Prevention and Control of Meningococcal Disease](#)
- Adults may locate meningococcal vaccines in their area by using CDC's [Adult Vaccine Finder](#).