



Health Alert



City of Chicago
Rahm Emanuel, Mayor

Communicable Disease Program

Chicago Department of Public Health
Julia Morita, MD, Commissioner

Ongoing Meningococcal Outbreak among Men Who Have Sex with Men – Fatal Serogroup C Case in September 2016, HAN #7

Date: September 29, 2016

To: Physicians specializing in Emergency Medicine, Infectious Diseases, Internal Medicine, Family Medicine, HIV primary care providers, pharmacies co-located with HIV clinics, Centers of Excellence pharmacies

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The Chicago Department of Public Health (CDPH) received a report of a fatal case of invasive meningococcal disease (IMD) within the last month caused by *Neisseria meningitidis* serogroup C, the same serogroup that caused nine IMD cases in Chicago-area men who have sex with men (MSM) since May 2015. To date, **two of the ten total outbreak cases have been fatal**, reinforcing the need for Emergency Room and HIV healthcare providers to maintain a **high index of suspicion for any MSM presenting with symptoms of flu-like illness, rash, CBC abnormalities, and/or any signs of increased intracranial pressure.**

We remind all primary care providers caring for people living with HIV to ensure patients are appropriately vaccinated against meningococcal disease. Within the past 2 months, CDPH also received a report of one female with IMD caused by *Neisseria meningitidis* serogroup C. While this outbreak of IMD continues, it is possible that circulation of this particular serogroup may affect other demographic groups, especially those who have close or intimate contact with MSM. For now, we still recommend the following:

1) All MSM should receive meningococcal conjugate vaccine (i.e., Menactra, Menveo) that provides protection against serogroups A, C, W135, and Y. Most adults only need one dose for adequate protection with duration of immunity lasting 5 years.

2) HIV-infected and immunocompromised individuals should receive 2 doses, separated by 8 weeks (i.e., at 0 and 2 months). There is limited data on vaccine effectiveness in patients with low CD4 counts. Clinicians must ensure that patients understand the risk factors for disease, as well as signs/symptoms of illness, and provide post-exposure chemoprophylaxis to close contacts (household, intimate, and/or sexual contacts) of confirmed cases regardless of vaccination history.

Revaccination: Persons at increased risk of meningococcal disease require revaccination every 5 years as long as the person remains at increased risk.

Men in the risk categories defined above may obtain vaccine through one of 3 methods:

- Primary healthcare provider
- Pharmacies
- Call 311 to locate a CDPH clinic for no cost vaccine or a partner clinic where copays may apply

The Immunization Program will provide federally funded meningococcal conjugate vaccine for patients that meet the CDPH vaccination recommendation, regardless of insurance status. If you wish to order or re-order vaccine, contact Kevin Hansen at 312-746-9330 or via email at kevin.hansen@cityofchicago.org.

Please report suspected or confirmed case of meningococcal disease immediately by calling:

Business hours: 312-746-5377 or 312-746-5925; Non-business hours: Call 311 and ask for the communicable disease physician on-call

Additional information on meningococcal disease and the ongoing outbreak, as well as provider resources are available at <https://www.chicagohan.org/mening>.