



# Health Alert



City of Chicago  
Rahm Emanuel, Mayor

Communicable Disease Program

Chicago Department of Public Health  
Julie Morita, MD, Commissioner

## ***Ongoing Meningococcal Outbreak among Men Who Have Sex with Men – 2 New Serogroup C Cases in March 2016, Meningococcal Vaccination Guidance HAN #6***

**Date:** April 6, 2016  
**To:** HIV primary care providers, pharmacies co-located with HIV clinics, Centers of Excellence pharmacies  
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### **Background**

The Chicago Department of Public Health (CDPH) is investigating the **second case of invasive meningococcal disease (IMD) reported within the last 3 weeks among Chicago men who have sex with men (MSM)**. Both recent meningitis cases were infected with *Neisseria meningitidis* serogroup C, the same serogroup as cases occurring among MSM during May and June, 2015. Of 9 IMD cases reported among Chicago-area MSM since May, 2015, 7 reported African American race, and a majority have been HIV positive. **None had previously received meningococcal vaccine.** Most HIV-positive cases had established providers, highlighting the **critical opportunity and need for primary care providers caring for people living with HIV to ensure patients are appropriately vaccinated against meningococcal disease.** Federally funded meningococcal conjugate vaccine is available to HIV providers. In advance of an anticipated public announcement early next week, we encourage all providers to check supplies and order/re-order vaccine through CDPH as needed.

Based on data from Chicago and other large cities indicating that MSM, and in particular HIV-positive MSM are at increased risk for IMD, CDPH recommends:

- 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 are limited data regarding the risk of meningococcal disease in relation to a person's CD4 count. There is also 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.

## **Meningococcal Vaccines Available for Adults**

Two meningococcal conjugate vaccines (i.e., Menactra, Menveo) that contain serogroups A, C, W135, and Y are licensed for use in adults through age 55 years. Although not FDA-approved for older individuals, CDC recommends use of meningococcal conjugate vaccine in patients 56 years or older in the context of outbreaks of IMD caused by serogroup C strains.

<b>Brand Name</b>	<b>Menactra</b>	<b>Menveo</b>	<b>Menomune</b>
<b>Characteristics</b>	Conjugate Vaccine (MCV4)	Conjugate Vaccine (MCV4)	Polysaccharide Vaccine (MPSV4)
<b>CPT Code</b>	90734	90734	90733
<b>Serogroups</b>	A, C, W135, Y	A, C, W135, Y	A, C, W135, Y
<b>Manufacturer &amp; Licensure</b>	<i>Sanofi Pasteur</i> , Licensed in 2005	<i>Novartis</i> , Licensed in 2010	<i>Sanofi Pasteur</i> , Licensed in 1981
<b>Age Guidelines</b>	9 months – 55 years	2 – 55 years	56 years and older
<b>Administration</b>	Intramuscular	Intramuscular	Subcutaneous
<b>Vaccine properties</b>	Single-dose vial, no preservative or adjuvant	Single-dose vials, no preservative or adjuvant, requires reconstitution	Single-dose or 10-dose vials, diluent is sterile water with thimerisol preservative, requires reconstitution

## **Contraindications and Precautions to Vaccination**

Meningococcal vaccination is contraindicated for persons known to have had a severe allergic (anaphylactic) reaction to a vaccine component, including diphtheria toxoid. Vaccination should be deferred for persons with moderate to severe acute illness until condition is improved. ACIP no longer states that a history of Guillain-Barre Syndrome (GBS) is a precaution for vaccination, because benefits of vaccination outweigh risk for recurrent GBS.

## **Obtaining Meningococcal Vaccine**

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 meningococcal 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](mailto:kevin.hansen@cityofchicago.org).

**Please remember to report cases of IMD to CDPH immediately.** Also, ensure that bacterial isolates are submitted to the Illinois Public Health Laboratory for serogrouping and molecular typing in a timely fashion. To report a suspect or confirmed case of meningococcal disease please call:

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>.