



Health Alert



City of Chicago
Rahm Emanuel, Mayor

Communicable Disease Program

Chicago Department of Public Health
Julie Morita, MD, Commissioner

Invasive Meningococcal Disease in Men Who Have Sex with Men – Meningococcal Vaccination Guidance HAN #2

Date: June 4, 2015
To: Primary care providers, HIV primary care providers, pharmacies co-located with HIV clinics, Centers of Excellence pharmacies

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Background

Since mid-May 2015, the Chicago Department of Public Health (CDPH) has been investigating reports of 3 confirmed cases of invasive meningococcal disease (IMD) in men who have sex with men (MSM), one of which was fatal. All 3 *N. meningitidis* isolates are serogroup C. Characteristics of cases include HIV diagnosis or use of on-line “hook-up” apps to seek sexual partners (e.g., Grindr, Jack’d, Adam4Adam).

Due to this cluster, CDPH is recommending meningococcal vaccination for:

- 1) HIV-positive MSM
- 2) MSM regardless of HIV status, who have close or intimate contact with anonymous partners or seek sexual partners through use of on-line “hook-up” apps

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. Meningococcal polysaccharide vaccine (i.e., Menomune) should be used for adults aged 56 and older, if available. If meningococcal polysaccharide vaccine is not available, meningococcal conjugate vaccine may be used in patients 56 years or older.

Brand Name	Menactra	Menveo	Menomune
Characteristics	Conjugate Vaccine (MCV4)	Conjugate Vaccine (MCV4)	Polysaccharide Vaccine (MPSV4)
CPT Code	90734	90734	90733
Serogroups	A, C, W135, Y	A, C, W135, Y	A, C, W135, Y
Manufacturer & Licensure	Sanofi Pasteur, Licensed in 2005	Novartis, Licensed in 2010	Sanofi Pasteur, Licensed in 1981
Age Guidelines	9 months – 55 years	2 – 55 years	56 years and older
Administration	Intramuscular	Intramuscular	Subcutaneous
Vaccine properties	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

Meningococcal Vaccination for At-Risk Individuals

For non-immunocompromised adults without HIV: Administer one dose of meningococcal vaccine for adequate protection.

For adults living with HIV (independent of CD4 count or severity of illness) and other immunocompromised individuals: Administer 2 doses of meningococcal vaccine, 8 weeks apart (i.e., at 0 and 2 months).

There is limited data regarding the risk of meningococcal disease in relation to severity of HIV infection (i.e., low CD4 count). There is also limited data on vaccine effectiveness in patients with severe HIV. Clinicians should ensure patients understand the risk factors for disease, as well as signs/symptoms of illness, and should continue to provide post-exposure chemoprophylaxis to close contacts (intimate and/or sexual relations) of confirmed cases regardless of vaccination history.

Routine Vaccination with Meningococcal Vaccine

ACIP recommends routine vaccination with two doses of MCV4 for adolescents 11 through 18 years of age: the first dose at 11 or 12 years of age, with a booster dose at age 16. *Illinois school requirements for Fall 2015 will require 1 dose for 6th grade and a booster for 12th grade.*

Adolescents 11 through 18 years of age living with HIV infection should get three doses: 2 doses, 2 months apart at 11 or 12 years, plus a booster at age 16.

Other people at increased risk who should get vaccinated:

- Microbiologists routinely exposed to isolates of *N. meningitidis*
- U.S. military recruits
- Persons traveling to, or living in, areas of the world in which *N. meningitidis* is hyperendemic or epidemic, including Sub-Saharan Africa
- Persons with functional or anatomic asplenia (2 doses, 8 weeks apart)
- Persons with persistent complement component deficiency (2 doses, 8 weeks apart)

Revaccination: For persons at increased risk of meningococcal disease, revaccinate every 5 years as long as the person remains at increased risk.

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 vaccine, contact Kevin Hansen at 312-746-9330 or via email at kevin.hansen@cityofchicago.org. In addition, a provider hotline at 312-746-4835 is also available from 8:30a-4:30p.