



RON CHAPMAN, MD, MPH
Director & State Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



EDMUND G. BROWN JR.
Governor

Clinician Health Advisory

Meningococcal Vaccine Recommendations for Men Who Have Sex with Men December 14, 2012

Invasive meningococcal disease is seasonal and peaks during the winter. In California, 100-200 cases occur each year and approximately 10-15% of these cases are fatal. Quadrivalent meningococcal vaccines (Table) protect against meningococcal disease caused by serogroups A, C, Y and W135 strains. Meningococcal vaccine is routinely recommended for adolescents and persons at increased risk for meningococcal disease.*

The New York City Department of Health and Mental Hygiene recently reported an outbreak of invasive serogroup C meningococcal disease among men who have sex with men (MSM); 11 cases in the last 12 months and 16 cases since August 2010. The 16 men were between 21 and 59 years old and nine of the 16 were HIV-infected. Many of the cases have had intimate contact with other men either through an online website, digital application, or at a bar or party. This outbreak is completely unrelated to the current multistate outbreak of fungal meningitis caused by contaminated medication.

A similar strain of serogroup C *Neisseria meningitidis* has also caused occasional cases of invasive meningococcal disease in MSM in California in recent years. Persons who wish to reduce their risk of meningococcal disease, including MSM, may choose to receive meningococcal vaccine, which can be safely administered to HIV-infected persons.

The symptoms of meningococcal disease include the sudden onset of fever, headache, and stiff neck and it is often accompanied by other symptoms, such as nausea, vomiting, photophobia, and altered mental status. Suspected meningococcal disease should be reported immediately to your local health department. Sterile site *N. meningitidis* isolates should be submitted to your local public health laboratory for confirmatory testing.

The California Department of Public Health Microbial Diseases Laboratory can test patient CSF and blood specimens when no bacterial isolate is available, as when antibiotics are initiated prior to specimen collection. Laboratory testing and submission guidelines are available at: <http://www.cdph.ca.gov/healthinfo/discond/Pages/MeningococcalDisease.aspx>

Table: Meningococcal serogroup A, C, Y and W-135 vaccines licensed in the U.S.

| Type | Trade name | Manufacturer | Licensed age indication |
|----------------|------------|--------------|----------------------------------|
| Conjugate | Menactra® | Sanofi | 9 months through 55 years of age |
| Conjugate | Menveo® | Novartis | 2 through 55 years |
| Polysaccharide | Menomune® | Sanofi | 2 years of age and older |

*Persons routinely recommended for meningococcal vaccine are those:

- 11 through 18 years of age; and those
- 9 months through 55 years of age
 - with persistent complement component deficiency or functional or anatomical asplenia
 - routinely working with *N. meningitidis*
 - travelers to or residents of countries where meningococcal disease is hyperendemic or epidemic

Recommended vaccines for HIV infected adults are hepatitis A and hepatitis B vaccines; pneumococcal; influenza; tetanus, diphtheria, and pertussis (Td/Tdap); and HPV vaccine (for those 26 years of age and younger).

For immunization recommendations, see:

<http://www.cdc.gov/vaccines/schedules/downloads/adult/mmwr-adult-schedule.pdf>