



**LAC DPH Health Advisory:
Meningococcal Outbreak and
Importance of Completing Vaccine
Series for HIV-Infected Individuals**

July 19, 2017



*This message is intended for HIV, infectious disease, primary care, emergency medicine, and urgent care providers.
Please distribute as appropriate.*

Key Messages

- An outbreak of invasive meningococcal disease (IMD) primarily among men who have sex with men (MSM) continues in Southern California.
- All HIV-infected persons should receive two doses of the conjugate meningococcal (MenACWY) vaccine at least 8 weeks apart and a booster 5 years later and every 5 years thereafter throughout life.
- MSM who are not HIV-infected should receive a single MenACWY vaccine dose or a booster if the most recent dose was given ≥ 5 years ago.
- Providers should implement evidence-based practices to ensure completion of the 2-dose vaccination schedule for all HIV-infected persons.

Situation

Since March 2016, 31 outbreak-associated cases of IMD, including 4 deaths, have been reported in Southern California, most of which occurred in men who have sex with men (MSM). Case patients range in age from 23-76 years of age and 16% (5/31) of cases were HIV-positive. Forty-five percent (14/31) were Los Angeles County (LAC) residents. Several IMD cases occurred in HIV-positive men who had received only a single vaccine dose.

In 2016, the LAC Department of Public Health (DPH) recommended MenACWY vaccination for all MSM, regardless of HIV status or risk factors. In addition, DPH reiterated the 2016 Advisory Committee on Immunization Practices (ACIP) recommendations for meningococcal vaccination of all HIV-infected persons age 2 months and older.

Actions Requested of Providers

- Vaccinate all HIV-uninfected MSM patients with a single dose of the MenACWY vaccine (Menveo® or Menactra®) or provide a booster if it has been ≥ 5 years since the last vaccine dose.

- Vaccinate all HIV-infected patients with 2 doses of MenACWY vaccine at least 8 weeks apart and a booster 5 years later* and every 5 years thereafter throughout life.
- Vaccinate MSM ≥56 years or older with the MenACWY vaccine instead of the meningococcal polysaccharide vaccine (Menomune®).
- Use evidence-based practices (e.g., reminder-recall, co-scheduling) to ensure completion of the 2-dose schedule for all HIV-infected individuals.
- Refer MSM for free MenACWY vaccine if vaccination is not feasible at their primary care provider (see below).
- Report all suspect cases of IMD immediately to LAC DPH.

*If the most recent dose was received before age 7 years, the first booster dose should be administered 3 years after the initial dose and then every 5 years thereafter throughout life.

Note: MenACWY vaccine is included on the AIDS Drug Assistance Program (ADAP) formulary.

Meningococcal Vaccine Dosing and Schedule

The updated California Department of Public Health (CDPH) chart describing the timing of doses for high-risk populations including HIV-infected persons is attached and also available at <http://eziz.org/assets/docs/IMM-1218.pdf>.

Free Meningococcal Vaccine at DPH and Community Clinics

LAC DPH will continue to make free meningococcal vaccine available at DPH public health clinics and various other medical facilities within LA County for all MSM and for persons who are uninsured and underinsured. The location and hours of public health clinics and other medical facilities providing vaccine can be found at:

<http://www.publichealth.lacounty.gov/ip/Docs/meningitisclinics.pdf>.

Reporting and Public Health Response

All suspected cases of IMD are immediately reportable by healthcare providers and laboratories to LAC DPH. Laboratory confirmation is not required to report. Call the Acute Communicable Disease Control Program (ACDC) at 213-240-7941 to report (after hours information below).

LAC DPH conducts case and contact investigations for suspect meningococcal disease reports in Los Angeles County. Preventive antibiotics are provided to close contacts of IMD cases.

Contact Information for Questions and Reporting

Los Angeles County DPH Acute Communicable Disease Control Program:

- Weekdays 8:30 am to 5:00 pm: call 213-240-7941
- After hours: call 213-974-1234. Ask for the physician on call.

Long Beach Health and Human Services:

- Weekdays 8:00 am to 5:00 pm: call 562-570-4302
- After hours: 562-435-6711. Ask for Communicable Disease Officer.

Pasadena Public Health Department:

- Weekdays: Communicable Disease Control Program 626-744-6089
- After hours: 626-744-6043.

Additional Meningitis Resources

- Providers are encouraged to call ACDC with questions regarding IMD: 213-240-7941 and the Immunization Program regarding meningococcal vaccine recommendations: 213-351-7800.
- Meningococcal Conjugate Vaccines Provider Factsheet:
<http://www.ph.lacounty.gov/ip/Docs/MeningococcalFactSheet.pdf>
- CDC Meningitis Resources for Healthcare Professionals:
<http://www.cdc.gov/meningitis/clinical-resources.html>
- LAC DPH Meningococcal Disease webpage:
<http://publichealth.lacounty.gov/acd/Mening.htm>
- Invasive Meningococcal Disease: Los Angeles County Epidemiology Report:
<http://publichealth.lacounty.gov/acd/docs/IMD2017.pdf>

This Advisory was sent by Dr. Benjamin Schwartz, Interim Director, Acute Communicable Disease Control Program, Los Angeles County Department of Public Health.

To view this and other communications or to sign-up to receive LAHANs, please visit
<http://publichealth.lacounty.gov/lahan>

Meningococcal Vaccines—High-risk Populations

Different vaccines protect against different serogroups.

Risk groups:		Exp. Increased Exposure to meningococcal serogroups covered by vaccines (due to outbreaks ¹ , travel to affected areas [e.g. the Hajj], lab exposure)				CD. Persistent Complement component Deficiencies (including persons taking eculizumab [Soliris [®]])				Asp. Functional or Anatomic Asplenia (including sickle cell disease)				HIV. HIV Infection			
Age at first dose	Exp	CD	Asp	HIV	1) MenACWY vaccines ²				Boosters for those who remain at increased risk								
2–6 months	✓	✓	✓	✓	2 months ACWY-CRM Menveo [®]	4 months ACWY-CRM Menveo [®]	6 months ACWY-CRM Menveo [®]	12–15 months ACWY-CRM ³ Menveo [®]									
7–23 months	✓	✓	✓	✓	ACWY-CRM Menveo [®]	3 months	ACWY-CRM ³ Menveo [®]	If primary dose(s) given when younger than 7 years:									
9–23 months	✓	✓			ACWY-D ^{4,5,6} Menactra [®]	3 months	ACWY-D ^{3,6} Menactra [®]										
2 years and older		✓	✓ ⁵	✓ ⁵	ACWY-CRM or -D ^{5,6} Menveo [®] or Menactra [®]	2 months	ACWY-CRM or -D ⁶ Menveo [®] or Menactra [®]	If primary dose(s) given at age 7 years or older:									
	✓				ACWY-CRM or -D ^{5,6} Menveo [®] or Menactra [®]												
2) Also give MenB vaccine—may be given at same time as MenACWY vaccine. Use the same brand for each dose in the series.																	
10 years and older	✓	✓	✓		1st dose MenB-4C Bexsero [®]	1 month	2nd dose MenB-4C Bexsero [®]	OR	1st dose MenB-FHbp Trumenba [®]	1–2 months	2nd dose MenB-FHbp Trumenba [®]	3rd dose MenB-FHbp Trumenba [®]					

For further details, see www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html. For routine use, see recommendations at EZIZ.org/assets/docs/IMM-1217.pdf.

- For information on current meningococcal outbreaks, see www.cdph.ca.gov/HealthInfo/discond/Pages/MeningococcalDisease.aspx
- Abbreviations: ACWY/ACWY-CRM/ACWY-D = MenACWY = MCV4
- Minimum age 12 months.
- MenACWY-D (Menactra[®]) is licensed starting at 9 months.
- If MenACWY-D (Menactra[®]) is used for persons with asplenia or HIV infection, defer until age 2 years and at least 4 weeks after completion of PCV13 series.
- It is recommended that MenACWY-D be given either before, or concomitantly with, the next recommended dose of DTaP vaccine.

