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Clinician Health Advisory

Meningococcal Vaccine Recommendations for Men Who Have Sex with Men April 14, 2014

The California Department of Public Health (CDPH) has received reports of four men who have sex with men (MSM) with invasive meningococcal disease (IMD) in Los Angeles County since January 2014. Three of these men were HIV-infected and three died. All four men were infected with a vaccine-preventable serogroup of meningococcal bacteria.

On April 4, 2014, in response to these cases, the Los Angeles County Department of Public Health [recommended meningococcal vaccination](#) for Los Angeles County residents who are:

- HIV-infected MSM; or
- MSM, regardless of HIV status, who regularly have close or intimate contact with multiple partners, or who seek partners through the use of digital applications, particularly those who share cigarettes, marijuana, or use illegal drugs.

These recommendations are based on the fact that meningococcal bacteria are transmitted through close or intimate contact (described below). Orange, Riverside, and San Diego Counties have issued provider alerts describing the Los Angeles recommendations and also referencing the Palm Springs White Party, which will take place April 25-28 and is billed as the largest circuit party in the world with approximately 30,000, primarily MSM, attendees.

CDPH recommends that healthcare providers discuss the potential benefits of meningococcal vaccination with MSM who are:

- **traveling to Los Angeles County; or**
- **attending the White Party in Palm Springs (Riverside County); AND**
- **anticipate having close or intimate contact with multiple persons.**

HIV-infection or exposure to tobacco, marijuana or illegal drugs increases the risk of IMD. Vaccination is recommended at least two weeks before travel.

In addition, IMD clusters among MSM have been reported recently in [New York City](#), and in [various European cities](#). Vaccination may also be considered for MSM planning travel to these locations depending on their likely activities during travel.

Invasive meningococcal disease background

IMD results from infection with *Neisseria meningitidis* bacteria, which can cause meningitis, bacteremia, and septicemia. Even if diagnosed early and treated with antibiotics, IMD can still result in death, loss of limbs, or permanent brain damage. Symptoms of infection usually occur

1-10 days after exposure, and often within 4 days. Most persons who are exposed to the bacteria do not develop IMD, although they may become colonized for a period of time and transmit the bacteria to others.

The bacteria that cause IMD are transmitted by contact with the respiratory secretions or aerosols of someone carrying the bacteria in their throat; usually by close or intimate contact. Transmission occurs more easily in households and other crowded or congregate settings where there is close contact with many others. This is reflected in the increased risk of IMD among college dormitory residents and military recruits. Other known risk factors for IMD include smoking and exposure to cigarette smoke or cigarette smokers, preceding viral infection, especially influenza A infection, and mycoplasma infection. Both infection and exposure to smoke can cause microtrauma of the nasopharynx, which increases the risk that bacteria will enter the bloodstream.

Meningococcal vaccine recommendations for MSM who choose to be vaccinated

- MSM who are not HIV-infected should receive 1 dose of meningococcal conjugate vaccine (Menveo[®] or Menactra[™]). Because vaccine-induced immunity wanes, persons who previously received meningococcal conjugate vaccine ≥ 5 years ago should receive another dose.
- MSM who are HIV-infected should receive 2 doses of meningococcal conjugate vaccine (Menveo[®] or Menactra[™]), 8-12 weeks apart, as their primary series. Previously vaccinated HIV-infected MSM who received only 1 dose of vaccine should receive a second dose, regardless of the time interval since previous vaccination. If a 2-dose primary series was received ≥ 5 years ago, an additional dose should be given.

Vaccine	Primary Schedule	Comments	Storage/Handling
Menactra[™] (MenACWY-D) <i>(Sanofi Pasteur)</i>	Single dose: 0.5 mL (IM) No reconstitution required	Licensed for persons aged 9 months through 55 years. PLEASE NOTE: Infants with asplenia should not be vaccinated before 2 years of age because of potential interference with pneumococcal vaccine.	<ul style="list-style-type: none"> • Store MenACWY-D and MenACWY-CRM (lyophilized and liquid components) in the refrigerator between 35°F and 46°F (aim for 40°F) • Do not freeze any component – do not use if this happens
Menveo[®] (MenACWY-CRM) <i>(Novartis)</i>	Single dose: 0.5 mL (IM)	Licensed for persons aged 2 months through 55 years of age	

Although meningococcal polysaccharide vaccine (Menomune[®]) is the only meningococcal vaccine licensed for persons ≥ 56 years of age, the ACIP supports off-label use of conjugate vaccine for persons ≥ 56 years of age in unique circumstances, including in persons with immunocompromising conditions and those previously vaccinated with conjugate vaccine.

Complete ACIP recommendations for meningococcal vaccines

Are available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6202a1.htm>.

Where meningococcal vaccine may be obtained

Adults may locate meningococcal vaccine in their area by using CDC's "Adult Vaccine Finder" at: http://www.vaccines.gov/more_info/features/healthmapvaccinefinder.html.