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## **Public Health Alert – April 15, 2013**

### **Meningococcal Vaccine Recommendations for HIV Infected MSM**

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#### **SITUATION UPDATE**

The New York City (NYC) Department of Health has been investigating a cluster of invasive meningococcal disease commonly presenting as meningitis, among men who have sex with men (MSM). The issue has greater urgency due to the recent death of a West Hollywood resident from meningococcal meningitis. Despite reports in the media and from others, that he attended the recent White Party in Palm Springs, there is no way to determine how he contracted the illness. For more information on the outbreak in NYC please visit the NYSDOH website at [http://www.health.ny.gov/diseases/aids/campaign/meningococcal\\_vaccination/](http://www.health.ny.gov/diseases/aids/campaign/meningococcal_vaccination/)

Invasive meningococcal disease is a serious bacterial infection which has a high fatality rate. Confirmed and suspected cases of meningococcal disease should be reported to Disease Control at (951) 358-5107; after hours (951) 782-2974. No Riverside County cases linked to New York City or the White Party have been identified at this time. The incubation period for meningococcal disease is 2-10 days with an average of 3-4 days.

#### **EXPOSURE AND VACCINATION RECOMMENDATIONS**

- Meningococcal vaccine should be offered to any MSM traveling to New York since September 1, 2012, or who has the intention of traveling and:
  - Is an HIV positive MSM, or
  - MSM, regardless of HIV status, who regularly has close or intimate sexual contact with men met through an online website, digital application (“app”), or at a bar or party.
- Anyone who believes they may have had contact with any infected individual is a candidate for immunization, as for any concerned citizen. However, if they have symptoms suggestive of bacterial meningitis, such as a dark purple rash, severe illness or severe headache, they should be promptly medically evaluated.
- In the case of individuals exposed to the Los Angeles County death, chemoprophylaxis for exposed individuals is of low clinical utility given the exposure history and incubation time.

An update on the situation will be provided as additional information becomes available.