

Get the Facts: Invasive Meningococcal Disease

In June 2015, a small outbreak of invasive meningococcal disease (IMD) was identified among men who have sex with men (MSM). Invasive meningococcal disease can refer to any illness caused by the bacteria, *Neisseria meningitidis*. This includes bloodstream infections and meningitis, when the bacteria enter the protective membranes covering the brain and spinal cord.

Since reported, CDPH has been closely monitoring each case and has determined that the outbreak is isolated to a specific subpopulation. CDPH urges sexually active MSM living with HIV and MSM who have sex with anonymous partners or use online “hook-up” apps to identify male sexual partners to get vaccinated.

Invasive meningococcal disease can be extremely serious and even deadly.

What is Invasive meningococcal disease (IMD)?

IMD is a rare but severe bacterial infection that can result in a number of serious illnesses including meningitis.

What are the symptoms?

Signs and symptoms include fever, headache and a stiff neck. Accompanying symptoms may include nausea, vomiting, increased sensitivity to light and altered mental status (confusion). **If you are experiencing these symptoms please see a medical provider immediately.**

Does having HIV put me at greater risk for IMD?

People living with HIV are at a greater risk than the general population of acquiring the infection that causes invasive meningococcal disease. Approximately 20% of HIV positive people who develop the disease die of it.

How long will it take after contact to see symptoms?

Normally, it takes about 2-10 days to see symptoms of IMD after you have been infected. Some people will not have any symptoms.

How is IMD spread?

IMD is spread through the exchange of respiratory and throat secretions including intimate activities such as kissing and sexual contact or sharing drinks or cigarettes, smoking devices or marijuana. These bacteria are not as contagious as the viruses that cause the common cold. Partners, roommates or anyone in direct contact with a patient’s saliva or spit (including sexual partners) would be considered at increased risk.

Is there a vaccine?

Yes. CDPH recommends the following men to get vaccinated against *N. meningitidis*, the bacteria causing this outbreak:

- Sexually active MSM with HIV
- MSM who have sexual contact with anonymous partners
- Men who have used online “hook up” apps to identify male sexual partners in Chicago

How many doses of vaccine are needed?

For people who are not HIV positive, one dose of the vaccine is recommended. For people living with HIV, 2 doses of the meningococcal vaccine are needed to provide optimal protection. The two doses should be separated by 8 weeks.

Should transgender women receive the vaccine?

Transgender women who are HIV positive OR who use online hook-up apps to meet sexual partners OR who have anonymous sex should be vaccinated. Additionally, any individual should get vaccinated if they are sexually active with HIV-positive MSM, MSM who have sexual contact with anonymous partners and/or men who have used online hook-up apps to identify male sexual partners.

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Where can I get a vaccine?

The vaccine is safe and effective. In addition to being available at most doctor's offices and clinics, the vaccine is available at no cost at CDPH clinics and some partner sites, where co-pays may apply. **Call 311 to find a CDPH clinic or partner clinic near you.**

Do I need to be re-vaccinated?

Some people who were vaccinated in the past may need to receive a second "booster" dose. If you have received a vaccine in the past and you are at increased risk for the disease, call your doctor to discuss your vaccination history and to decide if you need an additional dose of vaccine.

If I was previously vaccinated following the 2003 outbreak, do I need to be re-vaccinated now?

Yes, re-vaccination is required 5 years after receipt of the vaccine.

How can I better protect myself?

Protect yourself by:

- Washing your hands frequently,
- Not sharing drinks or cigarettes.

It is also important to remain vigilant about preventing other more common infections which may be transmitted through sexual contact including different strains of HIV, syphilis, chlamydia, gonorrhea or shigella. CDPH recommends safe sex practices and awareness of partner health issues.

If you don't know your HIV status, get tested. Chicago residents can receive free HIV tests at any CDPH Specialty clinic. Visit www.cityofchicago.org/health for clinic hours and locations.

If you believe you are at increased risk for IMD, contact your local doctor, pharmacist or call 311 for information regarding the vaccine.

If you believe you have any symptoms, see a medical provider immediately.

In addition, the CDC has previously recommended all adolescents receive this vaccine as part of their routine vaccinations.

Who else should be vaccinated?

Adolescents between 16 and 21 have high rates of meningococcal disease. Even though the disease is not very common, we want to prevent as many adolescents as possible from getting it. CDC recommends all adolescents receive the vaccine.

At what age does my adolescent need it?

All 11-12 years olds should be vaccinated with meningococcal conjugate vaccine. A booster dose should be given at age 16 years. For adolescents who receive the first dose at age 13 through 15 years, a one-time booster dose should be administered, preferably at age 16 through 18 years, before the peak in increased risk. Adolescents who receive their first dose of meningococcal vaccine at or after age 16 years do not need a booster dose.

Is this vaccine required for school entry?

Beginning Fall 2015 in Illinois, students entering 6th grade will be required to show evidence of having received 1 dose of the meningococcal vaccine and students entering 12th grade will be required to show evidence of having received 2 doses of the meningococcal vaccine unless the first dose was administered on or after the student's 16th birthday.