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TO: Healthcare Providers

FROM: Larry Madoff, MD, Director, Division of Epidemiology and Immunization
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DATE: January 22, 2019

RE: Update: Invasive Meningococcal Disease among People Experiencing Homelessness

In January 2018, the Massachusetts Department of Public Health (MDPH) reported that two people experiencing homelessness in Greater Boston had been diagnosed with invasive meningococcal disease (IMD) serogroup C. Since that time, there have been three additional cases of IMD serogroup C among people in this population, and one additional case in a person with close connections to the homeless community. The most recent onset was December 2018. Cases have ranged in age from 33-59 and five of the six have been male. None of the cases appear to have received quadrivalent meningococcal vaccine (MenACWY) prior to becoming ill. The results of genetic sequencing demonstrate that all six isolates have similar molecular profiles.

Prompt recognition and antibiotic treatment of meningococcal disease is critical. Symptoms of meningococcal bacteremia may include fever, fatigue, nausea, vomiting, cold hands and feet, chills, severe muscle aches or abdominal pain, rapid breathing, diarrhea, and a petechial or purpuric rash. Meningococcal meningitis may present with sudden onset of fever, headache, and stiff neck, accompanied by nausea, vomiting, photophobia, and altered mental status. An atypical subacute presentation with mild, non-specific symptoms may also occur. Clinicians should maintain a high index of suspicion for IMD, particularly in individuals experiencing homelessness or with links to that population.

Recommendations:

1. Vaccinate persons experiencing homelessness with quadrivalent meningococcal vaccine (Men ACWY) to protect against invasive meningococcal disease. Please note, vaccination with Men ACWY does not supplant the need to also continue vaccination efforts in this population for hepatitis A, hepatitis B, influenza and other diseases as appropriate.
2. Be alert for illness compatible with meningococcal disease among persons experiencing homelessness, including atypical presentations of mild, subacute, or chronic symptoms.
3. Immediately report all suspect cases of meningococcal disease to the MDPH at (617) 983-6800. Suspect cases in Boston should be reported to the Boston Public Health Commission at (617) 534-5611. Do not wait for laboratory confirmation to initiate antibiotics or to report a clinically suspected case.

4. Obtain blood and CSF cultures prior to administration of antibiotics to enhance detection of *Neisseria meningitidis*, unless this will result in undue delay of treatment.
5. Ascertain and document all close contacts of any suspected case, if possible, so that antimicrobial prophylaxis can be considered.

For guidance on the vaccine schedule, see *Meningococcal Vaccine Recommendations by Age and Risk Factor for Serogroups A, C, W or Y Protection* at: <http://www.immunize.org/catg.d/p2018.pdf>. Additional clinical guidance for providers can be found on the CDC Meningococcal Vaccine Website at: <https://www.cdc.gov/vaccines/vpd/mening/hcp/index.html>.

A fact sheet concerning invasive meningococcal disease is available at: <http://www.mass.gov/eohhs/docs/dph/cdc/factsheets/m-o/meningococcal-disease.pdf>.

For questions about invasive meningococcal disease or these recommendations, please call the Division of Epidemiology and Immunization at 617-983-6800 (available 24/7).