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Subject: Meningococcal Disease in Southern California- Strategies to help contain the current outbreak

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Dear clinics participating in the California Vaccine for Adults (VFA) Program that are located in Los Angeles or Orange counties, or the City of Long Beach,

Since March 2014, 25 confirmed cases of serogroup C meningococcal disease, including two fatal cases, have been reported among residents of Los Angeles and Orange Counties and the City of Long Beach. Of the 25 cases, 23 are men and of these, 20 identified as men who have sex with men (MSM). Persons with HIV infection are known to be at increased risk of meningococcal disease; two of the 24 cases had HIV infection.

The Immunization Branch is recommending several activities that providers in the VFA program can implement in their practices to help contain the current outbreak of meningococcal disease in Southern California, and support public health's control and prevention activities within your county.

To prevent the spread of this serious and sometimes fatal disease among your patients and the community you serve, we ask that you:

1. Educate your providers and staff

[Quadrivalent meningococcal conjugate vaccines](#) (MenACWY) protect against serogroup C disease, the serogroup causing this outbreaks (as well as against A, W, and Y disease). CDPH advises that healthcare providers recommend MenACWY vaccination for:

- All MSM residing in Los Angeles, Orange and San Diego Counties and the City of Long Beach
- MSM residing outside of these jurisdictions who plan to travel to Los Angeles or Orange Counties or the City of Long Beach (to be effective, vaccination should occur ≥ 2 weeks prior to travel)
- All HIV-infected persons statewide. The U.S. Advisory Committee on Immunization Practices (ACIP) [voted on June 22, 2016](#) to recommend that all persons with HIV infection who are two months of age and older be routinely vaccinated with MenACWY vaccine.

Please implement the updated CDPH vaccine recommendations available in the updated [Clinician Health Advisory](#) in your clinical practice.

2. Stock the meningococcal vaccine

Ensure your clinic stocks sufficient vaccine doses to meet need for your insured as well as under/uninsured patient population.

- **Uninsured and Under-insured Adults (317 Vaccine Supply)**

Assess your 317-funded VFA vaccine stock for MenACWY doses and place an additional order, should your current need in the context of the outbreak exceed your initial estimate for this vaccine.

- Insured Adults (or Adults with vaccines as a covered benefit of plan/program)

If you don't currently stock private MenACWY vaccine, please consider purchasing doses to meet the needs of your privately insured patients. Inquire about vaccine ordering and delivery timelines as well as any available credit for unused expired doses if returned to the manufacturer or distributor.

- MenACWY is included on the [AIDS Drug Assistance Program \(ADAP\)](#) formulary.
- Additionally, MenACWY is covered both as a medical and pharmacy benefit without a prescription for the at-risk population as identified above by Covered CA and by the Medical managed care plans and subcontracted plans in the three local health jurisdictions.

3. Identify your at-risk patients, and reach out to bring them in for vaccination

We encourage you to proactively identify the subset of your patients that are at risk for contracting meningococcal disease (i.e. starting with your patients living with HIV) and conduct outreach and recall activities to inform patients of the need to come in to your clinic for vaccination.

4. Educate your patients

To increase vaccine uptake, providers should actively communicate with eligible patients about the need for meningococcal vaccination. More information/resources about meningococcal disease, vaccination and the current outbreak can be found at the [CDC meningococcal website](#). Please consider posting educational materials in your waiting room, and disseminating printed materials to your patients and the community you work in.

5. Refer if you cannot vaccinate on site

To protect the at risk population, it is critical that no patient presenting for vaccination is turned away. Maintaining adequate levels of meningococcal vaccine supply for your uninsured and insured patients is critical. If an at-risk patient presenting to your clinic cannot be vaccinated on site, please refer the patient to any of the public health, community and pop up clinics offering free vaccinations or to the pharmacy-based vaccination sites in Los Angeles and Orange Counties and the City of Long Beach. Assist the patient in locating convenient meningococcal vaccination sites by going to the CDC's SoCal meningococcal outbreak informational page at <http://bit.do/menoutbreak>. The webpage include links to local health department vaccine clinic locations and the "Adult Vaccine Finder," an Online widget to help users locate vaccine based on their ZIP code. Please let your local health department know if you would like to have your clinic included on the list of vaccination sites.

6. Document all vaccine doses administered in the immunization registry

To ensure proper tracking of vaccine dose administered, guarantee adequate vaccine supply is maintained and contribute data for coverage assessments, CAIR or your local immunization registry must be used to document all vaccine doses administered.

We greatly appreciate your commitment to strengthening the adult immunization infrastructure. We hope that you will join the public health effort to address the largest meningococcal disease outbreak among MSM in the United States.