



Department of Health

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DATE: October 25, 2016

TO: Healthcare Providers, Hospitals, Healthcare Facilities, Pharmacists, Local Health Departments (LHDs), HIV and Ryan White Providers and other Public Health Partners

FROM: New York State Department of Health (NYSDOH) Bureau of Immunization and AIDS Institute

HEALTH ADVISORY: NYSDOH MENINGOCOCCAL VACCINE RECOMMENDATIONS FOR HIV-INFECTED INDIVIDUALS AND THOSE AT HIGH RISK OF HIV INFECTION

Please distribute to the HIV Clinic, Infectious Disease, Primary Care, Family Medicine, Pediatrics, Emergency Department, Pharmacy, Medical Director, Director of Nursing, and all patient care areas.

SUMMARY

- On June 22, 2016, the Centers for Disease Control and Prevention (CDC)'s Advisory Committee on Immunization Practices (ACIP) voted to recommend that persons aged ≥ 2 months with HIV infection should receive meningococcal conjugate (MenACWY) vaccine, either MenACWY-D (Menactra®), MenACWY-CRM (Menveo®) or, as age-appropriate, Hib-MenCY-TT (MenHibrix®, recommended for ages 2-18 months).¹
- This recommendation was made based on epidemiologic data demonstrating an increased risk of invasive meningococcal disease (IMD) due to serogroups C, W and Y among HIV-infected persons in the United States.
 - HIV-infected persons have not been demonstrated to be at increased risk of serogroup B disease, and use of serogroup B (MenB) vaccine has not been studied in this group; for this reason MenB vaccine is not recommended for HIV-infected persons unless they have another indication for this vaccine.
- HIV-infected individuals have suppressed immune responses to MenACWY vaccine, as well as waning of vaccine-induced immunity. For this reason, a multi-dose primary series and regular booster doses are necessary to maintain protection against IMD.
- In response to the ACIP recommendations, **the NYSDOH advises healthcare providers to administer MenACWY vaccine to:**
 - All HIV-infected children and adults aged 2 months or older, and
 - HIV-negative individuals at ongoing high risk for HIV infection, to include
 - Men who have sex with men (MSM) who are candidates for HIV pre-exposure prophylaxis (PrEP) as described in the NYSDOH AIDS Institute "Guidance for the Use of Pre-Exposure Prophylaxis to Prevent HIV Transmission"² and
 - Transgender individuals who are candidates for PrEP.
- Vaccine costs and administration fees for HIV-positive individuals are reimbursable through the New York State Medicaid program and the AIDS Drug Assistance Program, as well as private insurance. MenACWY vaccine is covered under the Vaccines for Children (VFC) and Vaccines for Adults (VFA) programs for eligible children and adults.

MenACWY vaccine is also an allowable State Aid expense under Article 6 for LHDs unable to recoup the costs of vaccination through billing.

- Healthcare providers are reminded to report immediately both suspect and confirmed IMD cases to the LHD where the patient resides. Do not wait for laboratory confirmation to report. Contact information for LHDs can be found at http://www.health.ny.gov/contact/contact_information/index.htm.
- Clinicians with questions regarding vaccine recommendations should contact the NYSDOH Bureau of Immunization at immunize@health.ny.gov or 518-473-4437 or the AIDS Institute Office of the Medical Director at 212-417-4536. In New York City (NYC), please call the Bureau of Immunization at the NYC Department of Health and Mental Hygiene (DOHMH) at 347-396-2400 or e-mail nycimmunize@health.nyc.gov.
- Healthcare providers with questions about IMD reporting should contact their LHD or NYSDOH Bureau of Communicable Disease Control at bcdc@health.ny.gov or 518-473-4437. In NYC, providers should call the DOHMH Provider Access Line at 866-692-3641 to report suspect or confirmed cases of IMD.

MENINGOCOCCAL VACCINE RECOMMENDATIONS FOR HIV-INFECTED AND PREP-ELIGIBLE INDIVIDUALS

- HIV-infected babies and toddlers aged 2 – 23 months should receive a 4-dose primary series of either Menveo or of MenHibrix, followed by a first booster 3 years after completing the primary series, then repeat boosters every 5 years thereafter.
 - Alternatively, HIV-infected babies and toddlers aged 9 – 23 months may receive a 2-dose primary series of Menactra, at least 2 months apart, followed by a first booster 3 years after completing the primary series, then repeat boosters every 5 years thereafter.
 - Babies and toddlers planning travel to the Hajj or the “meningitis belt” of sub-Saharan Africa should be preferentially vaccinated with either Menveo or Menactra (as age-appropriate), as MenHibrix does not protect against serogroups A or W135, which are endemic in those areas.
- HIV-infected children and adults aged 2 years or older should receive a primary series of 2 doses of MenACWY vaccine (either Menactra or Menveo), at least 2 months apart, followed by booster doses every 5 years thereafter.
 - HIV-infected children who completed the primary series before age 7 years should receive the first booster 3 years after completing the primary series, then repeat boosters every 5 years thereafter.
 - Children with asplenia (including sickle cell disease) should not be administered MenACWY until at least 4 weeks after completion of all PCV13 vaccine doses.
- MSM and transgender individuals who are candidates for PrEP should receive 1 dose of MenACWY vaccine. If these individuals remain at high risk for HIV infection for a prolonged period of time, then booster doses should be given every 5 years as long as the HIV risk factor(s) continue.
- NYS healthcare providers should continue to follow ACIP recommendations for routine MenACWY vaccination of adolescents and of children and adults with other risk factors for IMD.³

REFERENCES

1. CDC. Advisory Committee on Immunization Practices (ACIP). ACIP Votes, June 2016. Online at <http://www.cdc.gov/vaccines/acip/index.html>.
2. NYSDOH AIDS Institute. Guidance for the Use of Pre-Exposure Prophylaxis (PrEP) to Prevent HIV Transmission. October 2015. Online at <http://www.hivguidelines.org/clinical-guidelines/pre-exposure-prophylaxis/guidance-for-the-use-of-pre-exposure-prophylaxis-prep-to-prevent-hiv-transmission/>.
3. CDC. Prevention and Control of Meningococcal Disease: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2013; 62 (RR-2). Online at <http://www.cdc.gov/mmwr/pdf/rr/rr6202.pdf>.