Summary of Work Group Discussions on Meningococcal Disease in Men Who Have Sex With Men (MSM)

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Context

- Ongoing clusters/outbreaks have increased awareness of meningococcal disease cases occurring among MSM
- Understanding risk for meningococcal disease in MSM is challenging
  - Associations with HIV-infection and higher-risk behaviors (particularly in outbreak settings)
  - Limited data available to evaluate

*MSM, regardless of HIV status, who regularly have close or intimate contact with multiple partners, smoke cigarettes or marijuana or use illegal drugs, or regularly frequent bars, parties or other crowded venues.

MenACWY Vaccination During Outbreaks

- **Vaccination recommended in response to MSM clusters/outbreaks in New York City, Los Angeles County, and Chicago**
  - Recommendations targeted either a sub-group of MSM[1] or all MSM
    - Recommendations remain in place in these jurisdictions
  - ACIP recommendations support vaccination in response to outbreaks
- **Reactive vaccination campaigns require considerable resources and effort on the part of the affected health department**
  - Response demonstrated to be cost-effective in New York City[2]

[1]MSM, regardless of HIV status, who regularly have close or intimate sexual contact with men met through an online website, digital application ("app"), or at a bar or party.

[2]Simons et. al. Cost-Effectiveness of Meningococcal Vaccination Among Men Who Have Sex With Men in New York City. J Acquir Immune Defic Syndr. 2016 Feb 1;71(2):146-54.

Key Points: Epidemiology

- Outbreaks of meningococcal disease continue to occur among MSM
- MSM had higher incidence rates than non-MSM in both outbreak and non-outbreak settings
- In non-outbreak settings HIV infection appears to be the main driver of increased risk for MSM
- Reasons for outbreaks among MSM are unclear, but may include close social networks, an increased number of contacts, and/or higher risk behaviors

Key Points: Programmatic Issues

- MSM may represent approximately 3.9% of U.S. adult male population (3.8 million people)
- Other vaccines specifically recommended for MSM* by ACIP (e.g., HPV, Hep A, Hep B)
  - These vaccines may be administered in a variety of settings (e.g., primary care, STD clinics, etc.)
  - Requires disclosure of MSM status to health care providers

Health Care Use and Disclosure Among MSM

- **National HIV Behavioral Surveillance (NHBS), 2014**
  - Surveyed 10,366 MSM aged 18–87 years of age
- **82.2% visited a health care provider in past year[1]**
  - Among HIV-infected MSM, 97% had used health care
  - Among other MSM, 80% had used health care
- **80.1% disclosed MSM activity to healthcare provider**
  - Suggests opportunities for vaccinating MSM
- **Locations of usual care**
  - 55.6% Doctors office or HMO
  - 28.1% Clinic or health center
  - 13.5% Hospital emergency room
  - 2.4% Other

[1] Unpublished data, courtesy S. Oliver and E. Meites

Vaccination Practices Among 78* STD Clinics — United States, 2014–15

- STD clinics providing care to populations which include MSM, offer vaccines, including meningococcal vaccine

Vaccines Offered	%
Hepatitis B	77%
Hepatitis A	69%
HPV	67%
Influenza	56%
Tdap	46%
Meningococcal	44%

*Most were part of local public health departments

[1] Unpublished data, courtesy E. McGinnis and National Coalition of STD Directors

HPV Vaccine Coverage Among MSM

- **2011 NHBS survey[1]**
  - 5% of MSM aged 18–26 years reported ≥1 dose of HPV vaccine
  - 13% of HIV-infected MSM aged 18–26
- **Late 2011: ACIP recommendation for HPV vaccine for males and MSM changed to routine**
- **2014 NHBS survey[2]**
  - 17% of MSM aged 18–26 years reported ≥1 dose of HPV vaccine
  - 37% of HIV-infected MSM aged 18–26

1 Meites, E et al. HPV vaccine coverage among men who have sex with men – National HIV Behavioral Surveillance, United States 2011 Vaccine 2014

[2] Unpublished data, courtesy S. Oliver and E. Meites

Working Group Discussion

- **No consensus reached for including MSM (or sub-group of MSM) in groups at increased risk for meningococcal disease**
  - Low absolute risk for meningococcal disease currently in non-outbreak settings
  - Programmatic challenges for implementing vaccination program
- **Continued study needed to better understand transmission and risk factors for this population**

Working Group Discussion (Continued)

- High HIV prevalence among MSM with meningococcal disease (59%)
  - Compared to HIV prevalence of 19% among MSM[1]
- A recommendation for vaccination of HIV-infected persons could address an important proportion of MSM meningococcal disease risk

1. Prevalence and Awareness of HIV Infection Among Men Who Have Sex With Men --- 21 Cities, United States, 2008. Morbidity and Mortality Weekly Report (MMWR). 2010;59(37):1201-7

Next Steps

- Continue to vaccinate with MenACWY if additional outbreaks among MSM occur
- Enhanced surveillance for cases of meningococcal disease in MSM and HIV-infected persons ongoing
- Update the Work Group and ACIP when additional data become available