



Meningitis Outbreak – 2016

Vaccination Outreach

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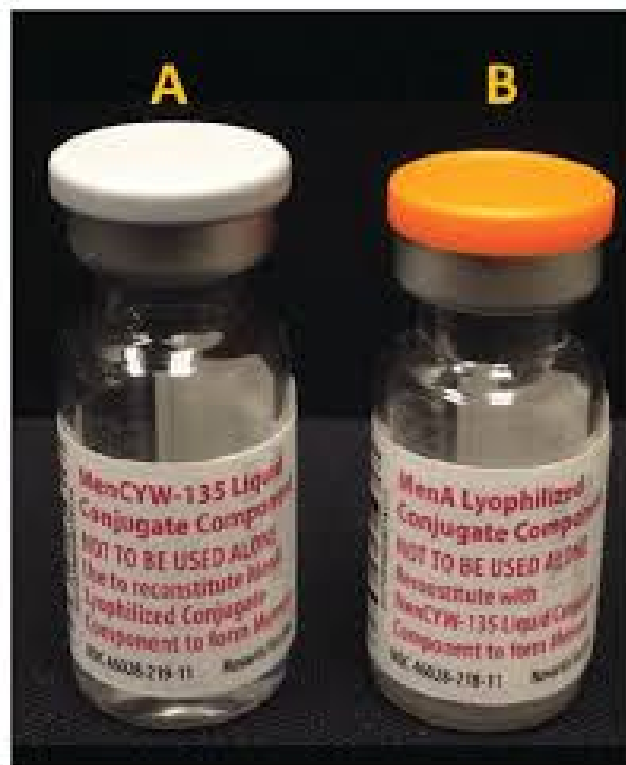




Steps to Stop This Outbreak

- Vaccination is most effective way to stop outbreak
- Vaccination and antibiotic prophylaxis of close contacts of patients
- Vaccination of gay/bi/MSM community in accordance with CDC and CDPH guidelines
- HIV + Two shot primary series and booster every five years
- HIV – MSM Single conjugate vaccine shot with booster if five or more years since last vaccination (if done)

The Vaccine – MCV4 - Meningococcal conjugate vaccine 4 valent



The Vaccine – MCV4 (MenACWY) - Meningococcal conjugate vaccine 4 valent

- Four serotype protection -MenACWY, MCV4 - (Menactra, Menveo)
- NOT serotype B. Two separate vaccines for Men B Bexsero and Trumenba
- Menactra and Menveo MCV4 vaccines are 0.5 cc IM. MUST reconstitute Menveo.
- Menomune[®] – A/C/Y/W Meningococcal Polysaccharide Vaccine (MPSV4), subcutaneous, Over age 55.



Steps to Stop This Outbreak - Vaccination Efforts to Date

- First - Immediate support of existing vaccine providers in at risk community.
- Then - Collaboration between existing HIV/STD service providers and existing vaccine providers with DPH support.



Steps to Stop This Outbreak - Vaccination Efforts to Date

- Total Cumulative Vaccine Doses Administered = 3,556
- Total Doses Received from CDPH = 8,200
- Total Doses Distributed to Community = 6,715
- Total Doses administered by private practices, clinics, Student Health Services, employers is unknown.



Steps to Stop This Outbreak

- Long Term – relationship driven vaccination infrastructure development for future vaccine needs – meningitis and any others
- Promulgation of “Vaccine Portfolio” for any person based upon age, medical and social history
- Other ideas from this audience.



THANK YOU!!