**Frequently Asked Questions on Invasive Meningococcal Disease** (IMD)

**for Men who have Sex with Men** (MSM)

There has been a recent outbreak of invasive meningococcal disease in HIV positive MSM in New York City1 which has not been seen in Maine. However, the MeCDC HIV, STD, and Viral Hepatitis Program has produced an faq to further explain IMD and its risk to the MSM population.

**What is invasive meningococcal disease (IMD)?**

Invasive meningococcal disease is a severe bacterial infection that can cause meningitis (infection of

the meninges ‐ a thin lining covering the brain and spinal cord) or meningococcemia (infection of

the blood). The infection can also cause pneumonia (an infection of the lungs) or involve the joints,

such as the knees.

**What are the symptoms of invasive meningococcal disease?**

Common symptoms of IMD are high fever, headache, stiff neck and rash. Sometimes the

disease can be fatal. If you are experiencing these symptoms contact a health care provider as soon

as possible.

**What is the treatment for invasive meningococcal disease?**

Several antibiotics are very effective in eliminating the bacteria from the nose and throat. Penicillin

is still effective against the meningococcal organism and remains the recommended treatment.

**Who gets invasive meningococcal disease?**

Anyone can get invasive meningococcal disease. Infants under one year old have the highest rates

of disease. Clusters of cases and outbreaks do occur but are rare in the United States. The current

cluster is occurring among gay men and men who have sex with men, most of whom also have HIV

infection.

**Are MSM at higher risk for invasive meningococcal disease?**

No, it is important to know that being an MSM or the sexual behavior of MSM is not a risk factor. Meningococcal disease is more commonly diagnosed among infants, adolescents, and young adults due to exposure to an infected person in a household or other close area2.

**How is invasive meningococcal disease spread?**

This disease is spread by prolonged close contact with nose or throat discharges from an infected

person. Examples of prolonged contact include living in the same household or engaging in intimate

activities, such as kissing and sexual contact, with an infected person.

**How soon after infection do symptoms appear?**

The symptoms may occur 2 to 10 days after exposure, but usually within 5 days.

**When and for how long is an infected person able to spread the disease?**

An infected person may be contagious from the time he or she is first infected until the germ is no

longer present in discharges from the nose and throat.

**How is invasive meningococcal disease diagnosed?**

Invasive meningococcal disease is usually diagnosed in an ill person by laboratory identification of

the bacteria from either the blood or spinal fluid.

**Should people who have been in contact with a diagnosed case of invasive meningococcal disease receive preventive treatment?**

Only people who have been in prolonged close contact (household members, intimate contacts,

health care personnel performing mouth‐to‐mouth resuscitation, day care center playmates, etc.)

need to be considered for preventive treatment. Such people are usually advised to obtain a

prescription for an antibiotic (either rifampin or ciprofloxacin) from their physician. Casual contact,

as might occur in a regular classroom, office, factory or other work setting is not usually sufficient

enough to cause concern.

**Who should get vaccinated?**

Please consult a physician if you are concerned that you might be at risk for disease and have

questions about whether to be vaccinated.

**For more information on invasive meningococcal disease in MSM population visit the following websites or call (207) 287-3747:**

1http://www.nyc.gov/html/doh/html/pr2012/pr026-12.shtml

<http://www.maine.gov/dhhs/mecdc/infectious-disease/epi/airborne/meningococcal.shtml>

2<http://www.cdc.gov/meningococcal/index.html>

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6003a3.htm>