

From: dph.immunizations@ct.gov <noreply@everbridge.net>

Sent: Monday, April 1, 2024 10:17 AM

Subject: CDC HAN #505: Increase in Invasive Serogroup Y Meningococcal Disease in the United States



DEPARTMENT OF PUBLIC HEALTH

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Dear CT Vaccine Program providers,

The Centers for Disease Control and Prevention (CDC) has issued a Health Alert (#505), Increase in Invasive Serogroup Y Meningococcal Disease in the United States, available [here](#).

The Connecticut Department of Public Health (CT DPH) has observed an increase in serogroup Y meningococcal disease similar to increases seen in other parts of the country as described in a new Centers for Disease Control and Prevention Health Alert Network (HAN) Health Advisory. Please see additional information attached about the increase in CT from CT DPH.

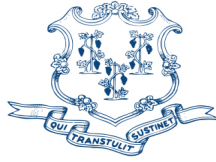
Thank you,

Sent on behalf of
Lynn Sosa, MD
State Epidemiologist
Director of Infectious Diseases
Connecticut Department of Public Health
410 Capitol Avenue, MS #11 TUB
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STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner



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Governor
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Lt. Governor

To: Primary Care Staff, Infectious Disease, Emergency Medicine, Internal Medicine, Pediatrics, Family Medicine, Laboratory Medicine, and Infection Control Personnel

From: Lynn Sosa, MD
State Epidemiologist

Date: March 28, 2024

Subject: Meningococcal Disease Advisory

The Connecticut Department of Public Health (CT DPH) has observed an increase in serogroup Y meningococcal disease similar to increases seen in other parts of the country as described in this new Centers for Disease Control and Prevention Health Alert Network (HAN) Health Advisory.

- Seven case-patients with invasive meningococcal disease have been identified in Connecticut since October 2023. This exceeds the expected number of cases (yearly average 2013–2022: 3 cases). The increase is attributable to serogroup Y with genetic testing completed on isolates from 4 case-patients to date indicating sequence type (ST) 1466. This strain is *susceptible* to first-line antibiotics commonly used for treatment and close-contact prophylaxis.
- All CT case-patients were greater than 50 years of age (median age 66 years) and 3 (47%) were Black/African-American. All presented with bacteremia without the typical symptoms of meningitis.
- No common risk factor or epidemiologic link among cases has been identified indicating likely asymptomatic community transmission of this strain.
- Recommendations for providers:
 - Maintain a heightened index of suspicion for invasive meningococcal disease in older age groups and be aware that patients with invasive meningococcal disease may present with bloodstream infection or other syndromes (e.g., bacteremic pneumonia, septic arthritis) without the symptoms typical of meningitis (e.g., headache, stiff neck).
 - Ensure that all people at increased risk for meningococcal disease are up to date on [MenACWY vaccine](#). People at increased risk include those with HIV, asplenia, sickle cell disease, complement deficiency, and those taking complement inhibitor medications.
- Invasive (sterile body site) meningococcal disease is a Category 1 disease in Connecticut. All suspected and confirmed invasive meningococcal disease should be immediately reported to the CT DPH Epidemiology Program by phone (weekdays: (860) 509-7994, after hours: (860) 509-8000) and to the applicable local health department.



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