

HEALTH ADVISORY



Public Health
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REGION IV PUBLIC HEALTH

Clark, Cowlitz, Skamania, Wahkiakum
counties and Cowlitz Tribe

TO: Physicians and other Healthcare Providers

Please distribute a copy of this information to each provider in your organization.

Questions regarding this information may be directed to the following Region IV health officers:

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Alert categories:

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for a specific incident or situation; may not require immediate action.

Health Update: provides updated information regarding an incident or situation; no immediate action necessary.

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Updates on:

- ***Invasive Meningococcal Disease***
- ***Hantavirus***

Patients Receiving Eculizumab (Soliris®) at High Risk for Invasive Meningococcal Disease Despite Vaccination

The following health advisory was distributed via the CDC Health Alert Network on July 7, 2017.

Summary

Eculizumab (Soliris®) recipients have a 1,000 to 2,000-fold greater risk of invasive meningococcal disease compared to the general U.S. population. The Food and Drug Administration (FDA)-approved prescribing information for eculizumab includes a black box warning for increased risk of meningococcal disease, and the Advisory Committee on Immunization Practices (ACIP) recommends meningococcal vaccination for all patients receiving eculizumab. Recent data show that some patients receiving eculizumab who were vaccinated with the recommended meningococcal vaccines still developed meningococcal disease, most often from nongroupable *Neisseria meningitidis*, which rarely causes invasive disease in healthy individuals.

Background

Eculizumab is most commonly prescribed for treatment of 2 rare blood disorders: atypical hemolytic uremic syndrome (aHUS) and paroxysmal nocturnal hemoglobinuria (PNH). Through a request for data on meningococcal disease cases reported to state health departments, the U.S. Centers for Disease Control and Prevention (CDC) identified 16 cases of meningococcal disease in eculizumab recipients in the United States from 2008 through 2016; 11 (69%) of these were caused by nongroupable *N. meningitidis*. Meningococcal conjugate (MenACWY) vaccine targets serogroups A, C, W, and Y, and provides no protection against nongroupable *N. meningitidis*. Serogroup B meningococcal (MenB) vaccines are licensed specifically for protection against serogroup B meningococcal disease. Researchers have not assessed the extent of any potential cross protection for nongroupable *N. meningitidis* strains.

Recommendations for Healthcare Providers

Healthcare Providers:

- Could consider antimicrobial prophylaxis for the duration of eculizumab therapy to potentially reduce the risk of meningococcal disease.
- Should continue meningococcal vaccination of all patients who receive eculizumab.
- Should administer meningococcal vaccines at least 2 weeks prior to administering the first dose of eculizumab, unless the risks of delaying eculizumab therapy outweigh the risks of developing a meningococcal infection, according to the product label.
- Should maintain a high index of suspicion for meningococcal disease in patients taking eculizumab who present with any symptoms consistent with either meningitis or meningococemia, even if the patient's symptoms initially appear mild, and irrespective of the patient's meningococcal vaccine or antimicrobial prophylaxis status.

For More Information

Managing the Risk of Meningococcal Disease among Patients Who Receive Eculizumab Therapy
<https://www.cdc.gov/meningococcal/clinical/eculizumab.html>

Signs and Symptoms of Meningococcal Disease
<https://www.cdc.gov/meningococcal/about/symptoms.html>

Food and Drug Administration. Soliris® (eculizumab) product label
https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/125166s417lbl.pdf

Atypical Hemolytic Uremic Syndrome (aHUS) <https://rarediseases.org/rare-diseases/atypical-hemolytic-uremic-syndrome/>

Paroxysmal Nocturnal Hemoglobinuria (PNH) <http://www.aamds.org/diseases/pnh>

Child and Adolescent Indications Schedule: Vaccines That Might Be Indicated for Persons Aged 0 through 18 Years Based On Medical Indications
<https://www.cdc.gov/vaccines/schedules/hcp/imz/child-indications.html>

Adult Immunization Schedule by Medical and Other Indications Recommended Immunization Schedule for Adults Aged 19 Years or Older by Medical Conditions and Other Indications, United States, 2017
<https://www.cdc.gov/vaccines/schedules/hcp/imz/adult-conditions.html>

References

McNamara LA, Topaz N, Wang X, Hariri S, Fox L, MacNeil J. High risk for invasive meningococcal disease among patients receiving eculizumab (Soliris®) despite receipt of meningococcal vaccination. *MMWR Morb Mortal Wkly Rep*. Epub ahead of print. 2017.
https://www.cdc.gov/mmwr/volumes/66/wr/mm6627e1.htm?s_cid=mm6627e1_w

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Fifth hantavirus diagnosis confirmed, most reported since 1999

The following information is adapted from a Washington Department of Health [news release](#):

The Department of Health confirmed on July 6 that the number of people diagnosed with [hantavirus](#) this year has reached five, the highest number reported in the state since 1999.

Three deaths have been reported in 2017. The people who died are from Franklin, King, and Spokane counties. The two additional people who contracted the disease and survived are from King and Skagit counties.

[Deer mice](#) are known to carry hantavirus. People can become infected by breathing in air contaminated with the virus, through direct contact with hantavirus-infected deer mice, and from saliva, urine, droppings, or nesting material.

Symptoms begin one to eight weeks after inhaling the virus and typically start with 3-5 days of illness including fever, sore muscles, headaches, nausea, vomiting, and fatigue. As the disease gets worse, it causes shortness of breath due to fluid filled lungs. Hospital care is usually required. About one out of three people diagnosed with HPS have died.

It is important to eliminate or minimize contact with rodents and to take precautions when cleaning rodent-infested areas. Hantavirus cannot be spread from person-to-person. People can follow these [steps](#) to protect themselves.

Providers should ask patients who exhibit symptoms such as fever, muscle aches, and shortness of breath about possible exposure to deer mice.

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Thank you for your partnership.

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