

Robert Bolan, MD, the medical director of the Los Angeles Gay and Lesbian Center, **issued the following Q&A** in response to the meningitis scare among gay and bisexual men in Los Angeles, stemming from **eight confirmed cases and three deaths from the bacterial infection this year**. In this article, Bolan responds to frequently asked questions about the disease regarding risk of infection, vaccination, and symptoms. Read his answers below.

Why did the L.A. County Department of Public Health issue an alert?

In the first three months of this year there have been eight cases in Los Angeles of Invasive Meningococcal Disease (IMD) and four of them have been among gay or bisexual men, three of whom were HIV-positive. Three of those four men died, two of whom were HIV-positive.

Every year Los Angeles has between 12 and 30 cases of this terrible infection. Though the number of total cases since January 1 aren't outside the expected range, the number of gay men who have been infected is.

Looking back as far as October 2012, when the L.A. health department first began identifying the sexual orientation of those who were infected, there have been 32 cases, 11 of whom were gay and 4 of whom were HIV-positive. So overall, one-third of the cases have been among gay and bisexual men. Clearly, we do not make up one-third of the population of Los Angeles; it's more like 3 or 4 percent. We also know that in recent years there have been disproportionate rates of infection among gay men in Chicago and New York.

Following last year's cluster of cases in New York City among gay and bisexual men, the U.S. Centers for Disease Control and Prevention concluded that gay and bisexual men are at higher risk for meningococcal disease and speculated that the reason is because a larger proportion of men in our community are HIV-positive. But at this point, that's just speculation.

So is this an epidemic?

No. There are about a half million gay and bisexual men in Los Angeles and there have been 11 cases of IMD in the last 18 months. However, for those who are infected, the consequence can be death.

Well, should I get vaccinated?

If you're HIV-positive, yes. If you're a gay or bisexual man in L.A. who's not HIV-positive, we encourage you to consider getting vaccinated, especially especially since meningitis can be fatal. Below I've listed common risk factors for exposure.

The vaccine is well-tolerated and is covered by most insurance plans. And if you're uninsured, we'll vaccinate you for free at the Center and so will county health clinics. Call us at 323-993-7500 to schedule an appointment or visit <http://publichealth.lacounty.gov/> to find a county health clinic near you.

How do I know if I'm at increased risk of infection?

Gay and bisexual men in Los Angeles appear to be part of a higher risk group. But to estimate your personal risk, it's important to understand more about the bacterium and how it's spread.

Not all strains of the family of bacteria that causes IMD are dangerous, but even those strains that are dangerous may not cause disease in everyone. In fact, some people can carry either the bad or harmless strains in their nose and throat for prolonged periods with no symptoms at all. So the fact that someone doesn't have symptoms, doesn't mean they can't spread it.

Of course, the more people who carry the organism, the greater the likelihood it will spread to others and infect susceptible individuals. This is also the reasoning behind the [health department's statement](#) that those who seek partners through mobile phone apps are at increased risk. Studies show that individuals who use these apps generally have more sexual partners, so are more likely to have infections they can spread to their new partners. But technically, the bacteria that causes IMD isn't a sexually transmitted infection.

These bacteria are spread through coughing, sneezing, kissing, sharing drink containers, cigarettes, marijuana joints, eating utensils, or toothbrushes. Although these activities can occur anywhere, they are more likely to occur with greater frequency and have greater consequence in places like college dormitories, various residential facilities, or other spaces where many people congregate in close quarters for prolonged periods. This could also include large dance parties where people are sharing water bottles.

To put it bluntly, if you're swapping spit with multiple people, you're at increased risk. The more people with whom you share oral fluids the more likely it is that you will be exposed if any of those people have the bacteria in their nose or throat.

A person may also be at increased risk because they're very young, they cannot produce antibodies to kill the infections, or because they've had their spleen removed, and probably — as we are learning — HIV infection.

Then there are nonspecific things like exposure to cigarette and marijuana smoke, or even having a cold, any of which can affect the mucous membranes of the nose and throat. So, if a susceptible person is exposed to one of the bad strains, they may become sick. However, there are always cases of IMD where no apparent increased susceptibility is found.

What are symptoms of IMD?

Symptoms of meningitis include fever, severe headache, and stiff neck. If the infection is only in the bloodstream there may not be meningitis symptoms but only high fever and a blotchy dark skin rash. If pneumonia is present there would be high fever and cough.

What should I do if I have symptoms?

If you believe you've been exposed, seek treatment immediately. **Go to an emergency room if you have symptoms**, including fever, severe headache and stiff neck, as well as nausea, vomiting, increased sensitivity to light and altered mental state.

Meningitis is treatable with antibiotics if it's caught early. So know the signs and symptoms, and be aware.

Are there side effects to the vaccine?

Although the vaccine is generally well-tolerated, within 7 days of vaccination:

- 50-60 percent report pain at site of injection, while 10-17 percent report redness or swelling at site.
- 35-40 percent report headache with 10% having it be bothersome enough to interfere with usual activity
- 20-35 percent report malaise or fatigue with 5-8 percent indicating this interfered with usual activity
- 15-20 percent reported joint pain but only 4 percent found it interfered with activity
- 10-15 percent reported diarrhea but only 2-3 percent found it interfered with activity

Why don't we know more about the reason gay and bisexual men seem to be at greater risk?

That's a good question. In April 2013 I wrote a letter to the CDC calling for a nationwide mandate that all local health departments henceforth be instructed on how to conduct culturally appropriate interviewing of cases, surviving family members and close personal contacts of cases of IMD so that more comprehensive and reliable epidemiological information

could be collected. If an increased prevalence of IMD among gay and bisexual men were to be found, then the vaccine recommendations should be changed.

I believe it is biologically quite plausible that gay and bisexual men may indeed be at greater risk of exposure to — and transmission of this organism — than the general population. Anecdotally, our community is more physically demonstrative at all ages with one another (hugging, kissing, and even deep kissing) than heterosexual populations.

Learn more about meningitis by visiting: www.cdc.gov/meningococcal/

Sincerely,

Dr. Robert Bolan

Medical Director of the L.A. Gay and Lesbian Center