

JULY 14, 2017**HEALTH ADVISORY**

The Centers for Disease Control and Prevention (CDC) have issued an advisory regarding increased risk of invasive meningococcal disease among patients who are being treated with Eculizumab (Soliris®). Actions for Providers are:

- Consider antimicrobial prophylaxis for the duration of eculizumab therapy to potentially reduce the risk of meningococcal disease.
- Meningococcal vaccination:
 - Continue meningococcal vaccination of all patients who receive eculizumab.
 - Administer meningococcal vaccines at least two 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.
 - Meningococcal conjugate (MenACWY) vaccine targets serogroups A, C, W, and Y. Serogroup B meningococcal (MenB) vaccines are licensed specifically for protection against serogroup B meningococcal disease. CDC recommends both MenACWY vaccine and the full series of MenB vaccine (two or three doses depending on brand) for eculizumab recipients. Administer a booster dose of MenACWY vaccine every five years, for the duration of eculizumab therapy. CDC does not currently have recommendations about if or when to administer booster doses of MenB vaccine.
- 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.

Invasive meningococcal infection is reportable in North Dakota. To report cases or for more information, please call 701.328.2378 or 1.800.472.2180.

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

This is an official **CDC HEALTH ADVISORY**

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

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.

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For More Information

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

[Signs and Symptoms of Meningococcal Disease](https://www.cdc.gov/meningococcal/about/symptoms.html)
<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)
<https://www.cdc.gov/vaccines/schedules/hcp/imz/child-indications.html>

[Adult Immunization Schedule by Medical and Other Indications](https://www.cdc.gov/vaccines/schedules/hcp/imz/adult-conditions.html) 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

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.

Categories of Health Alert Network messages:

Health Alert Requires immediate action or attention; highest level of importance
Health Advisory May not require immediate action; provides important information for a specific incident or situation
Health Update Unlikely to require immediate action; provides updated information regarding an incident or situation
HAN Info Service Does not require immediate action; provides general public health information

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