

IIS USE TO SUPPORT MENINGOCOCCAL SEROGROUP B OUTBREAK RESPONSE IN SAN DIEGO

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MENINGITIS VS MENINGOCOCCAL DISEASE?



MENINGITIS

- Inflammation of the meninges, the membranes surrounding the brain and spinal cord
- Can be caused by viruses, bacteria, fungi, parasites, and in other systemic illnesses

MENINGOCOCCAL DISEASE

- Infection by the gram-negative diplococcus Neisseria meningitidis (meningococcus)
- Can cause invasive disease a serious, life-threatening illness, requires prompt medical treatment
 - Meningococcal meningitis
 - Meningococcemia blood infection

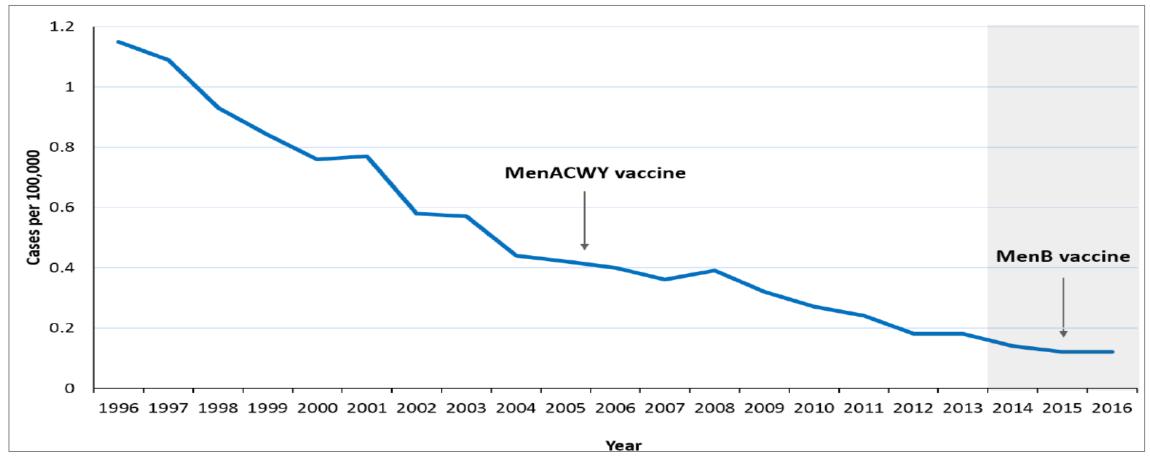
IS MENINGOCOCCAL DISEASE DANGEROUS?



- 400 to 500 cases per year reported in the U.S.
- Meningococcal bacteria are not as contagious as cold or flu viruses
 - Spread through <u>respiratory secretions</u>
 - Close contact: kissing, sharing food, drink, smokes, lip balm
- Risk for most people is low
 - Though rare, disease can be devastating.
- Can be fatal in 10-15% of cases
- Results in long-term disabilities in 15% of survivors



Incidence of Meningococcal Disease United States 1996-2016



Source: CDC National Notifiable Diseases Surveillance System.

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MENINGOCOCCAL DISEASE



- Transmission occurs through contact with aerosols from the nose, throat, and mouth of colonized or infected persons.
 - Carried in nasopharynx of otherwise healthy individuals.
- Incubation period from 1-10 days, usually less than 4 days.
- Three main strains of N. meningitidis circulate in the United States -Serogroups B, C and Y
 - Serogroup B disease is common in young children and becoming more common in adolescents and adults
- 2019 outbreaks of meningococcal serogroup B at <u>Rutgers University</u> (2 cases) and <u>Columbia University</u> School of International and Public Affairs (2 cases)

MENINGOCOCCAL VACCINES



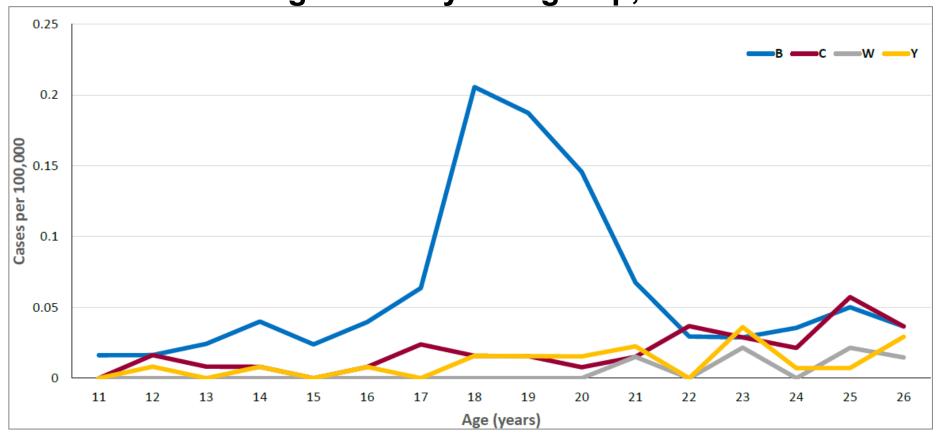
- Two sets of licensed meningococcal vaccines
 - Two products protect against serogroups A, C, Y, and W
 - Two products protect against serogroup B
- 2 MenB vaccines currently licensed in the U.S.
 - MenB-4C (Bexsero®): 2-dose series
 - MenB-FHbp (Trumenba®): 2 or 3-dose series
- In 2015, ACIP recommended that MenB vaccine series **may** be administered to adolescents and young adults aged 16–23 years to provide short-term protection against most strains of serogroup B meningococcal disease.



INCIDENCE



Incidence of Meningococcal Disease among Adolescents And Young Adults by Serogroup, 2014-2016



NNDSS data with additional serogroup data from Active Bacterial Core surveillance (ABCs) and state health departments. Unknown serogroups excluded.

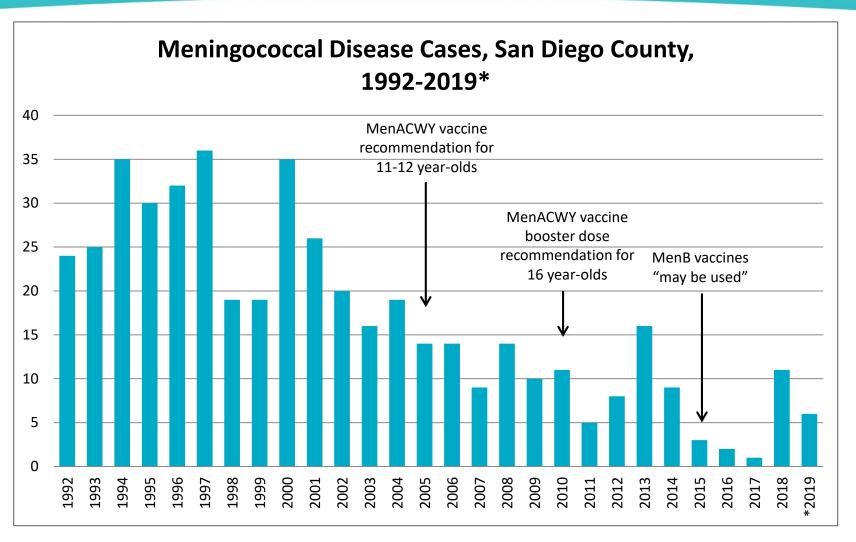
Source: CDC National Notifiable Diseases Surveillance System.

Downloaded 10/3/18 from:

https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2018-02/Mening-02-Meyer-508.pdf

DISEASE CASES





*2019 data are year-to-date; current as of 7/17/19.

Data are provisional and subject to change as additional information becomes available.

Grouped by CDC disease years.

Prepared by County of San Diego, Epidemiology and Immunization Services Branch, 7/17/2019

LOCAL OUTBREAK



- Between June and September 2018, three cases of serogroup B meningococcal disease in students at a local university were reported to the County of San Diego Health and Human Services Agency (HHSA).
 - June 2018 First case reported to Epidemiology
 - Post-exposure prophylaxis (PEP) provided for close contacts of first case
 - September 2018 Second case reported to Epidemiology
 - Two PEP events at university for students who may have been exposed
 - Third case reported to Epidemiology
 - Determined that outbreak criteria had been met declaration of a local outbreak on September 28, 2018
 - The second and third cases were detected in September in first year students living in on-campus traditional residence
 - April 2019 Fourth case identified
 - 2 PEP events at university for students who may have been exposed
 - Vaccination POD held at university

MASS VACCINATION CHALLENGES



- Despite recommendation by ACIP during outbreaks, achieving high uptake has been difficult.
 - Estimated 1st dose coverage following initial mass vaccination efforts at 6 large universities has been <60%.
- Gaps in awareness of MenB vaccines among parents & providers.
 - 43% of parents of adolescents aged 16-19 years report being aware of MenB vaccines.
 - Only 70% of pediatricians and 21% of family practitioners report being 'very aware' of MenB vaccines.
- Uptake of MenB vaccines among adolescents and young adults is low.
 - Coverage of at least one MenB vaccine among 16-18 year olds <10%
 - Uptake in college students unknown
 - Only 2% of colleges specifically require MenB vaccine and 24% stock MenB vaccine.

MASS VACCINATION CAMPAIGN



- 26,641 undergraduate students ≤23 years of age
 - 2,327 of these live in "traditional residence halls"
 - 3,185 of these live on campus in non-traditional housing
 - 21,129 of these live off campus
- Goal to vaccinate as many as possible, with priority to those in traditional residence halls
- Mass vaccination campaigns, availability through "usual sources of care," and student health services.



University students line up to meningococcal vaccinations at mass vaccination event on 10/5/18.

Photo Credit: San Diego Union Tribune. Downloaded 3/27/19:

https://www.trbimg.com/img-5bf051f6/turbine/sd-paul-sisson-1025-am-sd-no-meningitis-update-20181116

DATA/SITUATIONAL AWARENESS



VACCINATION TARGETS BASED ON TIERS

Target Population	Vaccination Target
TIER I: Traditional residence halls	90%
TIER II: On-campus non-traditional housing only	60%
TIER III: Off-campus undergraduate students 23 years of age and younger	50%
Total undergraduate students 23 years of age and younger	55%



USING SDIR TO RECORD VACCINES GIVEN



- Points of Dispensing (PODs)
 - Web-based data entry system
- San Diego State University Student Health Services
 - Used SDIR to query vaccination status of students
 - Expanded hours for vaccination clinics
 - Entered into SDIR

EXPANDED USE OF SDIR



- Tracking vaccination status by target group student rosters matched to SDIR
 - On-campus housing: traditional/non-traditional residence halls
 - Off-campus housing
 - Varsity athletes
 - Fraternity and sorority members
 - Childcare center employees



DATA MATCHING PROCESS

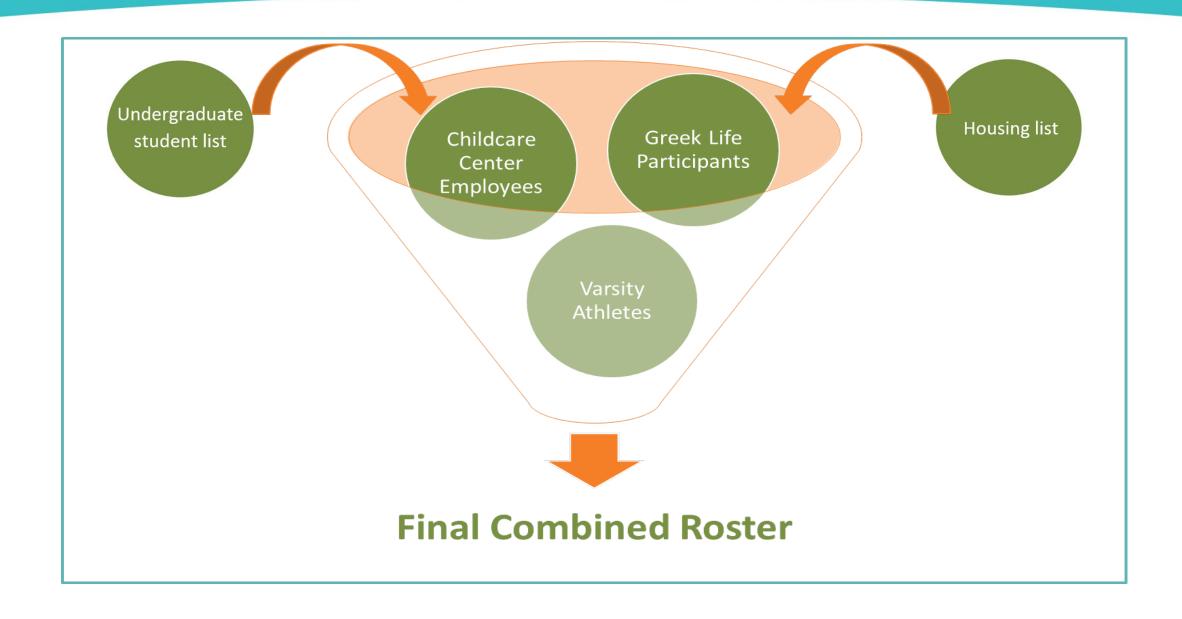


- Multiple student rosters provided by the university were combined into a master roster that was electronically queried against the San Diego Immunization Registry (SDIR) and the California Immunization Registry (CAIR2) to assess individual vaccination status.
 - Result files were joined using SPSS code
- This process required a variety of matching techniques to account for differences in how names were listed on the student roster and in the immunization registries.



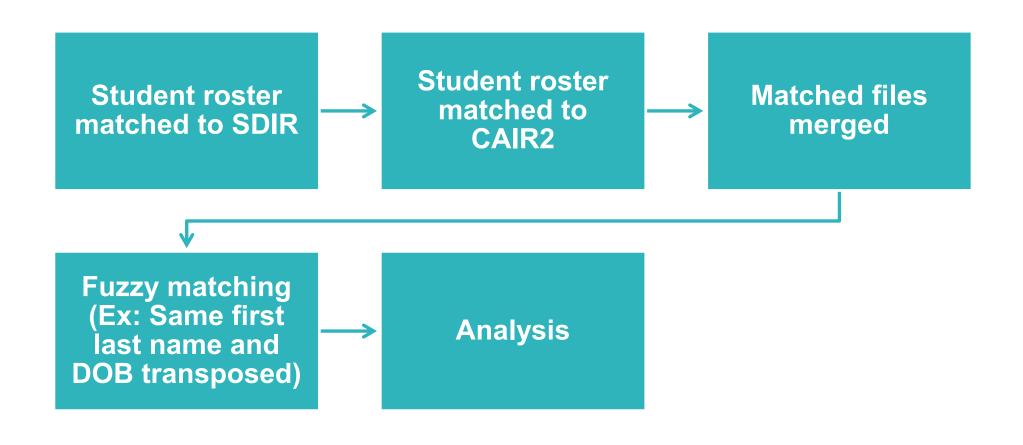
DATA MATCHING PROCESS





DATA MATCHING PROCESS







MONITORING RESULTS



- Of the initial 26,641 students matched against SDIR, 1,754 (6.6%) were found to have received at least one dose of meningococcal serogroup B vaccine.
- Routine report developed to:
 - Monitor progress of vaccinations
 - Guide outreach efforts
 - Report to stakeholders
- Format revised over time
- Schedule
 - Started 2x weekly and decreased in frequency over time monthly at end of school year

ROUTINE REPORTING



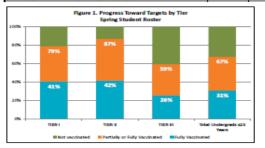
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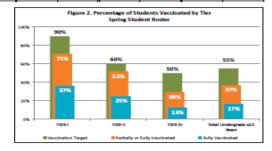
5/9/2019

Meningococcal Serogroup B Outbreak - Summary Vaccination Data Report (Preliminary data - subject to change)

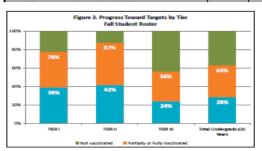


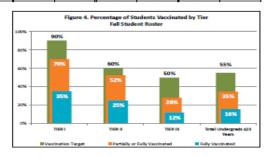
SPRING STUDENT ROSTER									
TABLE 1. Progress Toward Vaccination Targets by Ther - Spring Student Roster									
Target Population	Number of Students ²	Vaccination Target ^a # (N)	Number Veccinated		Progress Toward Targets		Percentage Vaccinated		
			Total # Students Veccinated (Fully or Partially)*	# Students Fully Vaccinated	% Progress Toward Target # (Fully or Partially Vaccinated)	% Progress Toward Target # (Fully Vaccinated)	% Fully or Partially Vaccinated	% Fully Veccinated	
TIER i: Traditional residence halls	2,287	2,058 (90%)	1,623	836	79%	41%	71%	37%	
THER II: On campus non-traditional housing only	3,456	2,074 (60%)	1,799	965	87%	42%	52%	25%	
TIER III: Off-campus undergraduate students 28 years of age and younger	17,639	8,820 (50%)	5,238	2,263	59%	26%	30%	13%	
Total undergraduate students 23 years of age and younger	23,382	12,860 (55%)	8,660	3,964	67%	31%	37%	17%	





FALL STUDENT ROSTER									
TABLE 2. Progress Toward Vaccination ¹ Targets by Tier - Fell Student Roster									
Target Population	Number of Students ²	Veccination Target ^b # (N)	Number Veccinated		Progress Toward Targets		Percentage Vaccinated		
			Total # Students Vaccinated (Fully or Partially)*		% Progress Toward Target # (Fully or Partially Vaccinated)	% Progress Toward Target # (Fully Vaccinated)	% Fully or Partially Vaccinated	% Fully Vaccinated	
TIER I: Traditional residence halls	2,327	2,094 (90%)	1,625	817	78%	39%	70%	25%	
THER II: On campus non-traditional housing only	3,185	1,911 (60%)	1,672	796	87%	42%	52%	25%	
TIER III: Off-campus undergraduate students 28 years of age and younger	21,129	10,565 (50%)	5,940	2,548	50%	34%	28%	12%	
Total undergraduate students 28 years of age and younger	26,641	14,653 (55N)	9,237	4,161	63%	28%	35%	10%	

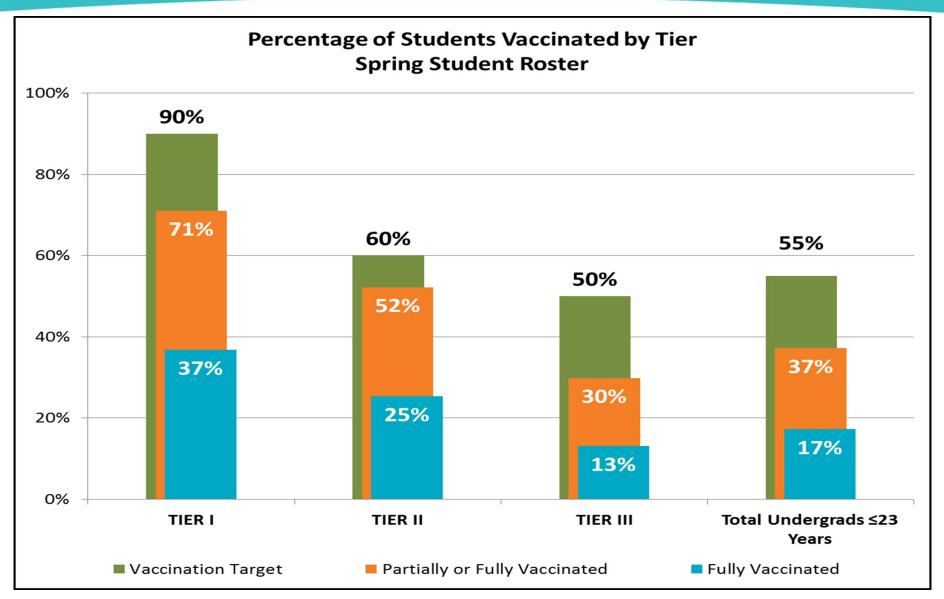




- 1. Monotonation status is determined by matching lists of student mores to law Diego Immunication Registry (IDR) and California Immunication Registry (IDR). IDR match date \$/8/2018, CRR match date \$/8/2018
- 2. Statem contains based on tradition of age and proceeding of any control region of the control of the control
- tudents in Ter (60% in Ter 8, 50% in Ter 8), and 55% of oil undergraduates age 28 on
- Proposed by County of San Diseas Months and Manage Senders Asserts Editional biograph San Asserts Editional Senders Senders San Asserts Senders Sender

- Data elements reported:
 - Vaccination target
 - Total number students
 vaccinated partially and fully
 - Progress toward targets
 - Percentage vaccinated
- Residence hall level and targeted group (e.g. Greek system) level analysis rates included





Based on matches to SDIR and CAIR on 5/28/2019.

RESULTS



- From October 5 through May 28, 6,983 meningococcal serogroup B vaccinations were administered at campus events.
- By May 28, 37% of undergraduates age 23 and under had received at least one dose.
- In addition, 71% of the highest risk students (Tier1) had received at least one dose and 37% were fully vaccinated by the end of the spring semester.
- The rate achieved in the highest risk students in this outbreak was similar to the median seen in similar settings (median = 67%).¹



SUPPLEMENTAL VACCINATION COVERAGE





Specific Target Groups	Number of Students	Fully Vaccinated		Partially Vaccinated ³		Total Students Vaccinated (Fully and Partially)		Declinations ⁴		Total Students Vaccinated or Declined	
	2	#	%	#	%	#	%	#	%	#	%
Traditional residence halls (Tier I)	2,287	841	37%	783	34%	1,624	71%	33	1%	1,657	72%
Hall 1	729	254	35%	272	37%	526	72%	8	1%	534	73%
Hall 2	280	109	39%	90	32%	199	71%	8	3%	207	74%
Hall 3	510	187	37%	166	33%	353	69%	3	1%	356	70%
Hall 4	768	291	38%	255	33%	546	71%	14	2%	560	73%
Other residence halls (Tier II)	3,456	875	25%	929	27%	1,804	52%	_	-	-	-
Other Priority Groups											
Varsity athletes	517	43	8%	183	35%	226	44%	-	-	-	-
Fraternity and sorority members	3,698	738	20%	980	27%	1,718	46%	-	-	-	-
Child Center Workers	195	53	27%	56	29%	109	56%	-	-	-	_

- 1. Vaccination status was determined by matching lists of student names to San Diego Immunization Registry (SDIR) and California Immunization Registry (CAIR).
- 2. Students may belong to and be counted in more than one group; number of students in each group based on student lists provided by the university.
- 3. Partial vaccination refers to receiving 1 dose of Bexsero or 1-2 doses of Trumenba.
- 4. Declinations tracked for Tier I.



CONCLUSIONS



- Immunization Information Systems (IIS) may be used in public health emergencies to assist with mass vaccination campaigns, targeting at-risk individuals and preventing unnecessary vaccinations.
- The meningococcal serogroup B outbreak at a local university provided an opportunity to use the local IIS to target a vulnerable population and frequently track progress toward vaccination goals.
- Data linkages and coordination between public and private entities in San Diego County were essential to the efforts to vaccinate students at risk for meningococcal serogroup B disease.

LIMITATIONS/CHALLENGES



- Some students already vaccinated, but not included in SDIR
- Student could be vaccinated at multiple locations
- Two vaccines with two dosing requirements
 - Two-dose series (Bexsero®)
 - Three-dose series (Trumenba®)
- Changes in the student population from fall to spring semester
- Students vaccinated outside of county or state
- Matching challenges (e.g., transposed DOB or names)
- Multiple data sources

NEXT STEPS



- Monitor for additional meningococcal serogroup B cases
- Complete SDIR and CAIR data exchange

REFERENCES



1. Soeters HM, McNamara LA, Blain AE, et al. University-Based Outbreaks of Meningococcal Disease Caused by Serogroup B, United States, 2013–2018.
Emerging Infectious Diseases. 2019;25(3):434-440.

doi:10.3201/eid2503.181574.



Thank you!

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