

# Louth: Antimicrobial Guidelines - Louth Hospitals: Antimicrobial Guidelines: Meningococcal Prophylaxis for Contacts

**N.B. ALWAYS Contact Public Health 046 9282700 and/or Occupational Health 041 6857811 as indicated.**

Following each notification of a case of meningococcal meningitis, Public Health, in conjunction with Occupational Health for HCW, is responsible for conducting a risk assessment to determine which individuals require chemoprophylaxis.

Please also refer to HPSC Guidelines for the Early Clinical and Public Health Management of Bacterial Meningitis 2012, updated 2016, available from [www.hpsc.ie](http://www.hpsc.ie).

## Recommendation for chemoprophylaxis among HCW:

- Chemoprophylaxis is recommended **only** for those whose mouth or nose is directly exposed to large particle droplets/secretions from the respiratory tract of a probable or confirmed case of meningococcal disease during the acute illness until the case has completed 24 hours of systemic antibiotics. This type of exposure will only occur among staff who are working close to the face of the case without wearing a mask or other mechanical protection.
- In practice, this implies a clear perception of facial contact with droplets/secretions and is unlikely to occur unless using **suction during airway management, inserting an airway, intubating, or if the patient coughs in your face**.
- General medical or nursing care of cases is **not** an indication for prophylaxis.

Isolation of meningococci from sputum or swabs taken from nasopharynx or genital tract in the absence of clinical evidence of sepsis, is not by itself an indication for public health action as asymptomatic carriage in the respiratory and genital tract is common.

## Recommended meningococcal chemoprophylaxis :

Ciprofloxacin, rifampicin and cef-TRI-axone are currently in use in Ireland for meningococcal chemoprophylaxis, depending on the situation. The HPSC Guidelines outline that ciprofloxacin can be used in all age groups and for the majority of the population (except for those with contra-indications).

### CIPROFLOXACIN Dosing Schedule:

Patient Group	CIPROFLOXACIN Chemoprophylaxis Dose
Adults and children aged 12 years or more	CIPROFLOXACIN 500mg stat dose
Children aged 5 to 11 years	CIPROFLOXACIN 250mg stat dose (see notes below)
Children under 5 years	CIPROFLOXACIN 30mg/kg (max 125mg) stat dose (see notes below)

#### Notes:

- Ciprofloxacin 250mg tablets may be halved to provide a 125mg dose
- Ciprofloxacin tablets may be dispersed in water for younger children and those that cannot swallow tablets (allow 2 to 5 minutes for the tablet to disperse).
- Ciprofloxacin liquid is unlicensed. It should be required only for infants < 4kg based on the dosing recommendations above.

### RIFAMPICIN Dosing Schedule:

Patient Group	RIFAMPICIN Chemoprophylaxis Dose
Adults and children aged 12 years or more	RIFAMPICIN 600mg twice daily for 2 days
Children aged 1 to 11 years	RIFAMPICIN 10mg/kg (max 600mg) twice daily for 2 days
Children aged 0 to 11 months	RIFAMPICIN 5mg/kg twice daily for 2 days

### CEF-TRI-AXONE Dosing Schedule:

Patient Group	CEF-TRI-AXONE Chemoprophylaxis Dose
Adults	CEF-TRI-AXONE 250mg IM stat dose

## Timing of meningococcal chemoprophylaxis :

Antibiotic prophylaxis should be given as soon as possible (ideally within 24 hours) after notification of the index case.

**Follow-up of contacts :**

Public Health will inform the GP for each contact for whom chemoprophylaxis has been recommended. The Obstetrician should also be informed in the case of pregnant contacts. Depending on the serogroup of the index case, vaccination with Meningitis B, Meningitis C or Meningitis ACWY vaccine may be recommended for close contacts. HCW should be referred to Occupational Health for further follow-up. Public Health will arrange follow-up for other contacts.