

MENINGOCOCCAL INFECTION CHEMOPROPHYLAXIS

The decision to initiate contact tracing in respect of meningococcal infection will be made by the Consultant in Public Health Medicine (CPHM) in conjunction with relevant clinicians. Responsibility for contact tracing and organising the administration of chemoprophylaxis also lies with the CPHM. Chemoprophylaxis must **ONLY** be prescribed on the instruction of the CPHM. **It should be given as soon as possible (ideally within 24 hours) after diagnosis of the index case.**

CPHM will establish a list of close contacts; who may includeⁱ

- Those who have had *prolonged close contact* with the case in a *household type setting* during the seven days before onset of illness. Examples of such contacts would be those living and / or sleeping in the same household (including extended household), pupils in the same dormitory, or university students sharing a kitchen in a hall of residence.
- Those who have had *transient close contact* with a case *only* if they have been directly exposed to large particle droplets / secretions from the respiratory tract of a case around the time of admission to hospital.

Upon advice from CPHM, give chemoprophylaxis as Table 1 below; including pregnant contacts.

Table 1: Recommended chemoprophylaxis regime

Adults and children aged 12 years and over	Ciprofloxacin*	500mg orally as a single dose
Children aged 5-11 years	Ciprofloxacin	250mg orally as a single dose
Children aged 1-4 years	Ciprofloxacin	125mg orally as a single dose
Infants < 1 year	Ciprofloxacin	30mg/kg orally as a single dose up to a maximum of 125mg.

Note – available ciprofloxacin formulations may include 500mg tablets, 250mg tablets and 250mg/5ml oral suspension.

Ciprofloxacin should be avoided in:

- patients with a known severe allergic reaction to ciprofloxacin, other quinolones or any of the excipients in the preparation
- patients taking tizanidine

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The use of single dose ciprofloxacin is recommended by a Cochrane Reviewⁱⁱ and included in the Public Health England's Guidance for public health management of meningococcal disease in the UK'. Ciprofloxacin is licensed in adults for the prophylaxis of invasive infections due to *Neisseria meningitidis*; however its use in children and adolescents remains 'off label'.

If further cases occur within a group of close contacts in the four weeks after receiving prophylaxis, an alternative agent should be used for repeat prophylaxis. Rifampicin may be used as outlined in Table 2 below (except in pregnancy). Azithromycin as a single dose of 500mg may be used as an alternative in pregnancy.

Table 2: Alternative chemoprophylaxis regime

Adults and children aged 12 years and over	Rifampicin	600mg bd for 2 days
Children aged 1-11 years	Rifampicin	10mg/kg bd for 2 days (maximum dose 600mg)
Infants (under 12 months)	Rifampicin	5mg/kg bd for 2 days

Note - available rifampicin formulations may include 300mg capsules and 100mg/5ml syrup.

Contacts should be advised of the side effects and contra-indications of rifampicin therapy which include:

- Body secretions (urine, saliva, sweat) may be discoloured yellow/orange. Soft contact lenses should not be worn during treatment and for up to 24 hours following the course as they may become irreversibly stained.
- Rifampicin will reduce the contraceptive effectiveness of combined or progestogen only oral contraceptives, contraceptive patches, implants or vaginal rings.
- There are many other significant interactions between rifampicin and other medicines including anticonvulsants and anti-coagulants. Please check for interactions - Stockley's Interaction Checker: <https://www.medicinescomplete.com/#/interactions/stockley>

When the serotype is known, Public Health may offer vaccines to relevant close contacts. Vaccination should not delay antibiotic chemoprophylaxis. Details of vaccines recommended for contacts are available in the '[Green Book Chapter 22](#)'.

Note the regime for chemoprophylaxis of invasive *Haemophilus influenza* Type B (Hib) is different from the above. Click [here](#) for details. Consult the [BNF](#) for cautions and contra-indications.

References:

Guidance for public health management of meningococcal disease in the UK. Public Health England Updated August 2019.

Fraser A, Gafer-Gvili A, Paul M, Leibovici L. Antibiotics for preventing meningococcal infections. Cochrane Database Syst Rev. 2006 Oct;(4):CD004785.

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Date: February 2019

Updated: November 2023

Review: November 2026