

Recommended Chemoprophylaxis Regimens for Contacts to a Case of Invasive Meningococcal Disease

Drug	Age of Contacts	Dosage	Efficacy, %	Cautions
Rifampin ¹	≤1 month	5 mg/kg, orally, every 12 hours x 2 days	90-95%	Can interfere with efficacy of oral contraceptives and some seizure and anticoagulant medications; can stain soft contact lenses
	>1 month	10 mg/kg (maximum dose 600 mg), orally, every 12 hours x 2 days		
Ceftriaxone	≤15 years	125 mg, intramuscularly (single dose)	90-95%	To decrease pain at injection site, dilute with 1% lidocaine
	>15 years	250 mg, intramuscularly (single dose)		
Ciprofloxacin ^{1,2}	≥1 month	20 mg/kg; (maximum 500 mg), orally single dose	90-95%	Not recommended routinely for people younger than 18 years of age; use may be justified after assessment of risks and benefits for the individual patient
Azithromycin		10 mg/kg (maximum 500 mg), single dose	90%	Not recommended routinely. Equivalent to rifampin for eradication of <i>Neisseria meningitidis</i> from nasopharynx in one study.

¹ Not recommended for use in pregnant women.

² Use only if fluoroquinolone-resistant strain of *N. meningitidis* have not been identified in the community; Centers for Disease Control and Prevention. Emergence of fluoroquinolone-resistant *Neisseria meningitidis* – Minnesota and North Dakota, 2007-2008. *MMWR Morb Mortal Wkly Rep.* 2008;57(7):173-175.

Source: American Academy of Pediatrics. Meningococcal Disease. In: Pickering LK, Baker CJ, Kimberlin DW, Long SS, eds. *Red Book 2009: Report of the Committee on Infectious Diseases*. 28th Ed. Elk Grove Village, IL: American Academy of Pediatrics, 2009: 460.



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