

Meningococcal Meningitis Chemoprophylaxis for Contacts – Full Clinical Guideline

Reference no.: CG-ANTI/2016/013

1. Introduction

The aim is to reduce the risk of invasive disease by eradicating carriage in the group of close contacts at highest risk. It may act in two ways by eradicating carriage from established carriers who pose a risk of infection to others and by eradicating carriage in those who have newly acquired the invasive strain and may themselves be at risk.

2. Aim and Purpose

To guide clinicians on who to give prophylaxis to following a case of meningococcal meningitis, and the procedure for this.

3. Guidance

All cases where a diagnosis of meningococcal disease is suspected should be promptly notified by clinicians to the Health Protection Team at Public Health England (PHE) (0344) 2254524 without waiting for microbiological confirmation. PHE will initiate contact tracing. N.B. Notification is a legal requirement.

Although the risk to contacts is low, the highest risk is to people who live in the same household as a case of meningococcal disease. The risk is highest in the first seven days after a case and falls rapidly after.

Contacts are considered to be the following groups

- Those living and/or sleeping in the same household (including extended household), pupils in the same dormitory, boy/girlfriends, or university students sharing a kitchen in a hall of residence. This includes those staying in the index cases' room e.g. on 'sleepover' and households where the index case has stayed in the 7 days before the onset of his/her illness.
- 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.
- Kissing contacts of the index case within the previous 5 days (kissing means saliva exchange not merely a peck on the cheek).

The need for prophylaxis in other contacts e.g. children at nursery and schools will be determined by Public Health England and supplied by them if necessary

Prophylaxis for the case

The index case should receive chemoprophylaxis when able to take oral medication and before discharge from hospital, unless the disease has already been treated with one or more doses of ceftriaxone or cefotaxime.

Chemoprophylaxis

Antibiotic prophylaxis should be given as soon as possible (ideally within 24hours) after the diagnosis of the index case. Ciprofloxacin is recommended as the first line antibiotic for prophylaxis. However, Rifampicin can be used as an alternative.

Ciprofloxacin has several advantages over rifampicin; these include:

- Given as a single dose
- Fewer drug interactions and it does not interact with oral contraceptives
- Rifampicin is associated with rapid induction of resistance

Ciprofloxacin (oral)

Recommended first choice for all age groups and in pregnancy

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

Rifampicin (oral)

May be used if ciprofloxacin is contraindicated e.g. due to allergy/hypersensitivity.

Adults and children over 12 years	600mg twice daily for two days
Children aged 1-11 years	10mg/kg twice daily for two days (max 600mg/dose)
Infants under 12 months of age	5mg/kg twice daily for two days

Suitable doses in children based on average weight for age are:

- 0–2 months 20 mg (1 ml*)
- 3–11 months 40 mg (2 ml*)
- 1–2 years 100 mg (5 ml*)
- 3–4 years 150 mg (7.5 ml*)
- 5–6 years 200 mg (10 ml*)
- 7–12 years 300 mg (as capsule/or syrup)

*Rifampicin syrup contains 100mg/5ml

For full guidelines and further information see

<https://www.gov.uk/government/publications/meningococcal-disease-guidance-on-public-health-management>

Procedure for issuing chemoprophylaxis

1. The Trust **only supplies prophylaxis to close contacts as defined above**. The need for prophylaxis in other contacts e.g. children at nursery and schools will be determined by Public Health England and supplied by them if necessary.
2. Any prescription form can be used e.g. an outpatient form, but often these will not be available on the wards, so there is a proforma attached which can be used instead.
3. One form should be completed per contact.
4. The prescription should be taken or sent to the main pharmacy on level one (not Pride). Out of hours, contact the on-call pharmacist.
5. The prescription may be collected by a member of the ward staff, the patient or a representative and there is no prescription charge for the patient.

6. Supply a patient information leaflet which can be printed from the Public Health England website – see link above.

References

BNF online (2021). Available from: [MedicinesComplete — CONTENT > BNF > Drug: Rifampicin](#). Accessed 06/01/2022

NICE (2020) Scenario: Managing close contacts. Available from: [Scenario: Managing close contacts | Management | Meningitis - bacterial meningitis and meningococcal disease | CKS | NICE](#). Accessed 06/01/2022

Public Health England (2019). Guidance for public health management of meningococcal disease in the UK - Updated August 2019. Available from: <https://www.gov.uk/government/publications/meningococcal-disease-guidance-on-public-health-management>. Accessed 06/01/2022

Documentation Control

Development of Guidelines	Kayleigh Lehal – Antimicrobial Pharmacist
Approved By	Antimicrobial Stewardship Group – 10/01/2022
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Changes since previous version	No major changes as PHE guidance has not changed. Minor changes regarding where to obtain supply and contacting the on call pharmacist.
Next review Date	January 2025
Key Contact	Kayleigh Lehal kayleigh.lehal@nhs.net – Lead Antimicrobial Pharmacist

Pre-Printed Prescription to be used to supply meningococcal meningitis chemoprophylaxis

Name _____ Date of birth _____

Weight (kg) if child _____

Hospital number (if available) _____

Patient address _____

Contact number _____

GP name and address _____

Contact number _____

To be collected by _____

<p>Prescription</p> <p>Ciprofloxacin _____ mg single stat dose</p> <p>OR</p> <p>Rifampicin _____ mg twice daily for two days</p>

Signature _____ Print name _____

Date _____ Contact details _____

To be filled in by the pharmacy (There is no prescription charge to the patient)

Date of collection _____

Professional check _____ Dispensed by _____ Accuracy check _____