[Insert Health Department logo]

[Insert Date]

Dear Medical Provider:

The [Insert Name of Health Department] is investigating a case of invasive meningococcal disease and has identified individuals recommended to receive antibiotic prophylaxis. This individual is being referred to you for prophylaxis due to their close contact with a patient with meningococcal disease. The Centers for Disease Control and Prevention and the [Insert Name of Health Department] recommend prompt prophylaxis of household/close contacts.

Please note, [Insert Name of Jurisdiction] is advising to **suspend use of ciprofloxacin as prophylaxis** given the number of ciprofloxacin-resistant meningococcal disease cases in the area; ciprofloxacin therefore is not included in the table below. Azithromycin may be used in areas with ciprofloxacin-resistant strains.

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| **Recommended Antibiotic Prophylaxis Regimens for Close Contacts** |
| **Drug** | **Age** | **Dosage** | **Duration** | **Efficacy (%)** | **Precautions** |
| 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 |
| Rifampin | <1 month | 5 mg/kg per dose, orally, every 12 h | 2 days | 90-95 | Discussion with an expert for infants <1 month |
| ≥1 month | 10 mg/kg (maximum 600 mg), orally, every 12 h | Can interfere with efficacy of oral contraceptives and some seizure prevention and anticoagulant medications; may stain soft contact lenses.Not recommended for pregnant patients. |
| Azithromycin |  | 10 mg/kg (maximum 500mg) | Single Dose | 90 | Not recommended routinely. Equivalent to rifampin for eradication of *Neisseria meningitidis* from nasopharynx in one study.  |
| Source: American Academy of Pediatrics. Red Book: 2021–2024 Report of the Committee on Infectious DiseasesBy: Committee on Infectious Diseases, American Academy of Pediatrics, David W. Kimberlin, MD, FAAP, Elizabeth D. Barnett, MD, FAAP, Ruth Lynfield, MD, FAAP, Mark H. Sawyer, MD, FAAP |

We ask that you also maintain a high index of suspicion for meningococcal disease in close contacts of meningococcal disease patients presenting with:

* Sudden onset of fever
* Headache
* Stiff neck
* Photophobia
* Altered mental status
* Nausea
* Vomiting

Patients with meningococcal bloodstream infection may also present without these typical meningitis symptoms and may instead present with:

* Cold hands and feet
* Diarrhea or nausea with or without vomiting
* Fatigue
* Fever and chills
* Rapid breathing
* Severe aches or pain in the muscles, joints, chest, or abdomen

Any questions or concerns regarding these recommendations should be directed to the [Insert Name of Health Department] at [Phone Number].

[Insert any additional contact information such as email if applicable]

Sincerely,

[Signature of Responsible Official]