

[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.

| 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 <i>Neisseria meningitidis</i> from nasopharynx in one study. |

Source: American Academy of Pediatrics. Red Book: 2021–2024 Report of the Committee on Infectious Diseases

By: 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]