

## Hot Tips: Public Health Advisory

### #142 Date: 05/22/2024

Please copy and distribute to ALL physicians at your location.

## ***Discontinuation of Ciprofloxacin for Invasive Meningococcal Disease (IMD) Post-Exposure Prophylaxis (PEP), Southern California***

### **Key Messages**

- Due to the detection of ciprofloxacin-resistant strains of *Neisseria meningitidis*, local health jurisdictions (LHJs) in southern California, including Ventura County, are recommended to discontinue the use of ciprofloxacin for invasive meningococcal disease (IMD) post-exposure prophylaxis (PEP).
- Rifampin, ceftriaxone or azithromycin are recommended options for IMD PEP in these LHJs.
- No changes to empiric **treatment** of IMD are recommended at this time.

### **Background**

IMD is a rare and serious condition. During the 5-year period from 2016-2020, 24 to 80 cases occurred yearly in California. [Ciprofloxacin-resistant strains of \*Neisseria meningitidis\* have been increasing both nationally and internationally in recent years.](#) In the last 12 months, there have been eight reported cases of ciprofloxacin-resistant IMD: two in Northern California, and six in southern California. Resistance to ceftriaxone, the first-line antibiotic recommended for IMD **treatment**, has not been detected.

CDC issued [public health guidance](#) in May 2023 to discontinue use of ciprofloxacin for IMD PEP in any geographic area where two criteria are met over a rolling 12-month period:

- (1) Two or more IMD cases caused by ciprofloxacin-resistant strains are reported, and
- (2) The cases caused by ciprofloxacin-resistant strains make up at least 20% of all reported IMD cases.

**The southern California region, along with Ventura County, now meets these criteria.**

### **Recommendations**

Medical providers should report all suspected and laboratory confirmed cases of IMD (generally bacteremia and/or meningitis due to *Neisseria meningitidis*) to Ventura County Public Health (VCPH) immediately by calling (805) 981-5201. VCPH staff will assist with identification of close contacts to the case and provide post-exposure prophylaxis (PEP) recommendations to contacts of the case.

Ciprofloxacin should no longer be used for IMD PEP in the following LHJs: Imperial, Kern, Long Beach, Los Angeles, Orange, Pasadena, Riverside, San Bernardino, San Diego, San Luis Obispo, Santa Barbara, and Ventura.

For IMD PEP, prescribe rifampin, ceftriaxone or azithromycin instead of ciprofloxacin. These recommendations (see table below and [CDPH Meningococcal Quicksheet, Appendix](#)) should be followed until updated public health guidance is issued.

No changes to empiric **treatment** of IMD are recommended at this time. Providers are encouraged to request antimicrobial susceptibility testing (AST) of *Neisseria meningitidis* isolates at their medical facility's laboratory to help guide clinical treatment, if such testing is available. VCPH will assist with transfer of all meningococcal isolates to a public health lab for AST, but the results will not generally be available in time to guide treatment decisions.

#### Recommended chemoprophylaxis ciprofloxacin-resistant regimens

Age	Dose	Duration	Efficacy	Cautions/Notes
<b>Rifampin<sup>a</sup></b>				
<1 month	5 mg/kg, every 12 h, po	2 days		Discussion with an expert for infants <1 month of age.
≥1 month	10 mg/kg (maximum 600 mg), every 12 h, po	2 days	90–95%	Can interfere with efficacy of oral contraceptives and some seizure and anticoagulant medications; can stain soft contact lenses.
Adult	600 mg every 12 h, po	2 days	90–95%	
<b>Ceftriaxone</b>				
<15 years	125 mg, intramuscularly	Single dose	90–95%	To decrease pain at injection site, dilute with 1% lidocaine.
≥15 years – Adult	250 mg, intramuscularly	Single dose	90–95%	To decrease pain at injection site, dilute with 1% lidocaine.
<b>Azithromycin</b>				
Pediatric	10 mg/kg (maximum 500 mg), po	Single dose	90%	<u>Not</u> recommended routinely; may be recommended in jurisdictions with ciprofloxacin-resistant <i>N.meningitidis</i> strains. Equivalent to rifampin for eradication of <i>N.meningitidis</i> from nasopharynx in one study of young adults.
Adult	500 mg, po	Single dose	90%	

Note: Penicillin is often appropriate as treatment but is not appropriate for chemoprophylaxis.

<sup>a</sup> Not recommended for use in pregnant women.

## **Resources**

[CDC Meningococcal Disease](#)

[CDC Meningococcal Vaccines](#)

[CDC Threshold for Changing Meningococcal Disease Prophylaxis Antibiotics in Areas with Ciprofloxacin Resistance](#)

[CDPH Meningococcal Disease](#)

This bulletin is intended to improve the public health in our county by keeping physicians and nurses informed of noteworthy diagnoses, disease trends, and other events of medical interest. Another goal of a public health department is to educate. We hope that you will use this information to increase your awareness. Please allow us to continue in our role of speaking to the press so that we may maximize the educational message to the benefit of all citizens of Ventura County.