

Treatment of Invasive Meningococcal Disease

Administer an immediate dose of benzylpenicillin 2.4 g (child: 60 mg/kg up to 2.4 g) IV or IM, then

Benzylpenicillin 1.8 g (child: 60 mg/kg up to 1.8 g) IV, 4-hourly for 5 days (child 5-7 days)

For patients allergic to penicillin (excl. immediate hypersensitivity) use:

Ceftriaxone 4 g (child: 100 mg/kg up to 4 g) IV, daily for 5 days (child 5-7 days)

OR

Cefotaxime 2 g (child: 50 mg/kg up to 2 g) IV, 6-hourly for 5 days (child 5-7 days)

For patients with immediate penicillin or cephalosporin hypersensitivity, use:

Ciprofloxacin 400 mg (child: 10 mg/kg up to 400 mg) IV, 8-hourly for 5 days (child 5-7 days)

Prophylaxis for Invasive Meningococcal Disease

Invasive Meningococcal Disease CDNA National Guidelines for Public Health Units (2014), provide definitions of a close contact, and appropriate prophylactic regimens.

<http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-IMD.htm>

Prophylaxis with or without immunisation is essential for close (usually household) contacts. It aims to eradicate asymptomatic carriage in the network of contacts so that susceptible members of the group do not acquire the organism and develop an invasive infection. Despite prophylaxis, diseases can still occur. Education regarding frequent, careful observation and the need for examination by a medical practitioner at the first sign of illness is essential.

Prophylaxis outside the immediate family should be initiated and coordinated by public health authorities.

The same treatment is necessary for patients who received only penicillin as this does not reliably clear nasal carriage:

Ceftriaxone 250 mg (child: 125 mg) IM, as a single dose (preferred option during pregnancy)

OR

Ciprofloxacin 500 mg orally as a single dose, for adults or child 12 years or more; preferred option for women taking oral contraceptives

OR

Rifampicin 600mg (neonate: 5 mg/kg; child: 10 mg/kg up to 600 mg) orally, 12-hourly for 2 days (preferred option for children)

Rifampicin is associated with multiple drug interactions, including the oral contraceptive pill and is contraindicated in pregnancy, alcoholism and severe liver diseases

Adapted from *Therapeutic Guidelines 2014*