NORTH Dakota | Health
Be Legendary.™

Schedule for Administering Chemoprophylaxis for Meningococcal Disease*

Drug	Age Group	Dosage	Duration	Administration
Rifampin[i]	Children aged < 1 month	5mg/kg every 12 hours	2 days	Oral
	Children aged ≥ 1 month	10 mg/kg every 12 hours	2 days	Oral
	Adults	600 mg every 12 hours	2 days	Oral
Ceftriaxone (Rocephin®)	Children aged < 15 years	125 mg	Single dose	IM[ii]
	Adolescents and adults ≥ 15 years	250 mg	Single dose	IM
Azithromycin[iii]	Children < 40 kg	10 mg/kg	Single Dose	Oral
	Children ≥ 40 kg and Adults	500 mg	Single Dose	Oral
Ciprofloxacin[iv]	Adults ≥ 18 years	500 mg	Single dose	Oral

*** Due to cases of cipro-resistant meningococcal serogroup B cases along the North Dakota/Minnesota border, the North Dakota Department of Health recommends that healthcare providers from the following counties: Barnes, Cass, Cavalier, Grand Forks, Nelson, Pembina, Ramsey, Ransom, Richland, Sargent, Steele, Traill, and Walsh discontinue the use of ciprofloxacin for chemoprophylaxis of contacts to meningococcal cases.**

Source: American Academy of Pediatrics. [Meningococcal Infections]. In: Kimberlin DW, Brady MT, Jackson MA, Long SS, eds. *Red Book: 2018-2021 Report of the Committee on Infectious Diseases.* 31st ed. Itasca, IL: American Academy of Pediatrics; 2018-2021: 550-618.

Meningococcal Disease (invasive) is a mandatory reportable condition in North Dakota. All suspect and confirmed cases should be reported immediately to the North Dakota Department of Health at 701.328.2378 or toll-free at 800.472.2180.

---

[i] Rifampin is not recommended for pregnant women because the drug is teratogenic in laboratory animals. Because the reliability of oral contraceptives may be affected by rifampin therapy, alternative contraceptive measures should be considered while rifampin is being administered.

[ii] Intramuscular.

[iii] Azithromycin is not recommended routinely. One recent study has reported that a single 500-mg oral dose of azithromycin was effective in eradicating nasopharyngeal carriage of *N. meningitidis* (*146*). Azithromycin, in addition to being safe and easy to administer, is also available in a suspension form and is approved for use among children. Further evaluation is warranted of both the effectiveness of azithromycin in eradicating carriage of *N. meningitidis* and potential for development of microbial resistance to this drug if it is widely used for chemoprophylaxis.

[iv] Ciprofloxacin is not generally recommended for persons < 18 years of age or for pregnant and lactating women because the drug causes cartilage damage in immature laboratory animals. However, ciprofloxacin can be used for chemoprophylaxis of children when no acceptable alternative therapy is available. Recent literature review identified no reports of irreversible cartilage toxicity or age-associated adverse events among children and adolescents (Source: Burstein GR, Berman SM, Blumer JL, Moran JS. Ciprofloxacin for the treatment of uncomplicated gonorrhea infection in adolescents: does the benefit outweigh the risk? *Clin Infect Dis* 2002;35:S191-9).