

Use of Chemoprophylaxis for Close Contacts of Invasive Meningococcal Disease

Invasive Meningococcal Disease (IMD) cases are [confirmed](#) when a patient has symptoms compatible with invasive bacterial infection and *Neisseria meningitidis* isolated or detected via PCR from a usually sterile site, such as blood, cerebrospinal fluid, synovial fluid, pleural fluid, or pericardial fluid. Patients with IMD rash may also have *N. meningitidis* isolated from the skin scraping of petechial or purpuric lesions. Patients with *N. meningitidis* isolated or detected in non-invasive sites are not considered IMD patients and therefore prophylaxis of close contacts is not necessary. **IMD is a mandatory reportable condition in North Dakota. All suspect and confirmed cases should be reported immediately to the ND HHS Disease Control and Forensic Pathology Section at 701.328.2378 or toll-free at 800.472.2180.**

Meningococcal Disease Risk Levels for Contacts¹

Contacts are considered high risk (chemoprophylaxis recommended) **if** at any time during the 7 days before onset of illness, person shared with index patient:

- Household,
- Child care or preschool,
- Mucosal secretions through kissing, toothbrush/eating utensil sharing etc. ,
- Mouth-to-mouth contact for resuscitation (from 7 days before illness and 24 hours after initiation of microbial therapy),
- Dwelling or room for sleeping on frequent occasions,
- Eight (8) or more hours within one seat on an airplane or any during if patient was coughing or vomiting.

Contacts are considered low risk (chemoprophylaxis NOT recommended) for such scenarios as:

- Casual contact/no history of direct exposure to index patient
- Indirect contact – only contact with a high-risk contact and now with the index patient
- Health care personnel without direct exposure to the patient's oral secretions

Recommended Chemoprophylaxis for Meningococcal Disease¹

Drug	Age Group	Dosage	Duration	Administration
Rifampin ^a	< 1 month	5mg/kg every 12 hours	2 days	Oral
	≥ 1 month	10 mg/kg (maximum 600mg) every 12 hours	2 days	Oral
Ceftriaxone	< 15 years	125 mg	Single dose	IM
	≥ 15 years	250 mg	Single dose	IM
Azithromycin	All ages	10 mg/kg (maximum 500 mg)	Single Dose	Oral
Ciprofloxacin ^{a,b}	≥ 1 month	20 mg/kg (maximum 500 mg)	Single dose	Oral

^a Not recommended for use in pregnant women

^b Due to cases of cipro-resistant meningococcal disease, providers may consider alternatives to ciprofloxacin for chemoprophylaxis of contacts to meningococcal cases, when such treatments are appropriate and available.¹⁻³

Sources:

1. American Academy of Pediatrics. [Meningococcal Infections]. In: Kimberlin DW, Barnett ED, Lynfield R, Sawyer MH, eds. *Red Book: 2021-2024 Report of the Committee on Infectious Diseases*. 32nd ed. Itasca, IL: American Academy of Pediatrics; 2021-2024: 519-32.
2. Centers for Disease Control and Prevention. Emergence of fluoroquinolone-resistant *Neisseria meningitidis*—Minnesota and North Dakota, 2007–2008. *MMWR Morb Mortal Wkly Rep*. 2008;57(7):173-175
3. McNamara LA, Potts C, Blain AE, et al. Detection of ciprofloxacin-resistant, β-lactamase-producing *Neisseria meningitidis* serogroup Y isolates—United States, 2019–2020. *MMWR Morb Mortal Wkly Rep*. 2020;69(24):735–739. DOI: <http://dx.doi.org/10.15585/mmwr.mm6924a2>