



Health Advisory:

Discontinuation of Ciprofloxacin as Post-Exposure Prophylaxis for Invasive Meningococcal Disease

January 23, 2024

Situational Update

Invasive meningococcal disease (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](#) in recent years. In the last 12 months, there have been two reported cases of ciprofloxacin-resistant IMD in Northern California, one in the Bay Area and one in the Sacramento region.

[CDC issued public health guidance](#) in May 2023 to discontinue use of ciprofloxacin post-exposure prophylaxis (PEP) in close contacts exposed to IMD cases in any geographic area where over a rolling 12-month period, two or more IMD cases caused by ciprofloxacin-resistant strains are reported, and cases caused by ciprofloxacin-resistant strains make up at least 20% of all reported IMD cases.

The Bay Area and Sacramento regions, as a combined geographic area, now meet these criteria, and in January 2024 the [California Department of Public Health \(CDPH\) updated its guidance](#), **discontinuing the recommendation to use ciprofloxacin as PEP** for close contacts exposed to IMD cases that occur in the Bay Area and Sacramento area. Note that resistance to ceftriaxone, the first-line antibiotic recommended for IMD **treatment**, has not been detected.

Actions Requested of SF Clinicians

1. **Call immediately to report all suspected and laboratory-confirmed cases of IMD** to the Communicable Disease Section at (415) 554-2830. After hours, follow instructions to contact the on-call physician. We will immediately assist with identification of all close contacts and PEP recommendations.
2. **Do not use ciprofloxacin as PEP for close contacts to IMD cases** that occur in San Francisco and surrounding counties. Instead, prescribe an oral rifampin regimen or IM ceftriaxone dose for PEP according to the table below. Note that azithromycin is an



alternative but is not recommended routinely because it is not well studied as PEP for close contacts to IMD. Call the Communicable Disease Section at (415) 554-2830 for any questions related to determining PEP regimens for close contacts of IMD cases.

- No changes to empiric treatment of IMD are recommended at this time.** Providers should always 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. The Communicable Disease Section can assist with the transfer of 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 for areas with ciprofloxacin-resistant IMD

Age	Dose	Duration	Efficacy	Cautions/Notes
Rifampin^a				
<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%	Can interfere with efficacy of oral contraceptives and some seizure and anticoagulant medications; can stain soft contact lenses.
Ceftriaxone				
<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.
Azithromycin				
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%	<u>Not</u> recommended routinely; equivalent to rifampin for eradication of <i>N.meningitidis</i> from nasopharynx in one study of young adults

^a Not recommended for use in pregnant women.



Additional Resources

[CDC Meningococcal Disease](#)

[CDC Meningococcal Vaccines](#)

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

[CDPH Meningococcal Disease](#)

[CDPH Meningococcal Quicksheet](#)

To sign up for SFDPH Health Alerts, Advisories and Updates: www.sfcdcp.org/healthalerts