



**To: CAHAN San Diego Participants**

**Date: May 20, 2024**

**From: Public Health Services**

**Health Advisory: Discontinuation of Ciprofloxacin for Invasive Meningococcal Disease (IMD) Post-Exposure Prophylaxis (PEP), San Diego County**

#### **Key Messages**

- Due to detection of ciprofloxacin-resistant *Neisseria meningitidis* strains, the County of San Diego Epidemiology and Immunization Services Branch recommends discontinuing ciprofloxacin as post-exposure prophylaxis (PEP), for close contacts of patients with invasive meningococcal disease (IMD).
- Providers should report confirmed and suspect invasive meningococcal infections immediately to the San Diego County Epidemiology Unit by calling 619-692-8499 (8 am to 5 pm, Monday through Friday) or 858-565-5255 (after hours and holidays).
- Providers are encouraged to request antimicrobial susceptibility testing (AST), including for ciprofloxacin on all sterile-site isolates from IMD patients.
- Rates of invasive meningococcal disease in the United States increased, in 2023, particularly those caused by the Y serogroup. The percentage of isolates that were resistant to ciprofloxacin has also increased.

#### **Situation**

Due to isolation of ciprofloxacin-resistant strains of *Neisseria meningitidis* in San Diego, and other counties within California, the County of San Diego is recommending rifampin, ceftriaxone or azithromycin be used, instead of ciprofloxacin, as post exposure prophylaxis (PEP) for [close contacts](#) of patients with IMD effective immediately.

#### **Background**

National public health surveillance has recently detected an increase in invasive meningococcal disease, caused by isolates of *Neisseria meningitidis* that are resistant to ciprofloxacin. In February 2024, the CDC addressed this issue in a report [Selection of Antibiotics as Prophylaxis for Close Contacts of Patients with Meningococcal Disease in Areas with Ciprofloxacin Resistance — United States, 2024](#). The situation was further exacerbated by [increased rates of invasive serogroup Y infections](#), many of which were also resistant. Multiple counties in Northern California, and now counties in Southern California, have met the criteria for changes in PEP under the direction of the California Department of Public Health (CDPH).

Following the isolation of a Cipro-resistant strain in San Diego County, rifampin, ceftriaxone or azithromycin (*Table 1* below) should be used instead of ciprofloxacin, as PEP for [close contacts](#) of patients with IMD. This recommendation will remain in effect for 24 months, at which time resistance patterns will be reassessed. Antimicrobial sensitivity testing on meningococcal isolates is essential. Dosage recommendations are available in the CDPH [Meningococcal Disease Quicksheet](#).

**Table 1: San Diego County post-exposure prophylaxis for close contacts of person with IMD**

Medication	Age	Dose	Duration	Notes
Rifampin	<1 month	5 mg/kg, every 12 h, po	2 days	Discussion with an expert for infants <1 month
	≥1 month	10 mg/kg (maximum 600 mg), every 12 h, po	2 days	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		
Ceftriaxone	<15 years	125 mg, intramuscularly	Single dose	To decrease pain at injection site, dilute with 1% lidocaine.
	≥15 years –Adult	250 mg, intramuscularly		
Azithromycin	Pediatric	10 mg/kg (maximum 500 mg), po	Single dose	Equivalent to rifampin for eradication of <i>N. meningitidis</i> from nasopharynx in one study.
	Adult	500 mg, po		

### Actions Requested

1. **Maintain** a heightened suspicion for IMD and start immediate antibiotic treatment for persons with suspected meningococcal disease. Ceftriaxone continues to be the first-line antibiotic recommended for IMD treatment. Resistance to ceftriaxone has not been detected. Blood and cerebrospinal fluid (CSF) cultures are indicated for patients with suspected meningococcal disease.
2. **Discontinue use of ciprofloxacin for PEP** of close contacts regardless of immunization status, and use rifampin, ceftriaxone or azithromycin instead (*Table 1*).
3. **Request** antimicrobial susceptibility testing (AST) including for ciprofloxacin on all sterile-site isolates from patients with IMD.
4. **Report** confirmed and suspect invasive meningococcal infections immediately by telephone to the San Diego County Epidemiology Unit by calling 619-692-8499 (8 am to 5 pm, Monday through Friday); 858-565-5255 (after hours and holidays).

### Resources

#### Federal

- [Meningococcal Disease | Meningococcal Disease | CDC](#)
- [Vaccines for Meningococcal | CDC](#)
- [Public Health Strategies for Antibiotic-resistant Neisseria meningitidis | Meningococcal Disease | CDC](#)

#### State

- [Meningococcal Disease | CDPH](#)
- [Meningococcal Disease Quicksheet | CDPH](#)

#### Local

- [Monthly Communicable Disease: Meningococcal Disease 2020 | County of San Diego](#)

Thank you for your participation.

#### CAHAN San Diego

County of San Diego Health & Human Services Agency  
 Phone: (619) 692-8499; Fax: (858) 715-6458  
 E-mail: [cahan@sdcounty.ca.gov](mailto:cahan@sdcounty.ca.gov)  
 Public Website: <http://www.cahansandiego.com>

Epidemiology and Immunization Services Branch  
 Urgent Phone for pm/weekends/holidays: (858) 565-5255  
 Secure Website: <http://cahan.ca.gov>