



## CLINICAL GUIDELINE

# Prophylaxis of Meningococcal Septicaemia and Meningitis, Prescriptions

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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<b>Approval Group:</b>	Antimicrobial Utilisation Committee

### Important Note:

The Intranet version of this document is the only version that is maintained. Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

# PRESCRIPTIONS FOR PROPHYLAXIS OF MENINGOCOCCAL SEPTICAEMIA and MENINGITIS

April 2024

## Advice for Hospital Pharmacists and Public Health On Call Staff

All suspected cases of meningococcal disease are notified to the Greater Glasgow & Clyde NHS Board, Public Health Protection Unit (PHPU). With improved immunisation programmes, the number of cases has fallen significantly in recent years but the risk remains. Treatment of the individual case in an acute hospital is accompanied by management of the public health implications in primary care. Typically, specialists in Communicable Disease will identify close family and friends of the patient who may require antibiotic prophylaxis. This should be given as soon as possible (ideally within 24 hours) after diagnosis of the index case.

[PHE Guidance](#) recommends ciprofloxacin as the chemoprophylaxis of choice and rifampicin as a suitable alternative. Ciprofloxacin is recommended in all age groups, and in pregnancy, except in cases of known ciprofloxacin hypersensitivity. A patient information leaflet should always be provided. Please see BNF for prescribing information.

- **Ciprofloxacin**

Adults and children aged 12 years and over:	500 mg as a single dose (supplied as 2 x 250mg)
*Children aged 5 - 11 years:	250 mg as a single dose
*Children 1 - 4 years:	125 mg as a single dose
*Infant < 1 year:	30mg/kg to a maximum 125mg as a single dose

\*Note: unlicensed indication in children.

Ciprofloxacin suspension contains 250mg/5ml and requires reconstitution. Tablets are scored and may be halved and dispersed in water but avoid milk/yoghurt or mineral- fortified drinks.

The absorption of oral ciprofloxacin can be reduced by antacids and both calcium and iron containing preparations. It is therefore advised that ciprofloxacin should be taken 2 hours before or 4 hours after antacids, and that the administration of ciprofloxacin and either iron or calcium containing preparations should be separated by at least 2 hours.

There is emerging evidence of meningococcal resistance to ciprofloxacin in some countries which may impact on its use. Clinicians should be aware of suspected resistance in patients recently returning from Middle East and Asia e.g. Hajj pilgrims. In these cases, contacts should be treated with rifampicin.

- **Rifampicin**

Adults and children aged 12 years and over:	600 mg twice daily for 2 days
Children aged 1-11 years:	10mg/kg twice daily (max. per dose of 600mg) for 2 days
Infants (under 12 months):	5mg/kg twice daily for 2 days

Capsules should be swallowed whole with a glass of water or juice (but avoid milk). A rifampicin suspension is available.

Interactions between rifampicin and other medications, such as anticoagulants, phenytoin, and contraceptives, should be considered. Please see BNF for a full list of interacting medications.

**Please note: In pregnancy and breast feeding either ciprofloxacin, IM ceftriaxone (at a dose of 250mg for 1 dose) or azithromycin (at a dose of 500mg for 1 dose) may be used, although the**

**last two are unlicensed indications.**

### Supply of Medication

During working hours for contacts at the receiving hospital:

Clinicians may use their discretion whether to prescribe chemoprophylaxis for immediate family members i.e. household members, who are not in attendance at the bedside but are staying within the hospital site. An abbreviated short Kardex form should also be used to record this prescribing.

The preference would be the use of pre-labelled patient packs (see below) or, if these are not available, a prescription via the hospital pharmacy. PHPU will contact the ward medical staff and ask them to prescribe appropriate chemoprophylaxis for confirmed contacts at the patient's bedside. Clinical teams should be aware that there may be other family members, including siblings, present within the hospital supported accommodation and therefore should be treated as being "bedside" contacts.

Full documentation should be maintained. Orion and HEPMA currently **cannot** be used for non-admitted patients and **Day Care Prescription Form stating "meningitis prophylaxis for contact" should be used (see Appendix 1)** to record any supply of the pre-labelled patient pack or can be used as a prescription for dispensing by the hospital pharmacy. Paper prescription pads, if not available on the ward, can be issued from pharmacy if required.

Please advise bedside contact to inform their GP of the supply.

Otherwise, all community contacts are managed by PHPU and GP (see below).

### Out of hours:

In this situation, the preference would be the use of pre-labeled patient packs available via acute site emergency stock locations, as shown in Table 1. If English is not the patient's first language, [interpretation facilities](#) are available. For any stock provided from the patient pre-packs to bedside contacts or immediate family members within the hospital, these should be recorded on the abbreviated short Kardex to allow pharmacy to replace as required.

Notes: Patient prepacks of ciprofloxacin are held in the NHS GGC acute hospitals as shown in Table 1. In addition, small quantities of rifampicin will be placed in some hospitals for rapid access when required.

Table 1: Locations of Patient Pre-Packs within NHS GGC acute hospitals

	Hospital	QEUH /RHC	GRI		GGH	RAH		IRH	VOL
	Location	ARU EC	ED	EC	EC	MAU	EC	ED	EC
Ciprofloxacin	Adult Patient Packs (2x 250mg ciprofloxacin)	15	6	4	4	4	6	6	6
Ciprofloxacin	Child Patient Packs (2x 250mg ciprofloxacin)	10	0	0	0	0	0	0	0
Rifampicin	Adult patient pack (8 x 300mg rifampicin)	2		1			1		1
Rifampicin	Child patient pack (suspension)	2							

ARU = Acute Receiving Unit  
ED = Emergency Department

EC = Emergency Cupboard

MAU = Medical Assessment Unit

### Prescribing for contacts in the community

The preference is for the prescription to be provided by the general medical practice and dispensed

by a community pharmacy. PHPU will ask the contact's GP to arrange a prescription, usually for the next day. If out of hours, the prescribing and supply would be made by the Primary Care Emergency Centres (PCEC). If there are any issues, such as the contact not being registered with a GP, PHPU can also issue a prescription.

The PCECs will each hold a small stock – enough for six courses of treatment including one course of ciprofloxacin suspension. The opening hours vary by locality and opening hours can be confirmed by phoning the HUB on 0141 636 8412. Further information on the locations can be found at [here](#).

The centres include:

- Easterhouse Health Centre (Currently closed- contact HUB for up-to-date information)
- Gartnavel General Hospital (Currently closed- contact HUB for up-to-date information)
- Inverclyde Royal Hospital (Currently Saturday morning only – contact HUB for opening hours)
- Queen Elizabeth University Hospital Glasgow (Currently closed- contact HUB for up-to-date information)
- Royal Alexandra Hospital
- Stobhill Hospital (New)
- Victoria Hospital (New)
- Vale of Leven

Some community pharmacies have extended hours of opening - this can be checked via the [NHS Inform Service Directory](#) . It is advisable to phone the pharmacy to confirm stocks are available, especially if either rifampicin or ciprofloxacin suspension is required (see below).

Hospital pharmacies hold stock of ciprofloxacin if large numbers of contacts require treatment. Pharmacy Services has agreed to the principle that the hospital pharmacist should respond to an urgent call out of hours to supply ciprofloxacin stock, in exceptional circumstances.

Not all community pharmacies routinely stock rifampicin or ciprofloxacin suspension. It is advisable to phone the pharmacy to confirm stocks are available. If required, supply from hospital would be via the hospital pharmacy (in hours) or on call pharmacist (out of hours).

**Please note: For patients unable to swallow tablets, the appropriate number of tablets can be dispersed in water but avoid milk/yoghurt or mineral- fortified drinks**

### **Clinical Interactions**

Prescribers should be aware of potential interactions when prescribing ciprofloxacin with multi-valent cation containing products. More information can be found in the guideline [here](#).

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