

**Sydney South West Area Health Service  
Canterbury Hospital  
Meningococcal Disease Contact Chemoprophylaxis Guide**

1. Identify index case: Name \_\_\_\_\_ MRN \_\_\_\_\_ ☐

2. Report case to The Public Health Unit (Telephone: 9515 9420) ☐  
(After hours: consult PHU on call roster via RPAH switch ext 56111)

**CHECKLIST INDICATING NEED FOR CHEMOPROPHYLAXIS**

1. Health Care Worker (HCW) contacts:

Exposure to nasopharyngeal secretions (mouth to mouth resuscitation, intubation and suction) **YES/NO**

2. Other contacts:

☐ School children, teachers, child care facility staff and other children  
where exposure of oral secretions has occurred  
(eg sharing toys, food or drink, kissing/cuddling) **YES/NO**

☐ Close contacts who have exposed to oral secretions  
(eg. Kissing, sharing food or drink, sexual partners in the ten days prior  
to onset of illness). **YES/NO**

If the above criteria are met, chemoprophylaxis is indicated.

**Rifampicin** is the drug of choice.

The prophylactic dose is:

- ☐ For adults: 600 mg orally 12 hourly for two days.
- ☐ For children: 10 mg/kg orally (maximum 600mg) 12 hourly for 2 days.
- ☐ For neonates: 5 mg/kg orally 12 hourly for 2 days.

Where Rifampicin is contraindicated or good compliance is considered unlikely ceftriaxone and ciprofloxacin are alternative antibiotics for use.

The prophylactic dose of **ceftriaxone** is:

- ☐ For adults 5mg/kg to a maximum of 250mg intramuscularly as a single dose, (safe in pregnancy)
- ☐ For children less than 15 years old 125mg intramuscularly as a single dose. (Do not use in infants < 12 yrs.  
Or < 40 kg body weight).

The prophylactic dose of **ciprofloxacin** is:

- ☐ For adults: 500 mg orally as single dose. (Do not give to children < 12 years old or < 40 kg body weight or to pregnant women)

3. Antibiotic/Dose \_\_\_\_\_ given. ☐

4. Fact sheet given to patient/staff (Meningococcal disease/Antibiotic) ☐

5. Infection Control CNC notified (Ext. 70174/24 hours). ☐

6. Attach contact's addressograph here: \_\_\_\_\_.

Place this form, the completed Incident/Workcover forms (for HCWs) in the envelope provided and place in Infection control security box.

**Reference:**

The Australian Immunisation Handbook 9<sup>th</sup> ed. 2008  
SSWAHS Public Health Unit 2008.

(Infection Control: March 2009)

