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Introduction
Chemoprophylaxis for meningitis or other infections caused by Neisseria meningitidis (meningococcus) and the now much less common Haemophilus influenzae type b (Hib) is offered to close (usually household) contacts of the index case. Among close contacts there will be a person or persons asymptptomatically carrying the organism which caused the index infection. Chemoprophylaxis aims to eradicate asymptomatic carriage in the network of contacts so that susceptible members of the group do not acquire the organism and get an invasive infection. The Guidelines for early clinical and public health management of meningococcal disease in Australia [Note 1] provide definitions of a close contact, and appropriate prophylactic regimens. See also the Australian Immunisation Handbook. Prophylaxis outside the immediate family should be initiated and coordinated by public health authorities.

Despite prophylaxis, disease can still occur. Parent education regarding frequent, careful observation and the need for examination by a medical practitioner at the first signs of any unexplained illness is essential.

Neisseria meningitidis (meningococcus)
Suitable regimens for Neisseria meningitidis (meningococcus) prophylaxis are:

1. **ceftriaxone** 250 mg (child: 125 mg) IM as a single dose (preferred option during pregnancy)
   OR
2. **ciprofloxacin** (adult and child ≥12 years) 500 mg orally, as a single dose (preferred option for women taking oral contraceptives)
   OR
3. **rifampicin** 600 mg (neonate <1 month: 5 mg/kg; child: 10 mg/kg up to 600 mg) orally, 12-hourly for 2 days (preferred option for children).

Rifampicin is associated with multiple drug interactions and is contraindicated in pregnancy, alcoholism and severe liver disease.

Haemophilus influenzae type b (Hib)
A suitable regimen for Haemophilus influenzae type b (Hib) prophylaxis is:

- **rifampicin** 600 mg (neonate <1 month: 10 mg/kg; child: 20 mg/kg up to 600 mg) orally, daily for 4 days.

Alternatively, although data are limited, if rifampicin is considered unsuitable, use:

- **ceftriaxone** 1 g (child: 25 mg/kg up to 1 g) IM, daily for 2 days.

Where the index case is under 2 years of age, commence a full course of Hib vaccination as soon as possible after recovery, regardless of any previous Hib immunisation. Unvaccinated contacts under 5 years of age should be immunised as soon as possible.


Related topics:
Meningitis
Key references for this chapter

Other resources:
Cochrane reviews