

Meningitis		
V2.3	Last reviewed: 13/10/2022	Review date: 15/10/2023

MENINGITIS

Transfer all patients to hospital as an emergency by telephoning 999

For suspected meningococcal disease (meningitis with non-blanching rash or meningococcal septicaemia) parenteral antibiotics (intramuscular or intravenous benzylpenicillin) should be given at the earliest opportunity, either in primary or secondary care, but urgent transfer to hospital should not be delayed in order to give the parenteral antibiotics.

Meningitis or meningococcal septicaemia should be notified on suspicion to Public Health during daytime hours (03442254524) or on-call Public Health Doctor out-of-hours (01159675099), who will advise which contacts need prophylaxis and whether vaccination is required.

Medicine	Dose	Frequency & Duration of Treatment
Treatment for suspected meningococcal disease: <i>Administer as a single dose prior to urgent transfer to hospital so long as it does not delay transfer</i>		
Benzylpenicillin IV or IM	Child <1 year: 300mg Child 1–9 years: 600mg Child 10+ years: 1.2g Adult: 1.2g	Single STAT dose IV or, if a vein cannot be found, give IM
OR Local guidance for non-severe penicillin allergy:		
Cefotaxime IV or IM (avoid if history of immediate hypersensitivity to penicillin and use with caution if non-severe allergy)	Child <12 years: 50mg/kg Child 12+ years: 1g Adult: 1g	Single STAT dose IV or, if a vein cannot be found, give IM
OR (only if cefotaxime not available) Ceftriaxone IV or IM (avoid if history of immediate hypersensitivity to penicillin and use with caution if non-severe allergy)	Child 1 month up to 17 years: 100mg/kg (max 4g per day) Adult: 1g (local guidance)	Single STAT dose IV or, if a vein cannot be found, give IM
Do not give IV antibiotics if there is a definite history of anaphylaxis to penicillin or cephalosporins; rash is not a contraindication. Transfer to hospital immediately.		

Prophylaxis: Recommended for use in all age groups and in pregnancy		
Medicine	Dose	Frequency & Duration of Treatment
Ciprofloxacin (click here for MHRA advice)	Child <5years: 30mg/kg (maximum of 125mg) Child 5-11years: 250mg Child 12+ years: 500mg Adult: 500mg	Single STAT dose
OR Rifampicin	Recommended for use in all age groups: Child <12 months: 5mg/kg Child 1-11 years: 10mg/kg Child 12+ years: 600mg Adult: 600mg	TWICE daily (every 12 hours) for TWO days

Prophylaxis:

- Is given to household and kissing contacts of the index case. Household and kissing contacts include those who have slept in the same house or dormitory before the onset, boy/girlfriend, childminders, anybody who has performed mouth to mouth resuscitation or intubation of the index case.

- Choice of antibiotic should be made through discussion with the Public Health Doctor and considering the patient/s requiring prophylaxis.
- If the disease is due to confirmed serogroup C, and the contact was immunised in infancy or >1year ago, an extra dose of Men C will be offered.
- If the disease is due to confirmed serogroups A, W or Y, vaccination of close contacts with quadrivalent vaccine may be advised.

Chemoprophylaxis agents:

- Ciprofloxacin (unlicensed) is now recommended by PHE for use in all age groups and in pregnancy, as a single prophylactic dose.
- Rifampicin interacts with anticoagulants, hormonal contraceptives and other drugs, and stains soft contact lenses and urine. It is licensed for use in prophylaxis.

Version Control- Meningitis			
Version	Author(s)	Date	Changes
2.1	Irina Varlan, Interface Efficiencies Pharmacist	15/10/20	Added Ceftriaxone as an option to Cefotaxime due to supply problems. Added message about supply problems Children's doses as per BNFC Added header and version control.
2.2	Shary Walker, Interface & Formulary Pharmacist	29/01/21	Added Ceftriaxone dose for children
2.3	Nichola Butcher, MO and Interface Pharmacist	13/10/22	Removed 2020 statement about supply issues with cefotaxime. Confirmed with manufacturers that these have been resolved.