

STAT dose (once-only) Ciprofloxacin for Use as Chemoprophylaxis to Prevent Invasive Meningococcal Disease (supported unlicensed indication) (Information for Prescribers)

This information is provided to facilitate the prescribing and supply of ciprofloxacin for its appropriate use in the chemoprophylaxis of contacts of cases or suspected cases of invasive meningococcal disease in an attempt to eradicate potential oropharyngeal carriage of *Neisseria meningitidis* before invasive disease can develop in such contacts.

Contact tracing is undertaken by a member of the Department of Public Health who will arrange for the chemoprophylaxis either through the hospital ward or GPs. During office hours, the Health Protection Team (HPT) can be contacted on 01698 858232 / 01698 858228 or alternatively, the Public Health doctor on call can be contacted via Monklands Hospital switchboard on 01236 748 748 out of hours. See Section M(1), Control of Infection Manual on First Port for further information:

[http://firstport/sites/hai/Control%20of%20Infection%20Manual/Sect%20M%20\(1\).pdf](http://firstport/sites/hai/Control%20of%20Infection%20Manual/Sect%20M%20(1).pdf)

Indication	Meningococcal chemoprophylaxis Although ciprofloxacin is not licensed for this indication, there is professional consensus of its use in this situation and recommended by the HPA for all age groups. Advantages of ciprofloxacin over rifampicin: given as a single dose, does not interact with oral contraceptive pill and is readily available
Dosing advice	Adults and children over 12 years 500mg stat Children aged 5-12 years 250mg stat Children 1 month - 4 years 125mg stat These doses vary from those recommended in the BNF for children Meningococcal prophylaxis for neonates is an extremely uncommon situation and a one off dose is unlikely to have any adverse outcome. Alternatively, rifampicin can be prescribed to this age group, please contact the Health Protection Team** for further advice. If the individual taking the ciprofloxacin dose vomits within 30 minutes then medical advice should be sought. Ciprofloxacin can be used as chemoprophylaxis in pregnancy and in patients who are breast-feeding. Should be given as soon as possible (ideally within 24 hours) after diagnosis of index case. Ciprofloxacin should not be taken with dairy products or with fortified fruit juices (e.g. calcium-fortified orange juice)
Contraindications and circumstances where alternative choice of agent may be appropriate	Hypersensitivity to ciprofloxacin or any ingredients Patients being treated with tizanidine G6PD deficiency Myasthenia gravis History of epilepsy or condition that predisposes to seizures. Ciprofloxacin has an unpredictable effect on epilepsy but may be preferable to rifampicin if the patient is on treatment with phenytoin.
Adverse effects	See BNF/SPC for full list of adverse effects http://www.medicines.org.uk/EMC/medicine/20345/SPC/Ciproxin+Tablets+250mg
Interactions	Ciprofloxacin can interact with other drugs but a single dose is unlikely to have a significant effect. Consult BNF/SPC for full list of interactions. Antacid/indigestion remedies, iron and mineral supplements can significantly reduce the absorption of oral ciprofloxacin. Should not be administered within 4 hours of medications that contain magnesium, zinc or iron salts.
Preparations Available	Tablet: 100mg, 250mg, 500mg, 750mg Liquid suspension: 250mg/5mL (strawberry flavoured)
Supply Information	Each contact must have a separate prescription. Unlike rifampicin, the ciprofloxacin liquid preparation must be reconstituted before use. A full bottle may have to be reconstituted for each contact. However, if dispensed by hospital/community pharmacy there may be opportunity for more cost efficient supply.

*CIPROFLOXACIN was not previously recommended in children due to induced arthropathy in juvenile animals, but abundant evidence of lack of joint damage has been found in young children given ciprofloxacin.