CDPH Health Advisory:

California Statewide Discontinuation of Ciprofloxacin for Invasive Meningococcal Disease Post-Exposure Prophylaxis

October 11, 2024

The California Department of Public Health (CDPH) recommends that healthcare providers throughout California discontinue the use of ciprofloxacin for the post-exposure prophylaxis (PEP) of invasive meningococcal disease (IMD) due to the rise of ciprofloxacin-resistant strains of *Neisseria meningitidis*.

Rifampin, ceftriaxone, or azithromycin are the recommended options for IMD PEP in California. No changes to empiric treatment of IMD are currently recommended.

Earlier in 2024, the Southern California region met the threshold to discontinue ciprofloxacin IMD PEP. CDPH is now issuing this recommendation statewide.

Read the CDPH communication online or below.

You can also copy and paste this link into your browser:
https://www.cdph.ca.gov/Programs/OPA/Pages/CAHAN/ca-discontinuation-of-ciprofloxacin-for-invasive-meningococcal-disease-pep.aspx

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Health Advisory

To: Healthcare Providers
California statewide discontinuation of ciprofloxacin for invasive meningococcal disease (IMD) post-exposure prophylaxis (PEP)
10/9/24

Key Messages

- Due to the detection of ciprofloxacin-resistant strains of Neisseria meningitidis, public health and medical providers in California are recommended to discontinue the use of ciprofloxacin for invasive meningococcal disease (IMD) post-exposure prophylaxis (PEP).
- Rifampin, ceftriaxone or azithromycin are recommended options for IMD PEP in California.
- No changes to empiric **treatment** of IMD are recommended at this time.

Background

IMD is a rare and serious conditions. During the 5-year period from 2016-2020, 24 to 80 cases occurred yearly in California and 30 cases were reported in 2023. Ciprofloxacin-resistant strains of Neisseria meningitidis have been increasing both nationally and internationally in recent years. In the last 12 months, there have been six reported cases IMD caused by cirpofloxacin-resistant strains in California. Resistance to ceftriaxone, the first-line antibiotic recommended for IMD **treatment**, has not been detected.

CDC issued public health guidance in May 2023 to discontinue use of ciprofloxacin for IMD PEP in any geographic area where two criteria are met over a rolling 12-month period:

1. Two or more IMD cases caused by ciprofloxacin-resistant strains are reported, and
2. The cases caused by ciprofloxacin-resistant strains make up at least 20% of all reported IMD cases.

The Bay Area/Sacramento region and the Southern California region met the threshold to discontinue ciprofloxacin IMD PEP earlier in 2024. Although the 20% threshold has not been

met statewide, the California Department of Public Health (CDPH), in consultation with CDC, is now making a statewide IMD PEP change recommendation for California.

Recommendations

Ciprofloxacin should no longer be used for IMD PEP in California. For IMD PEP, prescribe rifampin, ceftriaxone or azitrhomycin instead of ciprofloxacin. These recommendations should be followed until updated public health guidance is issued. Please see PEP dosing summary below and detailed guidance in the CDPH Meningococcal Quicksheet (PDF).

No changes to empiric treatment of IMD are recommended at this time. Providers are encouraged to request antimicrobial susceptibility testing (AST) of *Neisseria meningitidis* isolates at their medical facility's laboratory to help guide clinical treatment, if such testing is available. The LHJ will assist with transfer of all meningococcal isolates to a public health lab for AST, but the results will not generally be available in time to guide treatment decisions.

Medical providers should continue to report all suspected and laboratory confirmed cases of IMD (generally bacteremia and/or meningitis due to Neisseria meningitidis) to their Local Health Department (LHD) immediately by telephone. The LHD will assist with identification of close contacts to the case and provide post-exposure prophylaxis (PEP) recommendations to contacts of the case.

Age	**Dose**	**Duration**
Rifampin[1]		
<1 month	5 mg/kg, every 12 h, po	2 days
≥1 month	10 mg/kg (maximum 600 mg), every 12 h, po	2 days
Adult	600 mg every 12 h, po	2 days
Ceftriaxone		
<15 years	125 mg, intramuscularly	Single dose
≥15 years – Adult	250 mg, intramuscularly	Single dose
Azithromycin		
Pediatric	10 mg/kg (maximum 500 mg), po	Single dose
Adult	500 mg, po	Single dose

[1] Not recommended for use in pregnant women.

Resources

- CDC Meningococcal Disease
- CDC Meningococcal Vaccines
- CDC Threshold for Changing Meningococcal Disease Prophylaxis Antibiotics in Areas with Ciprofloxacin Resistance
- CDPH Meningococcal Disease
- CDPH Meningococcal Quicksheet (PDF)

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