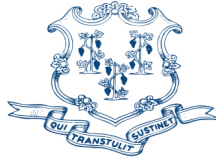


STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

To: Primary Care Staff, Infectious Disease, Emergency Medicine, Internal Medicine, Pediatrics, Family Medicine, Laboratory Medicine, and Infection Control Personnel

From: Lynn Sosa, MD State Epidemiologist

Date: August 14, 2024

Subject: Discontinue use of Ciprofloxacin for Invasive Meningococcal Disease Post-Exposure Prophylaxis in Connecticut

The Connecticut Department of Public Health (CT DPH) is alerting clinicians to the presence of ciprofloxacin-resistant strains of invasive meningococcal disease in Connecticut coincident with increases of ciprofloxacin-resistant disease seen in other parts of the country.¹ Although no instances of close contact prophylaxis failure associated with ciprofloxacin resistance in the United States have been reported to date, use of ciprofloxacin as prophylaxis in areas with known ciprofloxacin resistance might increase the likelihood of failure.

- Since January 2024, one patient with ciprofloxacin-resistant invasive meningococcal disease has been identified in Connecticut. Increasing levels of ciprofloxacin-resistant disease have also been seen in 2023–2024 in both New York City and State.² Considering frequent cross-jurisdiction travel between Connecticut and New York it is likely that additional ciprofloxacin-resistant cases will be identified in Connecticut.
- **Recommendations for providers:**
 - Discontinue the use of ciprofloxacin as post-exposure prophylaxis (PEP) for close contacts of patients with invasive meningococcal disease in Connecticut due to the potential for antimicrobial resistance. Close contact PEP is recommended to begin within 24 hours of confirmation or strong clinical suspicion of invasive meningococcal disease but can be effective for up to 14 days after exposure. Ciprofloxacin susceptibility testing is not readily available in most Connecticut clinical laboratories in a timely enough manner to inform selection of antibiotics for prophylaxis.
 - Prescribe alternative regimens for close contact PEP as noted in the table below including rifampin or ceftriaxone. Azithromycin may also be used as an alternative.



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- Ensure that all people recommended for meningococcal vaccination are up to date. This includes adolescents and others at increased risk including those with HIV, asplenia, sickle cell disease, complement deficiency, and those taking complement inhibitor medications.
- Invasive (sterile body site) meningococcal disease is a Category 1 reportable disease in Connecticut.³ All suspected and confirmed invasive meningococcal disease should be immediately reported to the CT DPH Epidemiology Program by phone [weekdays: (860) 509-7994, after hours: (860) 509-8000] and to the applicable local health department.

Recommended Post-Exposure Prophylaxis Regimens for High-Risk Contacts of People with Invasive Meningococcal Disease

Drug	Age	Dose	Duration	Cautions
Rifampin	<1 month	5 mg/kg, orally, every 12 hours	2 days	Consider consultation with an expert for infants <1 month.
	≥1 month	10 mg/kg (maximum 600 mg), orally, every 12 hours	2 days	Can interfere with efficacy of oral contraceptives and some seizure prevention and anticoagulant medications; may stain soft contact lenses. Not recommended for pregnant people.
Ceftriaxone	<15 years	125 mg, intramuscularly	Single dose	To decrease pain at injection site, dilute with 1% lidocaine.
	≥15 years	250 mg, intramuscularly	Single dose	
Azithromycin	All Ages	10 mg/kg (maximum 500 mg)	Single dose	Alternative agent. In one study, equivalent to rifampin for eradication of <i>N. meningitidis</i> from nasopharynx.

Adapted from Table 1. [CDC. Manual for the Surveillance of Vaccine-Preventable Diseases. Chapter 8: Meningococcal Disease](#)

¹ [Selection of Antibiotics as Prophylaxis for Close Contacts of Patients with Meningococcal Disease in Areas with Ciprofloxacin Resistance — United States, 2024 | MMWR \(cdc.gov\)](#)

² [NY HAN: Discontinue Use of Ciprofloxacin for Invasive Meningococcal Disease](#)

³ <https://portal.ct.gov/dph/epidemiology-and-emerging-infections/provider-reporting>