CNS – BPAC ANTIBIOTIC GUIDE

Suspected meningococcal disease *Updated January, 2024*

***Management***

Antibiotic treatment should be given to all patients with suspected meningococcal disease (e.g. meningitis, meningococcal septicaemia) while awaiting transport to hospital (if this does not delay transfer).

Immediately refer all people with suspected meningococcal disease to hospital. Record observations, including neurological assessment, at least every 15 minutes while awaiting transfer. The first stage of meningococcal disease is associated with non-specific influenza-like symptoms and signs.

Specific symptoms and signs of bacterial meningitis include:

* Photophobia
* Severe headache
* Neck stiffness
* Focal neurologic deficit

Meningococcal septicaemia may be indicated by features such as non-blanching rash, unusual or mottled skin colour and rapidly deteriorating condition. Most patients will not display specific signs within the first four to six hours of illness (up to eight hours for adolescents) and infants may not display typical signs at all.

Meningococcal disease is a Notifiable Disease (including suspected cases).

***Common pathogens***

*Neisseria meningitidis, Streptococcus pneumoniae*

Viral: *Enteroviruses*, herpes simplex virus, varicella zoster virus and other viruses

Rare: *Listeria monocytogenes, Haemophilus influenzae*

Infants: Group B *Streptococcus, Listeria monocytogenes, Escherichia coli*

***Antibiotic treatment - Suspected meningococcal disease in primary care (while awaiting hospital transfer)***

***First choice***

[**Ceftriaxone**](https://nzf.org.nz/nzf_3078)

**Child < 30kg:** 100 mg/kg, (maximum 4 g/dose) stat dose IV (or IM\*)

**Adult > 30kg and adult:** 2 g, stat dose IV (or IM\*)

IV administration is preferred to IM (where available and not leading to delays)

N.B. patients allergic to penicillin who **do not** have a documented history of anaphylaxis with penicillin can be given ceftriaxone.

\*Divide between more than one site if dose is > 1 g

***Alternatives***

[**Benzylpenicillin**](http://nzf.org.nz/nzf_3001) (penicillin G)

**Child:** 50 mg/kg (maximum 2 g/dose), stat dose IV (or IM)

**Adult:** 2.4 g, stat dose IV (or IM)

N.B. Almost any parenterally administered antibiotic in an appropriate dose will inhibit the growth of meningococci, so if ceftriaxone or benzylpenicillin are not available, give any other cephalosporin or penicillin antibiotic.