

**CIPROFLOXACIN:
an antibiotic for contacts of a person with a meningococcal infection**

Ciprofloxacin is an antibiotic that is sometimes given to those in close contact with a person who has developed a meningococcal infection. The purpose of this antibiotic is to get rid of any meningococcal germs being 'carried' in the throat of contacts so that they cannot lead to further infections in other people.

The antibiotic cannot treat someone who is already developing the infection, so you still need to look out for symptoms and signs of meningococcal disease.

Instructions for taking ciprofloxacin

- The dose of ciprofloxacin is a **single dose** of 500 mg taken in tablet form.
- The tablet should be swallowed whole with a full glass of water.
- Do not take the tablet if you have taken antacid/indigestion medicines or medicines containing iron or mineral supplements within the previous 4 hours.

You should not take ciprofloxacin if you:

- have had a previous allergic reaction to ciprofloxacin;
- are pregnant or are breast-feeding;
- are a child under 12 years of age.

If ciprofloxacin is unsuitable, you will need to take other antibiotics to get rid of the meningococcal germs.

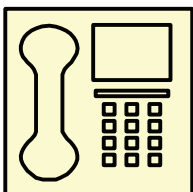
Side effects of ciprofloxacin

- You may also feel tired or develop a stomach ache but these effects usually settle quickly and are not cause for concern.
- A **very** uncommon side effect is an allergic reaction with facial swelling. This might happen soon after taking the tablet; if it happens, you should seek medical attention **immediately** (see the doctor if you are at a hospital, or ring 000).

Interactions with other medicines

If you are taking any other medications you should check with your doctor before taking ciprofloxacin. It is quite safe to take ciprofloxacin if you are taking the oral contraceptive pill.

Further information - Public Health Units in NSW



1300 066 055

www.health.nsw.gov.au

RIFAMPICIN: an antibiotic for contacts of a person with meningococcal disease

Rifampicin is an antibiotic that is sometimes given to those in close contact with a person who has developed a meningococcal infection. The purpose of this antibiotic is to get rid of any meningococcal germs being 'carried' in the throat of contacts so that they cannot lead to further infections in other people.

The antibiotic cannot treat someone who is already developing the infection, so you still need to look out for symptoms and signs of meningococcal disease.

Instructions for taking rifampicin

- Rifampicin is taken twice a day for two days (a total of four doses are needed). It is available as tablets, capsules or syrup.
- Rifampicin should be taken on an empty stomach, either half an hour before eating or two hours after eating.

You should not take rifampicin if you:

- are allergic to rifampicin
- have severe liver impairment (including yellow jaundice);
- are alcoholic; or
- are pregnant.

If rifampicin is unsuitable, you will need to take other antibiotics to get rid of the meningococcal germs.

Side effects of rifampicin

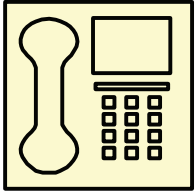
- A few people feel 'off' after taking rifampicin: stomach upset, headache and dizziness can occur.
- Rifampicin can turn urine and tears a pink-orange colour. This is harmless and stops when the medication is discontinued.
- Rifampicin can permanently stain soft contact lenses so use during treatment should be avoided.

Interactions with other medicines

If you are taking any of the following prescription drugs: anticoagulants such as warfarin, steroids, several drugs for heart disease, tablets to control diabetes, tablets for epilepsy, tablets for asthma, methadone, antiviral agents, antidepressants and cyclosporin — **notify** your doctor that you will be taking rifampicin as the dosage of your other medication may need adjustment.

Rifampicin can reduce the effectiveness of oral contraceptives. Women taking the oral contraceptive pill should continue to take it, omitting any pill-free or sugar pill interval, while taking rifampicin and for the seven days after the last dose of rifampicin. They should **also** use additional barrier contraception, such as condoms, while taking rifampicin and for four weeks after the last dose of rifampicin.

Further information - Public Health Units in NSW



1300 066 055

www.health.nsw.gov.au

**CEFTRIAXONE:
an antibiotic for contacts of a person with meningococcal disease**

Ceftriaxone is an antibiotic that is sometimes given to those in close contact with a person who has developed a meningococcal infection. The purpose of this antibiotic is to get rid of any meningococcal germs being 'carried' in the throat of contacts so that they cannot lead to further infections in other people.

The antibiotic cannot treat someone who is already developing the infection, so you still need to look out for symptoms and signs of meningococcal disease.

Ceftriaxone is given as a single injection into muscle tissue such as the thigh or buttock. Ceftriaxone is safe in pregnant and breastfeeding women.

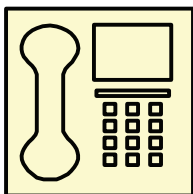
You should not have ceftriaxone if you:

- are allergic to ceftriaxone or other cephalosporin antibiotics or
- have ever had a severe or immediate allergic reaction to penicillin antibiotics.

Side effects of ceftriaxone

- Side effects of ceftriaxone are rare but include oral or vaginal thrush (sore or itchy mucous membranes), diarrhoea, vomiting, headache, dizziness, altered sense of taste, fast or irregular heart beat. You should seek medical attention if you are concerned by any of these symptoms.
- A very rare side effect is an allergic reaction - if you develop facial swelling, tightness in the throat, breathing difficulties, severe itching or a rash you should seek medical attention immediately (ring 000).

Further information - Public Health Units in NSW



1300 066 055

www.health.nsw.gov.au

Information for close contacts regarding clearance antibiotics and vaccination

Dear

You have recently been in close contact with a person who has meningococcal infection.

Meningococcal infection is caused by a bacterium that is carried, usually harmlessly, in the nose and throat by up to 10% of people. However, occasionally carriers may pass it on to others who have been in close contact with them. Only a very small number of people in contact with carriers develop meningococcal disease. Once exposed to the bacterium it may take up to ten days for the infection to develop.

The bacteria are difficult to spread and are only passed from person to person by regular close, prolonged contact. Contact with saliva from the front of the mouth, teeth or lips rarely passes the bacteria on.

Only people who have been in very close contact with a suspected or confirmed case need to take special antibiotics to clear the bacteria from the back of the throat. This includes:

- household contacts and other people who have stayed overnight in the house in the seven days before the case became unwell, and
- intimate contacts such as a boyfriend/girlfriend/sexual partner
- those who attended the same childcare centre class.

As you have been in very close contact with a person who has this infection, you may be a carrier of meningococcal bacteria. For this reason you should take a short course of antibiotics. Antibiotics are intended to eliminate the bacteria you may be carrying to prevent further transmission. The antibiotic does not treat the disease in a person who is already developing the infection. Whilst on the medication it is not necessary for you to avoid contact with family members and children and you do not need to be isolated or excluded from school, or work.

Depending upon the strain of meningococcal bacteria, the Public Health Unit may recommend vaccination for household contacts of the person with meningococcal infection. The Public Health Unit will advise you if this is necessary.

It is important to seek medical advice immediately if you develop any of the symptoms of meningococcal disease (these are listed below) or if you are unwell. **Please take this letter with you if you need to see your doctor or the emergency department of a hospital.**

Speak to people with whom you normally spend lots of time (such as your family and close friends) about meningococcal disease so they also know to seek urgent medical advice if they develop symptoms.

Other people with whom you have been in recent contact do not need to take antibiotics.

The symptoms of meningococcal disease to look out for include a combination of:

- Sudden onset of fever
- Sore joints and muscles
- Nausea and vomiting
- Headache
- Neck stiffness
- Dislike of bright lights
- Tiredness
- A pin-prick rash may appear anywhere on the skin and this can quickly change into large red-purple blotches. Usually this rash does not disappear with light pressure on the skin. Sometimes a rash does not appear at all.

- Very early symptoms may include leg pain, cold hands and feet and abnormal skin colour.

Young children may have more general symptoms that may include irritability, drowsiness or difficulty waking, high-pitched or moaning cry, pale and blotchy skin, and refusing to eat.

Even if you've had a meningococcal vaccine you still need to look out for symptoms because the vaccines don't protect against all meningococcal strains.

A fact sheet that contains more detail about meningococcal disease is available at:
www.health.nsw.gov.au/factsheets/infectious/meningococcal.html

Please contact the Public Health Unit if you have any further questions. *If you are unwell, do not call the Public Health Unit – see a doctor immediately.*

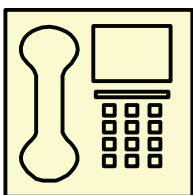
Yours sincerely,

Director
Public Health Unit

Dear Doctor

This person is considered to be a close contact of someone with meningococcal disease. If he or she is unwell please consider meningococcal disease in your differential diagnosis and urgently notify the public health unit by telephone if meningococcal disease is suspected.

Further information - Public Health Units in NSW



1300 066 055

www.health.nsw.gov.au

Information for low-level contacts (no antibiotics)

Dear

You have recently been in contact with a person who has meningococcal infection.

Meningococcal infection is caused by a bacterium that is carried, usually harmlessly, in the nose and throat by up to 10% of people. However, occasionally carriers may pass it on to others who have been in close contact with them. Only a very small number of people in contact with those that carry the infection develop meningococcal disease. If a carrier passes the bacterium to another person it may take up to 10 days for the infection to develop.

The bacteria are difficult to spread and are only passed from person to person by regular close, prolonged contact. Contact with saliva from the front of the mouth, teeth or lips rarely passes the bacteria on.

Only people who have been in **very** close contact with a suspected or confirmed case need to take special antibiotics to clear the bacteria from the back of the throat. These people include household contacts, those who have stayed overnight in the house in the seven days before the person became unwell, intimate contacts such as a boyfriend/girlfriend/sexual partner and those who attended the same childcare centre class.

Because you have not been in very close contact with a case, it is **not** necessary for you to take any antibiotic medication, or avoid contact with family members or children, and you do not need to be isolated or excluded from school or work.

While the risk of developing infection is very low, it is important to seek medical advice immediately if you develop any of the symptoms of meningococcal disease (these are listed below) or if you are unwell. **Please take this letter with you if you need to see your doctor or the emergency department of a hospital.**

Speak to people with whom you normally spend lots of time (such as your family and close friends) about meningococcal disease so they also know to seek urgent medical advice if they develop symptoms.

The symptoms of meningococcal disease to look out for include a combination of:

- Sudden onset of fever
- Sore joints and muscles
- Nausea and vomiting
- Headache
- Neck stiffness
- Dislike of bright lights
- Tiredness
- A pin-prick rash may appear anywhere on the skin and this can quickly change into large red-purple blotches. Usually this rash does not disappear with light pressure on the skin. Sometimes a rash does not appear at all.
- Very early symptoms may include leg pain, cold hands and feet and abnormal skin colour.

Young children may have more general symptoms that may include irritability, drowsiness or difficulty waking, high-pitched or moaning cry, pale and blotchy skin, and refusing to eat.

Even if you've had a meningococcal vaccine you still need to look out for symptoms because the vaccines don't protect against all meningococcal strains.

A fact sheet that contains more detail about meningococcal disease is available at:
www.health.nsw.gov.au/factsheets/infectious/meningococcal.html

Please contact the Public Health Unit if you have any further questions. *If you are unwell, do not call the Public Health Unit – it is important to see a doctor immediately.*

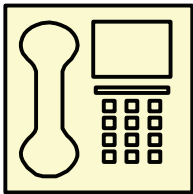
Yours sincerely,

Director
Public Health Unit

Dear Doctor

This person is considered to be a low-level contact of someone with meningococcal disease. If he or she is unwell please consider meningococcal disease in your differential diagnosis and urgently notify the public health unit by telephone if meningococcal disease is suspected.

Further information - Public Health Units in NSW



1300 066 055

www.health.nsw.gov.au