



DEPARTMENT OF
HEALTH AND HUMAN SERVICES

Promoting and protecting health, well-being, self-sufficiency, and safety of all in Marin County.



January 22, 2024

PUBLIC HEALTH ADVISORY

Discontinuation of ciprofloxacin for post-exposure prophylaxis (PEP) for invasive meningococcal disease (IMD) in Marin County

Key Messages

- Due to an increase in ciprofloxacin-resistant strains of *Neisseria meningitidis* in our region, healthcare providers in Marin County should no longer use ciprofloxacin for post-exposure prophylaxis (PEP) for invasive meningococcal disease (IMD).
- Use rifampin, ceftriaxone or azithromycin for IMD PEP in Marin County.
- Judicious antibiotic prescribing is critical in preventing or slowing the development of antimicrobial resistant organisms in our community.

Background

Invasive meningococcal disease (IMD), including meningococcal meningitis, is a rare and serious infection. Secondary cases can be prevented with prompt post exposure prophylaxis (PEP) of close contacts.

Ciprofloxacin-resistant strains of *N. meningitidis* have increased globally due to widespread use and overuse of ciprofloxacin. In the past year, two cases of ciprofloxacin-resistant IMD were reported in Northern California, one in the Bay Area and one in the Sacramento region.

The Centers for Disease Control and Prevention (CDC) recommends against the use of ciprofloxacin for IMD PEP in any region where two criteria are met over a 12-month period: (1) two or more ciprofloxacin-resistant IMD cases are reported, and (2) ciprofloxacin-resistant strains cause at least 20% of all reported IMD cases. Our region now meets these criteria.

Recommendations

- Until further notice, ciprofloxacin should not be used for IMD PEP in Marin County and other jurisdictions in our area, including the City of Berkeley, and Alameda, Contra Costa, Napa, San Mateo, Santa Clara, San Francisco, Solano, Sonoma, Sacramento, El Dorado, Amador, Placer, San Joaquin, Sutter, and Yolo counties.
- For IMD PEP, prescribe rifampin, ceftriaxone or azithromycin. See CDPH Meningococcal Quick sheet below. No changes to empiric treatment of IMD are recommended at this time.

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- Providers should report all suspected and confirmed cases of IMD (generally, meningitis and/or bacteremia due to *N. meningitidis*) to Marin County Public Health immediately by telephone at 415-473-4163. Marin Public Health will assist with identifying and providing post-exposure prophylaxis (PEP) recommendations to close contacts.
- Providers should perform antimicrobial susceptibility testing (AST) of *N. meningitidis* isolates at their facility to guide clinical treatment where possible. Marin County Public Health will coordinate testing with the public health laboratory, but AST results will not be available in time to guide early treatment decisions.
- Providers should follow the principles of judicious antibiotic use, outlined by the CDC (see below), to slow the development of drug resistant organisms in our community.

Resources

CDPH Meningococcal Quicksheet:

<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/IMMMeningQuicksheet.pdf>

CDPH Meningococcal Disease:

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/meningococcal.aspx>

CDC Meningococcal Disease: <https://www.cdc.gov/meningococcal/index.html>

CDC Meningococcal Vaccines: <https://www.cdc.gov/vaccines/vpd/mening/index.html>

CDC Threshold for Changing Meningococcal Disease Prophylaxis Antibiotics in Areas with Ciprofloxacin Resistance:

<https://www.cdc.gov/meningococcal/outbreaks/changing-prophylaxis-antibiotics.html>

CDC Core Elements of Antimicrobial Stewardship:

<https://www.cdc.gov/antibiotic-use/core-elements/index.html>