

COUNTY OF YOLO

Health and Human Services Agency

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HEALTH ALERT

Date: January 25, 2024

To: Yolo County Healthcare Providers

From: Aimee Sisson, MD, MPH, Yolo County Public Health Officer

Subject: Ciprofloxacin-resistant *Neisseria meningitidis;* discontinue use of ciprofloxacin for post-exposure prophylaxis

Key Messages

- Due to the detection of ciprofloxacin-resistant strains of *Neisseria meningitidis*, providers in Yolo County 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 Yolo County.

Background

IMD is a rare and serious condition; during the 5-year period from 2016-2020, 24 to 80 cases occurred yearly in California. <u>Ciprofloxacin-resistant strains of Neisseria meningitidis have been increasing both nationally and internationally in recent years</u>. In the last 12 months, there have been two reported cases of ciprofloxacin-resistant IMD in Northern California, one in the Bay Area and one in the Sacramento region. Resistance to ceftriaxone, the first-line antibiotic recommended for IMD *treatment*, has not been detected.

CDC issued <u>public health guidance</u> 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 and Sacramento regions, as a combined geographic area, now meet these criteria. This includes Yolo County.

Davis

600 A Street Davis, CA 95616 Mental Health (530) 757-5530

West Sacramento

500 Jefferson Boulevard West Sacramento, CA95605 Service Center (916) 375-6200 Mental Health (916) 375-6350 Public Health (916) 375-6380

Winters

111 East Grant Avenue Winters, CA 95694 Service Center (530) 406-4444

Woodland

25 & 137 N. Cottonwood Street Woodland, CA 95695
Service Center (530) 661-2750
Mental Health (530) 666-8630
Public Health (530) 666-8645

Recommendations

Medical providers should report all suspected and laboratory confirmed cases of IMD (generally bacteremia and/or meningitis due to *Neisseria meningitidis*) to Yolo County Public Health immediately by telephone (530-666-8670). Yolo County Public Health will assist with identification of close contacts to the case and provide post-exposure prophylaxis (PEP) recommendations to contacts of the case.

Ciprofloxacin should no longer be used for IMD PEP in Yolo County.

For IMD PEP, prescribe rifampin, ceftriaxone or azithromycin instead of ciprofloxacin. These recommendations (see table on page 3 and <u>CDPH Meningococcal Quicksheet</u>) should be followed until updated public health guidance is issued.

No changes to empiric *treatment* of IMD are recommended at this time. Providers are encouraged to request antimicrobial susceptibility testing (AST) of *Neisseria menigitidis* isolates at their medical facility's laboratory to help guide clinical treatment, if such testing is available. Yolo County Public Health 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.

Resources

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

CDPH Meningococcal Disease:

https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/meningococcal.aspx CDPH Meningococcal Quicksheet:

https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/IMM-MeningQuicksheet.pdf

If you have any questions about this Health Alert, please contact Dr. Sisson at aimee.sisson@yolocounty.org or (530) 666-8765.

Recommended chemoprophylaxis ciprofloxacin-resistant regimens

Age	Dose	Duration	Efficacy	Cautions/Notes
Rifampin ^a				
<1 month	5 mg/kg, every 12 h, po	2 days		Discussion with an expert for infants <1 month of age.
≥1 month	10 mg/kg (maximum 600 mg), every 12 h, po	2 days	90–95%	Can interfere with efficacy of oral contraceptives and some seizure and anticoagulant
Adult	600 mg every 12 h, po	2 days	90–95%	medications; can stain soft contact lenses.
Ceftriaxone				
<15 years	125 mg, intramuscularly	Single dose	90–95%	To decrease pain at injection site, dilute with 1% lidocaine.
≥15 years – Adult	250 mg, intramuscularly	Single dose	90–95%	
Azithromycin				
Pediatric	10 mg/kg (maximum 500 mg), po	Single dose	90%	Not recommended routinely; may be recommended in jurisdictions with ciprofloxacinresistant <i>N. meningitidis</i> strains. Equivalent to rifampin for
Adult	500 mg, po	Single dose	90%	eradication of <i>N. meningitidis</i> from nasopharynx in one study of young adults.

Note: Penicillin is often appropriate as treatment but is not appropriate for chemoprophylaxis.

^a Not recommended for use in pregnant women.