

---

<b>To:</b>	General Practices, Pharmacists, After-Hours Centres and Emergency Departments in the greater Wellington and Wairarapa regions
<b>From:</b>	Dr Annette Nesdale, Medical Officer of Health
<b>Date:</b>	<b>30 November 2018</b>
<b>Title:</b>	<b>Update on antibiotic treatment of suspected meningococcal infections</b>

---

Please distribute the following information from the Ministry of Health to relevant staff in your organisation.

All public health alerts are available at [www.rph.org.nz/publichealthalerts](http://www.rph.org.nz/publichealthalerts)

## ADVISORY SUMMARY: Update on antibiotic treatment of suspected meningococcal infections

The Ministry of Health is informing you of changes to the recommended antibiotic treatment for suspected meningococcal infection in primary care and emergency departments.

The recommended treatment options are now as follows:

		Children	Adults
First choice	Ceftriaxone	100mg/kg IV (or IM) up to 2g	2g IV (or IM)
Second choice	Benzyl-penicillin	50mg/kg IV (or IM) up to 2g	2.4g IV (or IM)

- Early treatment of meningococcal infection is recommended, especially when there will be a delay for the patient to reach the Emergency Department.
- Ceftriaxone is the preferred first-line treatment for all individuals.
- If ceftriaxone is not available, benzyl-penicillin can be used. It is important to note that the treatment dose is higher than previously recommended.
- Patients allergic to penicillin who do not have a documented history of anaphylaxis to penicillin can be given ceftriaxone.
- There is no routine community treatment recommendation for patients with a documented history of anaphylaxis to penicillin. These patients must be transferred immediately by ambulance to the closest hospital. This hospital should be made aware of the patient transfer. If you are in a remote location or at a significant distance from secondary care, or if there is any delay, you should seek urgent advice from an Infectious Disease Physician regarding treatment options prior to transfer to hospital.
- IV administration is preferred to IM (where available and not leading to delays).

This advice has been provided following new information on lower susceptibility of *Neisseria meningitidis* to penicillin in New Zealand, and in consultation with the Australasian Society for Infectious Diseases (NZ ASID).