

**Table 3.38. Recommended Chemoprophylaxis Regimens for High-Risk Contacts and People With Invasive Meningococcal Disease**

Age of Infants, Children, and Adults	Dose	Duration	Efficacy, %	Cautions
<b>Rifampin<sup>a</sup></b>				
<1 mo	5 mg/kg, orally, every 12 h	2 days		
≥1 mo	10 mg/kg (maximum 600 mg), orally, every 12 h	2 days	90–95	Can interfere with efficacy of oral contraceptives and some seizure and anticoagulant medications; can stain soft contact lenses
<b>Ceftriaxone</b>				
<15 y	125 mg, intramuscularly	Single dose	90–95	To decrease pain at injection site, dilute with 1% lidocaine
≥15 y	250 mg, intramuscularly	Single dose	90–95	To decrease pain at injection site, dilute with 1% lidocaine
<b>Ciprofloxacin<sup>a,b</sup></b>				
≥1 mo	20 mg/kg (maximum 500 mg), orally	Single dose	90–95	Not recommended routinely for people younger than 18 years of age; use may be justified after assessment of risks and benefits for the individual patient
<b>Azithromycin</b>				
	10 mg/kg (maximum 500 mg)	Single dose	90	Not recommended routinely. Equivalent to rifampin for eradication of <i>Neisseria meningitidis</i> from nasopharynx in one study.

<sup>a</sup>Not recommended for use in pregnant women.

<sup>b</sup>Use only if fluoroquinolone-resistant strains of *N meningitidis* have not been identified in the community; Centers for Disease Control and Prevention. Emergence of fluoroquinolone-resistant *Neisseria meningitidis*—Minnesota and North Dakota, 2007–2008. *MMWR Morb Mortal Wkly Rep.* 2008;57(7):173–175.