

SUSPECTED MENINGOCOCCAL DISEASE V1.1

Comments from the Expert Advisory Group

- Transfer all patients to hospital immediately by the quickest route possible which may include ambulance transfer.
- Administer benzylpenicillin as soon as possible. Ideally intravenously, if a vein cannot be found administer intramuscularly. Benzylpenicillin should be withheld only if an individual has a proven history of penicillin anaphylaxis. In the extremely rare case of history of anaphylactic reaction to penicillin, the highest priority is to get the patient to hospital.
- GPs or advanced paramedics are not expected to carry an alternative antibiotic to benzylpenicillin. However, if available, a third generation cephalosporin (cefotaxime or ceftriaxone) can be used and is an acceptable alternative to benzylpenicillin for the empirical treatment of suspected meningococcal disease prior to transfer to hospital.
- Prevention of secondary case of meningitis: Only prescribe following advice from Public Health Doctor

Treatment

SUSPECTED MENINGOCOCCAL DISEASE ANTIBIOTIC TREATMENT TABLE			
Drug	Dose	Duration	Notes
<ul style="list-style-type: none"> • Reconstitution advice for the parenteral preparation has been provided in the right hand column. • Injection IV is recommended slowly (3-5mins) for all agents listed to minimise discomfort and pain at injection site. • Water for Injection (WFI) and Sodium Chloride 0.9% Injection (NS) have been abbreviated. 			
1st choice options (unless proven history of penicillin anaphylaxis))			
IV or IM Benzylpenicillin	<p><1 year: 300 mg</p> <p>1 – 9 years: 600 mg</p> <p>Adults and children ≥10 years: 1200 mg</p>	STAT prior to admission to hospital	<p><u>For IV Administration:</u> 600 mg dissolved in 4- 10 mL WFI or NS.</p> <p><u>For IM Administration:</u> 600 mg dissolved in 1.6 to 2.0 mL of WFI</p>
Alternative options (unless proven history of penicillin anaphylaxis			
<ul style="list-style-type: none"> • Doses greater than 1g should be divided and injected at more than one site 			
IV or IM Cefotaxime	<p>Adults and children (all ages): 50 mg/kg/dose, max 2 g</p>	STAT prior to admission to hospital	<p><u>For IV Administration:</u> 1 g dissolved in 4mL WFI</p> <p><u>For IM Administration:</u> 1 g dissolved in 4mL WFI</p>
IV or IM Ceftriaxone	<p>Adults and children ≥15 days*: 80 mg/kg/dose, max 2 g</p>	STAT prior to admission to hospital	<p>*Contraindicated in neonates 0-14 days and premature neonates up to a postmenstrual age of 41 weeks (gestational age + chronological age).</p> <p><u>For IV Administration:</u> Each 1 g dissolved with 10mL WFI.</p> <p><u>For IM Administration:</u> Each 1 g vial dissolved with 3.5 mL of 1% lidocaine hydrochloride injection to reduce pain at injection site. Do NOT give lidocaine IV.</p>

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Patient Information

[HSE A-Z Meningitis and septicaemia](#)