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IN BRIEF

Meningococcal Prophylaxis

The CDC recently reported that fluoroquinolone-resistant strains of *Neisseria meningitidis* have been detected for the first time in the US in an area around the border of North Dakota and Minnesota (CDC. MMWR, Feb 22, 2008). These isolates were all serogroup B, for which meningococcal vaccines (Med Lett Drugs Ther 2005; 47:29) do not offer protection. Since many laboratories do not test *N. meningitidis* for antimicrobial susceptibility, it is possible that such resistance is more widespread.

A single oral dose of ciprofloxacin (*Cipro*, and others) 500 mg has been used for prophylaxis after close contact with infected patients. Oral rifampin (*Rifadin*, and others) 600 mg (10 mg/kg for children) q12h for 2 days, a single IM injection of ceftriaxone (*Rocephin*, and others) 250 mg (125 mg for children), or a single oral dose of azithromycin (*Zithromax*, and others) 500 mg (10 mg/kg for children) are reasonable alternatives.

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