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## Initial Treatment Of Meningitis In Children

In children more than two months of age, *Haemophilus influenzae* type B is the most frequent cause of bacterial meningitis. Until recently, virtually every authority has recommended administration of large doses of ampicillin for initial treatment of meningitis in children before the results of laboratory tests are known. In the past months, however, there have been many reports of meningitis in children caused by ampicillin-resistant *H. influenzae*. Ampicillin-resistant organisms still cause only a small fraction of cases of bacterial meningitis; some medical centers have yet to encounter an ampicillin-resistant strain of *H. influenzae* type B. Clinical reports indicate, however, that inadequate treatment of those few patients who do have ampicillin-resistant *H. influenzae meningitis*, even for only one or two days until laboratory reports are available, may result in death or severe neurological damage.

In a recent statement published in *Pediatrics* (January 1975), the American Academy of Pediatrics recommends that "in areas where resistant strains have been recognized," when *H. influenzae* type B is suspected as the pathogen, initial treatment of bacterial meningitis should include penicillin G or ampicillin, plus chloramphenicol in a dosage of 100 mg/kg/day.

GEOGRAPHICAL DISTRIBUTION OF RESISTANT STRAINS - Ampicillin-resistant *H. influenzae* organisms (mostly type B) have now been isolated at least in 16 different states and Canada. Since all resistant isolates are not reported, the occurrence is probably more widespread.

CONCLUSION - Ampicillin-resistant *H. influenzae* cause only a small fraction of cases of bacterial meningitis, but inadequate treatment of those cases, even for only one or two days, may result in death or severe neurological damage. Ampicillin-resistant strains are now so widespread that it would be reasonable anywhere in North America to include intravenous chloramphenicol 100 mg/kg/day for initial treatment of bacterial meningitis in children more than two months old.

(From: California Morbidity, February 28, 1975)

### *Changes In Meningococcal Prophylaxis*

There have been 2 recent reports of unusually high incidence of vestibular reactions (dizziness, vertigo, nausea, or vomiting) associated with use of minocycline in the U.S. In New Jersey recently, 63 of 83 people receiving minocycline prophylaxis for meningococcal disease had vestibular symptoms.

Until it is clear that minocycline made in the U.S. no longer produces a high incidence of adverse reactions, the Center for Disease Control encourages physicians to consider alternative drugs. For prophylaxis of meningococcal disease, 600 mg of rifampin orally every 12 hours for 2 days (4 doses, total) is recommended. Children and infants should receive lower doses: 1-12 years of age, 10 mg/kg per dose; 3-12 months of age, 5 mg/kg per dose. Such prophylaxis should be limited to household contacts or others who have had contact with oral secretions of meningococcal disease patients. Prophylaxis should not be delayed while culture or sensitivity results are pending.

(From: Morbidity and Mortality Weekly Report, January 11, 1975)