Invasive Meningococcal Disease Contact Management Form

This form supports contact management and the provision of an indicated chemoprophylactic agent.
As needed, MHO/designate will complete non-shaded sections of form prior to forwarding this form to the Nurse or Pharmacist for chemoprophylaxis administration.
If applicable, nurses may obtain approval through a verbal order from Medical Health Officer (MHO).

Date	Provider Name (Printed)	Designation	Provider Signature	Initials

MHO Name: _____ MHO Phone: (___)_____

Case Initials: _____ Serogroup: _____

Contact Name (Last Name, First Name) Phone number	Personal Health Number	Date of birth (YY-MMM-DD)	Wt (kg)	Chemoprophylaxis Agent to be provided Specify Name of Drug[1], Dose, Frequency, and Duration	Contra-indications present?[2] (Y/N)	MHO Signature, as needed (include date and time)	MHO Approval Received, if applicable (Date, time, PHN initials/ designation)	If vaccine indicated, specify Men-B/Men-C-C/Men-C-ACYW	Antibiotic Provided (date, provider initials)

Drug[1]	Dosage	Contraindications[2]
Rifampin	**Infants less than1 month of age:** 5 mg/kg per dose PO Q12H x 4 doses **Children 1 month of age and older:** 10 mg/kg (to maximum 600 mg) per dose PO Q12H x 4 doses **Adults (18 years of age and older):** 600 mg PO Q12h X 4 doses	Premature and newborn infants in whom the liver is not yet capable of functioning with full efficiency. Hepatic function impairment, such as jaundice associated with reduced bilirubin excretion. Many HIV antiretroviral medications. History of an allergic reaction when used previously.
Ciprofloxacin	**Those 18 yrs of age and older:** A single dose of 500 mg PO	Pregnancy, lactation Generally should be avoided in children < 18 years old Hypersensitivity reaction when used previously Hypersensitivity to other fluoroquinolones (levofloxacin, ofloxacin, moxifloxacin, garifloxacin)
Ceftriaxone	**Adults and children 15 years of age and older:** A single dose of 250 mg IM **Children less than 15 yrs:** A single dose of 125 mg IM	Hypersensitivity to penicillins or penicillin derivatives or to local anesthetics (especially lidocaine).

Note: To avoid possible delays with access to publicly-funded stock of chemoprophylactic agents for contacts covered under First Nations Health Benefits, pharmacists may dispense these medications at no cost to the client using the First Nations Health Benefits (Plan W) PharmaCare plan.