Community Acquired Meningitis

Common Pathogens

Streptococcus pneumoniae Neisseria meningitidis Listeria monocytogenes (age greater than 50 years old) HSV-1 & HSV-2

First-Line Therapy



Diagnostic procedures (i.e. CT imaging and lumbar puncture) should never delay the initiation of empiric therapy

IV Ceftriaxone 2 g q12h PLUS Vancomycin[†] 15 mg/kg q8h (see Osler guidelines for dosing)

If age greater than 50 years old:

Add Ampicillin 2 g IV q4h (for suspected Listeria monocytogenes)

If viral meningoencephalitis is suspected:

Add Acyclovir(R) 10 mg/kg IV q8h

‡ A loading dose of vancomycin (25 mg/kg) is recommended in most cases

Alternative therapy (i.e. anaphylaxis to beta-lactams)

Consult the Infectious Disease Services



Consider dexamethasone IV 0.15mg/kg q6h x 4 days, with the first dose given 10-20 minutes prior to or concomitantly with antibiotics – DO NOT give if antibiotics have already been given. Discontinue if meningitis is not caused by *S. pneumoniae*.

Duration

Streptococcus pneumoniae – 10 to 14 days Neisseria meningitidis – 7 days Listeria monocytogenes – 21 days

(R) – This antimicrobial agent is **restricted**; Refer to Osler's antimicrobial restriction policies for more information



The information contained in these pages is intended for use by William Osler Health System staff. Clinical recommendations serve to guide therapeutic decision making, and should be used in conjunction with clinical assessment. Clinical content found in these documents have been reviewed & approved by the Antimicrobial Subcommittee.