Appendix 45 - TRAVEL RELATED INFECTIONS-INFLUENZA PROPHYLAXIS

N.B alternative selections are listed in order of preference for therapy for patients who cannot take first-line therapy or if first-line therapy is unavailable.

Table1 post-exposure prophylaxis of B anthracis (anthrax)

Strain	Treatment	Duration
For all strains, regardless of penicillin susceptibility or if susceptibility is unknown	**Ciprofloxacin, (preferred)** **Doxycycline, (preferred)**	60 days
Alternatives for penicillin-susceptible strains	Levofloxacin Moxifloxacin Clindamycin Amoxicillin Penicillin VK (IV not available in KSA)	

Table2 Intravenous treatment for systemic anthrax with possible/confirmed meningitis(Adults)

Regimen should include ≥3 antimicrobial drugs with activity against B. anthracis; ≥1 drug should have bactericidal activity, ≥1 should be a protein synthesis inhibitor

First line	Alternative	Duration
Bactericidal agent (fluoroquinolone)		≥2–3 weeks until or until the patient is clinically stable
Ciprofloxacin	Levofloxacin **OR** Moxifloxacin	
PLUS		
Bactericidal agent (β-lactam) For all strains, regardless of penicillin susceptibility or if susceptibility is unknown		
Meropenem	Imipenem **OR** Doripenem **OR** vancomycin (in children) **OR** *(Alternatives for penicillin-susceptible strains)* Penicillin G **OR** Ampicillin	
PLUS		
Protein synthesis inhibitor		

Linezolid	Clindamycin **OR** Rifampin **OR** Chloramphenicol

Systemic anthrax includes anthrax meningitis; inhalation, injection, and gastrointestinal anthrax; and cutaneous anthrax with systemic involvement, extensive edema, or lesions of the head or neck

Table 3 Intravenous therapy for systemic anthrax when meningitis has been excluded

First, treatment should include ≥2 antimicrobial drugs with activity against B. anthracis; ≥1 should have bactericidal activity and ≥1 should be a protein synthesis inhibitor		
First line	**Alternative**	**Duration**
Bactericidal drug (For all strains, regardless of penicillin susceptibility or if susceptibility is unknown)		for 2 weeks until clinical criteria for stability are met
Ciprofloxacin	Levofloxacin OR Moxifloxacin OR Meropenem OR Imipenem OR Doripenem OR Vancomycin OR *Alternatives for penicillin-susceptible strains* Penicillin G OR Ampicillin	
PLUS		
Protein synthesis inhibitor		
Clindamycin OR Linezolid	Doxycycline OR Rifampin	

Table 4 Oral treatment for cutaneous anthrax without systemic involvement

Treatment	Duration
For all strains, regardless of penicillin susceptibility or if susceptibility is unknown	60 days for bioterrorism-related cases and 7–10 days for naturally acquired cases
Ciprofloxacin, **OR** Doxycycline, **OR** Levofloxacin **OR** Moxifloxacin, **OR** Clindamycin, **OR**	
Alternatives for penicillin-susceptible strains	
Amoxicillin, **OR** Penicillin VK	

Table 5 Brucellosis Treatment Options

Subject	Treatment	Duration
Adults, Children > 8 years	oral doxycycline OR oral tetracycline OR trimethoprim-sulfamethoxazole (TMP-SMZ) can be used if tetracyclines are contraindicated. **PLUS** Rifampin	minimum of 6 weeks
Children < 8 years	Oral TMP-SMZ Combination therapy: consider adding rifampin	4 to 6 weeks.
Complicated Cases	Gentamicin+ tetracycline for 6 weeks (or TMP-SMZ if tetracyclines are contraindicated ± Rifampin	Gentamicin for the first 14 days +Tetracycline for 6 weeks

Table 6 Treatment of Lyme

Age Category	Drug	Duration, Days
Adults	Doxycycline	10-21days
	Cefuroxime axetil	14-21days
	Amoxicillin	14-21days
	Ceftriaxone	not mentioned
Children	Amoxicillin	14-21days
	Doxycycline	10-21days
	Cefuroxime axetil	14-21days