

Appendix 45 - TRAVEL RELATED INFECTIONS-

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)	60 days
Alternatives for penicillin-susceptible strains	Doxycycline, (preferred) 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

INFLUENZA PROPHYLAXI

Linezolid

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

Bactericidal drug (For all strains, regardless of penicillin susceptibility or if susceptibility is unknown)

Ciprofloxacin

PLUS

Protein synthesis inhibitor

Clindamycin OR
Linezolid

Table 4 Oral treatment for cutaneous anthrax without systemic involvement

Treatment

For all strains, regardless of penicillin susceptibility or if susceptibility is unknown

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

Adults, Children

> 8 years

Children < 8

years

Complicated

Cases

Table 6 Treatment of Lyme

Age Category

Adults

Children

