

# Measles Control Campaign Update

During the three month period of the Campaign, the uptake of measles-mumps-rubella (MMR) vaccine given at primary school clinics and the number of adverse events following MMR vaccination are being monitored. Data are forwarded to the National Centre for Disease Control for collation and publication in *CDI*.

## Measles Control Campaign activity data, cumulative to 25 November 1998<sup>1</sup>

Sum total students	1,655,222
Total forms returned	1,536,782
Consents to vaccinate	1,308,141
Total students immunised	1,225,249

Percentages are:

Of total students	93% returned their forms
Of total forms returned	85% consented to vaccination
Of total consents to vaccination	94% have been vaccinated
Of total students	74% have been vaccinated.

## Adverse events

Faints/syncopy	18
Syncopal fits	19
Anaphylaxis	5
Hyperventilation	3
Rash	3
Local allergic reaction	2
Severe immediate local reaction	1
Rash/lymphadenopathy/arthritis	1
Arthropathy	1
Fever/headache	1
Fever/rash/headache/lymphadenopathy	1
Rash/fever/lymphadenopathy	1
Anxiety	1
Lymphadenopathy	1
Myalgia/lymphadenopathy/headache/stiff neck/rash	1
Immediate acute unilateral parotitis	1
Fit	1

1. These figures do not include mopup. During mopup campaigns 10,238 children were vaccinated therefore increasing the number of children immunised to 1,235,487. In addition, to date 46,913 children have been vaccinated by GPs or other providers.

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## Antibiotic guidelines for meningococcal prophylaxis

The following information is an extract from Letters to the Editor **Antibiotic guidelines for meningococcal prophylaxis**. Leunig MJ and Keil. *MJA* 1998; 169: 396. In reply Collignon P. *MJA* 1998; 169: 396, outlined in the *Medical Journal of Australia*, 5 October 1998.

The current edition (10<sup>th</sup>) of *Therapeutic Guidelines: antibiotic* includes a significantly increased recommended dose for ceftriaxone, when used as prophylaxis for meningococcal disease, compared to previous editions and with other published expert opinion.

Expert groups within Australia and overseas currently recommend a ceftriaxone dose of 5 mg/kg to a maximum of 250 mg intramuscularly (IM) as a single dose for adults, and 125 mg IM for children under 15 years of age.

There is no evidence to suggest that the increased dose (2 g IM) published in *Therapeutic Guidelines: antibiotic* is either necessary or superior to the recommended lower dose regimen in eradicating carriage. The established efficacy of the recommended dose, with comparable clearance rates in excess of 95% at one and two weeks after therapy, has served as the basis for the dose recommendations used in most countries.

However, rifampicin is the prophylactic antibiotic of choice for contacts of patients with meningococcal disease. Ceftriaxone should only be used in specific situations where rifampicin is considered unsuitable, such as in pregnancy.