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**

<table>
<thead>
<tr>
<th>Sum total students</th>
<th>1,655,222</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total forms returned</td>
<td>1,536,782</td>
</tr>
<tr>
<td>Consents to vaccinate</td>
<td>1,308,141</td>
</tr>
<tr>
<td>Total students immunised</td>
<td>1,225,249</td>
</tr>
</tbody>
</table>

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
- Myalgia/lymphadenopathy/headache/stiff neck/rash: 1
- Immediate acute unilateral parotitis: 1
- Fit: 1

1. These figures do not include mop-up. During mop-up 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.

Enquiries can be directed to Sue Campbell-Lloyd, National Manager of the Measles Control Campaign, Sydney Office, Commonwealth Department of Health and Aged Care, PO Box 9848, Sydney 2000, phone (02) 9263 3990, email Sue.Campbell-Lloyd@health.gov.au.

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Antibiotic guidelines for meningococcal prophylaxis


The current edition (10th) 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.