

## Therapy of suspected bacterial meningitis in Canadian children six weeks of age and older – summary



The Canadian Paediatric Society has updated its recommendations on the therapy of suspected bacterial meningitis in Canadian children six weeks of age and older. The therapy and epidemiology of meningitis will continue to change as bacterial resistance evolves, and as new vaccines that protect against the traditional bacterial pathogens are introduced for this age group. The current recommended empirical antibiotic treatment of childhood bacterial meningitis is a combination of vancomycin and a third-generation cephalosporin. Adjuvant treatment with dexamethasone is now recommended for all three major pathogens that cause meningitis in this age group.

### RECOMMENDATIONS

- The current recommended empirical treatment of bacterial meningitis in children six weeks of age and older consists of a combination of vancomycin and a third-generation cephalosporin.
- Definitive therapy and the duration of therapy should be guided by susceptibility results of the organism identified.
- Dexamethasone can be used as an adjunctive treatment for children older than six weeks of age with suspected bacterial meningitis. It should be given before or within 1 h of antibiotic administration. If used, the dexamethasone dose should be 0.6 mg/kg/day given in four divided doses or 0.8 mg/kg/day given in two divided doses for two to four days.
- A repeat lumbar puncture to determine the effectiveness of treatment (eg, sterilization of the cerebrospinal fluid) within 24 h to 36 h of starting empirical antibiotic therapy may be considered for patients who fail to improve clinically, immunocompromised patients, patients with meningitis that is caused by a penicillin- or cephalosporin-resistant pneumococcus, and patients with meningitis caused by Gram-negative enteric bacilli.

For more information, please refer to the full statement available on-line at <[www.cps.ca/english/statements/ID/id07-03.htm](http://www.cps.ca/english/statements/ID/id07-03.htm)>

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The recommendations in this statement do not indicate an exclusive course of treatment or procedure to be followed. Variations, taking into account individual circumstances, may be appropriate. Internet addresses are current at time of publication.