

# Recommended antimicrobial pre-and post-exposure prophylaxis for plague

Only first-line prophylaxis options are listed here. See additional options at: [https://www.cdc.gov/mmwr/volumes/70/rr/rr7003a1.htm?s\\_cid=rr7003a1\\_w](https://www.cdc.gov/mmwr/volumes/70/rr/rr7003a1.htm?s_cid=rr7003a1_w)

## Plague pre-exposure prophylaxis

Pre-exposure prophylaxis for first responders and health care providers who will care for patients with pneumonic plague is not considered necessary if standard and droplet precautions can be maintained. In cases of surgical mask shortages, patient overcrowding, poor ventilation in hospital wards, or other situations, pre-exposure prophylaxis might be warranted if sufficient supplies of antimicrobials are available. Prophylaxis can be discontinued 48 hours after the last perceived exposure.

## Plague post-exposure prophylaxis

Post-exposure prophylaxis is indicated for persons with known exposure to plague, such as close (< 6 ft), sustained contact with a patient or animal with pneumonic plague or direct contact with infected body fluids or tissues. Post-exposure prophylaxis should be given for 7 days. Prophylaxis with a single antimicrobial agent is recommended for potentially exposed persons following a case of naturally acquired infection or intentional release of *Yersinia pestis*. If engineered resistance is detected in the aftermath of a bioterrorism attack, antimicrobial choice can be targeted based on available information.

	Antimicrobial <sup>1</sup>	Dose	Route of administration
<b>Adults</b>	Ciprofloxacin	500-750 mg every 12 hrs	PO
	Levofloxacin	500-750 mg every 24 hrs	PO
	Moxifloxacin	400 mg every 24 hrs	PO
	Doxycycline	100 mg every 12 hrs	PO
<b>Children (aged ≥1 month to ≤17 years)</b>	Ciprofloxacin	15 mg/kg every 12 hrs (maximum 750 mg/dose)	PO
	Levofloxacin	Weight <50 kg: 8 mg/kg every 12 hrs (maximum 250 mg/dose) Weight ≥50 kg: 500-750 mg every 24 hrs	PO
	Doxycycline <sup>2</sup>	Weight <45 kg: 2.2 mg/kg every 12 hrs Weight ≥45 kg: 100 mg every 12 hrs	PO
<b>Pregnant women</b>	Ciprofloxacin	500 mg every 8 hrs or 750 mg every 12 hrs	PO
	Levofloxacin	750 mg every 24 hrs	PO

<sup>1</sup>Antimicrobials are not listed in order of preference within each category.

<sup>2</sup>No evidence of tooth staining after multiple short courses. Source: Todd SR, Dahlgren FS, Traeger MS, Beltrán-Aguilar ED, Marianos DW, Hamilton C, McQuiston JH, Regan JJ. No visible dental staining in children treated with doxycycline for suspected Rocky Mountain spotted fever. *J Pediatr*. 2015 May;166(5):1246-51.

### For more information, please contact:

Centers for Disease Control and Prevention, Division of Vector-borne Diseases, 3156 Rampart Road, Fort Collins, CO 80521

**Telephone:** 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-63548 | **Contact:** [www.cdc.gov/cdc-info/](http://www.cdc.gov/cdc-info/) | **Web:** [www.cdc.gov/plague](http://www.cdc.gov/plague)

