



PEDIATRIC INFECTIOUS DISEASE SOCIETY OF THE PHILIPPINES (PIDSP)

PIDSP Advisory for Physicians on the Management of Children with Potential Leptospirosis Exposure

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This advice aims to provide recommendations for physicians on the prevention of leptospirosis in the pediatric age group.

Leptospirosis is a zoonotic disease that is associated with exposure to flood waters and has an increased incidence with the onset of the rainy season in the Philippines. Leptospirosis can occur when mucous membranes and skin are contaminated by the urine of infected animals, or upon ingestion of contaminated food and water. The most common route of leptospirosis exposure, especially in urban areas, is exposure to flood waters.

The following antibiotics are recommended for children after exposure to flood waters (give as soon as possible, within 24-72 hours from exposure):

DRUG OF CHOICE		
	Dose (oral)	Comments
Doxycycline*	- For one-time wading in flood waters: 4 mg/kg single dose, max dose: 200mg/day - For those with open lesions or ingested flood waters, give for 5 days	Proven efficacy for preventing clinical disease as pre- and post-exposure prophylaxis. Pre-exposure prophylaxis should be given 2 weeks prior to exposure and continued throughout period of risk Adverse effects are similar to other tetracyclines; in children below 8 years of age, doxycycline is unlikely to cause dental staining at the dose and duration recommended to treat serious infections May be given with food to avoid gastrointestinal upset. Avoid milk, dairy products, iron and antacids 1 hour before and 2 hours after administration
ALTERNATIVE DRUGS		
Azithromycin	- For one-time wading in flood waters 10 mg/kg single dose, max dose: 500 mg - For those with open lesions or ingested flood waters, give for 3 days	Efficacy for prevention of leptospirosis was seen in observational studies

Amoxicillin	• 50 mg/kg/day q6 hours for 5 days, max dose: 500mg q6 hours	Efficacy for prevention of leptospirosis was seen in observational studies Dose is for 3-5 days due to the very short half-life
Oral Penicillin	• <12 years: 50-75mg/kg/day PO div q6-8h • >12 years: 250-500mg/day PO q6-8h, max dose: 4g/day • Dose should be given at least a day before potential exposure and continued for 5-7 days	Efficacy for prevention of leptospirosis was seen in observational studies done in adults

** If children are exposed repeatedly, the dose should be given once weekly until end of exposure.*

As prophylaxis is not 100% effective, all patients potentially exposed to leptospirosis should be monitored for symptoms.

Aside from antimicrobial prophylaxis, prevention of leptospirosis includes the following:

1. Parents should instruct children not to wade or swim in flood waters or other possible exposures contaminated with animal urine (rice fields, irrigation canals, and others)
2. If exposure is unavoidable, protective gear such as boots, goggles, overalls, and rubber gloves should be used.
3. All food and drinking water should be protected against contamination. Fresh vegetables and fruit should be washed in previously boiled or clean water and then cooked or peeled.
4. Boil drinking water for at least 10-15 minutes. Physical filtration through ceramic or charcoal filters is not adequate for leptospirosis.
5. Food should be protected from contamination by rodents and their excreta.

References

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2. Clinical Practice Guidelines on the Management of Emerging and Re-emerging Infectious Diseases in the Philippines 2025. Accessed at https://drive.google.com/drive/u/0/folders/1H-q0Gv3n_dYhGIPymv2Wkov9dkgIIYef
3. PIDSP Post Disaster Interim Advice on the Prevention of Leptospirosis in Children August 10, 2012. Accessed at https://www.pidsphil.org/pdf/Journal_07012012/jo43_ja05.pdf