Table 3. Recommended Antimicrobial Therapy for Non-Typhoid *Salmonella* Infection

Infections	Recommendations
Enteric infection	Not recommended routinely, but if severe or patient is < 3 months or > 50 years old or has prostheses, valvular heart disease, severe atherosclerosis, malignancy, or uremia: trimethoprim-sulfamethoxazole[a] or ciprofloxacin[b] or ceftriaxone[c] for 3-5 days or until the patient becomes afebrile; for immunocompromised patients, 14 days or longer if relapsing.
Bacteremia	Bacteremia not involving vascular structures should be treated with 10 to 14 days with ceftriaxone[c] or ciprofloxacin[d] or ampicillin[e]. For patients with HIV infection, 1 to 2 weeks of intravenous antimicrobial therapy followed by 4 weeks of oral fluoroquinolone therapy[b] should be administered; long-term suppressive therapy with an oral fluoroquinolone needed for patients who relapse following 6 weeks of antimicrobial therapy.
Extraintestinal focal infection	Patients with bone and joint infection need 4-6 weeks therapy with either ceftriaxone[c] or ciprofloxacin[d]. Patients with meningitis should be treated with ceftriaxone[f] for 4 weeks or longer. Surgery along with 6-8 weeks of ampicillin[e] or ceftriaxone[c] is recommended to treat endovascular infection (mycotic aneurysm).

[a] 160 and 800 mg po twice daily (pediatric dose: 5 and 25 mg/kg/dose twice daily).
[b] 500-750 mg po twice daily.
[c] 2 gm iv daily in 1-2 divided doses (pediatric dose: 50-75 mg/kg/day in 1-2 divided doses).
[d] 400 mg iv twice daily. Fluoroquinolones not yet approved for pediatric use in *Salmonella* infection.
[e] 2 gm iv four to six times daily (pediatric dose: 100-200 mg/kg/day in 4 divided doses).
[f] 4 gm iv daily in 1-2 divided doses (pediatric dose: 100 mg/kg/day in 1-2 divided doses).