Antibiotic Oral Liquid Shortage Update



Information for NSW General Practitioners - Please distribute to medical and nursing staff

- 1. Due to increased demand, antibiotic oral liquids including azithromycin and clarithromycin may be in short supply.
- 2. Carefully consider the need for antibiotic treatment and if prescribing an antibiotic, consider current availability by consulting your local pharmacy.
- 3. An international alternative, azithromycin (Zydus) 200 mg/5 mL powder for oral suspension has been approved under Section 19A of the Therapeutic Goods Act 1989.

Situation

• Azithromycin and clarithromycin oral liquids may be in short supply due to the current rise in *Mycoplasma* pneumoniae and *Bordetella* pertussis infections. The suppliers are working to expedite future shipments.

When to treat

- Antibiotics have limited efficacy in most mild-moderate cases of confirmed or suspected Mycoplasma
 pneumoniae infection. As per the Paediatric Improvement Collaborative guidelines, antibiotics may be
 prescribed if a child has clinical features suggesting a need for referral to hospital e.g. signs of LRTI with
 respiratory distress or hypoxaemia.
- In patients of any age, antibiotic treatment is recommended if the diagnosis of pertussis is made within 3 weeks of cough or other symptom onset. Three weeks after symptoms begin, patients are rarely infectious and antibiotic therapy is not indicated.
- Please carefully consider the need for antibiotic treatment and if prescribing an antibiotic, consider current availability by consulting your local pharmacy. Local pharmacies may contact you to amend current prescriptions to alternative dose formulations or antibiotics.
- An international alternative, azithromycin (Zydus) 200 mg/5 mL powder for oral suspension is available from Medsurge Healthcare. Please contact your local community pharmacy to determine availability.

Treatment of Mycoplasma pneumoniae

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	Medication	Available formulations	Adult patients	Paediatric patients			
First line	Doxycycline*	Tablet** and capsule	100 mg orally 12-hourly for 7 days.	> 8 years and < 26 kg: 50 mg orally twice a day for 7 days. > 8 years and 26 – 35 kg: 75 mg orally twice a day for 7 days. > 8 years and > 35 kg: 100 mg orally twice a day for 7 days.			
Second line	Azithromycin	Tablet** and oral suspension	500 mg orally daily for 3 days.	> 6 months: 10 mg/kg up to 500 mg daily for 3 days.			
Second line	Clarithromycin	Tablet and oral suspension	500 mg orally 12-hourly for 7 days.	1 month – 18 years : 7.5 mg/kg up to 500 mg orally 12 hourly for 7 days.			
Alternate treatment	Erythromycin	Capsule and oral suspension		> 1 month: 40 to 50 mg/kg per day orally in three or four divided doses (maximum daily dose 2 g) for 7 to 10 days.			

Treatment and prevention of pertussis (whooping cough)

	Medication	Available formulations	Adult patients	Paediatric patients
First line	Azithromycin	Tablet** and oral suspension	500 mg orally on Day 1, then 250 mg orally daily for a further 4 days.	< 6 months: 10 mg/kg orally daily for 5 days. ≥ 6 months: 10 mg/kg up to 500 mg orally on Day 1 then 5 mg/kg up to 250 mg daily for a further 4 days.
First line	Clarithromycin	Tablet and oral suspension	500 mg orally 12-hourly for 7 days.	1 month – 18 years: 7.5 mg/kg up to 500 mg orally 12 hourly for 7 days.
Second line	Trimethoprim plus sulfamethoxazole	Tablet and oral liquid	160+800 mg orally 12- hourly for 7 days.	> 1 month: 4+20 mg/kg (up to 160+800 mg) orally 12-hourly for 7 days.

^{*}The risk of oesophagitis in children should be considered – counselling should be provided to ensure patients remain upright for at least an hour after dose administration.

^{**} Both azithromycin and doxycycline can be crushed and mixed with liquid to aid administration in patients who cannot swallow tablets. Refer to Page 8 - 9 of <u>Antibiotic prescribing in primary care: Therapeutic Guidelines summary table</u> for instructions on crushing and appropriate liquids to mix with. A tablet cutter should be used when splitting tablets.



NSW Ministry of Health