



# MEDICATION SAFETY COMMUNIQUÉ

<b>Subject:</b>	Azithromycin 200 mg per 5mL suspension and Clarithromycin 250 mg per 5mL suspension shortage	
<b>Purpose:</b>	Information	
<b>Issued by:</b>	Pharmacy Department	<b>Issue Date:</b> 13 <sup>th</sup> of June 2024
<b>Approved by:</b>	Andrew Paton, Acting Deputy Director of Pharmacy, QCH Dr Julia Clark, Director, Infection Management and Prevention Service, QCH	
<b>Issue and Impact within CHQ:</b>	The TGA has advised that the nation-wide shortage of the “Zithromax” and Clarithromycin suspension, both will be unavailable until at least mid-December 2024 and August 2024, respectively. Stock availability may be limited across hospital and community pharmacies. Be aware that patients may not be able to source this medication from community pharmacies and may need to collect supply from a Queensland Health Hospital Pharmacy.	
<b>Target Audience:</b>	<b>Action Required:</b>	
All CHQ Staff	<p><b>Community acquired pneumonia</b></p> <p>Oral amoxicillin remains the optimal empiric treatment for community acquired pneumonia (CAP) in children. <i>Mycoplasma pneumoniae</i> CAP usually resolves on its own and there is no well-established benefit from antimicrobial treatment. However macrolides are considered in severe pneumonia not responding to beta-lactam antibiotic treatment.</p> <p>Empiric antibiotics for <i>mycoplasma pneumoniae</i> are <b>not required</b> in children in the community who are clinically stable whilst awaiting PCR test results.</p> <p><b>Once <i>Mycoplasma pneumoniae</i> PCR results return DETECTED, and symptoms worsening, consider:</b></p> <ul style="list-style-type: none"> <li>• <b>Azithromycin oral 10mg/kg (Maximum 500mg) once daily for 3 days</b></li> </ul> <p>Use Azithromycin 500 mg strength tablets. Dose round to nearest quarter tablet.</p> <ul style="list-style-type: none"> <li>• For an Azithromycin 125 mg dose: Give a QUARTER of an Azithromycin 500 mg tablet.</li> <li>• For an Azithromycin 250 mg dose: Give a HALF of an Azithromycin 500 mg tablet.</li> <li>• For an Azithromycin 375 mg dose: Give THREE QUARTERS of an Azithromycin 500 mg tablet.</li> </ul> <p>If unable to swallow tablet, crush and mix tablet (or portion of tablet) in small amount of water ( 5 mL) or soft food or flavouring agent (jam, custard or ice cream) before administering.</p> <p><b>If unable to tolerate tablets or in children &lt;12 kg, where suspension is preferred.</b></p> <ul style="list-style-type: none"> <li>• If Azithromycin suspension available – give 10 mg/kg orally once daily for 3 days</li> <li>• If Clarithromycin suspension available – give 7.5 mg/kg orally twice daily for 7 days</li> </ul> <p><b>For patients receiving medicines exclusively via enteral feeding tubes:</b></p> <ul style="list-style-type: none"> <li>• Patients with small bore nasogastric (smaller than 12 Fr) or transpyloric tubes, use azithromycin suspension. If unavailable, discuss with ID/Medical team and Pharmacist for alternatives.</li> <li>• Crushed/dispersed azithromycin tablets can safely be administered via PEG tubes or surgically placed G-J tubes without the risk of tube blockage. Consider rounding dose to partial tablet.</li> </ul> <p><b>If Azithromycin and Clarithromycin suspension unavailable, alternative option:</b></p> <ul style="list-style-type: none"> <li>• <b>Erythromycin oral suspension – refer to AMH CDC for dosing recommendations.</b></li> </ul> <p><b>If macrolide not tolerated or contraindicated, use oral doxycycline tablet twice daily for 7 days</b></p> <ul style="list-style-type: none"> <li>• 10 – 15 kg: Doxycycline orally 25 mg/dose twice daily</li> <li>• 15.1 – 25 kg: Doxycycline orally 50 mg/dose twice daily</li> <li>• 25.1 – 35 kg: Doxycycline orally 75 mg/dose twice daily</li> <li>• &gt; 35 kg: oral Doxycycline orally 100 mg/dose twice daily</li> </ul> <p>If unable to swallow tablet, crush and mix tablet (or portion of tablet) in small amount of water ( 5 mL) or soft food or flavouring agent (jam) before administering.</p> <p><b>Note: Doxycycline binds less readily to calcium compared to other tetracyclines and recent data suggest doxycycline is not likely to cause visible teeth staining or enamel hypoplasia in children &lt; 8 years of age. The American Academy of Paediatrics now recommends that Doxycycline can safely be administered for short course (&lt;21 days).</b></p>	



**Bordetella pertussis (Whooping cough) [ Australian Therapeutic Guidelines, April 2019]**

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.

Advise patients to avoid contact with others, especially young children and infants, until antibiotic therapy has been taken for at least 5 days. After 3 weeks of cough or other symptom onset, patients are rarely infectious and antibiotic therapy is not indicated.

Report cases of pertussis to the local public health authority.

**For antibiotic treatment of pertussis, or for antibiotic prophylaxis in selected contacts of patients with pertussis, use:**

For infants 6 months or older and children:

Azithromycin oral 10 mg/kg (Maximum 500mg) on day 1, then 5 mg/kg (Maximum 250mg) once daily for a further 4 days.

Use Azithromycin 500 mg strength tablets. Dose round to nearest quarter tablet.

- For an Azithromycin 125 mg dose: Give a QUARTER of an Azithromycin 500 mg tablet.
- For an Azithromycin 250 mg dose: Give a HALF of an Azithromycin 500 mg tablet.
- For an Azithromycin 375 mg dose: Give THREE QUARTERS of an Azithromycin 500 mg tablet.

If unable to swallow tablet, crush and mix tablet (or portion of tablet) in small amount of water ( 5 mL) or soft food or flavouring agent (jam, custard or ice cream) before administering.

**If unable to tolerate tablets or in children <12 kg, where suspension is preferred.**

- **If Azithromycin suspension available**  
Neonates and infants younger than 6 months: Azithromycin 10 mg/kg orally daily for 5 days  
Infants 6 months or older and children: Azithromycin 10 mg/kg (Maximum 500mg) orally on day 1, then 5 mg/kg (Maximum 250mg) orally once daily for a further 4 days.
- **If Clarithromycin suspension available**  
Infants over 1 month of age and children: Clarithromycin 7.5 mg/kg (Maximum 500 mg) orally twice daily for 7 days

**For patients receiving medicines exclusively via enteral feeding tubes:**

- Patients with small bore nasogastric (smaller than 12 Fr) or transpyloric tubes, use azithromycin suspension. If unavailable, discuss with ID/Medical team and Pharmacist for alternatives.
- Crushed/dispersed azithromycin tablets can safely be administered via PEG tubes or surgically placed G-J tubes without the risk of tube blockage. Consider rounding dose to partial tablet.

**If Azithromycin and Clarithromycin suspension unavailable, alternative option:**

- **Erythromycin oral suspension – refer to AMH CDC for dosing recommendations in infants over 1 month of age and children.**

**If macrolide not tolerated or contraindicated, alternative option:**

Infants over 1 month of age and children: Trimethoprim/ sulfamethoxazole 4 mg/kg (up to 160 mg trimethoprim component) orally twice daily for 7 days

**Contact for further information:**

If you need assistance with selecting an alternative antibiotic choice, please contact the Infectious Diseases Team on 07 3068 4421 or the AMS Pharmacist on 0436 815 492.

Please contact the Clinical Pharmacist Lead – Materials Management on 07 3068 1945 if you have any questions regarding supply or stock.