azITHROMYCIN

500mg injection, 40mg/mL oral mixture

Note:

This guideline provides advice of a general nature. This statewide guideline has been prepared to promote and facilitate standardisation and consistency of practice, using a multidisciplinary approach. The guideline is based on a review of published evidence and expert opinion.

Information in this statewide guideline is current at the time of publication.

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Health practitioners in the South Australian public health sector are expected to review specific details of each patient and professionally assess the applicability of the relevant guideline to that clinical situation.

If for good clinical reasons, a decision is made to depart from the guideline, the responsible clinician must document in the patient's medical record, the decision made, by whom, and detailed reasons for the departure from the guideline.

This statewide guideline does not address all the elements of clinical practice and assumes that the individual clinicians are responsible for discussing care with consumers in an environment that is culturally appropriate and which enables respectful confidential discussion. This includes:

- The use of interpreter services where necessary,
- Advising consumers of their choice and ensuring informed consent is obtained,
- Providing care within scope of practice, meeting all legislative requirements and maintaining standards of professional conduct, and
- Documenting all care in accordance with mandatory and local requirements

Dose and Indications

Treatment or post-exposure prophylaxis of *Bordetella pertussis* infections

Intravenous infusion / Oral

10mg/kg per dose once daily for 5 days

Intravenous administration should only be considered when oral therapy not suitable

Treatment of *Chlamydia trachomatis* conjunctivitis/pneumonia

Intravenous infusion / Oral

20mg/kg once daily for 3 days

Intravenous administration should only be considered when oral therapy not suitable

Preparation and Administration

Intravenous

There are **TWO STEPS** to this process.

STEP ONE: Add 4.8mL of water for injection to the azITHROMYCIN 500mg vial and shake gently to dissolve (total volume of 5mL). The resulting solution contains 100mg/mL azITHROMYCIN.

STEP TWO: Further dilute 1mL of the 100mg/mL azITHROMYCIN solution with 49mL of sodium chloride 0.9% (total volume of 50mL). The resulting solution contains 2mg/mL azITHROMYCIN.

Dose	5mg	10mg	20mg	30mg	40mg	60mg	80mg
Volume	2.5mL	5mL	10mL	15mL	20mL	30mL	40mL

Infuse over at least 60 minutes

Oral

Refer to product information for reconstitution volume. The resulting solution after reconstitution contains 40mg/mL azITHROMYCIN.

Dose	5mg	10mg	20mg	30mg	40mg
Volume	0.13mL	0.25mL	0.5mL	0.75mL	1mL

The reconstituted solution is stable for 10 days stored below 30°C.

Compatible Fluids

Glucose 5%, glucose 5% in sodium chloride solutions, sodium chloride 0.45%, sodium chloride 0.9%

Relatively large volumes are required for intravenous administration. Consider total glucose load if using a glucose-based diluent

Adverse Effects

Common

Vomiting, diarrhoea, candidal infections, inflammation at the infusion site

Infrequent

Rash

Rare

Hypersensitivity (e.g.. anaphylaxis, fixed drug eruptions, Stevens-Johnson syndrome, interstitial nephritis), ototoxicity, *Clostridium difficile*-associated disease, cholestatic hepatitis, pancreatitis, prolonged QT interval, blood dyscrasias (e.g. thrombocytopenia), pyloric stenosis (extremely rare)

Monitoring

- Gastrointestinal tolerance
- Monitor IV site for signs of phlebitis
- Heart rate and blood pressure during infusion

Practice Points

- Infusion of azITHROMYCIN with a concentration greater than 2mg/mL will result in a local infusion site reaction and should be avoided
- Prophylaxis with azITHROMYCIN is not recommended for neonates born to mothers with untreated Chlamydia.
- Approximately 50% of neonates with Chlamydial conjunctivitis develop Chlamydia pneumonia
- The mother of the infected neonates and her sexual contacts should be screened and/or treated for Chlamydia
- Caution if using with other drugs that prolong QTc

References

- Acute chlamydia conjunctivitis, 2019, Therapeutic Guidelines, Therapeutic Guidelines Ltd (eTG March 2021 edition), accessed online 5/2021

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