

Antimicrobial Management Team Advice on Oral Antibiotic Liquid Shortages

Situation

There have been recent challenges with the availability of oral penicillin liquids following increased demand due to increased incidence of Group A Strep infections including scarlet fever.

Background

Group A Strep have predictable sensitivity to penicillin based treatments with no detected resistance therefore penicillin based therapy is the best treatment option.

Group A strep may be resistant to alternatives such as macrolides and clindamycin.

Recommendations

The AMT are not recommending any change to current prescribing guidance, however, in the event of a shortage of liquid oral penicillins the following can be considered as options. There may be several indications for prescribing a liquid oral penicillin; no advice specific to dosage or duration of therapy is given in this document. Where phenoxymethylpenicillin appears in guidance the following substitutes can be used.

If an antibiotic is required, solid oral dosage forms should be prescribed wherever possible. If a liquid is required but not available, please refer to the [Specialist Pharmacy Service guidance](#) on dispersing or crushing solid oral antibiotics.

First line substitution: Amoxicillin, Flucloxacillin, Co-amoxiclav

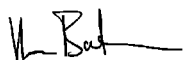
If no penicillins are available, consider a cephalosporin eg cefalexin

If the above antibiotics are not available

Second line substitution: clarithromycin, clindamycin (capsules only), azithromycin, erythromycin.

Where an alternative antibiotic is provided it is particularly important that patients/carers should be given safety netting advice to return if symptoms worsen.

This is a dynamic situation and this document contains advice on substitutions to be made in the event of shortage - it should not be considered a change in practice. This document will be withdrawn when supply issues are resolved.



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