

From the Chief Medical Officer  
Dr Michael McBride



Department of  
**Health**

An Roinn Sláinte

Mánnystrie O Poustie

[www.health-ni.gov.uk](http://www.health-ni.gov.uk)

**HSS(MD)86/2020**

**FOR ACTION**

Chief Executives, Public Health Agency/Health and Social  
Care Board/HSC Trusts/ NIAS

GP Medical Advisers, Health & Social Care Board

All General Practitioners and GP Locums (for onward  
distribution to practice staff)

OOHs Medical Managers (for onward distribution to staff)

**PLEASE SEE ATTACHED FULL CIRCULATION LIST**

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Our Ref: HSS(MD)86/2020

Date: 16 December 2020

Dear Colleague

**COVID-19 THERAPEUTIC ALERT – AZITHROMYCIN IN THE MANAGEMENT OF COVID-19 (SARS-CoV-2) POSITIVE PATIENTS**

**ACTION FOR HEALTHCARE PROFESSIONALS**

**HSC Trusts** are asked to:

Ensure front line clinical teams and pharmacy teams are aware of the UK-wide recommendation that azithromycin should NOT be used in the management of COVID-19 in hospitalised patients.

**The Health and Social Care Board** is asked to:

Ensure that primary care teams are aware that antimicrobials should only be prescribed in the management of COVID-19 infection within the established inclusion criteria and framework of a clinical trial. Azithromycin may continue to be prescribed within the licensed indications (below) outside of a clinical trial, and within NICE and other associated guidelines.

Results of the RECOVERY trial, a randomised, controlled, open-label, adaptive platform trial, showed no significant clinical benefit of either oral or intravenous azithromycin in patients hospitalised with COVID-19. Compared with usual standard of care alone, azithromycin (administered once daily at 500mg either orally or intravenously, for up to 10 days) did not significantly decrease length of stay or 28-day mortality. In patients not receiving invasive mechanical ventilation at baseline, there was no difference between groups in the proportion of patients progressing to the composite endpoint of invasive mechanical ventilation or death.

**It is therefore now recommended that azithromycin should NOT be used in the management of confirmed or suspected COVID-19 infection in hospitalised patients unless there are additional indications for which its use remains appropriate (see Product Details). Within primary care the use of azithromycin and other antimicrobials, specifically in the treatment of COVID-19 infection, should be solely within the context of a trial.**

The recommendation will be reviewed as further evidence becomes available, including from the PRINCIPLE trial.

### **Product Details**

Azithromycin continues to be indicated in the treatment of the following infections when known, or likely, to be due to one or more susceptible micro-organisms – acute bacterial sinusitis, acute bacterial otitis media, pharyngitis, tonsillitis, acute exacerbation of chronic bronchitis, community acquired pneumonia, skin and soft tissue infections, uncomplicated Chlamydia trachomatis urethritis and cervicitis.

Consideration should be given to guidance regarding the appropriate use of antimicrobials including the [PHA Antimicrobial Guidelines for Primary Care](#) and relevant HSC Trust guidelines before azithromycin is prescribed.

### **Antimicrobial Stewardship**

NICE has published guidelines on the use of antimicrobials in community acquired pneumonia in the community and in hospitalised patients during COVID-19. These can be found at <https://www.nice.org.uk/guidance/ng165> and <https://www.nice.org.uk/guidance/ng173>

Inappropriate antibacterial use contributes to the development of antimicrobial resistance, and healthcare associated infections such as Clostridium (Clostridioides) difficile infection.

Yours sincerely



**DR MICHAEL McBRIDE**  
Chief Medical Officer



**MRS CATHY HARRISON**  
Chief Pharmaceutical Officer

## Circulation List

Director of Public Health/Medical Director, Public Health Agency (*for onward distribution to all relevant health protection staff*)  
Assistant Director Public Health (Health Protection), Public Health Agency  
Director of Nursing, Public Health Agency  
Assistant Director of Pharmacy and Medicines Management, Health and Social Care Board (*for onward distribution to Community Pharmacies*)  
Directors of Pharmacy HSC Trusts  
Director of Social Care and Children, HSCB  
Family Practitioner Service Leads, Health and Social Care Board (*for cascade to GP Out of Hours services*)  
Medical Directors, HSC Trusts (*for onward distribution to all Consultants, Occupational Health Physicians and School Medical Leads*)  
Nursing Directors, HSC Trusts (*for onward distribution to all Community Nurses, and Midwives*)  
Directors of Children's Services, HSC Trusts  
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Medicines Management Pharmacists, HSC Board (*for cascade to prescribing advisers*)  
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Regional Pharmaceutical Procurement Service, Northern HSC Trust  
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Raymond Curran, Head of Ophthalmic Services, HSCB (*for distribution to Community Optometrists*)  
Trade Union Side

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