Appendix 3. Antibiotic treatment and chemoprophylaxis recommendations[2]

Age group	Clarithromycin [note 1]	Azithromycin [note 1]	Erythromycin	Co-trimoxazole [note 1][3]
Neonates[4] (<1 month)	Preferred in neonates 7.5mg/kg twice a day for 7 days	10mg/kg once a day for 3 days	10 to 15mg/kg every 6 hours for 7 days	Not licensed for infants below 6 weeks
Infants (1 month to 12 months) **and** **children (12 months and older)**	**1 month to 11 years**: **Under 8kgs** 7.5mg/kg twice a day for 7 days **8 to 11kg** 62.5mg twice a day for 7 days **12 to 19kg** 125mg twice a day for 7 days **20 to 29kg** 187.5mg twice a day for 7 days **30 to 40kg** 250mg twice a day for 7 days **12 to 17 years**: 500mg twice a day for 7 days	**1 to 6 months**: 10mg/kg once a day for 3 days **> 6 months**: 10mg/kg (max 500mg) once a day for 3 days	**1 to 23 months**: 125mg every 6 hours for 7 days [note 2] **2 to 7 years**: 250mg every 6 hours for 7 days [note 2] **8 to 17 years**: 250 to 500mg every 6 hours for 7 days [note 2]	**6 weeks to 5 months**: 120mg twice a day for 7 days **6 months to 5 years:** 240mg twice a day for 7 days **6 to 11 years**: 480mg twice a day for 7 days **12 to 17 years**: 960mg twice a day for 7 days
Adults	500mg twice a day for 7 days	500mg once a day for 3 days	500mg every 6 hours for 7 days [note 2]	960mg twice a day for 7 days
Pregnant women[5]	Third line – dosing as for adults above	Second line – dosing as for adults above	Preferred antibiotic – dosing as for adults above	**Should not be used in pregnancy, particularly in the first trimester, unless no other antibiotic option available**

Note 1: Please note that the doses for treatment and prophylaxis are the same
Note 2: Doses can be doubled in severe infections

[2] For all antibiotic prescribing recommendations given above, please consult the BNF or the BNF for children for cautions, interactions and side-effects prior to prescribing.
[3] Consider if macrolides contra-indicated or not tolerated.
[4] Please note that macrolides should be used with caution in neonates. An association between erythromycin and azithromycin use and hypertrophic pyloric stenosis in infants has been reported, but it is judged that the risk of severe outcomes from pertussis in this age group outweigh the risk of developing this complication.
[5] For pregnant contacts, a risk assessment would need to be done to looks at the risk and benefits of antibiotic therapy/prophylaxis. The aim of treating/prophylaxing women in pregnancy is to prevent transmission to the newborn infant and should be considered in those who have not received a pertussis containing vaccine more than one week and less than 5 years prior. Where possible, pregnant women should begin treatment at least 3 days prior to delivery. Macrolide preferences outlined above are based on experience of use in pregnancy – for more information about macrolide prescribing in pregnancy refer to the UK Teratology Information Service website.