Azithromycin (Azithromycin)

**Main Indications & Dose**

- **Group A Streptococcus pharyngitis**: (for patients with severe penicillin allergy): 12 mg/kg PO (maximum: 500 mg) on day 1, followed by 6 mg/kg (maximum: 250 mg) once daily for days 2 through 5 or 12 mg/kg (maximum: 500 mg) once daily for 3 days.
- **Secondary prophylaxis in patients with rheumatic fever (prevention of recurrent attacks)**: 250 mg PO once daily.
- **Outpatient community-acquired pneumonia (CAP) with no comorbidities or risk of pneumococcal resistance**: 500 mg PO on day 1, followed by 250 mg once daily for 4 days or 500 mg once daily for 3 days.
- **Inpatient community-acquired pneumonia**: 500 mg PO/IV once daily for a minimum of 3 days, as part of an appropriate combination regimen.
- **Infectious diarrhoea in patients with fever or dysentery (bloody or mucoid diarrhoea)** or patients with risk factors for fluoroquinolone resistance: 1 g PO once or 500 mg q 24h x 3 days.
- **Sexually transmitted infections**: • Urethritis and cervicitis, empiric therapy: 1 g PO as a single dose.
  - Uncomplicated gonococcal cervicitis, urethritis, or proctitis for patients with severe cephalosporin allergy: 2 g PO as a single dose in combination with gentamicin IM.
  - Chancroid (due to Haemophilus ducreyi): 1 g PO as a single dose.
  - Chlamydia trachomatis infection of the cervix, urethra, pharynx or partner therapy: 1 g PO as a single dose.
  - Granuloma inguinale (donovanosis): 1 g PO once weekly or 500 mg once daily for ≥3 weeks and until lesions have healed.
  - Mycoplasma genitalium: (azithromycin resistance is rapidly emerging; consider alternative therapy). Initial treatment: 1 g PO on day 1, followed by 250 mg once daily on days 2 through 5, or 1 g on day 1 followed by 500 mg once daily on days 2 through 4 with a test of cure 3 to 4 weeks after initiation.
  - Bartonella henselae (cat-scratch disease): 500 mg PO on day 1, then 250 mg q 24h for 4 days.
  - Mycobacterial (nontuberculous) infection: • *M. avium* complex (MAC) infection.
  - Disseminated disease in patients with HIV: 500 mg PO daily as part of a combination regimen.
  - Secondary prophylaxis: 500 mg PO daily as part of an appropriate combination regimen.
  - Pertussis: 500 mg PO on day 1, followed by 250 mg once daily on days 2 to 5.
  - Chronic obstructive pulmonary disease, acute exacerbation: • Acute purulent exacerbation, treatment: 500 mg PO on day 1, followed by 250 mg once daily on days 2 to 5 or 500 mg once daily for 3 days.
  - Note: Not a good choice in patients with risk factors for Pseudomonal infection or poor outcomes (e.g., ≥65 years of age with major comorbidities, severe heart failure)

**Excretion**

Azithromycin is mainly excreted in the bile and the faeces. Azithromycin is 85-90% bound to plasma proteins, including albumin. After the rapid initial absorption phase, the drug concentration in the plasma is maintained by slow release from tissue sites. Azithromycin has an intracellular half-life (40 to 68 hours) and slow release from tissue sites.

**Side Effects**

- Gastrointestinal: nausea, vomiting and diarrhoea
- Hepatitis
- Clostridium difficile infection

**Pregnancy**

FDA Category B

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**References**

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