

Patient Group Direction

The supply of Azithromycin 1g as a single dose by accredited Community Pharmacists to patients in receipt of a positive test result to *Chlamydia trachomatis*, and treatment of their contacts.

Define situation/condition	Uncomplicated genital <i>Chlamydia trachomatis</i> infection and sexual contacts of confirmed <i>Chlamydia trachomatis</i> infection.
Criteria for inclusion	<ul style="list-style-type: none"> • Male or Female clients aged between 13 and 24 with laboratory evidence of <i>Chlamydia trachomatis</i> following screening and have been referred to the Community pharmacy for treatment under this PGD. • Sexual contacts age 13 and above of clients with a positive genital Chlamydia result who have been referred to/returned to the Community Pharmacy for treatment/advice following notification of positive result to the index patient. • To re-treat clients who vomited within two hours of taking original medication for the treatment of Chlamydia • Client aged 13 and over, diagnosed as part of the Chlamydia screening programme. • Where patient is < 16 Fraser Competency must be assessed, and a referral to the Sexual Health Outreach Nurse made using the dedicated PharmOutcomes referral service.
Criteria for exclusion	<ul style="list-style-type: none"> • Client under 16 years who is felt not to meet Fraser criteria. • Client aged under 16 years weighing less than 45kg. • Client aged less than 13 years. • Client presenting without an IWCSF number. • Age 25 or greater (unless a sexual contact of a client with a positive genital Chlamydia result who has been referred by the Chlamydia Screening Programme) • Breastfeeding • Established pregnancy • History of cardiac disease • Male clients with scrotal pain or penile discharge • Female clients with acute pelvic pain or pelvic inflammatory disease • Presence of genital tract symptoms, e.g. <ul style="list-style-type: none"> ○ Urinary symptoms such as stinging when passing urine ○ Unusual vaginal discharge and/ or bleeding • Concomitant conjunctivitis and/ or joint pain • Porphyria • Hepatic impairment • Renal impairment • Myasthenia Gravis • Allergy or hypersensitivity to azithromycin or macrolide antibiotics • Interacting medicines especially those that prolong QT interval (check Appendix 1 BNF)
Action if excluded	<ul style="list-style-type: none"> • Refer to Sexual Health Clinic, Outreach Clinics or Sexual Health Outreach Nurse if appropriate. as soon as possible (as per local arrangements). Use PharmOutcomes referral service for this. <p>Explain reasons for exclusion with client and document on PharmOutcomes.</p>
Contraindications	<p>Azithromycin is contra-indicated in patients with a known hypersensitivity to azithromycin or any of the macrolide antibiotics.</p> <p>Because of the theoretical possibility of ergotism, azithromycin and ergot derivatives should not be co-administered.</p>
Action if contraindications	<ul style="list-style-type: none"> • Refer to Sexual Health Clinic, as soon as possible (as per local arrangements) • Explain reasons for exclusion with client and document on PharmOutcomes
Action if patient declines	<ul style="list-style-type: none"> • Refer to Sexual Health Clinic, as soon as possible. • Explain reasons for exclusion with client and document on PharmOutcomes

2. Characteristics of staff	
Qualifications required	Pharmacist currently registered with RPSGB who has attended IWNHS training as specified and agrees to carry out the necessary CPPE within 6 months.
Additional requirements	Completion of the IOW NHS formal training programme for administration of azithromycin under PGD, covering the following areas: <ul style="list-style-type: none"> • The theory and practice of working under a sexual health PGD and the details of the PGDs involved; • The practicalities of the service generally; and • The clinical aspects of STI testing and treatment. • Completion within 6 months of the CPPE sexual health testing and treating 2006, and dealing with difficult discussions 2006.
Continued education & training requirements	The pharmacist should be aware of any change to the recommendations for the medicine listed. Continued professional development is the responsibility of the pharmacist. He/ She should keep up to date with developments in areas relevant to this PGD.

3. Description of Treatment	
Name of Medicine	Azithromycin dihydrate equivalent to 500mg azithromycin. Or 250mg Tabs
Legal status of medicine	P.O.M
Dose	1g as a single dose
Route	Oral
Frequency	One single dose

Drug	Contraindications/ Cautions	Common Adverse Effects	Interactions	Notes
Azithromycin	See SPC . As with any antibiotic preparation, there is a possibility that super infections could occur (e.g. fungal infections). Caution in patients with severe renal impairment Known Sensitivity to Azithromycin/ Macrolides.	Common side effects include anorexia, dyspepsia, constipation; dizziness, headache, drowsiness. Rarer side effects include photosensitivity, hepatitis, interstitial nephritis, renal failure, paraesthesia, tinnitus and taste disturbances.	Antacids Digoxin Ergot Derivatives Anticoagulants- caution in use. See SPC www.emc.medicines.org.uk	Single dose Azithromycin is unlikely to cause any significant drug interaction. If in doubt contact Medicines management team. 01983 822099 ext 2466

Follow up treatment

Written/verbal advice for patient	<ul style="list-style-type: none"> • Verbal and written information on Chlamydia infection and its treatment, including azithromycin patient information leaflet (PIL) and other literature explaining risks and outcomes supplied via sexual health promotion. • Abstain completely from all sexual contact, including oral and anal (even with a condom) for 7 days after treatment and for 7 days after partner(s) treated. • Warn that if sexual contact takes place after treatment with an untreated partner there is a risk of re-infection. • Discuss implications of incomplete/ untreated infection of self or partner (check partner notification has taken place and document). Supply partner notification leaflet if appropriate, discuss and inform patient that the screening office will make contact in seven days to check compliance. • Ensure all patients under the age of 16 years have consented to a follow up with the Sexual Health Outreach Nurse. This is a pre-requisite to treatment supply. • Take azithromycin one hour before food or two hours after food, and not at the same time as antacids (either 1 hour before or two hours after). Supervised administration is recommended. • Warn of risk of GI upset and skin rash • If vomiting occurs within 3 hours of taking tablets the client should return for re-evaluation and the steps outlined under the 'action if excluded' section should be followed.
Specify method of recording supply and /or administration	<ul style="list-style-type: none"> • Completion of dedicated PharmOutcomes data capture with additional record entry in PMR. All referrals and notifications MUST be transmitted to CSO as directed.
Procedure for reporting ADRs to Medical Practitioner	<p>Whilst rare, all serious ADRs should be reported, even if the effect is well recognised. (See British National Formulary (BNF) for supporting information.) ADRs should be reported to:</p> <p>The patient's GP The Committee on Safety of Medicines, using the Yellow ADR card system. Cards are available: in the BNF; from the Medicines Management Teams; and electronic versions at www.yellowcard.gov.uk.</p>

Management of Group Directions	
Group direction developed by:	<i>Ms Felicity Young Consultant Nurse Sexual Health Service Mr Paul Jerram – Head of Medicines Management IW NHS Dr John Partridge- Clinical Governance Lead</i>
Authorizing HCP:	<i>Signature</i> <i>Felicity Young Signature</i> <i>John Partridge Signature</i>
Date applicable:	<i>Date signed off</i>
Review date:	<i>2 years or as appropriate</i>
Senior Pharmacist:	<i>Signature</i> <i>Mr Paul Jerram MRPharmS</i>
Clinical Directorate Pharmacist :	<i>Signature</i> <i>Mr Paul Jerram MRPharmS</i>
Approved by Pharmacy Group :	<i>Signature</i> <i>Mr Paul Jerram MRPharmS</i>
Approved by Clinical Lead :	<i>Signature</i> <i>Signed by NHS Clinical Lead (making the NHS liable for the supply and administration of medicines under the PGD, subject to its proper application by authorised and competent personnel.</i>

This PGD must be read and fully understood by all staff working under the document, adding their signature means they agree to work under the terms set out. It must be signed by all staff that it applies to. One copy is to be retained by to the Health Professional, another kept in the department.

I have read the group direction and agreed to use it in accordance with the criteria described.

All professionals who will be using the PGD need to read it and sign. Their review date should ideally be linked to appraisals or other personal review processes to ensure that they are still competent to be approved practitioners under the PGD.

Name:

Signature:

Date:

Review date:

References and further reading		
References	1.	Information on the management of National Chlamydia Screening Programme (NCSP) screen positives and their partners can be found in the Core Requirements document on the NCSP website: www.chlamydia-screening.nhs.uk
	2.	The PGD website www.pgd.nhs.uk
	3.	Medicines and Healthcare products Regulatory Agency (MHRA) website: www.mhra.gov.uk has details on PGD use both in the NHS and private sector
	4.	Health Service Circular (HSC) 2000/026: Patient Group Directions [England only], available at www.dh.gov.uk/PublicationsAndStatistics/LettersAndCirculars/HealthServiceCirculars/Articles/fs/en?CONTENT_ID=4004179&chk=KNcufs
	5.	Brook (2006) Consent to medical treatment http://www.brook.org.uk
	6.	British Association of Sexual Health and HIV (BASHH) 2006 UK National Guideline for the Management of Genital Tract Infection with Chlamydia trachomatis http://www.bashh.org/guidelines/2006/chlamydia
	7.	World Health Organisation (2005) Sexually transmitted and other reproductive tract infections - a guide to essential practice http://www.who.int/reproductive-health/publications/rtis-gep
	8.	<ul style="list-style-type: none"> • Interactions with hormonal contraceptives. Faculty of Sexual and Reproductive Healthcare. www.fsrh.org British Association for Sexual health and HIV (BASHH) – http://www.bashh.org/committees/cgc/ • 2006 UK National Guideline for the management of <i>Chlamydia trachomatis</i> genital tract infection – http://www.bashh.org/guidelines.asp • Royal Pharmaceutical Society of Great Britain Medicines, Ethics and Practice (A Guide for Pharmacist), July 2007 • Summary of Product Characteristics – Http://www.emc.medicines.org.uk/

Community Pharmacy Chlamydia Treatment Supply

