



UK Health  
Security  
Agency

## Recommended antibiotics for chemoprophylaxis or treatment

Withdrawn June 2024

**Table 1. Recommended antibiotics for chemoprophylaxis or treatment**

	<b>Clarithromycin*</b>	<b>Azithromycin*</b>	<b>Erythromycin</b>	<b>Co-trimoxazole*,<sup>a</sup></b>
Neonates (less than one month)	Preferred in neonates 7.5mg/kg twice a day for 7 days	10mg/kg once a day for 3 days	Not recommended due to association with hypertrophic pyloric stenosis	Not licensed for infants below 6 weeks
Infants (one month to 12 months)  and  Children (older than 12 months)	<b>One month to 11 years:</b> <b>Under 8kgs</b> 7.5mg/kg twice a day for 7 days <b>8 to 11kg</b> 62.5mg twice a day for 7 days <b>12 to 19kg</b> 125mg twice a day for 7 days <b>20 to 29kg</b> 187.5mg twice a day for 7 days <b>30 to 40kg</b> 250mg twice a day for 7 days <b>12 to 17 years:</b> 500mg twice a day for 7 days	<b>One to 6 months:</b> 10mg/kg once a day for 3 days <b>Older than 6 months:</b> 10mg/kg (max 500mg) once a day for 3 days	<b>One to 23 months:</b> 125mg every 6 hours for 7 days <sup>≠</sup> <b>2 to 7 years:</b> 250mg every 6 hours for 7 days <sup>≠</sup> <b>8 to 11 years:</b> 500mg every 6 hours for 7 days <sup>≠</sup>	<b>6 weeks to 5 months:</b> 120mg twice a day for 7 days  <b>6 months to 5 years:</b> 240mg twice a day for 7 days  <b>6 to 11 years:</b> 480mg twice a day for 7 days  <b>12 to 17 years:</b> 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 <sup>≠</sup>	960mg twice a day for 7 days
Pregnant women <sup>b</sup>	Not recommended	Not recommended	Preferred antibiotic – not known to be harmful	Contraindicated in pregnancy

<sup>≠</sup> Doses can be doubled in severe infections, note that administering antibiotics 6 hourly may be troublesome for children in full-time education.

\* Please note that the doses for treatment and prophylaxis are the same.

<sup>a</sup> Consider if macrolides contra-indicated or not tolerated.

<sup>b</sup> For pregnant contacts, a risk assessment would need to be done to look at the risks and benefits of antibiotic therapy or prophylaxis. The aim of treating or 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.

The above information has been taken from BNF 75 (March 2018) and BNF for Children 2017 to 2018. The recommendation to use azithromycin for infants less than 6 months of age is based on advice from experts on the Pertussis Guidelines Group and Center for Disease Control and Prevention (CDC) guidelines. Azithromycin and co-trimoxazole doses are extrapolated from treatment of respiratory tract infections (see [Guidelines for the public health management of pertussis in England](#) May 2018).

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