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Cúram Sláinte a bhaineann le Frithsheasmhacht in aghaidh  
Ionfhabhtú agus Fritmhiocróbach  
Ospidéal Réigiúnach Pháirc, Mheirlinne, Gaillimh

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To all GPs, Community Pharmacists, Community Nursing Units

**Re: co-amoxiclav 625mg tablets at critically low stock levels**

In the context of preparedness work for the COVID-19 National Public Health Emergency we have identified that stocks of co-amoxiclav 625mg tablets are critically low.

Co-amoxiclav is a combination of amoxicillin with clavulanic acid. This combination is useful when treating infection with some bacteria that are resistant to amoxicillin alone. However, the combination causes more disturbance of normal gut flora and is more likely to cause *Clostridioides difficile* infection than amoxicillin alone.

In order to protect patients from avoidable antibiotic related side-effects and to make sure that co-amoxiclav remains available for those who need it we ask for your co-operation in using co-amoxiclav only for the indications as detailed below (from [www.antibioticprescribing.ie](http://www.antibioticprescribing.ie) )

- Co-amoxiclav should be reserved for the following indications in adults as per [www.antibioticprescribing.ie](http://www.antibioticprescribing.ie) :
  - Endometritis
  - Perineal wound infection
  - C-section wound infection (superficial incisional only)
  - A second-line agent for acute sinusitis
  - Animal bite – as per the criteria on the website
  - Human bite
  - A third-line agent for acute pyelonephritis (when guided by antibiotic sensitivity testing)
  - Facial cellulitis

The following identify common conditions where there are effective and safer alternatives to co-amoxiclav

- For those with **respiratory tract infections** (RTI) that need an antibiotic, amoxicillin or doxycycline are the preferred first-line choices. Doxycycline is a safe option for penicillin allergy, is a once daily dose, is safe in renal impairment and has low risk of causing *Clostridioides difficile* infection.
- For **female uncomplicated UTI** the first line agent is nitrofurantoin. Resistance to this is uncommon, there are no significant drug interactions, low risk of causing *Clostridioides difficile* infection and generally very safe for short term use. Key limitations - it only works for cystitis (Lower UTI) not for pyelonephritis and may be less effective and more toxic in people with significant renal impairment. Nitrofurantoin should not be used at all in people with eGFR <29mls/min/1.73m<sup>2</sup>.

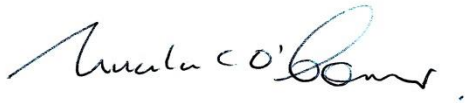
- For **acute pyelonephritis** – if the patient does not require hospitalisation, cefalexin is a preferred first line choice because most bacteria that cause UTI in the community setting are sensitive to it, it causes less disturbance to normal gut bacteria than co-amoxiclav, has no significant drug interactions, is safe in renal impairment and well tolerated.

Regards



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cc Chief Officers, CHOs 1-9. Acute Hospitals - Consultant Microbiologists, Infectious Disease Physicians, Antimicrobial Pharmacists, and Chief Pharmacists – to disseminate among hospital clinicians