

**From the Chief Medical Officer  
Dr Michael McBride**



Department of  
**Health**

An Roinn Sláinte

Mánnystrie O Poustie

[www.health-ni.gov.uk](http://www.health-ni.gov.uk)

**HSS(MD) 15/2021**

**FOR ACTION**

Chief Executives, Public Health Agency/Health and Social  
Care Board/HSC Trusts/ NIAS

GP Medical Advisers, Health and Social Care Board  
All General Practitioners and GP Locums (for onward  
distribution to practice staff)

OOHs Medical Managers (for onward distribution to staff)

**PLEASE SEE ATTACHED FULL CIRCULATION LIST**

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Dear Colleague

**COVID-19 THERAPEUTIC ALERT – ANTIMICROBIALS (AZITHROMYCIN AND DOXYCYCLINE) NOT BENEFICIAL IN THE MANAGEMENT OF COVID-19 – (SARS-CoV-2) POSITIVE PATIENTS**

**ACTION FOR HEALTHCARE PROFESSIONALS**

**HSC Trusts** are asked to:

Ensure front line clinical teams and pharmacy teams are aware of the UK-wide recommendation that azithromycin should NOT be used in the management of COVID-19 in hospitalised patients, unless there are other licensed indications for which its use remains appropriate. Azithromycin may otherwise continue to be prescribed within the licensed indications (below), within NICE and other associated guidelines.

**The Health and Social Care Board** are asked to:

Ensure that primary care teams are aware that antimicrobials including azithromycin and doxycycline should NOT be used in the primary management of COVID-19 infection, unless there are other licensed indications for which its use remains appropriate. Azithromycin or doxycycline may otherwise continue to be prescribed within the licensed indications (below), within NICE and other associated guidelines.

**Hospitalised Patients**

Results of the RECOVERY trial, a randomised, controlled, open-label, adaptive platform trial, showed no significant clinical benefit of either oral or intravenous

azithromycin in patients hospitalised with COVID-19. Compared with usual standard of care alone, azithromycin (administered once daily at 500mg either orally or intravenously, for up to 10 days) did not significantly decrease length of stay or 28-day mortality. In patients not receiving invasive mechanical ventilation at baseline, there was no difference between groups in the proportion of patients progressing to the composite endpoint of invasive mechanical ventilation or death.

## **Primary Care**

After completing an interim analysis, the conclusion from the PRINCIPLE trial, a pragmatic, randomised, controlled, open-label platform trial in primary care, is that azithromycin (500mg administered once daily, for 3 days) offers no clinically meaningful beneficial effect compared to standard of care in patients aged over 50 who are treated at home in the early stages of COVID-19. There was no evidence that azithromycin reduced hospitalisation or death, compared to standard of care, and a low probability of a meaningful benefit in terms of self-reported time to recovery.

PRINCIPLE's interim analysis also concluded that doxycycline (administered as 200mg on the first day, followed by 100mg a day for 6 days) offered no meaningful beneficial effect compared to standard of care in patients aged over 50 who are treated at home in the early stages of COVID-19. There was no evidence of a clinically meaningful benefit in terms of both time to recovery and hospital admission.

### **It is recommended that:**

**Azithromycin should NOT be used in the management of confirmed or suspected COVID-19 infection either within primary care or in hospitalised patients, unless there are additional indications for which its use remains appropriate (see Product Details).**

**Doxycycline should NOT be used in the management of confirmed or suspected COVID-19 infection within primary care, unless there are additional indications for which its use remains appropriate (see Product Details).**

## **Product Details**

Azithromycin and doxycycline continue to be indicated in the treatment of infections when known, or likely, to be due to one or more susceptible micro-organisms such as – acute bacterial sinusitis, acute bacterial otitis media, pharyngitis, tonsillitis, acute exacerbation of chronic bronchitis, community acquired pneumonia, skin and soft tissue infections, uncomplicated Chlamydia trachomatis urethritis and cervicitis.

Consideration should be given to official guidance regarding the appropriate use of antimicrobials including the [PHA Antimicrobial Guidelines for Primary Care](#) and relevant HSC Trust guidelines before either azithromycin or doxycycline is prescribed.

## **Antimicrobial Stewardship**

NICE has published guidelines on the use of antimicrobials in community acquired pneumonia in the community and in hospitalised patients during COVID-19.

These can be found at <https://www.nice.org.uk/guidance/ng165> and <https://www.nice.org.uk/guidance/ng173>

Inappropriate antibacterial use contributes to the development of antimicrobial resistance, and healthcare associated infections such as Clostridium (Clostridioides) difficile infection.

Yours sincerely



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Chief Medical Officer



**MRS CATHY HARRISON**  
Chief Pharmaceutical Officer

### **Circulation List**

Director of Public Health/Medical Director, Public Health Agency (*for onward distribution to all relevant health protection staff*)  
Assistant Director Public Health (Health Protection), Public Health Agency  
Director of Nursing, Public Health Agency  
Assistant Director of Pharmacy and Medicines Management, Health and Social Care Board (*for onward distribution to Community Pharmacies*)  
Directors of Pharmacy HSC Trusts  
Director of Social Care and Children, HSCB  
Family Practitioner Service Leads, Health and Social Care Board (*for cascade to GP Out of Hours services*)  
Medical Directors, HSC Trusts (*for onward distribution to all Consultants, Occupational Health Physicians and School Medical Leads*)  
Nursing Directors, HSC Trusts (*for onward distribution to all Community Nurses, and Midwives*)  
Directors of Children's Services, HSC Trusts  
RQIA (*for onward transmission to all independent providers including independent hospitals*)  
Medicines Management Pharmacists, HSC Board (*for cascade to prescribing advisers*)  
Regional Medicines Information Service, Belfast HSC Trust  
Regional Pharmaceutical Procurement Service, Northern HSC Trust  
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Professor Sonja McIlpatrick, Head of School of Nursing, University of Ulster  
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Professor Colin Adair, Director of the NI Centre for Pharmacy Learning and Development, QUB

Joe Brogan, Assistant Director of Integrated Care, HSCB

Donncha O'Carolan, HSCB (*for distribution to all General Dental Practitioners*)

Raymond Curran, Head of Ophthalmic Services, HSCB (*for distribution to Community Optometrists*)

Trade Union Side

This letter is available on the Department of Health website at  
<https://www.health-ni.gov.uk/topics/professional-medical-and-environmental-health-advice/hssmd-letters-and-urgent-communications>