

Clostridium difficile infection

Clostridium difficile infection is caused by colonisation of the colon with *Clostridium difficile* and production of toxin. It often follows antibiotic therapy and is usually of acute onset, but may become chronic. It is a particular hazard of ampicillin p. 353, amoxicillin, co-amoxiclav p. 354, second- and third-generation cephalosporins, clindamycin p. 337, and quinolones, but few antibacterials are free of this side-effect. Oral metronidazole p. 344 or oral vancomycin p. 335 are used as specific treatment; vancomycin may be preferred for very sick patients. Metronidazole can be given by intravenous infusion if oral treatment is inappropriate.

- For first episode of mild to moderate infection, oral metronidazole
 - ▶ Suggested duration of treatment 10–14 days
- For second or subsequent episode of infection, for severe infection, for infection not responding to metronidazole, or in children intolerant of metronidazole, oral vancomycin
 - ▶ Suggested duration of treatment 10–14 days
- For infection not responding to vancomycin, or for life-threatening infection, or in patients with ileus, oral vancomycin + i/v metronidazole
 - ▶ Suggested duration of treatment 10–14 days

Peritonitis

- A cephalosporin + metronidazole or amoxicillin + gentamicin p. 322+ metronidazole or piperacillin with tazobactam p. 348 alone

Peritonitis: peritoneal dialysis-associated

- Vancomycin (or teicoplanin p. 334) + ceftazidime p. 331 added to dialysis fluid or vancomycin added to dialysis fluid + ciprofloxacin by mouth
 - ▶ Suggested duration of treatment 14 days or longer

Necrotising enterocolitis in neonates

- Benzylpenicillin sodium p. 349+ gentamicin + metronidazole or amoxicillin (or ampicillin) + gentamicin + metronidazole or amoxicillin (or ampicillin) + cefotaxime + metronidazole

Genital system infections, antibacterial therapy

Uncomplicated genital chlamydial infection, nongonococcal urethritis, and non-specific genital infection

Contact tracing recommended.

- Child under 12 years, erythromycin p. 341
 - ▶ Suggested duration of treatment 14 days
- Child 12–17 years, azithromycin p. 339 as a single dose or doxycycline p. 364 for 7 days
 - ▶ Alternatively, erythromycin for 14 days

Gonorrhoea: uncomplicated

Contact tracing recommended. Consider chlamydia co-infection. Choice of antibacterial depends on locality where infection acquired.

- Child under 12 years, single-dose of ceftriaxone p. 332
- Child 12–17 years, single-dose of cefixime p. 330
- Alternatively, if micro-organism sensitive, single-dose of ciprofloxacin p. 361
- Child 12–17 years with pharyngeal infection, single-dose of ceftriaxone

Pelvic inflammatory disease

Contact tracing recommended.

- Child 2–11 years, erythromycin + metronidazole p. 344+ single-dose of i/m ceftriaxone
 - ▶ Suggested duration of treatment 14 days (except i/m ceftriaxone)
- Child 12–17 years, doxycycline + metronidazole + single-dose of i/m ceftriaxone
 - ▶ If severely ill, seek specialist advice.
 - ▶ Suggested duration of treatment 14 days (except i/m ceftriaxone)

Syphilis

Contact tracing recommended.

- Child under 12 years, benzylpenicillin sodium p. 349 or procaine benzylpenicillin [unlicensed]
 - ▶ Suggested duration of treatment 10 days

Early syphilis (infection of less than 2 years)

- Child 12–17 years, benzathine benzylpenicillin [unlicensed]
 - ▶ Suggested duration of treatment single-dose (repeat dose after 7 days for females in the third trimester of pregnancy)
 - Alternatively, doxycycline or erythromycin
 - ▶ Suggested duration of treatment 14 days

Late latent syphilis (asymptomatic infection of more than 2 years)

- Child 12–17 years, benzathine benzylpenicillin [unlicensed]
 - ▶ Suggested duration of treatment once weekly for 2 weeks
 - Alternatively, doxycycline
 - ▶ Suggested duration of treatment 28 days

Asymptomatic contacts of patients with infectious syphilis

- Child 12–17 years, doxycycline
 - ▶ Suggested duration of treatment 14 days

Neonatal congenital syphilis

- Benzylpenicillin sodium
 - ▶ Also consider treating neonates with suspected congenital syphilis whose mothers were treated inadequately for syphilis, or whose mothers were treated for syphilis in the 4 weeks before delivery, or whose mothers were treated with non-penicillin antibacterials for syphilis.
 - ▶ Suggested duration of treatment 10 days.

Musculoskeletal system infections, antibacterial therapy

Osteomyelitis

Seek specialist advice if chronic infection or prostheses present.

- Flucoxacin p. 357
 - ▶ Consider adding fusidic acid p. 371 or rifampicin p. 379 for initial 2 weeks.
 - ▶ Suggested duration of treatment 6 weeks for acute infection
- If penicillin-allergic, clindamycin p. 337
 - ▶ Consider adding fusidic acid or rifampicin for initial 2 weeks.
 - ▶ Suggested duration of treatment 6 weeks for acute infection
- If methicillin-resistant *Staphylococcus aureus* suspected, vancomycin p. 335 (or teicoplanin p. 334)