DEPARTMENT OF PUBLIC HEALTH

Updates for Connecticut Physicians, APRNs, PAs, RNs, and RTs:

Amoxicillin Shortage Update:

There is a critical shortage of amoxicillin formulations (tablets, capsules and powder for suspension) particularly liquid formulations most commonly used to treat pediatric upper and lower respiratory tract bacterial infections.

The shortage may be due to the increased demand for amoxicillin for empiric treatment of bacterial respiratory illnesses during the current surge of pediatric respiratory illnesses that are most attributable to increased circulation of respiratory viruses, particularly RSV, enterovirus, rhinovirus, COVID-19 and influenza.

Please see the American Society for Health-Systems Pharmacists Amoxicillin Shortage page for a list of formulations in shortage, alternative formulations available and possible resupply dates.

While the shortage continues, alternative treatment approaches may help mitigate the current supply shortage including:

- Particularly in outpatient pediatric practices, watchful waiting for 48-72 hours may be an option for acute respiratory tract infections as most have a viral etiology
- Use of alternative antibiotics
  - Alternative antibiotics should be used judiciously as they may have a broader spectrum of activity, cause increased bacterial resistance, increase potential for adverse effects, and result in increased costs. SIDP Statement on Amoxicillin Shortages and Respiratory Virus Infections in the United States.

Adhering to Antibiotic Stewardship Program (ASP) practices are the cornerstone for navigating antibiotic shortages:

- Particularly in pediatric settings, a majority of antibiotics are prescribed in the outpatient setting. At least half of these may be considered inappropriate. For more information on how best to incorporate ASPs in pediatric in- and out-patient settings please refer to: Antibiotic Stewardship in Pediatrics
- CDC has a number of guidance documents for ASPs for various healthcare settings (Antibiotic Prescribing and Use) :
  - Core Elements of Hospital Antibiotic Stewardship Programs
  - Core Elements of Outpatient Antibiotic Stewardship
  - Core Elements of Antibiotic Stewardship for Nursing Homes
- CDC also provides Print Materials that clinicians can use to help educate patients on the appropriate use of antibiotics.

To help reduce the burden of respiratory infections in the pediatric population overall:

- Continue to recommend influenza and COVID-19 vaccination

- **Influenza Vaccination** (American Academy of Pediatrics Recommendations for Prevention and Control of Influenza in Children, 2022-2023): Influenza vaccination is the best way to prevent influenza in children. Studies show that getting vaccinated reduces flu illnesses, doctor's visits, flu-related hospitalizations, life threatening flu episodes, and death (CDC - Key Facts about Influenza)
- **COVID-19 Vaccination:** Both CDC and the American Academy of Pediatrics recommend COVID-19 vaccination for all infants, children, and adolescents 6 months of age and older who do not have contraindications to receiving a COVID-19 vaccine.
  - COVID-19 vaccines available for children include:
    - Pfizer (ages 6 months-17 years)
    - Moderna (ages 6 months-17 years)
    - Novavax (ages 12-17 years)
  - CDC and AAP support coadministration of routine childhood and adolescent immunization with COVID-19 vaccines for infants, children, and adolescents who are behind on or due for immunizations and/or at increased risk from vaccine-preventable diseases.
  - These resources put together by the American Academy of Pediatrics may help when communicating with families and promoting vaccine confidence.

- Promote infection prevention practices:
  - Recommendations for healthcare settings:
    - Place patients with respiratory symptoms in a single-person room when feasible and use appropriate transmission-based precautions and standard precautions.
    - Use hospital-grade disinfectant with an EPA label claim against EV-D68, RSV, norovirus, poliovirus, or rhinovirus to disinfect surfaces in healthcare settings. Follow the manufacturer's instructions for non-enveloped viruses. Use disinfectant products following the manufacturer's instructions for the specific label claim and in a manner consistent with environmental infection control recommendations.
  - Recommendations for the public: In addition to taking appropriate steps within the healthcare setting, healthcare professionals can encourage infection prevention by educating patients on how best to protect themselves:
    - Wash hands often with soap and water for at least 20 seconds.
    - Avoid touching eyes, nose, and mouth with unwashed hands.
    - Avoid close contact such as kissing, hugging, and sharing cups or eating utensils with people who are sick.
    - Cover coughs and sneezes with a tissue or upper shirt sleeve, **not your hands.**
    - Clean and disinfect frequently touched surfaces, such as toys and doorknobs, especially if someone is sick.
    - Stay home when sick!
    - Consider wearing a close-fitting mask around other people while respiratory symptoms are present.
  - Educate families on when to contact a healthcare professional (e.g., difficulty breathing, sudden onset limb weakness).

- Encourage everyone in the household to stay up to date with all recommended vaccinations.

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