Brighton & Hove City Council

This Patient Group Direction (PGD) must only be used by registered healthcare professionals who have been named and authorised by their organisation to practice under it. The most recent and in date final signed version of the PGD should be used.

Patient Group Direction

Supply of azithromycin for the treatment of uncomplicated *Chlamydia trachomatis*.

For the supply of **azithromycin on Patient Group Direction (PGD)** by community pharmacists and pharmacy technicians working within the boundaries of Brighton & Hove City Council (BHCC) and contracted to provide the **chlamydia testing and treatment service.**

Please note – the BHCC chlamydia testing and treatment service **does not** include the treatment of uncomplicated *Mycoplasma genitalium* infection and non-gonococcal or non-specific urethritis (NGU, NSU) therefore they have been removed from the inclusion criteria. Guidance pertaining to the management of these conditions has also been removed.

Version Number 3.0

Reference Number:BH2026 V1

Valid from: 1st April 2026
Review date: 1st October 2028

Expiry date: 31st March 2029

Change history

Version and Date	Change details
Version 1 April 2020	New template
Version 1.1 May 2020	Minor reordering (content unchanged)
Version 1.2 October 2020	Advisory wording added to inclusion criteria section: NOTE – all criteria for inclusion within the BASHH approved national PGD templates for sexual health are based on diagnostic management in line with BASHH guidance. Where services do not have access to diagnostics and treatment is syndromic then the PGD template will need to be locally adapted to reflect local practice being mindful of the BASHH guidance.
Version 2.0 April 2023	Updated` template due to expiry – no significant changes to clinical content.
Version 2.1 October 2023	Updated PGD development group members. Statement added regarding risk of prolongation of QT interval with interacting drugs added to exclusions and reflected in interactions section.
Version 3.0 October 2025	Alignment with other SPS antimicrobial PGD templates Removal of “A single repeat treatment course for individuals who have had sexual intercourse within 7 days of receiving treatment or who have had sex with partner untreated for the above conditions” from “Criteria for inclusion” section Addition of “Individuals with recurrent (recurrence of symptoms 30-90 days following treatment of initial episode of NGU) or persistent NGU” to “Criteria for exclusion” section

PGD development group

Date PGD template comes into effect:	1st April 2026
Review date	1st October 2028
Expiry date:	31st March 2029

This PGD template has been peer reviewed by the national UTI antimicrobial PGD Short Life Working Group in accordance with their Terms of Reference.

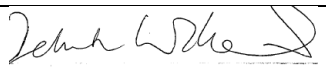
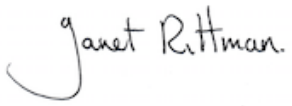
Note the working group and approving organisation(s) agreement to the content only applies to the national template and does not extend to any local adaptations made to any of the content which are solely the responsibility of the organisation authorising the PGD. The most up to date version of the template is available from the SPS national PGD template webpage.

This section MUST REMAIN when a PGD is adopted by an organisation.

Name or Role	Position
Ali Grant	Lead Pharmacist: HIV, Sexual and Reproductive Health
Alison Crompton	Community pharmacy
Dipti Patel	Local authority pharmacist
Dr Cindy Farmer	Vice President, General Training, The College of Sexual and Reproductive Healthcare (CoSRH)
Dr Kathy French	Pan London PGD working group
Dr Rachael Jones	Consultant in HIV and Sexual Health, Chelsea and Westminster NHS Foundation Trust
Dr Rita Browne	Consultant in Sexual Health and HIV
Emma Anderson	Centre for Pharmacy Postgraduate Education (CPPE)
Heather Randle	Royal College of Nursing
Jo Jenkins (Working Group Co-ordinator to Version 2.0)	Associate Director – Medicines Governance, Medicines Use and Safety Division, Specialist Pharmacy Service
Jodie Crossman	Clinical Nurse Specialist, BASHH Nurse representative, STI Foundation Chair
Portia Jackson	Lead Pharmacist, iCaSH
Sandra Wolper	Associate Director, Specialist Pharmacy Service
Tracy Rogers	Director - Medicines Use and Safety, Specialist Pharmacy Service
Rosie Furner (Working Group Co-ordinator from Version 2.1)	Advanced Specialist Pharmacist – Medicines Governance, Medicines Use and Safety Division, Specialist Pharmacy Service

Name or Role	Position
Kieran Reynolds (Working Group Co-ordinator from Version 3.0)	Advanced Specialist Pharmacist – Medicines Governance, Medicines Use and Safety Division, Specialist Pharmacy Service

Organisational authorisations

Name	Job title and organisation	Signature	Date
Senior doctor	Dr Deborah Williams Consultant GUM/HIV University Hospitals Sussex		12/2/2026
Senior pharmacist	Janet Rittman Public Health Pharmacist Brighton and Hove City Council		6/2/26
Person signing on behalf of the authorising body as defined by NICE	Dr Nicola Lang Director of Public Heath Brighton and Hove City Council		25.2.26

Characteristics of staff

The decision to supply any medication rests with the individual registered health professional who must abide by the PGD and any associated organisational policies.

Qualifications and professional registration	Current contract of employment within a Local Authority or NHS commissioned service or an NHS Trust/organisation. Registered healthcare professional listed in the The Human Medicines Regulation 2012, Schedule 16 Part 4 legislation as able to practice under Patient Group Directions

Initial training	The registered healthcare professional (HCP) authorised to operate under this PGD must have: Undertaken appropriate training and successfully completed the competencies to undertake clinical assessment of individuals leading to diagnosis of the conditions listed. Recommended requirement for training would be successful completion of a relevant sexual health module/course accredited or endorsed by the BASHH, CPPE, RCN or a university or as advised in the RCN Sexual Health Education directory, or a locally developed and delivered training programme. Undertaken appropriate training for working under PGDs for the supply and administration of medicines. Recommended training is the eLfH PGD elearning programme **The BHCC chlamydia testing and treatment service specification details the training and accreditation requirements for Community Pharmacists and Pharmacy Technicians.** **Specifics of the training include:** Pharmacists/pharmacy technicians must complete the * CPPE Sexual health in pharmacies e- learning and e-assessment **OR** the following four subsections of * module 9 – STIs of the FSRH e-SRH on elfh: 09_01: Epidemiology and transmission of STIs 09_02: Sexually transmitted infection (STI) testing 09_03: STI management 09_04: Partner notification Pharmacists/pharmacy technicians must complete the Safeguarding Level 3 training – Safeguarding Children and Adults Level 3 for Community Pharmacists – video on elfh **OR** Safeguarding Level 3 Learning for Healthcare Safeguarding Children and Young People (SGC) – Safeguarding Children Level 3. The pharmacist/pharmacy technician must complete the **Chlamydia Testing and Treatment Service** Declaration of Competence (DoC) on the Centre for Pharmacist Postgraduate Education (CPPE) website

	https://www.cppe.ac.uk/services/declaration-of-competence Pharmacists/pharmacy technicians personalised statement of declaration should be retained and may need to be provided to commissioners and/or employers when required via the CPPE Viewer Pharmacists/pharmacy technicians must also participate in Continuing Professional Development (CPD) as defined by the General Pharmaceutical Council.
Competency assessment	Registered HCPs under this PGD must be assessed as competent or complete a self-declaration of competence for Chlamydia testing and/or treatment. Staff operating under this PGD are encouraged to review their competency using the NICE Competency Framework for health professionals using patient group directions
Ongoing training and competency	Individuals operating under this PGD are personally responsible for ensuring they remain up to date with the use of all medicines and guidance included in the PGD - if any training needs are identified these should be discussed with the senior individual responsible for authorising individuals to act under the PGD and further training provided as required.

Clinical condition or situation to which this PGD applies

Clinical condition or situation to which this PGD applies	• Uncomplicated genital, pharyngeal and/or asymptomatic rectal ***Chlamydia trachomatis*** infection (where doxycycline is contraindicated or inappropriate). • **Chlamydia trachomatis** is evidenced by contact slip, text message or other written confirmation from the Chlamydia Screening Programme (CSP). • Asymptomatic individuals presenting within 2 weeks of sexual contact with an individual with a confirmed diagnosis of any of the included conditions (where doxycycline is contraindicated or inappropriate).
Criteria for inclusion	• Consent given. • Aged 13 years and over. All individuals under the age of 19 years – follow local young person's safeguarding information **as detailed in the service specification** **bhscp.org.uk** • **Where doxycycline is contraindicated** (known allergy, intolerance, pre-existing medical conditions, (e.g. pregnancy) or inappropriate (photosensitivity, likely poor adherence): ○ Individuals with a positive test for ***Chlamydia trachomatis*** infection in the genitals, pharynx or rectum (asymptomatic) but without signs suggestive of complications. ○ Asymptomatic individuals presenting within 2 weeks of sexual contact with an individual with a confirmed diagnosis of ***Chlamydia trachomatis*****,** who are unwilling/unable to defer testing after the 2 week window period.
Criteria for exclusion	• Consent refused and documented in the individual's medical notes

	• Individuals under 13 years of age. • Individuals under 16 years old and assessed as lacking capacity to consent using the Fraser Guidelines. • Individuals 16 years of age and over and assessed as lacking capacity to consent. **Medical history** • Individuals with suspected and/or confirmed symptomatic rectal *Chlamydia trachomatis*. • Individuals with complicated *Mycoplasma genitalium, Non-gonoccocal urethritis (*NGU) or complicated *Chlamydia trachomatis* infection such as epididymitis and/or testicular pain or a clinical diagnosis of proctitis or Pelvic Inflammatory Disease (PID) • Presence of concomitant conjunctivitis and/or joint pain/swelling • Individuals with suspected or confirmed lymphogranuloma venereum (LGV) infection • Individuals with recurrent (recurrence of symptoms 30-90 days following treatment of initial episode of NGU) or persistent NGU • Inability to absorb oral medications and/or inability to swallow oral dosage formulations (i.e. capsules, tablets, oral suspensions) • Known or suspected severe hepatic impairment • Known severe renal impairment (eGFR <10ml/min/1.73m^2, CKD stage 5) • Known history of QT prolongation (congenital or acquired), or ventricular cardiac arrhythmia, including torsades de pointe • Known electrolyte disturbances (hypokalaemia or hypomagnesaemia) • Known clinically significant bradycardia or severe cardiac insufficiency • Known porphyria

	• Known myasthenia gravis **Medication history** • Known allergy or hypersensitivity to azithromycin, any macrolide antibiotic or to any of the components of the product - see Summary of Product Characteristics on the EMC. **Acceptable sources of allergy information include individual or National Care Record** • Current long-term use of azithromycin or another macrolide antibiotic (e.g. erythromycin for prophylaxis in asplenia, azithromycin for prophylaxis in individuals with COPD or bronchiectasis etc.) • Individuals with known azithromycin resistance • Concurrent use of any interacting medicine as listed in Drug Interactions section of this PGD • Less than 3 days before receiving, or within 3 days after receiving, oral typhoid vaccine • Concomitant use of another medication known to cause QT prolongation (e.g. amiodarone, sotalol, citalopram) (For further information recommended resources include: CredibleMeds; registration required, or Sudden arrhythmic death syndrome (SADS) - Drugs to avoid)
Cautions including any relevant action to be taken	• If the individual is less than 16 years of age an assessment based on Fraser guidelines must be made and documented. • Discuss with appropriate medical/independent non-medical prescriber any medical condition or medication of which the healthcare professional is unsure or uncertain

	Pregnancy or suspected pregnancy: the SPC states that there are limited data on use in pregnancy however BASHH guidelines state: "While adverse pregnancy outcomes are unlikely with the 2g total azithromycin dose, individuals should be advised of the lack of data." The individual must be informed that although the use of azithromycin in pregnancy is thought to be safe, there is limited research available and be fully informed of the risks and benefits of this treatment. **Breastfeeding individuals:** ASHH states that "Very low levels of azithromycin are detected in breast milk, and systemic exposure in infants does not exceed that observed when azithromycin is administered for treatment, therefore risk is considered to be low". Azithromycin can be supplied under PGD to breastfeeding individuals: monitor nursing infant for gastro-intestinal disturbances, oral candida infection, rashes, irritability, sleep disturbances and loss of appetite. **Coumarin anticoagulants (e.g. warfarin, acenocoumarol, phenindione):** rises in INR reported. Individuals should be advised to have their INR monitored while on treatment with azithromycin and should be counselled re: seeking medical attention if any episode of bleeding develops while taking. **Excipients:** Caution should be exercised when supplying azithromycin to individuals who should avoid the following excipients: • Soya or soya lecithin: Some brands of azithromycin contain soya or soya lecithin and are therefore contraindicated in individuals with an allergy to soya or peanuts. If individual is allergic, check manufacturer's information for brand being used and if necessary, exclude from PGD or select an alternative suitable brand if available. • Lactose, sucrose, fructose and sorbitol: Individuals with rare hereditary problems of galactosaemia, galactose intolerance, total lactase deficiency, glucose-

	galactose malabsorption, sucrase-isomaltase deficiency, fructose-1,6-bisphosphatase deficiency (also known as hereditary fructose intolerance): check the individual list of excipients available in the SPC before supplying. • Aspartame: Individuals with phenylketonuria (PKU) must not use medicines containing aspartame. Check the individual list of excipients available in the SPC before supplying.
Actions to be taken if the individual is excluded or declines treatment	• If the presenting individual is under 13 years of age the healthcare professional should speak to local safeguarding lead and follow the local safeguarding policy (note under 13 years of age excluded from treatment under this PGD). • If declined ensure individual is aware of the need for treatment and the potential consequences of not receiving treatment. • Pregnant individuals/individuals known to be at risk of pregnancy who decline azithromycin treatment should be referred to a prescriber for further consultation. • Explain the reasons for exclusion to the individual and document in the consultation record. • Record reason for decline in the consultation record. • Where required refer the individual to a suitable health service provider if appropriate and/or provide them with information about further options

Description of treatment

Name, form and strength of medicine	Azithromycin 250mg or 500mg capsules or tablets or azithromycin 200mg/5ml powder for oral suspension. **NB: The oral suspension should only be supplied for people that have difficulty swallowing tablets or capsules.**
Legal category	POM
Route or method of administration	Orally Tablets or oral suspension: can be taken at any time in relation to food but there should be a 2 hour gap between taking the tablets and antacids, (including those purchased over the counter). Capsules: should be taken one hour before or two hours after food or antacids, (including those purchased over the counter).
Off-label use	**Off-label use** Best practice advice is given by BASHH and is used as the reference guidance in this PGD and may vary from the Summary of Product Characteristics (SPC). This PGD includes off-label use in the following conditions: • The dose of azithromycin stated in the BASHH guideline and therefore in this PGD is higher than the licensed dose. • Those under 18 years of age and under 45kg weight - azithromycin tablets or capsules are not licensed for use in children or adolescents weighing under 45 kg. • **Pregnancy or suspected pregnancy**: See **Cautions including any relevant action to be taken** for further information • **Breastfeeding individuals**: See **Cautions including any relevant action to be taken** for further information. **Temperature variations**: Medicines should be stored according to the conditions detailed in the Storage section below. However, in the event of an inadvertent or

	unavoidable deviation of these conditions a pharmacist must ensure the medicine remains pharmaceutically stable and appropriate for use if it is to be issued. Where medicines have been assessed by a pharmacist in accordance with national or specific product recommendations/manufacturer advice as appropriate for continued use this would constitute off-label administration under this PGD. The responsibility for the decision to release the affected medicines for use lies with the pharmacist. Where a drug is recommended off-label consider, as part of the consent process, informing the individual/carer/parent/guardian that the drug is being offered in accordance with national guidance but that this is outside the product license.
Dose and frequency of administration	**Day One:** 1g taken as a single dose **Day Two:** 500mg once daily **Day Three:** 500mg once daily
Duration of treatment	3 days
Quantity to be supplied	Appropriately labelled pack of 4 x 500mg capsules/tablets OR 8 x 250mg capsules/tablets OR appropriate quantity of reconstituted oral suspension. A single repeat course can be supplied under the PGD if vomiting occurs within 3 hours of a dose being taken.
Storage	Stock must be securely stored according to organisation medicines policy and in conditions in line with the SmPC, which is available from the electronic Medicines Compendium website:
Drug interactions	Where it is known an individual is concurrently taking the following medicine, treatment should not be undertaken under this PGD and the individual referred to a prescriber: • Brentuximab • Chloroquine, hydroxychloroquine • Colchicine

	• Dabigatran • Digoxin • Edoxaban • Ergot derivatives such as ergotamine (Migril®) • Neratinib • Rifabutin • Talazoparib • Ticagrelor • Topotecan • Vinblastine, vincristine, vindesine, vinflunine, vinorelbine • Concomitant use of another medication known to cause QT prolongation (e.g. haloperidol, sotalol, terfenadine, pimozide) (For further information recommended resources include: CredibleMeds; registration required, or Sudden arrhythmic death syndrome (SADS) - Drugs to avoid) • Typhoid vaccine (oral): see Criteria for exclusion See BNF for all drugs that can interact with azithromycin. A detailed list of drug interactions is available in the SmPC, which is available from the electronic Medicines Compendium website
Identification and management of adverse reactions	A detailed list of adverse reactions is available in the SmPC, which is available from the electronic Medicines Compendium website and the BNF The following side effects are listed in the product SPC/BNF as **very common or common** with azithromycin (but may not reflect all reported side effects): • Diarrhoea • Abdominal pain • Nausea • Flatulence • Anorexia • Vomiting

	• Dyspepsia • Visual impairment • Deafness • Dizziness • Headache • Paraesthesia • Dysgeusia • Rash • Pruritus • Arthralgia • Fatigue • Abnormal blood test results Severe adverse reactions are rare, but anaphylaxis (delayed or immediate) has been reported and requires immediate medical treatment. Information on anaphylaxis can be found on the NHS website In the event of a severe adverse reaction, the individual must be advised to stop treatment immediately and seek urgent medical advice.
Management of and reporting procedures for adverse reactions	• Healthcare professionals and individuals/carers/parents/guardians are encouraged to report suspected adverse reactions to the MHRA's Yellow Card Scheme • Record all adverse drug reactions (ADRs) in the individual's clinical record. • Report via organisation incident policy. • It is considered good practice to notify the individual's GP in the event of an adverse reaction.
Written or other information to be given to individual/carer/parent/guardian	**Medication:** • Give patient information leaflet (PIL) provided with the original pack. • Explain mode of action, side effects, and benefits of the medicine • Azithromycin tablets can be taken at any time in relation to food but there should be a 2 hour gap between taking the tablets and

	antacids, (including those purchased over the counter). • Azithromycin capsules should be taken one hour before or two hours after food or antacids, (including those purchased over the counter). • If vomiting occurs within 3 hours of taking capsules/tablets offer option of repeat dose of azithromycin (under PGD). • Advise individual to seek medical advice in the event of an adverse reaction. • Advise individual to seek immediate medical attention (by calling 999 or going to A&E) if the individual develops signs or symptoms of sepsis as described on the NHS website. • Advise individual to return any unused medicines to a pharmacy for disposal: Do not dispose of medicines in the bin, down the sink or toilet. **Condition:** • Individuals diagnosed with Chlamydia trachomatis should be offered information (verbal, written and/or digital) about their diagnosis and management. • Discuss implications of incompletely treated/untreated infection of self or partner/s • Advise to abstain completely from sexual intercourse (even with condoms) including oral sex, during treatment, for 7 days after treatment and for 7 days after partner(s) treatment. Where not achievable advise on use of condoms. • Discuss risk of re-infection, and further transmission of infection, if after treatment sexual intercourse takes place with an untreated partner/s • Discuss partner notification and issue contact slips if appropriate • Offer condoms and advise on safer sex practices and possible need for screening for sexually transmitted infections (STIs) • Where treatment not supplied via a sexual health clinic ensure the individual has contact details of local sexual health services.

Individual advice / follow up treatment	• The individual should be advised to seek medical advice in the event of an adverse reaction. • Follow local protocol for *Chlamydia trachomatis* follow up and partner notification. • Individuals with *Chlamydia trachomatis* who have not had a full STI screen (or who did not have *Chlamydia trachomatis* diagnosed in a sexual health clinic) should be advised to attend a sexual health clinic/service for a full STI screen. • Routine follow-up/TOC for uncomplicated *Chlamydia trachomatis* following treatment with azithromycin is unnecessary, except in the following situations where local protocols should be followed: o Pregnancy. o Where poor compliance is suspected o Where symptoms persist o Rectal infections o Under 25 year olds o *Mycoplasma genitalium* infection
Records to be kept	Appropriate records must include the following: • The consent of the individual and o If individual is under 13 years of age record action taken o If individual is under 16 years of age document capacity using Fraser guidelines. If not competent record action taken. o If individual over 16 years of age and not competent, record action taken • If individual not treated under PGD record action taken • Name of individual, address, date of birth • GP contact details where appropriate • Relevant past and present medical and sexual history, including medication history. • Examination or microbiology finding/s where relevant.

	• Any known allergies and nature of reaction • Name of registered health professional • Name of medication supplied • Date of supply • Dose supplied • Quantity supplied including batch number and expiry date in line with local procedures • Advice given about the medication including side effects, benefits, and when and what to do if any concerns • Advice given, including advice given if excluded or declines treatment • Details of any adverse drug reactions and actions taken • Any referral arrangements made • Any supply outside the terms of the product marketing authorisation • Recorded that supplied via Patient Group Direction (PGD) Records must be signed and dated (or password controlled e-records) and securely kept for a defined period in line with local policy. All records must be clear, legible and contemporaneous. A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy.

Key references (last accessed August 2025)

- Electronic Medicines Compendium
- Electronic BNF
- NICE Medicines practice guideline MPG2 - Patient Group Directions - Last Updated 27 March 2017
- British Association for Sexual Health and HIV (BASHH) CEG September 2018 – Update on the treatment of *Chlamydia trachomatis* (CT) infection
- British Association for Sexual Health and HIV (BASHH) UK National Guideline on the management of non-gonococcal urethritis

- British Association for Sexual Health and HIV (BASHH) national guideline for the management of infection with *Mycoplasma genitalium*
- British Association for Sexual Health and HIV (BASHH) STI and Related Conditions in Children and Young People guidance
- Specialist Pharmacy Service (SPS). Identifying risk factors for developing a long QT interval
- Specialist Pharmacy Service (SPS). Using macrolide antibiotics during breastfeeding
- Royal Pharmaceutical Society Safe and Secure Handling of Medicines December 2018

Appendices

Appendix A - Registered health professional authorisation sheet

Pharmacist/Pharmacy Technician

PGD Name: Azithromycin for the treatment of uncomplicated *Chlamydia trachomatis*.

Version: 3 (BHCC2026V1)

Valid from: 1st April 2026

Expiry: 31st March 2029

Before signing this PGD, check that the document has the necessary authorisations. Without these, this PGD is not lawfully valid.

Registered health professional

By signing this patient group direction, you are indicating that you agree to its contents and that you will work within it and agree with the following statement:

'I confirm that I have read and understood the content of this Patient Group Direction and that I am willing and competent to work to it within my professional code of conduct.'

Patient group directions do not remove inherent professional obligations or accountability.

It is the responsibility of each professional to practice only within the bounds of their own competence and professional code of conduct.

Name	Designation	Signature	Date

Authorising manager

I confirm that the registered health professionals named above have declared themselves suitably trained and competent to work under this PGD. I give authorisation on behalf of …….or the above-named health care professionals who have signed the PGD to work under it

Name	Designation	Signature	Date

Note to authorising manager

Score through unused rows in the list of registered health professionals to prevent additions post managerial authorisation.

This authorisation sheet should be retained to serve as a record of those registered health professionals authorised to work under this PGD.

Records

A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with BHCC service contract and specification.

- For adults all PGD documentation in a patient's clinical record must be kept for 8 years after the last entry.
- For children all PGD documentation in a patient's clinical record must be kept until the child is 25 years old or for 8 years after a child's death.