

patient is essential. If new infections caused by nonsusceptible organisms appear during therapy, appropriate measures should be taken.

CLINICAL USE OF CHLORAMPHENICOL

Rickettsial Diseases

The response of patients with rickettsial infections, including epidemic and murine typhus fevers, Brill's disease, scrub typhus fever, Rocky Mountain spotted fever, and rickettsial pox, has been dramatic with virtual elimination of mortality and marked shortening of the course of illness. Average length of the febrile period after administration of chloramphenicol is 2 days in patients with epidemic typhus fever and 3 days in those with other typhus fevers. Treatment should be given for a minimum of 6 days or 4 days after temperature returns to normal.

Relapse may occur when treatment is given only for 48 hours early in the disease. This can be prevented by giving additional doses on the fifth and sixth days after the initial course. Also, patients in relapse respond as readily to treatment as do those with primary infection.

In patients with Rocky Mountain spotted fever, defervescence occurs about the fourth day after therapy is started. Treatment should be continued for 24 hours after normal temperature is attained.

Typhoid Fever

Chloramphenicol has been established as the drug of choice for this disease. After therapy is started, fever subsides in 3 or 4 days regardless of age, severity of illness, or stage of disease. To lessen possibility of relapse, it is important that therapy be continued for from 8 to 10 days after reaching the afebrile period. Close observation of the patient for complications of the disease, and for the aforementioned side effects of the drug, is essential. Results of chloramphenicol treatment for the carrier state are equivocal.

Other Salmonellosis

While chloramphenicol has proved to be a useful therapeutic agent in ameliorating and shortening the clinical course of salmonella infections other than typhoid, results are not as uniform. Recommended duration of treatment is the same as for typhoid fever.

Urinary Tract Infections

Treatment for infections of the urinary tract should be based upon sensitivity of bacteria and on anatomic factors contributing to the infection. The more common organisms encountered in the urinary tract infections are *Escherichia coli*, *Aerobacter aerogenes*, *Pseudomonas aeruginosa*, *Proteus sp.*, *Staphylococcus aureus* and *Streptococcus fecalis*.

Chloramphenicol has been found effective in treatment for about 70 per cent of urologic infections, particularly those caused by *Escherichia coli*, *Streptococcus fecalis*, and *Proteus sp.* Relief of symptoms

and repeated bacteriological studies should be depended upon to indicate duration of treatment.

Surgical Infections

Surgical infections such as post-operative wound infections, cellulitis, infected sinus tract, and peritonitis or intra-abdominal abscess from ruptured intestine, diverticulae, or appendix, usually are due to microorganisms sensitive to chloramphenicol. The antibiotic is given, adjunctively to surgical intervention, in the recommended dosage for an average of from 10 to 16 days.

Respiratory Tract Infections

Chloramphenicol may be employed for severe infections of the respiratory tract due to susceptible microorganisms and in the presence of contraindications or lack of response to other agents. Patients on recommended doses become afebrile in from 18 to 72 hours; roentgenographic clearing will be slower.

Meningeal Infections

Many microorganisms causing meningitis are susceptible to chloramphenicol. The drug's high diffusibility results in effective concentrations in the cerebrospinal fluid. Institution of therapy cannot be delayed until results of laboratory tests are known. Many clinicians consider chloramphenicol the drug of choice for meningitis caused by *H. influenzae* as almost all strains are sensitive to this antibiotic. Parenteral dosage is recommended until the patient is afebrile, after which oral medication may be used. Medication should be continued for a minimum of 7 days to avoid relapse.

Miscellaneous Infections

Chloramphenicol has proved to be useful and frequently effective in treatment for many diverse infections, including brucellosis, bartonellosis, relapsing fever, granuloma inguinale, plague, and ornithosis. Other effective therapeutic agents should receive consideration as the treatment of choice. Whenever definite contraindications are known, such as hypersensitivity to these agents, or clinical response is poor, the judicious use of chloramphenicol is warranted, keeping in mind aforementioned warnings, precautions, and side effects, particularly in patients requiring prolonged or intermittent treatment.

PACKAGE INFORMATION

Steri-Vial No. 57, Chloromycetin Succinate provides the equivalent of 1 Gram chloramphenicol in a rubber-diaphragm-capped vial. Available individually and in packer units of 10.

Steri-Vial No. 65, Chloromycetin Intramuscular provides 1 Gram chloramphenicol in a rubber-diaphragm-capped vial. Available individually and in packer units of 10.

Ampoule No. 258, Chloromycetin Solution provides 0.5 Gram chloramphenicol in 2 cc. of solution, sealed in a glass ampoule. Available in packages of 10.

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