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ATTACHMENT No. 3

[From the Journal of the American Medical Association]

WHEN IT COUNTS . . . CHLOROMYCETIN (CHLORAMPHENICOL)

MAY BE INDICATED IN CERTAIN SEVERE RESPIRATORY INFECTIONS

Because of its wide antibacterial spectrum and its ability to diffuse into infective foci, Chloromycetin may be of value in the treatment of selected severe respiratory tract infections due to susceptible microorganisms. However, as with any antibacterial agent, the administration of Chloromycetin must be adjunctive to the overall therapeutic approach to this family of diseases. Appropriately treated, good results can be expected in bacterial pneumonia and empyema; in bacterial complications of bronchiectasis and bronchitis; all of which are severe disorders often chronic and difficult to eradicate.

The decision to choose Chloromycetin from among a group of antibiotics suggested by *in vitro* studies to be potentially effective against a specific respiratory tract pathogen(s) should be guided by severity of infection, relative susceptibility of the pathogen(s) to the various antibacterial drugs, relative efficacy of the various drugs in this family of infections, and the important additional concepts contained in the "warning box."

Patients with respiratory tract infections usually become afebrile in 18 to 72 hours on recommended doses; roentgenographic clearing may be slower.

Neoplastic, fungal, and mycobacterial disease as a cause of persisting respiratory disease should be ruled out by appropriate means.

CHLOROMYCETIN

Detailed information, including indications and dosage, appears in the package inserts of Chloromycetin products for systemic use. Consult the appropriate package insert.

"Warning: Serious and even fatal blood dyscrasias (aplastic anemia, hypoplastic anemia, thrombocytopenia, granulocytopenia) are known to occur after the administration of chloramphenicol. Blood dyscrasias have occurred after both short-term and prolonged therapy with this drug. Bearing in mind the possibility that such reactions may occur, chloramphenicol should be used only for serious infections caused by organisms which are susceptible to its antibacterial effects. Chloramphenicol should not be used when other less potentially dangerous agents will be effective. It must not be used in the treatment of trivial infections such as colds, influenza, or infections of the throat; or as a prophylactic agent to prevent bacterial infections.

"Precautions: It is essential that adequate blood studies be made during treatment with the drug. While blood studies may detect early peripheral blood changes such as leukopenia or granulocytopenia, before they become irreversible, such studies cannot be relied on to detect bone marrow depression prior to development of aplastic anemia."