1. Acute infections caused by *Salmonella typhi*

Chloramphenicol is a drug of choice.* It is not recommended for the routine treatment of the typhoid "carrier state".

2. Serious infections caused by susceptible strains in accordance with the concepts expressed above:

a. Salmonella species
b. *H. Influenzae*, specifically meningeal infections
c. Rickettsia
d. Lymphogranuloma-psittacosis group
e. Various gram-negative bacteria causing bacteremia, meningitis or other serious gram-negative infections
f. Other susceptible organisms which have been demonstrated to be resistant to all other appropriate anti-microbial agents.

3. Cystic fibrosis regimens

CONTRAINDICATIONS

Chloramphenicol is contraindicated in individuals with a history of previous hypersensitivity and/or toxic reaction to it. It must not be used in the treatment of trivial infections or where it is not indicated, as in colds, influenza, infections of the throat; or as a prophylactic agent to prevent bacterial infection.

PRECAUTIONS

1. Baseline blood studies should be followed by periodic blood studies approximately every two days during therapy. The drug should be discontinued upon appearance of reticulocytopenia, leukopenia, thrombocytopenia, anemia, or any other blood study findings attributable to chloramphenicol. However, it should be noted that such studies do not exclude the possible later appearance of the irreversible type of bone marrow depression.
2. Repeated courses of the drug should be avoided if at all possible. Treatment should not be continued longer than required to produce a cure with little or no risk of relapse of the disease.
3. Concurrent therapy with other drugs that may cause bone marrow depression should be avoided.
4. Excessive blood levels may result from administration of the recommended dose to patients with impaired liver or kidney function, including that due to immature metabolic processes in the infant. The dosage should be adjusted accordingly or, preferably, the blood concentration should be determined at appropriate intervals.
5. There are no studies to establish the safety of this drug in pregnancy.
6. Since chloramphenicol readily crosses the placental barrier, caution in use of the drug is particularly important during pregnancy at term or during labor because of potential toxic effects on the fetus (gray syndrome).
7. Precaution should be used in therapy of premature and full-term infants to avoid "gray syndrome" toxicity. (See "Adverse Reactions.") Serum drug levels should be carefully followed during therapy of the newborn infant.
8. Precaution should be used in therapy during lactation because of the possibility of toxic effects on the nursing infant.

*In the treatment of typhoid fever some authorities recommend that chloramphenicol be administered at therapeutic levels for 8-10 days after the patient has become afebrile to lessen the possibility of relapse.