	of ne) 0112669192 , 0112675011) 0112698507 , 0112694033) 0112675449 , 0112675280		©ൾേറാമാമ எனது இல My No.)) DGHS/Circular/2018-127
1	த்தி பக்ஸ் Fax) 0112693866) 0112693869)0112692913		මවේඅංකය உ_	}
	විද්පුත් තැපැ மின்னஞ்சல் முகவரி c-mail)postmaster@health.gov.lk))	සුවසිරීපාය சுவசிரிபாய	දිනය නියනි)) 29.11.2018
•	වෙව්අඩවිය இணையத்தளம்) www.health.gov.lk	SUWASIRIPAYA	Date	'

සෞවා, පෝෂණ සහ දේශීය වෛදා අමාත නාංශය சுகாதார, போசணை மற்றும் சுதேசவைத்திய அமைச்சு Ministry of Health, Nutrition & Indigenous Medicine

General Circular No: 01-55/2018

DDG - National Hospital of Sri Lanka,
All Provincial Directors of Health Services,
All Regional Directors of Health Services,
Directors of All Teaching Hospitals,
Directors of All Provincial General Hospitals,
Directors / Medical Superintendents of All District General Hospitals and Base Hospitals,

website

Administration of Benzathine Penicillin to Patients with Rheumatic Fever and Rheumatic Heart Disease

Rheumatic fever is a major cause of cardiovascular disease in our country, and disability and death from rheumatic heart disease is mainly due to recurrent attacks. The efficacy of benzathine penicillin prophylaxis in preventing recurrences of rheumatic fever is a major advance that has strikingly reduced the morbidity and mortality from rheumatic fever. Hence, all individuals who have had a documented attack of rheumatic fever, whether or not they have rheumatic heart disease should be given regular prophylactic benzathine penicillin. However, the fears generated by an occasional report of a fatal reaction following benzathine, have deterred physicians and patients from using this effective method of prevention. Such life-threatening reactions are very rare if correctly administered, and deaths directly related to the administration of benzathine has not been reported in children. Therefore, it is important to conduct a well-organized clinic to ensure the safe administration of benzathine and to gain the confidence of both patients and parents. Given below are some practical guidelines

- Each institution should run a special benzathine penicillin clinic on a specified day of the week. It should be conducted by a medical officer with a team of nurses trained in the correct technique of administering the injection and in handling an anaphylactic reaction.
- Records of the name, age, clinical condition, date of drug administration and the next due date should be maintained for each patient. Il possible, defaulters should be sent a reminder.
- An emergency tray with adrenaline (1 in 1000) drawn in a syringe, hydrocortisone, antihistamine, IV fluids, infusion sets, oxygen and mask should be readily available in the clinic. Store benzathine in the fridge (2 80 C) till needed.
- Before administration of benzathine for the first time take a detailed history of patient's previous
 reactions to penicillin and other allergies. Do not administer if they give a strong history of penicillin
 allergy. If no, do a penicillin sensitivity test (ST) with benzylpenicillin. If the ST is negative administer
 benzathine. Repeat ST before every injection of benzathine.
- Benzathine penicillin should be freshly prepared by diluting in water for injection (3 5 ml) and
 administered by deep IM injection to the lateral aspect of the mid thigh of the patient (to achieve good
 bioavailability), in the sitting or lying down position, alter ensuring that the needle has not entered a
 blood vessel by aspirating and checking for blood. After injection, the patient should be kept under
 observation for one hour at the clinic.

reatment regimes

Antibiotic	Route	Dose
Benzathine penicillin	IM	Children: With carditis every 3 weeks / Without carditis every 4 weeks < 30kg: 600,000 IU > 30kg: 1.2 million TU Adults: every 4 weeks 1.2 million IU
Phenoxymethylpenicillin	Oral	250mg every 12 hours
If allergic to penicillin Erythromycin Sulphadiazine / Sulphadimidine	Oral	250 mg every 12 hours < 30 kg 500mg daily >30kg 1.0g daily

- Benzathine penicillin should not be administered to those with poor ventricular function, tight or advanced valvular stenosis and to people over 50 years of age with chronic rheumatic heart disease.
- Prophylaxis with benzathine penicillin should be continued even after surgery for rheumatic heart disease.
- Benzathine penicillin prophylaxis could be continued throughout pregnancy, at the discretion of the obstetrician. If not, the patient should be on oral phenoxymethylpenicillin.

Duration of prophylaxis

Patient	Duration		
With no carditis or rheumatic heart disease	Should have prophylaxis for a minimum of 5 years after the last attack Or at least until the age of 18 years, whichever is longer.		
With proven evidence of carditis	Should continue prophylaxis at least until the age 25 years (Longer if risks of getting streptococcal infection is high).		
With chronic valvular rheumatic heart disease	For life: benzathine penicillin IM till 50 years of age, oral thereafter		
With artificial valves	For life: benzathine penicillin IM till 50 years of age, oral thereafter		

(Lancet 1991: 387; 1308 — 10).

General Circular No 1-9/98 dated 11.09.1998 -Use of Benzathine Penicillin is hereby cancelled. And this will be in effect.

Dr. Anil Jasinghe Director General of Health Services Dr. Anil Jasinghe
Direct Ceneral of Health Services
Ministry Ceneral of Health Services
Suwasiripaya"

385, Rev. Baddegama Wimalawansa Thero Mawatha,
Colombo 10.