

SOUTH AFRICAN PRIMARY HEALTHCARE LEVEL ESSENTIAL MEDICINES LIST
CHAPTER 5: SKIN CONDITIONS
NEMLC RECOMMENDATIONS FOR MEDICINE MANAGEMENT (2020)

Medicine amendment recommendations, with supporting evidence and rationale are listed below.

Kindly review the medicine amendments in the context of the complete chapter for skin conditions.

Note: The PHC chapter has been updated to align to previous NEMLC recommendations as well as the recent NEMLC-approved Adult Hospital Level STGs and EML, 2019 edition.

SECTION	MEDICINE / MANAGEMENT	ADDED/AMENDED/DELETED?RETAINED
5.4.4 Chronic lower leg ulcers		
- <i>clean, uninfected wounds</i>	Sodium chloride 0.9%, topical	Directions for use amended
- <i>exudative, infected wounds</i>	Povidone-iodine 5% topical cream	Added
5.10.2 Angioedema	Chlorphenamine, oral	Deleted
	Cetirizine, oral	Added
	Promethazine, IM	Directions for use amended
	Referral criteria	Amended
5.13 Herpes simplex	Antivirals for herpes simplex	Added as a therapeutic class
	Aciclovir, oral	Retained as an example of class (listed in the STG)
	Valaciclovir, oral	Added as an example of class (therapeutic interchange database)
	Famciclovir, oral	Added as an example of class (therapeutic interchange database)

5.4.4 CHRONIC LOWER LEG ULCERS

Clean uninfected wounds:

Sodium chloride 0.9%, topical: *directions for use amended*

Updated to align with the Adult Hospital Level STGs and EML, 2019 edition as follows:

For clean uninfected wounds:

- Sodium chloride 0.9% or sterile water.

Dressed frequently with:

Moistened dressing e.g. gauze with sodium chloride 0.9%.

Level of Evidence: I Systematic review¹, Guidelines²

Exudative, infected wounds:

Povidone-iodine 5%, topical: *added*

Aligned with the Adult Hospital Level STGs and EML, 2019 edition.

Level of Evidence: III Guidelines³

5.10.2 ANGIOEDEMA

Chlorphenamine, oral: *deleted*

Cetirizine, oral: *added*

Promethazine, IM: *directions for use amended*

Aligned with Adult Hospital Level STGs and EML, 2019 edition; noting that current management of ACE-induced angioedema is plasma.

Level of III: Guidelines⁴

¹ Palfreyman SJ, Nelson EA, Lochiel R, Michaels JA. Dressings for healing venous leg ulcers. Cochrane Database Syst Rev. 2006 Jul 19;(3):CD001103. Review.Update in: Cochrane Database Syst Rev. 2014;5:CD001103. <http://www.ncbi.nlm.nih.gov/pubmed/16855958>

² Adult Hospital Level STGs and EML, 2019

³ Adult Hospital Level STGs and EML, 2019

⁴ Adult Hospital Level STGs and EML, 2019

The STG text was amended from:

In severe cases where airway obstruction is present:

Adults

- ~~Adrenaline (epinephrine), 1: 1000 solution, 0.5 mL into the lateral thigh, administered immediately and repeated every 5 to 15 minutes as needed.~~

Children

- ~~Adrenaline (epinephrine), IM, 0.01 mL/kg of 1:1000 solution, administered immediately.~~
 - ~~Maximum dose of 0.3 mL~~

In all cases

- ~~Hydrocortisone, IV, 100 mg as a single dose.~~

AND

If the angioedema is not due to an ACE-inhibitor

- ~~Chlorphenamine, oral, 4 mg immediately.~~

OR

- ~~Promethazine, IM, 25–50 mg immediately.~~

To:

In severe cases where airway obstruction is present:

Adults

- Adrenaline (epinephrine), 1: 1000 solution, 0.5 mL into the lateral thigh, administered immediately and repeated every 5 to 15 minutes as needed.

Children

- Adrenaline (epinephrine), IM, 0.01 mL/kg of 1:1000 solution, administered immediately.
 - Maximum dose of 0.3 mL

AND

- Hydrocortisone, IV, 100 mg as a single dose.

If urticaria and/or itch present (no imminent airway compromise):

- Cetirizine, oral, 10 mg as a single dose.

OR

- Promethazine, IM, 25–50 mg immediately.

Referral

Referral of all cases of severe ACE-inhibitor induced angioedema for further management with plasma.

5.13 HERPES SIMPLEX

Antivirals for herpes simplex: added as a therapeutic class

Aciclovir, oral: added as an example of class (listed in the STG)

Valaciclovir, oral: added as an example of class (therapeutic interchange database)

Famciclovir, oral: added as an example of class (therapeutic interchange database)

Aligned with the Adult Hospital Level STGs and EML, 2019 edition:

NEMLC had approved the recommendation to declare antivirals for herpes simplex, as a therapeutic class at the meeting of the 27 September 2018

Recommendation: Aciclovir, oral 400 mg 12 hourly be recommended as an example of antivirals for laboratory-confirmed herpes simplex, with annual review for evaluation for continued suppressive therapy.

Rationale: Systematic review of low quality RCTs suggests that suppressive antiviral therapy with either aciclovir, valaciclovir or famciclovir in (immunocompetent and non-pregnant) patients experiencing at least four recurrences of genital herpes per year decreased the number of patients with at least one recurrence vs placebo". Furthermore, Network meta-analysis was underpowered to show superiority of one medicine over another. Aciclovir is the more affordable option and dosing aligned to Centers for Disease Control and Prevention, Sexually transmitted diseases treatment guidelines, 2015 that informed presumptive therapy recommendations in the PHC STGs and EML, 2018.

Level of Evidence: II Systematic review of RCTs of low methodological quality⁵, Guidelines⁶

⁵ Le Cleach L, Trinquart L, Do G, Maruani A, Lebrun-Vignes B, Ravaud P, Chosidow O. Oral antiviral therapy for prevention of genital herpes outbreaks in immunocompetent and nonpregnant patients. Cochrane Database Syst Rev. 2014 Aug 3;(8):CD009036. <https://www.ncbi.nlm.nih.gov/pubmed/25086573>

⁶ Workowski KA, Bolan GA; Centers for Disease Control and Prevention. Sexually transmitted diseases treatment guidelines, 2015. MMWR Recomm Rep. 2015 Jun 5;64(RR-03):1-137. Erratum in: MMWR Recomm Rep. 2015 Aug 28;64(33):924. <https://www.ncbi.nlm.nih.gov/pubmed/26042815>