Scheduled Substance Treatment Protocols – Centre for Disease Control/Public Health Unit

Contents

Scheduled Substance Treatment Protocol (SSTP)

Azithromycin for Treatment or Prophylaxis of Pertussis SSTP

Areas Applicable	Services delivered by NT Health at or through Centre for Disease Control (CDC)
Health Professionals authorised by this SSTP	All Registered Nurses, Midwives and Registered Aboriginal and Torres Strait Islander Health Practitioners employed by or contracted to NT Health
Scheduled Substance(s)	Azithromycin
Indication	Treatment of pertussis infection and prophylaxis of contacts of cases as per related document below

Contraindications and/or Exclusions (including relevant drug interactions)*	Allergy or hypersensitivity to azithromycin/macrolides/ketolides (e.g. erythromycin, roxithromycin, clarithromycin) Risk factors for *prolonged QT interval*—azithromycin has been associated with prolonged QT interval. Patients with the following conditions are excluded from this SSTP, and require prescription from a medical officer: • renal or liver impairment • people currently taking colchicine, digoxin, theophylline, warfarin, disopyramide • pregnant women with pertussis or exposure within a month of expected delivery Notable drug interactions: Antacids – may reduce serum concentration by up to 30%

Dose and Route*

Patient (Age)	Drug / Dose		Route*	Frequency	Duration
Infants less than 1 month	Azithromycin suspension (200mg/5ml)	10mg/kg/day	Oral	Once Daily	5 days
Infants 1 – 5 months	Azithromycin suspension (200mg/5ml)	10mg/kg/day	Oral	Once Daily	5 days
Infants greater than6 months and children	Azithromycin capsule or tablet or suspension (200mg/5ml)	10mg/kg up to 500mg	Oral	Once Daily	Day 1
		5mg/kg up to 250mg	Oral	Once Daily	Day 2-5
Adults	Azithromycin capsule or tablet	500mg	Oral	Once Daily	Day 1
		250mg	Oral	Once Daily	Day 2-5

Dose Frequency*

As per table above

Monitoring requirements*

Nil monitoring requirements

Health Professional Accreditation Requirements

Health professionals using this guideline must meet the requirements outlined by the NT Chief Health Officer:

Nurses and Midwives:

- Be registered with the Nursing and Midwifery Board of Australia with no conditions, undertakings or notations which may limit delivery of clinical services directly to patients

Aboriginal and Torres Strait Islander Health Practitioners:

- Be registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia with no conditions or undertakings which may limit delivery of clinical services directly to patients

CDC staff must complete orientation with the clinic manager or delegate for the Head of Surveillance before administration of any drugs listed and can only be given without a medical officer prescription in accordance with the related guidelines for the specific disease.

Documentation *(including necessary information to the patient)*

Patients who receive azithromycin must have this documented in the medication section of the patient's relevant electronic health record e.g. CCIS, PCIS, ACACIA or Communicare.

Related Documents

Pertussis CDNA National Guidelines for Public Health Units

Azithromycin Factsheet (nt.gov.au)

Chief Health Officer	**Signature**	**Name**	**Date**

	EDOC2025/168619	Adj Prof Paul Burgess	30/06/2025
Period of effect	This SSTP remains in effect until 30/06/2027 unless revoked earlier		

References:

* The medicine information provided is to act as a guide to outline the limits of legal dealing with the named scheduled substances. Further information reference should be made to the full manufacturer's product info and other reliable sources of medicines information. If contraindications or exclusions are present, health professionals must refer the matter to an authorised prescriber for an administration order.

Scheduled Substance Treatment Protocol (SSTP)

Azithromycin for treatment or prophylaxis of Trachoma SSTP

Areas Applicable	Services delivered by NT Health at or through Centre for Disease Control (CDC)
Health Professionals authorised by this SSTP	All Registered Nurse, Midwives and Registered Aboriginal and Torres Strait Islander Health Practitioners employed by or contracted to NT Health
Scheduled Substance(s)	Azithromycin
Indication	Treatment for active Trachoma cases and prophylaxis for contacts (in infants and children over 3kg, and adults)
Contraindications and/or Exclusions (including relevant drug interactions)*	Known allergy, and weight <3kg. There is no other contraindication for administration of single dose azithromycin. Risk factors for *prolonged QT interval*—azithromycin has been associated with prolonged QT interval. Drug interactions: Antacids – may reduce serum concentration by up to 30%

Dose and Route*

Weight adjusted dosing is preferred for treatment or prophylaxis of trachoma with azithromycin. Where a weight cannot be obtained, height adjusted dosing may be used to calculate dosing.

Weight adjusted azithromycin treatment schedule for trachoma

Patient (Weight)	Drug / Dose		Route*	Frequency	Duration
3 to less than 6kgs	Azithromycin suspension (200mg/5ml)	2mL (80mg)	Oral	Single Dose	STAT
6 to less than 10kgs	Azithromycin suspension (200mg/5ml)	4mL (160mg)		Single Dose	STAT
10 to less than 15kgs	Azithromycin suspension (200mg/5ml)	6mL (240mg)		Single Dose	STAT
15 to less than 20kgs	Azithromycin suspension (200mg/5ml)	10mL (400mg)		Single Dose	STAT
20 to less than 30kgs	Azithromycin capsule or tablet (500mg) or Azithromycin suspension (200mg/5ml)	1 tablet or 12.5mL (500mg)		Single Dose	STAT
30 to less than 40kgs	Azithromycin capsule or tablet (500mg)	1.5 tablets (750mg)		Single Dose	STAT
40kgs and above	Azithromycin capsule or tablet (500mg)	2 tablets (1g)		Single Dose	STAT

Height adjusted azithromycin treatment schedule for trachoma

Patient (Height)	Drug / Dose		Route*	Frequency	Duration
Less than 61cms or less than 1 year	Refer to weight-adjusted dosing				
61-70cms	Azithromycin suspension (200mg/5ml)	4mL (160mg)	Oral	Single Dose	STAT
70-100cms	Azithromycin suspension (200mg/5ml)	6mL (240mg)		Single Dose	STAT
100-120cms	Azithromycin suspension (200mg/5ml)	10mL (400mg)		Single Dose	STAT
120-140cms	Azithromycin capsule or tablet or	1 tablet or 12.5mL (500mg)		Single Dose	STAT

		Azithromycin suspension (200mg/5ml)				
	140-160cms	Azithromycin capsule or tablet	1.5 tablets (750mg)		Single Dose	STAT
	160cms and over	Azithromycin capsule or tablet	2 tablets (1g)		Single Dose	STAT

Dose Frequency*	Stat
Monitoring requirements*	Nil monitoring requirements
Health Professional Accreditation Requirements	Health professionals using this guideline must meet the requirements outlined by the NT Chief Health Officer: ***Nurses and Midwives***: • Be registered with the Nursing and Midwifery Board of Australia with no conditions, undertakings or notations which may limit delivery of clinical services directly to patients ***Aboriginal and Torres Strait Islander Health Practitioners:*** • Be registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia with no conditions or undertakings which may limit delivery of clinical services directly to patients CDC staff must complete orientation with the clinic manager or delegate for the Head of Surveillance before administration of any drugs listed and can only be given without a medical officer prescription in accordance with the related guidelines for the specific disease.
Documentation *(including necessary information to the patient)*	Patients who receive azithromycin must have this documented in the medication section of the patient's relevant electronic health record e.g. CCIS, PCIS, ACACIA or Communicare.
Related Documents	Trachoma-CDNA National Guidelines for Public Health Units

Chief Health Officer	**Signature**	**Name**	**Date**
	EDOC2025/168619	Adj Prof Paul Burgess	30/06/2025
Period of effect	This SSTP remains in effect until 30/06/2027 unless revoked earlier		

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Scheduled Substance Treatment Protocol (SSTP)

Benzathine Benzylpenicillin (Benzathine Penicillin G) with or without Lidocaine for prophylaxis of Acute Rheumatic Fever, Acute Post Streptococcal Glomerulonephritis and Invasive Group A Streptococcus SSTP

Areas Applicable	Services delivered by NT Health at or through Centre for Disease Control (CDC)
Health Professionals authorised by this SSTP	All Registered Nurses, Midwives and Registered Aboriginal and Torres Strait Islander Health Practitioners employed by or contracted to NT Health
Scheduled Substance(s)	Benzathine benzylpenicillin* (Benzathine Penicillin G) *Benzathine benzylpencillin is long acting. It is also known as LA Bicillin. (Not to be confused with benzylpencillin which is short acting) Lidocaine 1% or Lidocaine 2%
Indication	With reference to the guideline documents listed below: • Prophylaxis of recurrences of acute rheumatic fever • In response to a case of acute post streptococcal glomerulonephritis (APSGN) - treatment of skin lesions or sore throat or prophylaxis in contacts of a case • In response to a case of invasive Group A Streptococcal (iGAS) infection - prophylaxis of contacts of a case.
Contraindications and/or Exclusions (including relevant drug interactions)*	Allergy or hypersensitivity to penicillin, soya bean and peanut allergies Allergy to lidocaine

Dose and Route*

For APSGN and iGAS					
Patient (Weight)	**Drug / Dose**		**Route***	**Frequency**	**Duration**
Child less than 10kg	Benzathine benzylpenicillin	0.45 million units (0.9mL prefilled syringe)	IMI	Single Dose	STAT
Child 10kg to less than 20kg	Benzathine benzylpenicillin	0.6 million units (1.17mL pre filled syringe)		Single Dose	STAT
Adult or Child 20kg or more	Benzathine benzylpenicillin	1.2 million units (2.3mL pre filled syringe)		Single Dose	STAT
For Rheumatic Fever Prophylaxis					
Child less than 20kg	Benzathine benzylpenicillin	0.6 million units (1.17mL pre filled syringe)	IMI	Single dose every 21 to 28 days	STAT
Adult or Child 20kg or more	Benzathine benzylpenicillin	1.2 million units (2.3mL pre filled syringe)		Single dose every 21 to 28 days	STAT

All preparations contain the same concentration of benzathine benzylpenicillin
Benzathine benzylpenicillin is in pregnancy category A and breastfeeding safe

Prefilled syringe

- Draw the required contents of BPG syringe into a 3mL syringe then draw up 0.5 mL of 1% lidocaine **or** 0.25 mL of 2% lidocaine. Avoid mixing to keep the lidocaine in the top of the syringe.

Dose Frequency*

Single dose

Monitoring requirements*

Observe for any signs of allergic reaction. Reactions resulting from BPG injections are most likely to occur within 15 minutes of administration, so the patient should be observed for 15 minutes after administration of the first dose or if there is concern about a potential reaction.

<table>
<tr><td>Health Professional Accreditation Requirements</td><td colspan="3">Health professionals using this guideline must meet the requirements outlined by the NT Chief Health Officer:
Nurses and Midwives:
Be registered with the Nursing and Midwifery Board of Australia with no conditions, undertakings or notations which may limit delivery of clinical services directly to patients
Aboriginal and Torres Strait Islander Health Practitioners:
Be registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia with no conditions or undertakings which may limit delivery of clinical services directly to patients
CDC staff must complete orientation with the clinic manager or delegate for the Head of Surveillance before administration of any drugs listed and can only be given without a medical officer prescription in accordance with the related guidelines for the specific disease.</td></tr>
<tr><td>Documentation
(including necessary information to the patient)</td><td colspan="3">Patients who receive benzathine benzylpenicillin must have this documented in the medication section of the patient's relevant electronic health record e.g. CCIS, PCIS, ACACIA or Communicare.</td></tr>
<tr><td>Related Documents</td><td colspan="3">ARF RHD Guidelines 3rd Edition
Acute rheumatic fever and rheumatic heart disease – CDNA National Guidelines for Public Health Units
Public Health Management of Acute Post-Streptococcal Glomerulonephritis (APSGN)
Public Health Management of Invasive Group A Streptococcal Disease in the Northern Territory Guideline</td></tr>
<tr><td rowspan="2">Chief Health Officer</td><td>Signature</td><td>Name</td><td>Date</td></tr>
<tr><td>EDOC2025/168619</td><td>Adj Prof Paul Burgess</td><td>30/06/2025</td></tr>
<tr><td>Period of effect</td><td colspan="3">This SSTP remains in effect until 30/06/2027 unless revoked earlier</td></tr>
<tr><td colspan="4">References:
* The medicine information provided is to act as a guide to outline the limits of legal dealing with the named scheduled substances. Further information reference should be made to the full manufacturer's product info and other reliable sources of medicines information. If contraindications or exclusions are present, health professionals must refer the matter to an authorised prescriber for an administration order.</td></tr>
</table>

Scheduled Substance Treatment Protocol (SSTP)

Ciprofloxacin for Prophylaxis of Meningococcal Disease SSTP

Areas Applicable	Services delivered by NT Health at or through Centre for Disease Control (CDC)
Health Professionals authorised by this SSTP	All Registered Nurses, Midwives and Registered Aboriginal and Torres Strait Islander Health Practitioners employed by or contracted to NT Health
Scheduled Substance(s)	Ciprofloxacin
Indication	Prophylaxis in contacts of cases with meningococcal disease

Contraindications and/or Exclusions (including relevant drug interactions)*	Contraindications • Allergy or hypersensitivity to quinolone antibiotics Patients with the following conditions are excluded from this SSTP, and require prescription from a medical officer: Patients with: • Pregnancy (compatible with breastfeeding, but can cause diarrhoea in infants) • myasthenia gravis; • renal impairment CrCl<30ml/min • G6PD deficiency- (increases risk of haemolytic anaemia). • Epilepsy • History of, or risk factors for, heart valve disease, aortic aneurysm or dissection. • History of peripheral neuropathy. • History of tendon damage (current corticosteroid use or age greater than 60 years increases the risk of tendon damage with quinolones). Drug interactions: Ciprofloxacin may induce seizures in people with epilepsy or a history of Central Nervous System disorders. If possible avoid combining with other drugs that may increase the risk of seizures (table) as this may further increase the risk. • Antacids • Anticoagulants • Clozapine • Ciclosporine • Iron • Lanthanum • Methotrexate • Phenytoin • Probenecid • Ropinirole • Sevelamer • Sildenafil • Tizanidine • Theophylline • Thyroid hormones

<table>
<tr><td>Dose and Route*</td><td>
<table>
<tr><th>Patient (Age)</th><th colspan="2">Drug / Dose</th><th>Route*</th><th>Frequency</th><th>Duration</th></tr>
<tr><td>Less than 5 years</td><td>Ciprofloxacin</td><td>30mg/kg up to 125mg</td><td>Oral</td><td>Single dose</td><td>STAT</td></tr>
<tr><td>5 -12 years</td><td>Ciprofloxacin tablets</td><td>250mg</td><td>Oral</td><td>Single dose</td><td>STAT</td></tr>
<tr><td>12 years and older</td><td>Ciprofloxacin tablets</td><td>500mg</td><td>Oral</td><td>Single dose</td><td>STAT</td></tr>
</table>
Refer to “Don’t Rush to Crush” for information on giving ciprofloxacin safely when part doses of tablets are required, or for people unable to swallow tablets.
</td></tr>
<tr><td>Dose Frequency*</td><td>Single dose</td></tr>
<tr><td>Monitoring requirements*</td><td>Nil monitoring requirements</td></tr>
<tr><td>Health Professional Accreditation Requirements</td><td>Health professionals using this guideline must meet the requirements outlined by the NT Chief Health Officer:
Nurses and Midwives:
Be registered with the Nursing and Midwifery Board of Australia with no conditions, undertakings or notations which may limit delivery of clinical services directly to patients
Aboriginal and Torres Strait Islander Health Practitioners:
Be registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia with no conditions or undertakings which may limit delivery of clinical services directly to patients
CDC staff must complete orientation with the clinic manager or delegate for the Head of Surveillance before administration of any drugs listed and can only be given without a medical officer prescription in accordance with the related guidelines for the specific disease.</td></tr>
<tr><td>Documentation
(including necessary information to the patient)</td><td>Patients who receive Ciprofloxacin must have this documented in the medication section of the patient’s relevant electronic health record e.g. CCIS, PCIS, ACACIA or Communicare.</td></tr>
<tr><td>Related Documents</td><td>Invasive meningococcal disease – CDNA National Guidelines for Public Health Units

Ciprofloxacin Factsheet (nt.gov.au)

The Royal Children’s Hospital Clinical Practice Guideline – Contact prophylaxis for invasive meningococcal or Hib disease</td></tr>
<tr><td>Chief Health Officer</td><td>Signature</td><td>Name</td><td>Date</td></tr>
</table>

	EDOC2025/168619	Adj Prof Paul Burgess	30/06/2025
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Scheduled Substance Treatment Protocol (SSTP)

Ivermectin for Treatment of Crusted Scabies Contacts with Clinical Evidence of Scabies SSTP

Areas Applicable	Services delivered by NT Health at or through Centre for Disease Control (CDC)
Health Professionals authorised by this SSTP	All Registered Nurses, midwives and Registered Aboriginal and Torres Strait Islander Health Practitioners employed by or contracted to NT Health
Scheduled Substance(s)	Ivermectin
Indication	With reference to the guideline documents listed below: • In response to a case of crusted scabies - treatment of contacts with clinical evidence of scabies
Contraindications and/or Exclusions (including relevant drug interactions)*	Pregnancy and breastfeeding. Perform pregnancy test for persons of childbearing potential. Patients with the following conditions are excluded from this SSTP, and require prescription from a medical officer: • Children less than 5years of age, or less than 15kg. Drug interactions: • Warfarin (rare, low level of evidence, may increase INR)

Dose and Route*

For Scabies

Patient (Weight)	Drug / Dose		Route*	Frequency	Duration
Child 0kg to 14.99kg	Ivermectin	DO NOT administer	Oral	NA	NA
Child 15kg	Ivermectin	1 tablet		Single Dose	STAT
Adult or Child 16kg – 30.9kg	Ivermectin	2 tablets		Single Dose	STAT
Adult or Child 31kg to 45.9kg	Ivermectin	3 tablets	Oral	Single Dose	STAT
Adult or Child 46kg to 60.9kg	Ivermectin	4 tablets	Oral	Single Dose	STAT
Adult 61kg to 75.9kg	Ivermectin	5 tablets	Oral	Single Dose	STAT
Adult 76kg to 90.9kg	Ivermectin	6 tablets	Oral	Single Dose	STAT
Adult 91kg – 105.9kg	Ivermectin	7 tablets	Oral	Single Dose	STAT
Adult 106kg – 120.9kg	Ivermectin	8 tablets	Oral	Single Dose	STAT
Adult 121kg – 135.9kg	Ivermectin	9 tablets	Oral	Single Dose	STAT
Adult 136kg – 150.9kg	Ivermectin	10 tablets	Oral	Single Dose	STAT
Adult 151kg – 165.9kg	Ivermectin	11 tablets	Oral	Single Dose	STAT
Adult 166kg – 180kg	Ivermectin	12 tablets	Oral	Single Dose	STAT

Give with full cream milk or fatty food.

Dose Frequency*

Single dose with repeat dose in 7 to 14 days. Can either supply both doses at the initial consult or supply the repeat dose on review between 7 and 14 days.

Monitoring requirements*

Nil monitoring requirements

Health Professional Accreditation Requirements	Health professionals using this guideline must meet the requirements outlined by the NT Chief Health Officer: ***Nurses and Midwives***: • Be registered with the Nursing and Midwifery Board of Australia with no conditions, undertakings or notations which may limit delivery of clinical services directly to patients ***Aboriginal and Torres Strait Islander Health Practitioners:*** • Be registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia with no conditions or undertakings which may limit delivery of clinical services directly to patients CDC staff must complete orientation with the clinic manager or delegate for the Head of Surveillance before administration of any drugs listed and can only be given without a medical officer prescription in accordance with the related guidelines for the specific disease.
Documentation *(including necessary information to the patient)*	Patients who receive ivermectin must have this documented in the medication section of the patient's relevant electronic health record e.g. CCIS, PCIS, ACACIA or Communicare.
Related Documents	Public Health Management of Crusted Scabies Guideline Northern Terriotry.DOCX

Chief Health Officer	**Signature**	**Name**	**Date**
	EDOC2025/168619	Adj Prof Paul Burgess	30/06/2025

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References:

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Scheduled Substance Treatment Protocol (SSTP)

Oseltamivir for Treatment and Prophylaxis of Influenza SSTP

Areas Applicable	Services delivered by NT Health at or through Centre for Disease Control (CDC)

Health Professionals authorised by this SSTP	All Registered Nurses, Midwives and Registered Aboriginal and Torres Strait Islander Health Practitioners employed by or contracted to NT Health
Scheduled Substance(s)	Oseltamivir
Indication	Regarding below document, treatment of influenza infection and prophylaxis of influenza in contacts of influenza cases
Contraindications and/or Exclusions (including relevant drug interactions)*	• Known hypersensitivity to any of the components of the product • Adults with renal impairment (CrCl less than 60mL/minute) • Hereditary fructose intolerance — oral liquid contains approximately 0.9 g sorbitol with each 30 mg oseltamivir Patients with the following conditions are excluded from this SSTP, and require prescription from a medical officer: • Pregnancy/breastfeeding • Children less than12 months of age

Dose and Route*

For treatment of influenza

Patient (Weight)	Drug / Dose		Route*	Frequency	Duration
15kg or less *Consult with medical officer if treatment is required in children less than 1 year	Oseltamivir capsule 30mg	30mg	Oral	BD	5 days
	Oseltamivir oral liquid 6 mg/mL	5mL of liquid			
15-23kg	Oseltamivir capsule 45mg	45mg	Oral	BD	5 days
	Oseltamivir oral liquid 6 mg/mL	7.5mL of liquid			
23-40kg	Oseltamivir capsule 30mg	60mg	Oral	BD	5 days
Above 40kg	Oseltamivir capsule 75mg	75mg	Oral	BD	5 days

For prophylaxis of influenza in contacts of cases

Patient (Weight)	Drug / Dose		Route*	Frequency	Duration
15kg or less *Not for children less than 1 year of age	Oseltamivir capsule 30mg	30mg	Oral	Daily	10 days
	Oseltamivir oral liquid 6 mg/mL	5mL of liquid			
15-23kg	Oseltamivir capsule 45mg	45mg	Oral	Daily	10 days
	Oseltamivir oral liquid 6 mg/mL	7.5mL of liquid			
23-40kg	Oseltamivir capsule 30mg	60mg	Oral	Daily	10 days
Above 40kg	Oseltamivir capsule 75mg	75mg	Oral	Daily	10 days

Different dosing is needed in renal impairment (CrCl less than 60mL/minute).

	If required, a 15 mg/mL oseltamivir liquid can be made before each dose by asking the carer to: • mix the contents of one 75 mg capsule in 5 mL water by stirring for about 2 minutes • draw the correct dose volume into a syringe (discard unwanted liquid) • mix the dose in soft food to disguise the taste before giving it. **Treatment of influenza** The earlier treatment starts, the shorter and less severe the illness. Start within 48 hours (ideally within 24 hours) after onset of symptoms (however, in severe illness, later treatment, e.g. within 4 days of onset, is still of benefit). **Prevention of influenza** Begin treatment within 2 days of exposure (close contact with an infected person).
Dose Frequency*	As per table above
Monitoring requirements*	Nil monitoring requirements
Health Professional Accreditation Requirements	Health professionals using this guideline must meet the requirements outlined by the NT Chief Health Officer: ***Nurses and Midwives***: • Be registered with the Nursing and Midwifery Board of Australia with no conditions, undertakings or notations which may limit delivery of clinical services directly to patients ***Aboriginal and Torres Strait Islander Health Practitioners:*** • Be registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia with no conditions or undertakings which may limit delivery of clinical services directly to patients CDC staff must complete orientation with the clinic manager or delegate for the Head of Surveillance before administration of any drugs listed and can only be given without a medical officer prescription in accordance with the related guidelines for the specific disease.
Documentation *(including necessary information to the patient)*	Patients who receive oseltamivir must have this documented in the medication section of the patient's relevant electronic health record e.g. CCIS, PCIS, ACACIA or Communicare.
Related Documents	Influenzae infection (flu) – CDNA National Guidelines for Public Health Units

Chief Health Officer	**Signature**	**Name**	**Date**
	EDOC2025/168619	Adj Prof Paul Burgess	30/06/2025

Period of effect	This SSTP remains in effect until 30/06/2027 unless revoked earlier

References:

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Scheduled Substance Treatment Protocol (SSTP)

Rifampicin for Prophylaxis of Meningococcal Disease and Invasive Haemophilus influenzae Type B Disease SSTP

Areas Applicable	Services delivered by NT Health at or through Centre for Disease Control (CDC)
Health Professionals authorised by this SSTP	All Registered Nurses, Midwives and Registered Aboriginal and Torres Strait Islander Health Practitioners employed by or contracted to NT Health
Scheduled Substance(s)	Rifampicin
Indication	Prophylaxis in contacts of cases with: • meningococcal disease or • *Haemophilus influenzae* Type B disease

<table>
<tr><td>Contraindications and/or Exclusions (including relevant drug interactions)*</td><td>
Allergy or hypersensitivity to any rifamycin antibiotic
Pregnancy (breastfeeding may continue and is safe however may cause loose bowel actions in the baby; may discolour breast milk).

Patients with the following conditions are excluded from this SSTP, and require prescription from a medical officer:
Prescribed oral contraceptives (decreased contraceptive effectiveness)
hepatic failure
Jaundice, alcoholism, hepatic impairment; use cautiously (a slightly lower dose may be necessary)
Drug interactions:
Rifampicin induces several hepatic and intestinal CYP enzymes as well as transporter proteins, decreasing the concentration and reducing the activity of <u>many</u> drugs. Check for drug interactions of all medicines. In the event drug interactions are present and dose adjustment required, refer case to a medical officer.
</td></tr>
<tr><td>Dose and Route*</td><td>
<table>
<tr><th colspan="6">For meningococcal disease contacts</th></tr>
<tr><th>Patient (Age)</th><th colspan="2">Drug / Dose</th><th>Route*</th><th>Frequency</th><th>Duration</th></tr>
<tr><td>Less than 4 weeks</td><td>Rifampicin</td><td>5mg/kg</td><td>Oral</td><td>BD</td><td>2 days</td></tr>
<tr><td>Greater than 4 weeks</td><td>Rifampicin</td><td>10mg/kg (Max 600mg)</td><td>Oral</td><td>BD</td><td>2 days</td></tr>
<tr><th colspan="6">For H. influenzae type B contacts</th></tr>
<tr><td>Less than 4 weeks</td><td>Rifampicin</td><td>10mg/kg</td><td>Oral</td><td>Once daily</td><td>4 days</td></tr>
<tr><td>Greater than 4 weeks</td><td>Rifampicin</td><td>20mg/kg (Max 600mg)</td><td>Oral</td><td>Once daily</td><td>4 days</td></tr>
</table>
</td></tr>
<tr><td>Dose Frequency*</td><td>As per table above</td></tr>
<tr><td>Monitoring requirements*</td><td>Nil monitoring requirements</td></tr>
</table>

Health Professional Accreditation Requirements	Health professionals using this guideline must meet the requirements outlined by the NT Chief Health Officer: ***Nurses and Midwives***: • Be registered with the Nursing and Midwifery Board of Australia with no conditions, undertakings or notations which may limit delivery of clinical services directly to patients ***Aboriginal and Torres Strait Islander Health Practitioners:*** • Be registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia with no conditions or undertakings which may limit delivery of clinical services directly to patients CDC staff must complete orientation with the clinic manager or delegate for the Head of Surveillance before administration of any drugs listed and can only be given without a medical officer prescription in accordance with the related guidelines for the specific disease.		
Documentation *(including necessary information to the patient)*	Patients who receive rifampicin must have this documented in the medication section of the patient's relevant electronic health record e.g. CCIS, PCIS, ACACIA or Communicare.		
Related Documents	Invasive meningococcal disease – CDNA National Guidelines for Public Health Units Haemophilus influenzae type b invasive infection – CDNA National Guidelines for Public Health Units		
Chief Health Officer	**Signature**	**Name**	**Date**
	EDOC2025/168619	Adj Prof Paul Burgess	30/06/2025
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* The medicine information provided is to act as a guide to outline the limits of legal dealing with the named scheduled substances. Further information reference should be made to the full manufacturer's product info and other reliable sources of medicines information. If contraindications or exclusions are present, health professionals must refer the matter to an authorised prescriber for an administration order.

Scheduled Substance Treatment Protocol (SSTP)

Trimethoprim with Sulfamethoxazole for Treatment and Prophylaxis of Pertussis SSTP

Areas Applicable	Services delivered by NT Health at or through Centre for Disease Control (CDC)
Health Professionals authorised by this SSTP	All Registered Nurses, midwives and Registered Aboriginal and Torres Strait Islander Health Practitioners employed by or contracted to NT Health
Scheduled Substance(s)	Trimethoprim with sulfamethoxazole
Indication	Treatment of pertussis infection and prophylaxis of contacts of cases as per related document below.

Contraindications and/or Exclusions (including relevant drug interactions)*	• Serious allergic reaction to sulfonamides, • Previous drug-induced immune thrombocytopenia from trimethoprim or sulfonamides • Megaloblastic anaemia (due to folate deficiency). • Preterm infants and neonates less than 4 weeks old • Elderly (increased risk of severe adverse effects.) Patients with the following conditions are excluded from this SSTP, and require prescription from a medical officer: • Blood dyscrasias • Pregnancy • Breastfeeding if baby is unwell • Folate deficiency • G6PD deficiency • Hepatic impairment • HIV infection • Hyperbilirubinaemia • Renal diseases • alcoholism • Slow acetylator phenotype • Stressed or preterm infant, preterm babies and in babies less than 6 weeks old • System lupus erythematosus Drug interactions: • Treatment with oral typhoid vaccine—trimethoprim with sulfamethoxazole is active against S. typhi and may inactivate the vaccine • Drugs that cause potassium retention, e.g. ACE inhibitors—increase the risk of hyperkalaemia; monitor potassium concentration. • Can decrease blood glucose concentration see Drugs affecting blood glucose concentration • Amantadine/memantine (neurological adverse effects) • Paclitaxel Methotrexate (antifolate activity) • Warfarin (increased risk of bleeding – monitor INR within first 3 days and adjust warfarin dose if necessary)

<table>
<tr><td>Dose and Route*</td><td>
<table>
<tr><th>Patient (Age)</th><th colspan="2">Drug / Dose</th><th>Route*</th><th>Frequency</th><th>Duration</th></tr>
<tr><td rowspan="2">Greater than 2 months and children</td><td><u>Tablets</u>

Trimethoprim 80mg with sulphamethoxazole 400mg

Trimethoprim 160mg with sulphamethoxazole 800mg</td><td rowspan="2">4+20mg/kg

up to (160+800mg)</td><td rowspan="2">Oral</td><td rowspan="2">BD</td><td rowspan="2">7 days</td></tr>
<tr><td><u>Oral liquid</u>

Trimethoprim 8 mg/mL with sulphamethoxazole 40mg/mL</td></tr>
<tr><td>Adults</td><td><u>Tablets</u>

Trimethoprim 80mg with sulphamethoxazole 400mg

Trimethoprim 160mg with sulphamethoxazole 800mg</td><td>160+800mg</td><td>Oral</td><td>BD</td><td>7 days</td></tr>
</table>
</td></tr>
<tr><td>Dose Frequency*</td><td>As per table above.</td></tr>
<tr><td>Monitoring requirements*</td><td>Monitor for hypersensitivity reactions; the most common adverse effects are GI reactions (advise to take dose with food) and skin sensitivity reactions (including sun sensitivity - advise to avoid sun exposure, wear protective clothing and use sunscreen).</td></tr>
</table>

<table>
<tr><td>Health Professional Accreditation Requirements</td><td colspan="3">Health professionals using this guideline must meet the requirements outlined by the NT Chief Health Officer:
Nurses and Midwives:
• Be registered with the Nursing and Midwifery Board of Australia with no conditions, undertakings or notations which may limit delivery of clinical services directly to patients

Aboriginal and Torres Strait Islander Health Practitioners:
• Be registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia with no conditions or undertakings which may limit delivery of clinical services directly to patients
CDC staff must complete orientation with the clinic manager or delegate for the Head of Surveillance before administration of any drugs listed and can only be given without a medical officer prescription in accordance with the related guidelines for the specific disease.</td></tr>
<tr><td>Documentation
(including necessary information to the patient)</td><td colspan="3">Patients who receive Trimepthoprim and sulphamethoxazole must have this documented in the medication section of the patient's relevant electronic health record e.g. CCIS, PCIS, ACACIA or Communicare.</td></tr>
<tr><td>Related Documents</td><td colspan="3">Pertussis CDNA National Guidelines for Public Health Units</td></tr>
<tr><td rowspan="2">Chief Health Officer</td><td>Signature</td><td>Name</td><td>Date</td></tr>
<tr><td>EDOC2025/168619</td><td>Adj Prof Paul Burgess</td><td>30/06/2025</td></tr>
<tr><td>Period of effect</td><td colspan="3">This SSTP remains in effect until 30/06/2027 unless revoked earlier</td></tr>
<tr><td colspan="4">References:
* The medicine information provided is to act as a guide to outline the limits of legal dealing with the named scheduled substances. Further information reference should be made to the full manufacturer's product info and other reliable sources of medicines information. If contraindications or exclusions are present, health professionals must refer the matter to an authorised prescriber for an administration order.</td></tr>
</table>

Scheduled Substance Treatment Protocol (SSTP)

Tuberculin Purified Protein Derivative (PPD) for Mantoux Skin Test SSTP

<table>
<tr><td>Areas Applicable</td><td>Services delivered by NT Health at or through Centre for Disease Control (CDC)</td></tr>
<tr><td>Health Professionals authorised by this SSTP</td><td>All Registered Nurses, midwives and Registered Aboriginal and Torres Strait Islander Health Practitioners employed by or contracted to NT Health</td></tr>
<tr><td>Scheduled Substance(s)</td><td>Tuberculin PPD (Mantoux – 5TU in 0.1mL) injection 1mL vial</td></tr>
<tr><td>Indication</td><td>Mantoux skin test is given to identify people with tuberculosis (TB) or latent TB infection</td></tr>
<tr><td>Contraindications and/or Exclusions (including relevant drug interactions)*</td><td>• Confirmed TB infection
• Previous Mantoux test causing severe skin reactions (vesiculation, ulceration, necrosis)
• Previous Mantoux test causing immediate hypersensitivity reaction
• Short term immunosuppressive therapy
• Recent live virus vaccination within 6 weeks
• Defer Mantoux skin testing (i.e. return from countries with high TB prevalence)
Drug interactions:
• Topical corticosteroids (may suppress reaction)
• Recently given attenuated live vaccines (may suppress reaction)</td></tr>
<tr><td>Dose and Route*</td><td>
<table>
<tr><th>Patient</th><th colspan="2">Drug / Dose</th><th>Route*</th><th>Frequency</th><th>Duration</th></tr>
<tr><td>All</td><td>Tuberculin PPD</td><td>0.1mL</td><td>Intradermal</td><td>STAT</td><td></td></tr>
</table>
</td></tr>
<tr><td>Dose Frequency*</td><td>Single dose</td></tr>
<tr><td>Monitoring requirements*</td><td>Nil monitoring requirements</td></tr>
</table>

<table>
<tr><td>Health Professional Accreditation Requirements</td><td colspan="3">Health professionals using this guideline must meet the requirements outlined by the NT Chief Health Officer:
Nurses and Midwives:
Be registered with the Nursing and Midwifery Board of Australia with no conditions, undertakings or notations which may limit delivery of clinical services directly to patients
Aboriginal and Torres Strait Islander Health Practitioners:
Be registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia with no conditions or undertakings which may limit delivery of clinical services directly to patients
CDC staff must complete orientation with the clinic manager, clinical nurse specialist from the Tuberculosis unit or delegate for the Head of Surveillance before administration of any drugs listed and can only be given without a medical officer prescription in accordance with the related guidelines for the specific disease.</td></tr>
<tr><td>Documentation
(including necessary information to the patient)</td><td colspan="3">Patients who receive Tuberculin PPD must have this documented in the medication section of the patient's relevant electronic health record e.g. CCIS, PCIS, ACACIA or Communicare.</td></tr>
<tr><td>Related Documents</td><td colspan="3">Guidelines for the Control of Tuberculosis in the Northern Territory</td></tr>
<tr><td rowspan="2">Chief Health Officer</td><td>Signature</td><td>Name</td><td>Date</td></tr>
<tr><td>EDOC2025/168619</td><td>Adj Prof Paul Burgess</td><td>30/06/2025</td></tr>
<tr><td>Period of effect</td><td colspan="3">This SSTP remains in effect until 30/06/2027 unless revoked earlier</td></tr>
<tr><td colspan="4">References:
* The medicine information provided is to act as a guide to outline the limits of legal dealing with the named scheduled substances. Further information reference should be made to the full manufacturer's product info and other reliable sources of medicines information. If contraindications or exclusions are present, health professionals must refer the matter to an authorised prescriber for an administration order.</td></tr>
</table>

Northern Territory of Australia

Medicines, Poisons and Therapeutic Goods Act 2012

Center for Disease Control SSTP
Approval

I, Christopher Paul Burgess, Chief Health Officer:

(a) under section 254(1) of the Act, approve each Scheduled substance treatment protocol specified in Schedule A;

(b) under section 254(3) of the Act, state that each Schedule substance treatment protocol specified in Schedule A remains in effect for a period of 2 years on and from the date of this instrument.

Dated

EDOC2025/168098

30 June 2025

Chief Health Officer

Schedule A

Title	Publication Date	Author
Azithromycin for Treatment or Prophylaxis of Pertussis SSTP	02/06/2025	Center for Disease Control, Northern Territory Government, Department of Health

Northern Territory of Australia

Medicines, Poisons and Therapeutic Goods Act 2012

Center for Disease Control SSTP
Approval

I, Christopher Paul Burgess, Chief Health Officer:

(a) under section 254(1) of the Act, approve each Scheduled substance treatment protocol specified in Schedule A;

(b) under section 254(3) of the Act, state that each Schedule substance treatment protocol specified in Schedule A remains in effect for a period of 2 years on and from the date of this instrument.

Dated

30 June 2025

EDOC2025/168606

Chief Health Officer

Schedule A

Title	Publication Date	Author
Azithromycin for treatment or prophylaxis of Trachoma SSTP	02/06/2025	Center for Disease Control, Northern Territory Government, Department of Health

Northern Territory of Australia

Medicines, Poisons and Therapeutic Goods Act 2012

Center for Disease Control SSTP
Approval

I, Christopher Paul Burgess, Chief Health Officer:

(a) under section 254(1) of the Act, approve each Scheduled substance treatment protocol specified in Schedule A;

(b) under section 254(3) of the Act, state that each Schedule substance treatment protocol specified in Schedule A remains in effect for a period of 2 years on and from the date of this instrument.

Dated

EDOC2025/168609

30 June 2025

Chief Health Officer

Schedule A

Title	Publication Date	Author
Benzathine Benzylpenicillin (Benzathine Penicillin G) with or without Lidocaine for prophylaxis of Acute Rheumatic Fever, Acute Post Streptococcal Glomerulonephritis and Invasive Group A Streptococcus SSTP	02/06/2025	Center for Disease Control, Northern Territory Government, Department of Health

Northern Territory of Australia

Medicines, Poisons and Therapeutic Goods Act 2012

Center for Disease Control SSTP
Approval

I, Christopher Paul Burgess, Chief Health Officer:

(a) under section 254(1) of the Act, approve each Scheduled substance treatment protocol specified in Schedule A;

(b) under section 254(3) of the Act, state that each Schedule substance treatment protocol specified in Schedule A remains in effect for a period of 2 years on and from the date of this instrument.

Dated

EDOC2025/168610

30 June 2025

Chief Health Officer

Schedule A

Title	Publication Date	Author
Ciprofloxacin for Prophylaxis of Meningococcal Disease SSTP	02/06/2025	Center for Disease Control, Northern Territory Government, Department of Health

Northern Territory of Australia

Medicines, Poisons and Therapeutic Goods Act 2012

Center for Disease Control SSTP
Approval

I, Christopher Paul Burgess, Chief Health Officer:

(a) under section 254(1) of the Act, approve each Scheduled substance treatment protocol specified in Schedule A;

(b) under section 254(3) of the Act, state that each Schedule substance treatment protocol specified in Schedule A remains in effect for a period of 2 years on and from the date of this instrument.

Dated

EDOC2025/168611

30 June 2025

Chief Health Officer

Schedule A

Title	Publication Date	Author
Ivermectin for Treatment of Crusted Scabies Contacts with Clinical Evidence of Scabies SSTP	02/06/2025	Center for Disease Control, Northern Territory Government, Department of Health

Northern Territory of Australia

Medicines, Poisons and Therapeutic Goods Act 2012

Center for Disease Control SSTP
Approval

I, Christopher Paul Burgess, Chief Health Officer:

(a) under section 254(1) of the Act, approve each Scheduled substance treatment protocol specified in Schedule A;

(b) under section 254(3) of the Act, state that each Schedule substance treatment protocol specified in Schedule A remains in effect for a period of 2 years on and from the date of this instrument.

Dated

30 June 2025

EDOC2025/168613

Chief Health Officer

Schedule A

Title	Publication Date	Author
Oseltamivir for Treatment and Prophylaxis of Influenza SSTP	02/06/2025	Center for Disease Control, Northern Territory Government, Department of Health

Northern Territory of Australia

Medicines, Poisons and Therapeutic Goods Act 2012

Center for Disease Control SSTP
Approval

I, Christopher Paul Burgess, Chief Health Officer:

(a) under section 254(1) of the Act, approve each Scheduled substance treatment protocol specified in Schedule A;

(b) under section 254(3) of the Act, state that each Schedule substance treatment protocol specified in Schedule A remains in effect for a period of 2 years on and from the date of this instrument.

Dated

EDOC2025/168614

30 June 2025

Chief Health Officer

Schedule A

Title	Publication Date	Author
Rifampicin for Prophylaxis of Meningococcal Disease and Invasive Haemophilus influenzae Type B Disease SSTP	02/06/2025	Center for Disease Control, Northern Territory Government, Department of Health

Northern Territory of Australia

Medicines, Poisons and Therapeutic Goods Act 2012

Center for Disease Control SSTP
Approval

I, Christopher Paul Burgess, Chief Health Officer:

(a) under section 254(1) of the Act, approve each Scheduled substance treatment protocol specified in Schedule A;

(b) under section 254(3) of the Act, state that each Schedule substance treatment protocol specified in Schedule A remains in effect for a period of 2 years on and from the date of this instrument.

Dated

30 June 2025

EDOC2025/168615

Chief Health Officer

Schedule A

Title	Publication Date	Author
Trimethoprim with Sulfamethoxazole for Treatment and Prophylaxis of Pertussis SSTP	02/06/2025	Center for Disease Control, Northern Territory Government, Department of Health

Northern Territory of Australia

Medicines, Poisons and Therapeutic Goods Act 2012

Center for Disease Control SSTP
Approval

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(b) under section 254(3) of the Act, state that each Schedule substance treatment protocol specified in Schedule A remains in effect for a period of 2 years on and from the date of this instrument.

Dated

EDOC2025/168616

30 June 2025

Chief Health Officer

Schedule A

Title	Publication Date	Author
Tuberculin Purified Protein Derivative (PPD) for Mantoux Skin Test SSTP	02/06/2025	Center for Disease Control, Northern Territory Government, Department of Health