



# health

Department:  
Health  
REPUBLIC OF SOUTH AFRICA



Private Bag X828, PRETORIA, 0001 Dr AB Xuma Building 1112 Voortrekker Road, Pretoria Townlands 351-JR, PRETORIA, 0187 Tel (012) 395 8000, Fax (012) 395 8918

Reference: 2025/12/12 EDP/01

## **NOTICE: UPDATES TO THE PRIMARY HEALTHCARE (PHC) AND ADULT HOSPITAL LEVEL (AHL) STANDARD TREATMENT GUIDELINES (STGs) AND ESSENTIAL MEDICINE LIST (EML)**

Please note the following updates made to the 2024 PHC and AHL combined editions of the STGs and EML:

### **Primary Healthcare STG updates**

#### **PHC CH 23: Standard paediatric dosing tables**

##### **1. Cefalexin**

- Cefalexin dose table removed for the age band >7 years in line with PHC Ch5: Skin STG dose recommendation. In addition, minor editorial changes made for better clarity.

The STG has been updated as follows:

#### **CEPHALEXIN**

5.4.1 Boil, abscess; 5.4.2 Impetigo; 5.4.3 Cellulitis; 5.8.1 Eczema, atopic; 5.8.2 Eczema, acute, moist or weeping; 19.4. Otitis, externa, (furuncular).

- ▲ Cephalexin, oral, 25 mg/kg/dose 12 hourly for 5 days.

Weight kg	Dose mg	Syrup 125 mg/ 5mL	Syrup 250 mg/ 5mL	Capsule 250 mg	Capsule 500mg	Age Months/years
>2.5–3.4 kg	75 mg	3 mL	1.5 mL	–	–	Birth–3 months
3.5–5.0 kg	100 mg	4 mL	2 mL	–	–	>3– <del>6</del> <del>18</del> months
5.1–7.4 kg	150 mg	6 mL	3 mL	–	–	> <del>6</del> <del>3</del> – <del>12</del> <del>6</del> months
7.5–10 kg	200 mg	8 mL	4 mL	–	–	>12–18 months
10.1–14 kg	250 mg	10 mL	5 mL	1	–	>18 months–3 years
14.1–18 kg	350 mg	–	7 mL	–	–	>3–5 years
18.1–25 kg	500 mg	–	10 mL	2	1	>5–7 years
>25 kg	<del>625 mg</del>	–	<del>12.5 mL</del>	–	–	>7 years

##### **2. Ciprofloxacin**

- New dosing table for treatment of cholera added in line with updated PHC Ch 2 GIT conditions. The STG has been updated as follows:

**NOTICE: UPDATES TO THE PRIMARY HEALTHCARE (PHC) AND ADULT HOSPITAL LEVEL (AHL) STANDARD TREATMENT GUIDELINES (STGs) AND ESSENTIAL MEDICINE LIST (EML)**

**2.7 Cholera**

- Ciprofloxacin, oral, 20mg/kg as a single dose

<u>Weight</u> <u>kg</u>	<u>Dose</u> <u>mg</u>	<u>Use one of the following:</u>			<u>Age</u> <u>Months/years</u>
		<u>Susp</u> <u>250 mg/5 mL</u>	<u>Tablet</u>		
			<u>250 mg</u>	<u>500 mg</u>	
<u>&gt;9–11 kg</u>	<u>180mg</u>	<u>3.6 mL</u>	<u>=</u>	<u>=</u>	<u>&gt;12–18 months</u>
<u>&gt;11–14 kg</u>	<u>220 mg</u>	<u>4.4 mL</u>	<u>=</u>	<u>=</u>	<u>&gt;18 months–3 years</u>
<u>&gt;14–17.5 kg</u>	<u>280 mg</u>	<u>5.6 mL</u>	<u>1.25</u>	<u>=</u>	<u>&gt;3–5 years</u>
<u>&gt;17.5–25 kg</u>	<u>350 mg</u>	<u>7 mL</u>	<u>=</u>	<u>=</u>	<u>&gt;5–7 years</u>
<u>&gt;25 kg/kg</u>	<u>520 mg</u>	<u>10.4 mL</u>	<u>2</u>	<u>1</u>	<u>&gt;7 years</u>

**3. Cetirizine**

- Amended table to dose by age, not by weight. The STG has been updated as follows:

**CETIRIZINE**

5.2 Itching (pruritus); 5.8.1 Eczema, atopic; 5.8.2 Eczema, acute, moist or weeping; 5.10.1 Urticaria; 5.10.4 Papular urticaria; 5.11 Pityriasis rosea; 18.1.1 Conjunctivitis, allergic; 19.1 Allergic rhinitis

- Cetirizine, oral, 5 mg once daily

Age Years (Dose according to age not weight)Weight kg	Dose mg	Use one of the following:	
		Syrup 1 mg/mL	Tablet 10 mg
6 months – 2 years	2.5 mg	2.5 mL	–
2–6 years	5 mg	5 mL	–
>6 years	10 mg	10 mL	1 tablet

**4. Chlorphenamine**

- Dose band for children <2 years, in alignment with Paeds Hospital STGs added. The STG has been updated as follows:

**CHLORPHENAMINE**

5.2 Itching (pruritus); 5.7.3 Sandworm; 5.8.1 Eczema, atopic; 5.8.2 Eczema, acute, moist or weeping; 5.10.1 Urticaria; 5.10.4 Papular urticaria; 5.11 Pityriasis rosea; 10.2 Chicken pox; 18.1.1 Conjunctivitis, allergic; 19.1 Allergic rhinitis; 20.4 Chronic cancer pain (pruritus); 21.3.1.3 Insect stings, scorpion stings and spider bites.

- Chlorphenamine, oral, 0.1 mg/kg/dose 6–8 hourly.

Weight Kg	Dose mg	Use one of the following:		Age years
		Syrup 2 mg/5mL	Tablet 4 mg	
3.5 – 12 kg	10–8 mg	2.5 mL	–	Birth 1 month – 2 years*
>12–14 kg	1.2 mg	3 mL	–	>2–3 years
>14–17.5 kg	1.6 mg	4 mL	–	>3–5 years
>17.5–25 kg	2 mg	5 mL	–	>5–7 years
>25–35 kg	3 mg	7.5 mL	–	>7–11 years

- Caution box in PHC restricting chlorphenamine use only to children older than 2 years has been removed in the following chapters as follows:

PHC Chapter 19: Ear, nose and throat conditions  
PHC Chapter 20: Pain

**CAUTION**

Do not give an antihistamine to children <2 years of age.

**PHC Ch 5: Skin**

**1. Benzoyl peroxide**



**NOTICE: UPDATES TO THE PRIMARY HEALTHCARE (PHC) AND ADULT HOSPITAL LEVEL (AHL) STANDARD TREATMENT GUIDELINES (STGs) AND ESSENTIAL MEDICINE LIST (EML)**

- STG guidance for the management of acne vulgaris amended from benzoyl peroxide “gel” to benzoyl peroxide “topical”. The STG has been updated as follows:

**MEDICINE TREATMENT**

**Mild inflammatory acne:**

- Benzoyl peroxide 5% gel, apply in the morning to affected areas as tolerated.
- o Wash off in the evening.
- o If ineffective and tolerated, increase application to 12 hourly.
- o Avoid contact with eyes, mouth, angles of the nose and mucous membranes.

**MEDICINE TREATMENT**

**Mild inflammatory acne:**

- Benzoyl peroxide 5% topical, apply in the morning to affected areas as tolerated.
- Wash off in the evening.
- If ineffective and tolerated, increase application to 12 hourly.
- Avoid contact with eyes, mouth, angles of the nose and mucous membranes.

**PHC Ch 19: Ear, Nose and Throat conditions**

- Dose of cefalexin in children for otitis externa has been amended from 12-25mg/kg dose 6 hourly to 25 mg/kg/dose 12 hourly in alignment with PHC Ch 5:Skin.

**PHC Chapter 19: Ear, nose and throat conditions**

**19.4.1 Otitis externa**

**Changed From**

**MEDICINE TREATMENT**

**Diffuse**

- » Does not usually require an antibiotic
- » Make a wick where possible, using ribbon gauze or other suitable absorbent cloth, e.g. paper towel to clean and dry the ear.
- Acetic acid 2% in alcohol, topical, instilled into the ear every 6 hours for 5 days.
- o Instil 3–4 drops after cleaning and drying the ear.

**Furuncular**

**Children**

- Cefalexin, oral, 12–25 mg/kg/dose 6 hourly for 5 days. See dosing table: Chapter 23.

**Changed To**

**MEDICINE TREATMENT**

**Diffuse**

- » Does not usually require an antibiotic
- » Make a wick where possible, using ribbon gauze or other suitable absorbent cloth, e.g. paper towel to clean and dry the ear.
- Acetic acid 2% in alcohol, topical, instilled into the ear every 6 hours for 5 days.
- o Instil 3–4 drops after cleaning and drying the ear.

**Furuncular**

**Children**

- Cefalexin, oral, 25 mg/kg/dose 12 hourly for 5 days. See dosing table: Chapter 23.

**OR**

**PHC Ch 6: Obstetrics & Gynaecology**

- Dexamethasone injection added as an alternative to betamethasone inj for for Preterm Labour (PTL) and Preterm Prelabour Rupture Of Membranes (PPROM) in alignment with AHL Ch 6: Obstetrics.

To improve fetal lung maturity at 26–34 weeks:

Z29.2

Betamethasone, IM, 12 mg, 2 doses 24 hours apart.

If betamethasone is not available:

- Dexamethasone, IM, 8 mg, 3 doses 8 hours apart.

**Note:** Corticosteroids are maximally effective about 24 hours after administration of the first dose. Therefore, give as soon as possible following diagnosis of PTL or PPROM.

**Adult Hospital Level STG and EML updates**

**AHL Ch 14: Neurological Disorders**

- Statin choice in AHL Chapter 14: Neurological Disorders aligned with the source chapter AHL Chapter 3: Cardio Vascular System (CVS) for secondary prevention of Cardiovascular Disease (CVD) from Simvastatin 40mg to rosuvastatin 10mg.
- Dose of simvastatin for secondary prevention of CVD in patients on amlodipine (not on Protease inhibitors) Amended from 10mg to 10-20 mg ,in line with the source chapter AHL Chapter 3: CVS

**NOTICE: UPDATES TO THE PRIMARY HEALTHCARE (PHC) AND ADULT HOSPITAL LEVEL (AHL) STANDARD TREATMENT GUIDELINES (STGs) AND ESSENTIAL MEDICINE LIST (EML)**

AHL Chapter 3: Cardiovascular System		Chapter 14: Neurological Disorders
<b>B: Secondary prevention - existing CVD</b>		<b>Section: 14.1.1 Stroke</b>
<ul style="list-style-type: none"> <li>» Ischaemic heart disease.</li> <li>» Atherothrombotic stroke.</li> <li>» Peripheral vascular disease.</li> </ul>	<ul style="list-style-type: none"> <li>▪ <del>HMGCoA</del> reductase inhibitors (statins), e.g.:</li> <li>• Rosuvastatin, oral, 10 mg at night.</li> </ul>	<p><b>Secondary prevention:</b> Measures for secondary prevention may not be appropriate for patients with severe disability.</p> <p>All patients with a thrombotic stroke, not on anticoagulation and irrespective of the LDL level: Aspirin, oral, 150 mg daily.</p> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>▪ <del>HMGCoA</del> reductase inhibitors (statins), e.g.:</li> <li>• Simvastatin, oral, 40mg Rosuvastatin, oral, 10 mg at night.</li> </ul> <p>Patients on protease inhibitor: • Atorvastatin, oral, 10 mg at night.</p> <p>Patients on amlodipine (and not on a protease inhibitor): • Simvastatin, oral, 10-20 mg at night.</p>
	<ul style="list-style-type: none"> <li>» Patients on protease inhibitors.</li> </ul>	
	<ul style="list-style-type: none"> <li>» Patients on amlodipine (and not on protease inhibitor).</li> </ul>	
	<ul style="list-style-type: none"> <li>» If patient complains of muscle pain.</li> </ul>	
	<p>Reduce dose:</p> <ul style="list-style-type: none"> <li>▪ <del>HMGCoA</del> reductase inhibitors (statins), e.g.:</li> <li>• Simvastatin, oral, 10 mg at night.</li> </ul> <p><b>OR</b> Consult specialist for further management.</p>	

The updated PHC and Adult Hospital Level STGs and EML has been uploaded to the National Health Insurance webpage and can be downloaded using the following URL: <https://www.health.gov.za/nhi-edp-stgs-eml/>

**Circular dissemination**

Provinces and Healthcare Facilities are requested to distribute and communicate this information in consultation with the Pharmaceutical and Therapeutics Committees and all other relevant stakeholders. Comments may be submitted via e-mail: [SAEDP@health.gov.za](mailto:SAEDP@health.gov.za)

Kind regards

  
**MS K JAMALOODIEN**  
**CHIEF DIRECTOR: SECTOR WIDE PROCUREMENT**  
**DATE: 12/12/2025**