SOUTH AFRICAN PRIMARY HEALTHCARE LEVEL ESSENTIAL MEDICINES LIST
CHAPTER 19: EAR, NOSE AND THROAT (ENT) CONDITIONS
NEMLC RECOMMENDATIONS FOR MEDICINE AMENDMENTS (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 gastrointestinal conditions.
Note: The PHC eye 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/DELETED/AMENDED?NOT ADDED/RETAINED
19.1 Allergic rhinitis		
-Intranasal corticosteroids (general population) in adults and children > 6 years of age	Corticosteroids, nasal spray	Retained as a therapeutic class
	Fluticasone aqueous nasal spray	Retained as example of class in the STG
	Beclomethasone aqueous nasal spray	Retained as therapeutic alternative (and consideration at referral centres if patient on protease inhibitor)
	Budesonide aqueous nasal spray	Added as therapeutic alternative
	Mometasone aqueous nasal spray	Added as therapeutic alternative
	Triamcinolone aqueous nasal spray	Added as therapeutic alternative
- For short term symptomatic use: children	Chlorphenamine, oral	Retained
- For short term symptomatic use: adults	Chlorphenamine, oral	Retained
- For relief of nocturnal nasal blockage	Oxymetazoline, nasal spray	Retained and caution added
- For long-term use in children (2-6 years of age)	Cetirizine, oral	Retained
- For long-term use in adults and school going children	Non-sedating anti-histamines	Recommended as a therapeutic class
	Cetirizine, oral	Amended as an example of therapeutic class (listed in STG)
	Fexofenadine, oral	Added as a therapeutic alternative
	Caution box	Deleted caution box restricting use of antihistamines to children older than 2 years only
19.4.1 Otitis externa		
Medicine treatment	Cefalexin, oral	Dose amended
19.4.2 Otitis media, acute		
- For patients with upper respiratory tract congestion, secondary to allergy	Management of allergic rhinitis	Cross-referred to section 19.1: Allergic rhinitis

19.1 ALLERGIC RHINITIS

Intranasal corticosteroids (in adults and children > 6 years of age):
Corticosteroids, nasal spray: *retained as a therapeutic class*
Fluticasone aqueous nasal spray: *retained as example of class (listed in the STG)*
Beclomethasone aqueous nasal spray: *retained as therapeutic alternative (and consideration at referral centres if patient on protease inhibitor)*
Budesonide aqueous nasal spray: *retained as therapeutic alternative*
Mometasone aqueous nasal spray: *added as therapeutic alternative*
Triamcinolone aqueous nasal spray: *added as therapeutic alternative*

For short term symptomatic use (children and adults):
Chlorphenamine, oral: *retained*

For relief of nasal blockage
Oxymetazoline, nasal spray: *retained and caution added*
The following caution was added, aligned with SAMF, 2016:

Note: Rebound nasal congestion occurs with prolonged use (>5 days) of topical nasal decongestants.

Level of Evidence: III Guidelines

For long-term use
Children (2-6 years of age)

Cetirizine, oral*: retained*

Adults and school going children
Non-sedating antihistamines, oral: *recommended as therapeutic class*
Cetirizine, oral: *retained as example of class (listed in STG)*
Fexofenadine, oral: *added as therapeutic alternative*
Refer to the medicine review, non-sedating antihistamines for persistent allergic rhinitis (November 2017):

Non-sedating Antihistamines for A

http://www.health.gov.za/index.php/standard-treatment-guidelines-and-essential-medicines-list/category/286-hospital-level-adults

Recommendation: Fexofenadine and cetirizine appear to be statistically and clinically similar with regards to seasonal allergic rhinitis symptom reduction. Fexofenadine has less drowsiness, but this is not statistically significant. Based on the medicine review, recommendations were guided by availability of agents based on price.

Prices

Medicine	Source	Price
Cetirizine 10 mg tablets (28)	Contract circular RT289-2019, 1 September 2020[1]	R 3.65
Fexofenadine 120 mg tablets (30)	SEP database[2]	R 23.99

Level of Evidence: I RCT, Expert opinion

19.4.2 OTITIS MEDIA, ACUTE

Patients with upper respiratory tract congestion, secondary to allergy:
Cross-reference to section19.1: Allergic rhinitis

2025 Updates

The following updates were made to the chapter following its publication.

19.1 ALLERGIC RHINITIS

Caution box: *Deleted*

The caution box restricting use of antihistamines to children older than 2 years for allergic rhinitis has been deleted. The PHC Ch23: Standard Paediatric dosing tables has been amended to include a dose band providing the dose of chlorphenamine, oral in children younger than 2 years.
The STG has been amended as follows:

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

19.4.1 OTITIS EXTERNA

The dose of cefalexin, oral, amended for children <7 years from 12–25 mg/kg/dose 6 hourly for 5 days to 25

mg/kg/dose for the treatment of otitis externa in alignment with PHC Chapter 5: Skin Conditions. The STG has been amended as follows:

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.

[1] Contract circular RT289-2019, weighted average price
[2] SEP database, March 2020. https://medicineprices.org.za/ (60% of cheapest generic ex Manufacturer price)[2]