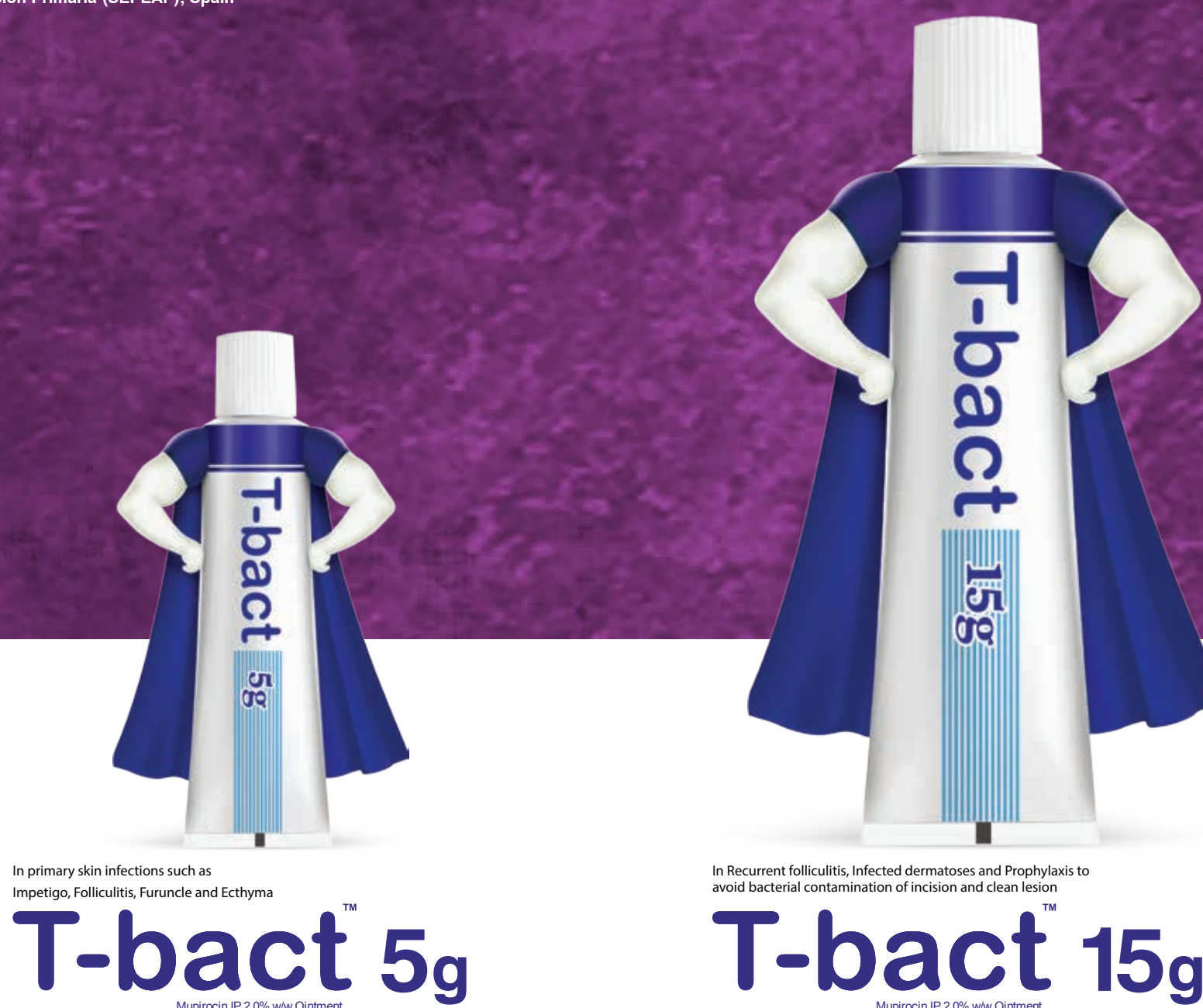


# Mupirocin is recommended across guidelines for primary and secondary SSIs

Guidelines from Europe, USA, Australia, Korea, and India, recommend use of mupirocin with some variation in recommendations from country to country:

Guideline	Year	Guideline Recommendation
Therapeutic guidelines, Melbourne, Australia <sup>1</sup>	2009	Recommend mupirocin for infected, localised dermatitis, impetigo and folliculitis <ul style="list-style-type: none"> <li>• For infected localised dermatitis, apply mupirocin 2% topically to crusted areas twice a day for 7 days</li> <li>• For impetigo, apply mupirocin 2% topically to crusted areas 8-hourly for 7 days</li> <li>• For mild forms of folliculitis if <i>Staphylococcus aureus</i> is isolated, topical mupirocin has been shown to be effective in hastening resolution</li> </ul>
IDSA, USA <sup>2</sup>	2011	MRSA infections Pediatric: For children with minor skin infections (such as impetigo) and secondarily infected skin lesions (such as eczema, ulcers, or lacerations), mupirocin 2% topical ointment can be used MRSA infection in neonates & young infants: mild cases with localized lesions topical treatment with mupirocin may be adequate
ISD, Italy <sup>3</sup>	2011	Recommend mupirocin for superficial bacterial skin infections suspected to be caused by MRSA <ul style="list-style-type: none"> <li>• If MRSA is suspected, mupirocin should be administered on an empiric basis (i.e. before MRSA infection is confirmed)</li> </ul>
IDSA, USA <sup>4</sup>	2014	<ul style="list-style-type: none"> <li>• Recommend mupirocin for bullous and non-bullous impetigo</li> <li>• Mupirocin ointment should be administered 3 times daily for 5 days for adults and children</li> <li>• Presenting with a limited number of lesions caused by staphylococci and/or streptococci<sup>4</sup></li> </ul>
SEIP-AEPAP-SEPEAP consensus document on the aetiology, diagnosis and treatment of bacterial skin infections in out-patients, Spain <sup>5</sup>	2016	Recommend mupirocin for bacterial skin infections in children <ul style="list-style-type: none"> <li>• In children with localised impetigo, mupirocin can be administered every 8 hours for 5–7 days</li> <li>• In paediatric patients with ecthyma, mupirocin is one of the option if the lesion is &lt;2cm in size</li> <li>• Also, for children with folliculitis and furunculosis</li> </ul>
ICMR, India <sup>6</sup>	2017	For patients with local superficial skin infections, apply mupirocin ointment to lesions twice a day
Clinical Guidelines for the Antibiotic Treatment for Community-Acquired Skin and Soft Tissue Infection-South Korea <sup>7</sup>	2017	Recommend mupirocin for impetigo and ecthyma <ul style="list-style-type: none"> <li>• For patients with a limited number of lesions</li> </ul>

SSI: Surgical Site Infections USA: United States of America MRSA: Methicillin-Resistant *Staphylococcus aureus* ISD: Italian Society of Dermatology IDSA: Infectious Diseases Society of America  
ICMR: Indian Council of Medical Research SEIP: Sociedad Española de Infectología Pediátrica (SEIP) AEPAP: Asociación Española de Pediatría de Atención Primaria (AEPaP), Spain  
SEPEAP: Sociedad Española de Pediatría Extrahospitalaria y Atención Primaria (SEPEAP), Spain



In primary skin infections such as Impetigo, Folliculitis, Furuncle and Ecthyma

**T-bact 5g**  
Mupirocin IP 2.0% w/w Ointment

In Recurrent folliculitis, Infected dermatoses and Prophylaxis to avoid bacterial contamination of incision and clean lesion

**T-bact 15g**  
Mupirocin IP 2.0% w/w Ointment


Safety information of TBACT ointment ADVERSE EFFECTS: Common ( $\geq 1/100$ , <1/10): Burning at application site. Version TBACO/PI/IN/2018/01 dated 06 August 2018

References: 1. Therapeutic guidelines: dermatology, Version 3 Melbourne: Therapeutic Guidelines Limited; 2009. ISBN: 9780980476439. West Melbourne, Victoria 3003, Australia. 2. Liu C et al. Clin Infect Dis 2011;52:285-92. 3. Italian Society of Dermatology, Medical, Surgical, Aesthetic and Sexually Transmitted Diseases. Guidelines and recommendations, 2011 4. Stevens DL et al. Clin Infect Dis.2014;58:e10-52. 5. Consejo-Fernandez AJ et al. An Pediatr (Barc) 2016;84:121.e1-121.e10. 6. ICMR Antimicrobial guidelines for prophylaxis and treatment of Surgical Site Infections. Treatment for Antimicrobial Use in Common Syndromes 2017. Available at: www.icmr.nic.in/guidelines. Last accessed March 2019. 7. Kwak YG et al. Infect Chemother 2017;49(4):301-325.

Abbreviated Prescribing Information of T-BACT OINTMENT (Mupirocin)

**ACTIVE INGREDIENT:** Mupirocin IP 2.0% w/w in a non-greasy base **INDICATION:** For topical treatment of primary bacterial skin infections including impetigo, folliculitis, furunculosis and ecthyma, and secondary bacterial skin infections including infected dermatoses e.g., infected eczema, infected traumatic lesions e.g., abrasions, insect bites, minor (not requiring hospitalisation) wounds and burns. May be used for prophylaxis to avoid bacterial contamination of small wounds, incisions and other clean lesions, and to prevent infection of abrasions, small cuts and wounds. **DOSAGE AND ADMINISTRATION:** Apply small quantity to cover affected area which may be covered by dressing. Discard any product remaining at end of treatment. Do not mix with other preparations. Ointment: Adults/Children/Elderly/Hepatically impaired: 2-3 times a day for up to 10 days. Renal impairment: No restrictions unless condition being treated could lead to absorption of large quantities of polyethylene glycol, especially if there is moderate or severe renal impairment. **CONTRAINDICATIONS:** Hypersensitivity to mupirocin or any constituents of preparations. **SPECIAL WARNINGS AND SPECIAL PRECAUTIONS:** Discontinue treatment in event of possible sensitization reaction or severe local irritation. Wipe off product and use appropriate alternative treatment. Prolonged use may result in overgrowth of non-susceptible organisms. Pseudomonas colitis has been reported with use of antibiotics, although it is less likely to occur with topically applied mupirocin. Not suitable for ophthalmic use, intranasal use, use in conjunction with cannulae, and use at site of central venous cannulation. Avoid contact with eyes. If contaminated, thoroughly irrigate eyes with water to remove ointment residues. **INTERACTIONS:** None identified. **PREGNANCY AND LACTATION:** Adequate human data are not available. Studies in animals do not indicate reproductive toxicity. If cracked nipple is to be treated, thoroughly wash it prior to breast feeding. **EFFECTS ON ABILITY TO DRIVE AND USE OF MACHINES:** None identified. **ADVERSE EFFECTS:** Common ( $\geq 1/100$ , <1/10): Burning at application site. Uncommon ( $\geq 1/1000$ , <1/100): Itching, erythema, stinging and dryness at application site, cutaneous sensitisation reactions. Very rare (<1/10,000): Systemic allergic reactions including anaphylaxis generalised rash, urticaria and angioedema. **OVERDOSAGE:** Currently limited experience with overdosage of mupirocin. In the event of overdose, the patient should be treated supportively with appropriate monitoring as necessary. Version: TBACO/PI/IN/2018/01 v01 dated 14 September 2018

Please report adverse events with any GSK product to the company at india.pharmacovigilance@gsk.com. TM-Trade Mark  
Please refer to full prescribing information before prescribing. Full prescribing information available on request from:

 GlaxoSmithKline Pharmaceuticals Ltd. Dr Annie Besant Road, Worli, Mumbai – 400030 (India).  
For the use of Registered medical practitioners or Hospital or a Laboratory  
IN/MUP/0019/19 Date of preparation: February 2019