

**DH CIRCULAR No. 286/2012**  
DH 3284/20126<sup>th</sup> September 2012**Attention All:** Consultants  
Medical Officers  
Pharmacists  
Pharmacy Technicians  
Nurses**Re: Protocol regulation of mupirocin skin ointment on the Government Formulary List.**

Intra-nasal mupirocin is a key therapeutic component of MRSA (meticillin resistant *Staphylococcus aureus*) decolonisation. It is therefore essential to minimise the risk of development of resistance to this antimicrobial, especially with the known high local prevalence of MRSA carriage, even in the community. For this reason, the nasal formulation has always been protocol regulated on the Government Health Services.

Mupirocin skin ointment is now also being regulated in order to minimise misuse which, in turn, will lead to development of resistance. This skin preparation should therefore only be prescribed and dispensed in line with protocol 297 attached (Appendix I). This protocol has been concluded following discussions between the National Antibiotic Committee and the Directorate for Pharmaceutical Affairs (DPA).

This is in line with the objective of optimizing patient care through the rational use of drugs within the healthcare setting.

Mupirocin skin ointment is for in-patient use, including residential homes, and can only be prescribed by a Consultant Dermatologist or a member of the Antibiotic Team as per protocol 297. Mupirocin skin ointment should not be issued to out-patients.

Guidance on appropriate use of topical antibiotic preparations for dermatological infections can be found in the Community Antibiotic Guidelines recently published by the National Antibiotic Committee. These guidelines can be accessed online at:

[https://ehealth.gov.mt/HealthPortal/others/regulatory\\_councils/national\\_antibiotic\\_committee/download\\_material.aspx](https://ehealth.gov.mt/HealthPortal/others/regulatory_councils/national_antibiotic_committee/download_material.aspx)

Thank you  
For your attention,

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## **Mupirocin 2% Ointment**

**Prescriber criteria:** Consultant Dermatologist

**In-patient use:**

- For the treatment of non-bullous impetigo, localized folliculitis or erythrasma
- Other indications need the endorsement of an Antibiotic Team member

Maximum duration of treatment: 10 days.