

Supplement 1. Antibiotic choices for confirmed or suspected bacterial URTIs – acute rhinosinusitis, pharyngotonsillitis, and acute otitis media*

Bacterial acute rhinosinusitis		
	Adult	Paediatric
First line	Amoxicillin , 500-1000 mg, TDS, for 5-7 days	Amoxicillin , 30 mg/kg/dose, TDS, for 10-14 days (Maximum dose: 1000 mg/dose)
Alternative	Amoxicillin + clavulanic acid , 500 + 125 mg, TDS, for 5-7 days OR Amoxicillin + clavulanic acid , 875 + 125 mg, BD, for 5-7 days <hr/> If allergic to penicillin or beta-lactam: Azithromycin , 500 mg, OD, for 3 days [†] OR Clarithromycin : 500 mg, BD, for 5-7 days [†]	Amoxicillin (600 mg/5 mL) + clavulanic acid (42.9 mg/5 mL), (14:1 formulation), 45 mg/kg/dose (amoxicillin component), BD, for 10-14 days [‡] [Maximum dose (amoxicillin component): 1800 mg/dose] (To target 90 mg/kg/day of amoxicillin component) <hr/> If allergic to penicillin or beta-lactam: Azithromycin , 10 mg/kg/dose, OD, for 3 days [†] (Maximum dose: 500 mg/dose) OR Clarithromycin , 7.5 mg/kg/dose, BD, for 5-7 days [†] (Maximum dose: 500 mg/dose)

Bacteria pharyngotonsillitis		
	Adult	Paediatric
First line	Amoxicillin , 500 mg, TDS, for 10 days	Amoxicillin , 25 mg/kg/dose, BD-TDS, for 10 days (Maximum dose: 500 mg/dose)
Alternative	Amoxicillin + clavulanic acid , 500 + 125 mg, TDS, for 10 days OR Amoxicillin + clavulanic acid , 875 + 125 mg, BD, for 10 days <hr/> If allergic to penicillin or beta-lactam: Azithromycin , 500 mg, OD, for 3 days [†] OR Clarithromycin , 500 mg, BD, for 10 days [†] OR Clindamycin , 300-450 mg, TDS, for 10 days [§]	Amoxicillin (200 mg/5 mL) + clavulanic acid (28.5 mg/5 mL), (7:1 formulation), 25 mg/kg/dose (amoxicillin component), BD-TDS, for 10 days [‡] [Maximum dose (amoxicillin component): 500 mg/dose] <hr/> If allergic to penicillin or beta-lactam: Azithromycin , 10 mg/kg/dose, OD, for 3 days [†] (Maximum dose: 500 mg/dose) OR Clarithromycin , 7.5 mg/kg/dose, BD, for 10 days [†] (Maximum dose: 500 mg/dose) OR Clindamycin , 10 mg/kg/dose, TDS, for 10 days [§] (Maximum dose: 450 mg/dose)

Bacterial acute otitis media (AOM)		
	Adult	Paediatric
First line	Amoxicillin , 1000 mg, TDS, for 5-7 days	Amoxicillin , 30 mg/kg/dose, TDS, for 5-7 days (Maximum dose: 1000 mg/dose) For children <2 years old, extend duration to 10 days
Alternative	Amoxicillin + clavulanic acid , 500 + 125 mg, TDS, 5-7 days OR Amoxicillin + clavulanic acid , 875 + 125 mg, BD, for 5-7 days <hr/> If allergic to penicillin or beta-lactam: Azithromycin , 500 mg, OD, for 3 days [†] OR Clarithromycin , 500 mg, BD, for 5-7 days [†]	Amoxicillin (600mg/5 mL) + clavulanic acid (42.9 mg/5 mL), (14:1 formulation), 45 mg/kg/dose (amoxicillin component), BD for 5-7 days [‡] [Maximum dose (amoxicillin component): 1800 mg/dose] (To target 90 mg/kg/day of amoxicillin component) <hr/> If allergic to penicillin or beta-lactam: Azithromycin , 10 mg/kg/dose, OD, for 3 days [†] (Maximum dose: 500 mg/dose) OR Clarithromycin 7.5 mg/kg/dose, BD, for 5-7 days [†] (Maximum dose: 500 mg/dose)

BD, two times a day; OD, once a day; TDS, three times a day

*Medications listed are currently registered and available on government subsidy list at time of publication (refer to [MOH website](#) for more information). Dosing information is based on information from local product information leaflet, international literature, guidelines^{58,59,68-71} and expert opinion.

[†]Macrolides are associated with increasing resistance locally; clinicians should monitor for treatment response.

[‡]An alternative formulation of amoxicillin + clavulanic acid is available locally and is acceptable when dosed appropriately to achieve therapeutic levels.

[§]Clindamycin lacks efficacy against *H. influenzae*.