



MONOGRAPH

Albendazole Monograph - Paediatric

Scope (Staff):	Medical, Pharmacy, Nursing
Scope (Area):	All Clinical Areas

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this [DISCLAIMER](#)

QUICKLINKS

[Dosage/Dosage Adjustments](#)

[Administration](#)

[Monitoring](#)

DRUG CLASS

Benzimidazole anthelmintic.⁽¹⁻³⁾

INDICATIONS AND RESTRICTIONS

Albendazole is used in the treatment of intestinal and tissue helminth infections including roundworm, threadworm, hookworm, whipworm, some tapeworm species, strongyloides, cutaneous larva migrans and in hydatid disease as an adjunct to surgery. It is also used in the treatment of neurocysticercosis.⁽²⁾

Oral: Unrestricted (green) antimicrobial

This is not a restricted agent. Follow standard ChAMP guidelines where appropriate.

CONTRAINDICATIONS

- Hypersensitivity to albendazole, other benzimidazole derivatives or any component of the formulation.^(4, 5)
- For females of child-bearing potential, pregnancy should be excluded before treatment is commenced and avoided for at least one month following cessation of therapy.^(2, 4, 5)

PRECAUTIONS

- Long duration of treatment at higher doses increases the risk of hepatic abnormalities and bone marrow suppression. Regular monitoring should occur with extended courses.^(4, 5)
- Albendazole is not recommended in ocular cysticercosis without specialist advice, due to the risk of severe eye damage due to death of parasites.^(2, 5)

FORMULATIONS

Listed below are products available at PCH, other formulations may be available, check with pharmacy if required:

- 200 mg chewable tablet

Imprest location: [Formulary One](#)

DOSAGE & DOSAGE ADJUSTMENTS

Neonates: Not routinely used in infants less than 6 months old. Contact infectious diseases or clinical microbiology service for advice.

Oral:

Roundworm, hookworm and threadworm:

- Children ≥ 6 months and <10 kg: 200 mg as a single dose.^(1, 3)
- Children ≥ 6 months and ≥ 10 kg: 400 mg as a single dose.^(1, 3)
- For treatment of threadworm, consider repeating the dose after 2 weeks.⁽¹⁾

Strongyloidiasis (in immunocompetent patients):

- Ivermectin is preferred for the treatment of strongyloidiasis in children >15 kg.^(1, 3)
- Children ≥ 6 months and <10 kg: 200 mg dose given twice daily for 3 days. Course should be repeated after 7-14 days.⁽³⁾
- Children ≥ 6 months and ≥ 10 kg: 400 mg dose given twice daily for 3 days. Course should be repeated after 7-14 days.⁽³⁾

Cutaneous larva migrans and whipworm:

- Children ≥ 6 months and <10 kg: 200 mg once daily for 3 days.^(1, 3)
- Children ≥ 6 months and ≥ 10 kg: 400 mg once daily for 3 days.^(1, 3)

Hydatid disease:

- Children ≥ 6 years old: 7.5 mg/kg/dose (to a maximum of 400 mg) twice daily commencing 1 week before and continuing for 4 weeks after surgery or percutaneous drainage.^(1, 2)
- Repeat courses may be required.

Neurocysticercosis:

Patients with calcified cysts, but no active cysts do not require cysticidal drug therapy.

Anthelmintic therapy is generally reserved for symptomatic patients with multiple viable cysts. The killing of viable cysts can worsen CNS symptoms by triggering an inflammatory response. Co-administration of corticosteroids and anticonvulsants may be required to mitigate these effects. Contact Infectious Diseases for advice.⁽³⁾

Renal impairment:[eGFR calculator](#)

- There is limited information regarding the use of albendazole in renal impairment.
- No dosage adjustment is required.⁽⁵⁾

Hepatic impairment:

- Use with caution in patients with abnormal liver function or decreased total leukocyte count due to the increased risk of hepatotoxicity and bone marrow suppression. Consider ceasing therapy if hepatic enzymes increase to twice the upper limit of normal whilst on therapy.⁽⁵⁾

ADMINISTRATION

- Albendazole tablets may be crushed, chewed or swallowed whole to facilitate administration.^(2, 4-7)
- When treating systemic infections, albendazole should be taken with a fatty meal to improve absorption.^(2, 4-7)
- When used for the treatment of intestinal infections, albendazole should be taken on an empty stomach to limit systemic absorption allowing it to act locally in the gut.^(2, 4-7)

MONITORING

- For patients on courses of treatment longer than 3 days, liver function tests and complete blood count should be checked at the beginning of treatment and every 2 weeks whilst on prolonged therapy. More frequent monitoring should be considered in patients with liver disease.^(2, 7)

ADVERSE EFFECTS

Albendazole is well tolerated. Adverse effects are more common with high dose or extended duration of treatment. Adverse effects may be due to death of the parasite or heavy parasite burden.⁽²⁾

Common: headache (more common in treatment for neurocysticercosis), abdominal pain, nausea, alopecia, dizziness, leucopenia.^(2, 8)

Infrequent: vomiting, diarrhoea, fever, hepatic disorders.⁽²⁾

Rare: hypersensitivity reactions (rash, itch, urticaria), bone marrow depression, alopecia, Stevens Johnson Syndrome, agranulocytosis, pancytopenia, thrombocytopenia, bone pain.^(2, 8)

STORAGE

Store tablets below 30°C.⁽⁴⁾

INTERACTIONS

This medication may interact with other medications; consult PCH approved references (e.g. [Clinical Pharmacology](#)), a clinical pharmacist or PCH Medicines Information Service on extension 63546 for more information.

Please note: The information contained in this guideline is to assist with the preparation and administration of **albendazole**. Any variations to the doses recommended should be clarified with the prescriber prior to administration

Related CAHS internal policies, procedures and guidelines





[Children's Antimicrobial Management Program](#)

[ChAMP Empiric Guidelines and Monographs](#)

References

1. Royal Australian College of General Practitioners, Pharmaceutical Society of Australia, Australasian Society of Clinical and Experimental Pharmacologists and Toxicologists. AMH: Children's Dosing Companion. Adelaide: Australian Medicines Handbook Pty Ltd; 2022.
2. Australian Medicines Handbook. Adelaide, S. Aust.: Australian Medicines Handbook; 2025 [cited 2025 21st March]. Available from: <https://amhonline-amh-net-au.pklibresources.health.wa.gov.au/>.
3. Antibiotic Writing Group. Therapeutic Guidelines - Antibiotic. West Melbourne: Therapeutic Guidelines Ltd; 2022. Available from: <https://tgldcdp-tg-org-au.pklibresources.health.wa.gov.au/etgAccess>.
4. AusDI [Internet]. Health Communication Network Pty Ltd. 2025 [cited 2025 March 21st].
5. Up To Date - Paediatric Drug information [Internet]. Lexicomp. 2025 [cited 2025 March 21st]. Available from: <https://www-uptodate-com.pklibresources.health.wa.gov.au/contents/table-of-contents/drug-information/pediatric-drug-information>.
6. Symons K, Emer J (editors). Australian Don't Rush to Crush Handboook. 4th edition ed. Collingwood: The Society of Hospital Pharmacists of Australia; 2025.
7. Clinical Pharmacology powered by ClinicalKey [Internet]. Elsevier. 2025 [cited 2025 March 6th]. Available from: <https://www-clinicalkey-com.pklibresources.health.wa.gov.au/pharmacology/>.
8. Paediatric Formulary Committee. BNF for Children: 2025. London: BMJ Group Pharmaceutical Press; 2025.

This document can be made available in alternative formats on request.

File Path:	W:\Safety & Quality\CAHS\CLOVERS MEDICAL Pharmacy\Procedures Protocols and Guidelines\ChAMP\Word		
Document Owner:	Head of Department – Infectious Diseases		
Reviewer / Team:	Children's Antimicrobial Management Program Pharmacist		
Date First Issued:	September 2013	Last Reviewed:	March 2025
Amendment Dates:	July 2019, April 2022	Next Review Date:	June 2028
Approved by:	CAHS Drug and Therapeutics Committee	Date:	June 2025
Endorsed by:	CAHS, Drug and Therapeutics Committee	Date:	June 2025
Aboriginal Impact Statement and Declaration (ISD)		Date ISD approved:	August 2023
Standards Applicable:	NSQHS Standards:    NSMHS: N/A Child Safe Standards: N/A		
Printed or personally saved electronic copies of this document are considered uncontrolled			
 <div> Healthy kids, healthy communities Compassion Excellence Collaboration Accountability Equity Respect Neonatology Community Health Mental Health Perth Children's Hospital </div>			