Prescribing Points

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Oxfordshire Cinical Commissioning Group

This newsletter is written by the Medicines Optimisation Team, Oxfordshire CCG (OCCG), Jubilee House, Oxford Business Park South, Oxford, OX4 2LH. It is for all health professionals in Oxfordshire and is uploaded to the OCCG website. For queries, contact OCCG.medicines@nhs.net.

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Launch of Regional Antimicrobial Prescribing Guidelines
South Central Antimicrobial pharmacist Network (SCAN)– Guidelines for Antibiotic Prescribing in the Community

The current Oxfordshire Antimicrobial Guidelines were last fully updated in 2012 and have been partially updated since, most recently in May 2017. These guidelines were due a full review due to a number of national changes including updates in guidance from Public Health England (PHE) and NICE. In addition, NICE are currently producing a number of primary care antimicrobial guidelines and therefore further updates to a local guideline would need to be made every couple of months.

A regional guideline has recently been produced by the South Central Antimicrobial pharmacist Network (SCAN) and it has been agreed at the Oxfordshire Area Prescribing Committee and at the OUH Antimicrobial Steering Group that this guideline can be adopted by Oxfordshire and replace the current local guidelines for antimicrobial prescribing in adults and children. Both Oxfordshire CCG and OUH have had representatives on the South Central Antimicrobial pharmacist Network (SCAN) for a number of years and will be involved in the ongoing maintenance of the guidelines and any future updates.

These guidelines were drafted by a multi-disciplinary group of health professionals with an interest in infection from around the region. The 2017 update was led by pharmacists from the South Central Antimicrobial Network group in close partnership with consultant medical microbiologists from local hospitals. The draft guidelines were published for consultation in December 2017 and feedback was received from a number of GPs, consultant medical microbiologists and pharmacists, before the final guidelines were published in February 2018. The guidelines cover both adults and children – a specific section for children is covered at the end of the document.

The guidelines are based largely on the Management of Infection Guidance for Primary Care, published jointly by the Health Protection Agency and the British Infection Association, updated in November 2017.
Recommendations for when antimicrobial treatment is indicated, based upon cited national or international evidence-based guidelines, have been expanded from the PHE/BIA Guidance, along with recommendations and practical advice for taking specimens for microbiological investigations and interpreting culture and sensitivity laboratory reports. Clinically relevant information on cautions and warnings associated with antimicrobial treatment has also been expanded from the PHE/BIA Guidance including information about risk of Clostridium difficile infection. All of the sections are fully referenced.

The new guidelines are available via the CCG Clinox website here and also at www.nhsantibioticguidelines.org.uk They will also shortly be available as an e-book

The main differences in the updated guidelines from the old local guidelines are listed below. The majority of these are due to national changes in guidance (e.g. NICE) or changes in evidence:

General

- Guidance is region wide therefore there are no references to any relevant local guidance or local contact details are included. Any locally needed information will be provided shortly in the antimicrobial section of the Clinox website.
- Addition of information about sepsis screening and action tool (NEWS2)

Ear, nose and throat Infections

- Addition of feverPAIN criteria tool for acute sore throat
- Reduction in course length to 7 days for acute sore throat (previously 10 days)
- Acute Rhinosinusitis section now in line with NICE recommendations. Advising avoiding antibiotics in most cases, use of penicillin instead of amoxicillin, reduction in course length to 5 days (previously 7 days) and addition of option to use steroid nasal spray
- Topical miconazole first line for oral Candidiasis (previously nystatin)

Respiratory Tract Infections

- In community-acquired pneumonia if CRB65 score 0 course length reduced to 5 days (previously 7), if CRB65 score 1-2 course length 7 days (previously 7-10 days)

Urinary tract Infections

- Acute UTI – separate sections for women and men. Higher dose of pivmecillinam recommended if high resistance risk. **Addition of fosfomycin as a 3rd/4th line empirical option (previously only if sensitive and no other options).** Ciprofloxacin noted as an option in men if high fever/recurrent infection (prostatitis considered)
- Recurrent UTI in women – 1st line treatment noted as non-drug measures such as hydration and analgesia, 2nd line treatment is standby or post-coital antibiotics, 3rd line treatment is antibiotic prophylaxis. Note that ciprofloxacin is given as 2nd line prophylaxis option (previously pivmecillinam, this is in line with current PHE guidance. Methenamine hippurate added as option for prevention of infections.

Genital Tract Infections

- Miconazole added as an option in vaginal candidiasis. Fluconazole now sole option in recurrent infection
- Addition of section on gonorrhea
- No distinction between over or under 35 in treatment of epididymoorchitis. Noted to treat according to whether gonorrhoea is suspected or not. Ceftriaxone as STAT IM dose added to doxycycline
- Addition of section on Balanitis

Gastro-intestinal Infections

- In H.pylori treatment, noted to use two previously unused antibiotics (BD). Alternative options to first line options added: tetracycline and levofloxacin. Bismuth subsalicylate added as alternative option instead of bismuthate (discontinued)

- Clostridium Difficile Infections – Advice about avoidance of anti-motility drugs. Fidaxomycin added for recurrent infections (note this is remains hospital only)

Skin and Soft Tissue Infections

- Doxycycline added as an option for cellulitis (in penicillin allergy), flucloxacillin dose range now given (500mg-1g), clindamycin noted as an option if 'unresolving' rather than 2nd line and Co-trimoxazole also added as an option
- Addition of metronidazole to flucloxacillin for mild diabetic foot infection. Course length noted as 7 days extended a further 7 days if unresolving (previously 7-14 days and extended to 28). Doxycycline and Metronidazole added as option in pen allergy. Course length in moderate infections (without complications) reduced to 14 days (previously 14-28 days). Moxifloxacin added instead of ciprofloxacin in combination with clindamycin (penicillin allergy)
- Addition of section on Surgical site infection (SSI)
- Addition of section on insect bites
- Addition of section on lyme disease
- Addition of Pilonidal sinus section
- Acne – azelaic acid added as a 2nd line option. Oxytetracycline noted as first line antibiotic instead of lymecycine
- Addition of ivermectin 1% cream for mild/moderate Rosacea. Addition of oxytetracycline for extensive papules, pustules or plaques in rosacea
- Addition of scarlet fever section

CNS infections

- Option to use IV or IM Cefotaxime – one dose for Bacterial Meningitis and / or Suspected Meningococcal Disease. Noted that if history of immediate allergic reaction to penicillin or cephalosporins use IV chloramphenicol

Paediatrics

- A Statement has been added on most sections re dosing frequency and choice:
  Aim to use an antibiotic that minimises dosing frequency and is palatable (if suspension prescribed) to optimise adherence. Penicillin V and flucloxacillin suspensions given qds are not well tolerated by children
- Option to use amoxicillin 40mg/kg BD (instead of 30mg/kg TDS) when amoxicillin is indicated
- UTI –**co-amoxiclav no longer an empirical option** (previously 1st line/1st line option). Trimethoprim and nitrofurantoin are both first line. Treatment length of 3 days for all patients over 3 months (previously over 1 year). Upper UTI use cephalexin or Ciprofloxacin (if severe pen allergy) previously co-amoxiclav
- Impetigo/cellulitis – cephalexin an option instead of flucloxacillin (see note re dosing frequency)

In general, this section has been extensively revised and more information on the evidence behind some of these changes is available here http://www.nhsantibioticguidelines.org.uk/downloads/Antibiotic-prescribing-for-children-aug-2018.pdf

PHE Keep Antibiotics Working Campaign 2018

On 23rd October 2018 Public Health England (PHE) will relaunch their national campaign across England to support the government's efforts to reduce inappropriate prescriptions for antibiotics by raising awareness of the issue of antibiotic resistance and reducing demand from the public.
More information and resources to order are available here:
https://campaignresources.phe.gov.uk/resources/campaigns/58-keep-antibiotics-working/Overview

So What?
Prescribers are advised to start using the new regional antibiotic prescribing guidance for both adults and children, and remove any versions of the old local guidelines that they may have saved either electronic or paper copies