North Yorkshire and York
Humber and North Yorkshire
Health and Care Partnership

NHS
Humber and
North Yorkshire
Integrated Care Board (ICB)

**Medicines Management Prescribing Focus – November 2024**

# World Antimicrobial Awareness Week

This month we are highlighting World Antimicrobial Resistance Awareness Week (WAAW) which occurs in November each year.

The graphs separately attached show the total number of oral antibacterial items per STAR-PU prescribed by each practice within North Yorkshire and York localities for the 12 months to August 2024 (grey bar) as compared to the 12 months to February 2024 (orange bar). The blue horizontal line on the chart represents the NHS England target of practices being under 0.871 items per STAR-PU.

World Antimicrobial Awareness Week presents an ideal opportunity to discuss and review antibiotic prescribing with your teams, particularly for those practices that have shown an increase in this timeframe. Good practice amongst the team can be shared and discussions may encourage prescribers to reflect on how they can reduce the number of antibiotic prescriptions issued.

Alternatives to antibiotics may be considered in uncomplicated cases of some infections such as acute otitis media (AOM) and non-bullous impetigo. Attached is a bulletin highlighting these two conditions and describing when topical treatments can be considered as options.

Otigo® ear drops contain an analgesic with anti-inflammatory properties (phenazone 40mg/g) and a local anaesthetic (lidocaine 10mg/g). The product is licensed for:

- acute, congestive otitis media;
- otitis in influenza, the so called viral bullous otitis;
- barotraumatic otitis.

Hydrogen peroxide 1% cream is available as a brand, named Crystacide® cream. It is licensed for topical application for the treatment of primary and secondary superficial skin infections caused by organisms sensitive to hydrogen peroxide. NICE advise that it is suitable for use in localised non-bullous impetigo in patients who are not systemically unwell or at high risk of complications.

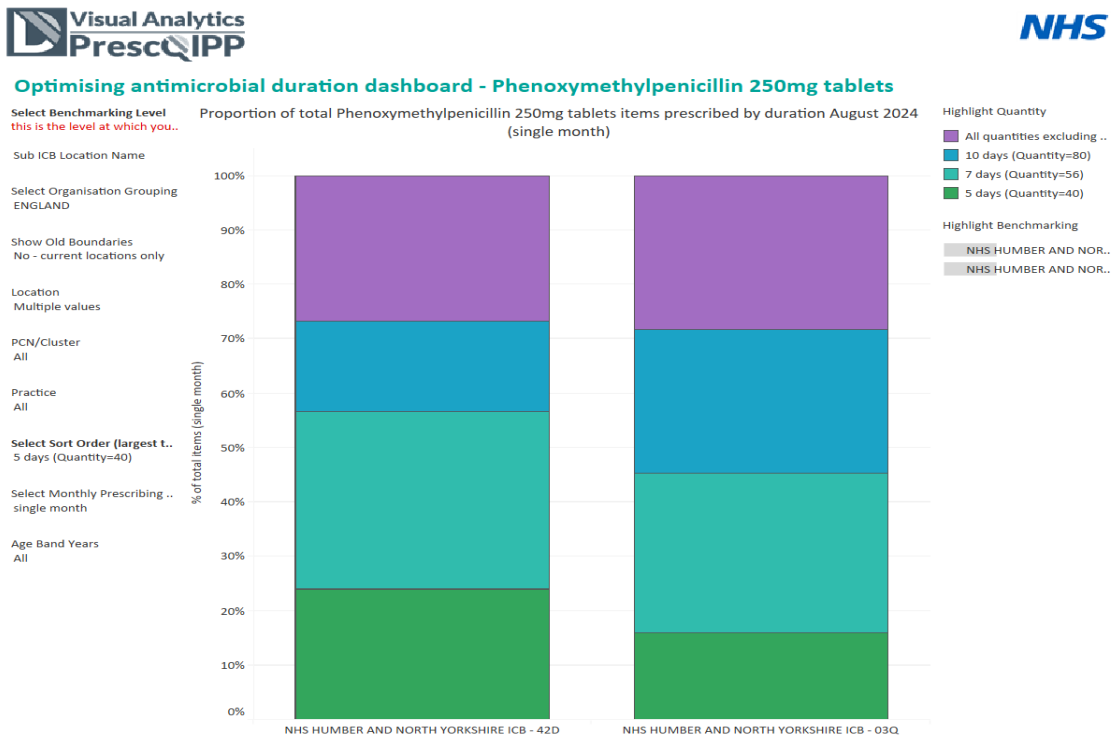
A really useful resource is the TARGET webinar series developed by the RCGP, UKHSA and the British Society for Antimicrobial Chemotherapy (BSAC). There are seven free TARGET learning modules including prescribing in UTI, managing patient expectations and antibiotics for children.

## Five Day Courses of Antibiotics for Upper Respiratory Tract Infections– 'Shorter is Better'

A recent focus for the national antimicrobial stewardship team has been reducing course lengths of antibiotics in both primary and secondary care, where evidence has shown it is safe to do so. A recent meta-analysis found that each additional day of antibiotic therapy was associated with a 4% increase in risk of side effects and a 3% increase in risk of resistance.

Current NICE/UKHSA guidelines for treatment of upper RTIs advise that, where antibiotics are considered necessary, a course lengths of 5 days should be prescribed for acute sore throat, tonsillitis, pharyngitis or sinusitis. Although it has in the past been common practice to give a ten-day course of penicillin V for acute sore throat, this is only necessary for recurrent culture positive Group A Strep pharyngitis or in patients at high risk of complications (a 10-day course may increase the chance of microbiological cure). A 10-day course is still advised for people with a suspected or confirmed diagnosis of scarlet fever.

The graph below shows that in August only 24% of prescriptions for penicillin V in North Yorkshire (labelled as 42D – on the left) and 16% of prescriptions in York (03Q – on the right) were for 5 days (green portion of the stacked bars). This data, along with similar metrics for other antibiotics can be found on PrescQIPP.




Although penicillin V can be prescribed for different indications which may require different course lengths, this is a useful marker for discussion. We have included (as separate attachments) the graphs for each locality, down to practice level (as of August 2024), to enable practices to review their own data.

## Update*: Clostridioides difficile* infection (formerly known as *Clostridium difficile*)

- **Metronidazole is no longer indicated for the treatment of *C. difficile* infections.** Metronidazole has lower initial cure rates and higher recurrence rates than vancomycin.
- In younger children the role of *C.difficile* is less well understood and in the majority of children (those without underlying haemato-oncology or gastrointestinal disorders) it likely represents gut colonisation. Local laboratories do not test stools for *C.difficile* in patients under 2 years old.
- NICE advises that faecal microbiota transplant (FMT) for recurrent episodes of *C. difficile* infection can be considered in adults who have had 2 or more previous episodes (see NICE interventional procedures - FMT for recurrent C. difficile infection). GPs are welcome to call microbiology to discuss a case if they think a patient might meet the criteria for FMT. Referral pathways for outpatients are via Gastroenterology.
- Further information may be found in NICE Guideline NG199 'Clostridioides difficile infection: antimicrobial prescribing'

We would also urge all practice staff (this includes non-clinical staff) to consider signing up as an antibiotic guardian if they have not already done so. This campaign was launched to promote collective action from both healthcare professionals and members of the public to work together to attempt to slow the spread of antibiotic resistance: https://antibioticguardian.com/

For any queries or feedback on this month's prescribing focus please contact the MMT via: hnyicb-ny.rxline@nhs.net

The MMT welcomes further ideas and suggestions that you and colleagues may wish to recommend for future prescribing focus editions.

**The North Yorkshire and York Medicines Management Team**