Humber and North Yorkshire Health and Care Partnership

NHS Humber and North Yorkshire Integrated Care Board (ICB)

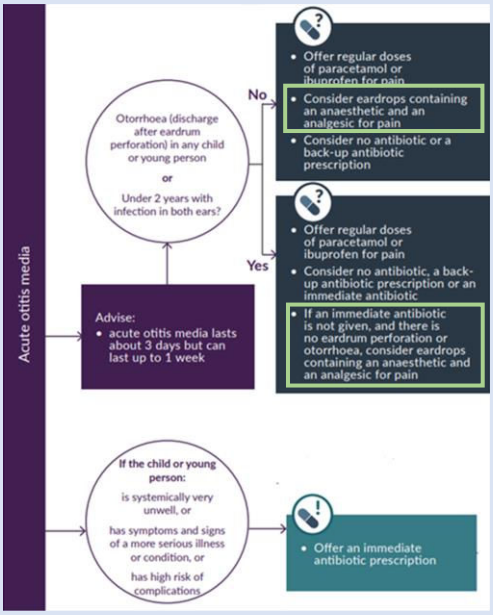
Highlighting two conditions where topical treatments can be considered as options instead of oral antibiotics: acute otitis media and impetigo.

Acute Otitis Media (AOM)

- Acute otitis media (AOM) is a common condition that can be caused by both viruses and bacteria.
- AOM occurs frequently in children but is less common in adults. It most commonly affects children from birth to 4 years of age, especially those who are subjected to passive smoking, attend daycare or nursery, are formula-fed (breastfeeding has a protective effect) or have craniofacial abnormalities (such as cleft palate).
- Pain control is central to managing the condition.
- Many children and young people with AOM will not need antibiotic treatment, as symptoms usually resolve spontaneously within 3 to 7 days.
- Without antibiotic treatment symptoms will improve within 24 hours in 60% of children with AOM.
- NICE states that complications (such as mastoiditis) are rare, with or without antibiotics.

Treatment of AOM in Children and Young People under 18 years

- NICE Guideline NG91 'Otitis media (acute): antimicrobial prescribing' was updated in 2022.
- The prescribing advice in NG91 aims to limit antibiotic use and reduce antimicrobial resistance.
- Ear drops containing an anaesthetic and an analgesic can be considered to manage pain if an immediate antibiotic is not given **and there is no eardrum perforation or otorrhoea.**
- The following extract from the NICE visual pathway summary highlights the place of topical therapy within their recommendations:



- **Otigo®** ear drops contain an analgesic with anti-inflammatory properties (phenazone 40mg/g) and a local anaesthetic (lidocaine 10mg/g).
- It is licensed for local symptomatic treatment and relief of pain in acute otitis media **without tympanic perforation or otorrhoea.**
- **Otigo®** is suitable for use in children and young people: apply 4 drops two or three times a day for up to 7 days.
- **Otigo®** ear drops have been approved as suitable for prescribing in primary care by both Area Prescribing Committees.
- Antibiotics *are* necessary in a number of situations including for:
    - People who are systemically very unwell
    - People who have symptoms and signs of a more serious illness or condition
    - People who have a high risk of complications
    - Children younger than 3 months of age with a temperature of 38°C or more
    - If an antibiotic is required, a 5-7 day course of amoxicillin is recommended first-line
    - Clarithromycin (or erythromycin if pregnant) are alternatives for patients allergic to penicillin.
- Treatment should be reviewed if symptoms do not improve within 7 days or worsen at any time.

Written by: Humber and North Yorkshire ICS AMS steering group. Approved by HNY APC November 2024. AOM section adapted from the NENC ICB Medicines Optimisation AMR portfolio group 'Acute Otitis Media - Regional Information Sheet - Sept 2023'

Impetigo

- Impetigo is a common superficial bacterial infection of the skin. The two main clinical forms are:
  - Non-bullous impetigo — accounts for the majority of cases (about 70%).
  - Bullous impetigo — skin eruption is characterized by bullae (fluid-filled lesions over 1 cm in diameter).
- Impetigo can develop as a primary infection in otherwise healthy skin or as a secondary complication of pre-existing skin conditions such as eczema, scabies, or chickenpox.
- Impetigo is highly contagious and affects all age groups but is most common in young children.
- Impetigo is usually a self-limiting condition which takes two to three weeks to clear, if untreated.
- Relapse occurs most often in people with underlying skin conditions (such as eczema) and in staphylococcal carriers.
- Complications such as a deep soft tissue infection or sepsis are rare with non-bullous impetigo but can occur in some cases, such as in neonates and people with severe immunosuppression.

Treatment of Non-bullous Impetigo

- NICE Guideline NG153 'Impetigo: antimicrobial prescribing' was published in 2020.
- The prescribing advice in NG153 aims to optimise antibiotic use and reduce antibiotic resistance.
- Hydrogen peroxide 1% cream should be considered first line for adults and children and young people under the age of 18 with localised **non-bullous impetigo** who are not systemically unwell or at high risk of complications (see recommendations on choice of antimicrobial).
- NICE has endorsed the PrescQIPP hot topic bulletin: Hydrogen peroxide 1% cream for impetigo to support implementation of NG153 (PrescQIPP log-on required). It contains a useful patient information leaflet.
- The following extract from the NICE visual pathway summary highlights the place of hydrogen peroxide 1% cream within their recommendations:

- Hydrogen peroxide 1% cream is available as a brand, named, **Crystacide®** cream 1%.
- The cream is applied two to three times a day for 5 days. A 5-day course is appropriate for most people but can be increased to 7 days based on clinical judgement, depending on the severity and number of lesions.
- **Crystacide®** cream 1% is classified as a pharmacy medicine and so can be sold to the public under the supervision of a pharmacist.
- The high retail price may be prohibitive for some people - hydrogen peroxide 1% cream may also be prescribed on NHS prescription.
- It has been approved as suitable for prescribing in primary care by both Area Prescribing Committees.
- More extensive, severe or bullous infection may require oral antibiotics (flucloxacillin, or clarithromycin if allergic to penicillin).
- If meticillin-resistant Staphylococcus aureus (MRSA) is suspected or confirmed consult a microbiologist.
- Follow up is not usually necessary but the person should be advised to return if symptoms worsen rapidly or significantly at any time or have not improved after completing a course of treatment.

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