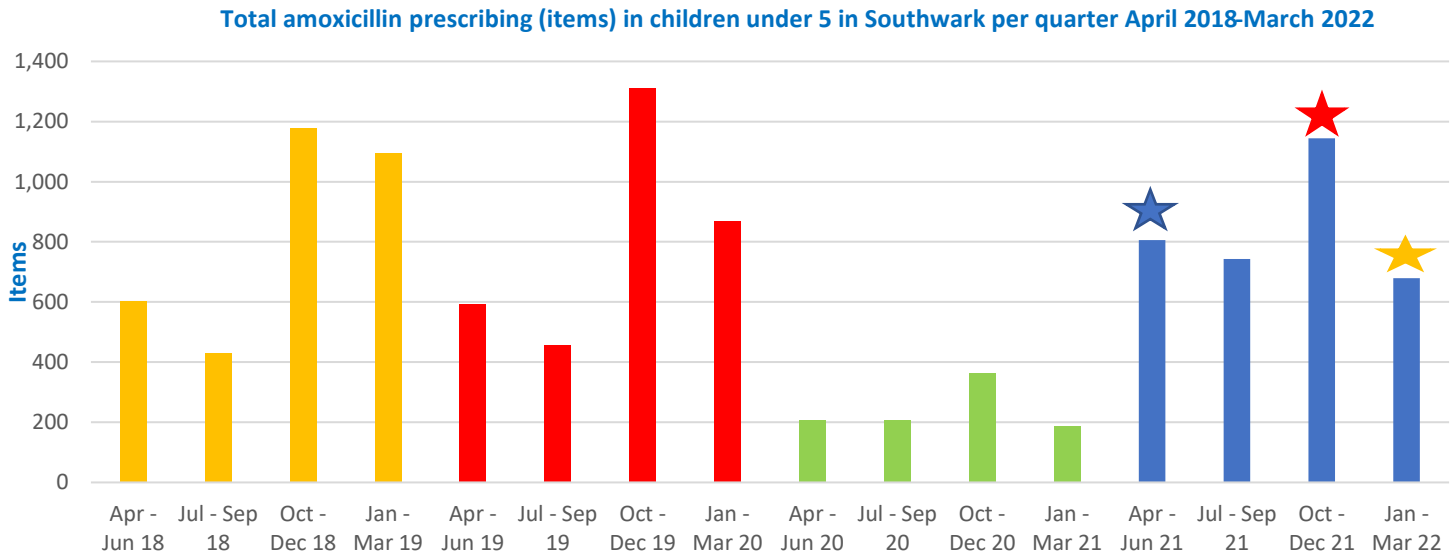
Antimicrobial Stewardship Newsletter: August 2022

1) Amoxicillin prescribing in children up to the age of 5 years old

In the October 2021 newsletter, we highlighted that amoxicillin prescribing in children up to the age of 5 in Southwark in quarter 1 (April-June 2021 ★), was at a four year high. We are pleased to report that over the last two quarters (October-December 2021 ★ and January -March 2022 ★) this has significantly reduced to below pre-pandemic levels. This is extremely encouraging to see and **a big thank you to all of our surgeries** for your continued diligence in prescribing.



2) Prescribing Improvement Scheme (PIS) and QIPP indicators.

This year's PIS and QIPP antimicrobial prescribing indicators are a repeat of previous years' indicators.
The **broad-spectrum antibiotic** PIS prescribing indicator is to reduce prescribing of **cephalosporins, quinolones** and **co-amoxiclav** as a percentage of the total antibiotics prescribed with a **target of < 6.9%**. The QIPP Antibiotic Indicator is to keep antibiotic items per STAR-PU ≤ 0.589

Baseline prescribing data for Southwark indicates **19 out of 31 surgeries** are **above** the broad-spectrum antibiotic target of <6.9%. we suggest that practices conduct an antibiotic prescribing audit, to support appropriate prescribing of broad-spectrum antibiotics and reduce antimicrobial resistance,

Southwark Medicines Optimisation Team has created an EMIS search available here: **'Southwark CCG Enterprise > Medicine Optimisation > Prescribing Improvement Scheme 2022-2023 >Antibiotics > Co-Amoxiclav, Cephalosporins and Quinolones'.** We recommend an initial audit of 10 patient (5 patients above the age of 18 years old and 5 patients below the age of 18 years old). The findings can be reviewed at clinical meeting for group learning and review. Below is a suggested format of a data capture form. We will be communicating with specific practices to offer further support.

Broad Spectrum Antibiotic Audit. Please complete for ten patients (five > the age of 18 years old and five < 18 years old)									
Patient (please do not include any patient identifiable information)	Patient age	Name of broad spectrum antibiotic prescribed, strength and dosage	Course duration	Indication	Was this a delayed prescription?	Was this requested by secondary care/ specialist service?	Are there any additional considerations? (E.g. allergy or failure to respond to previous first line antibiotic use.)	Where any samples taken? (e.g. urine, stool swabs)	Is this in line with local Antibiotic guidance?

3) Antimicrobial Prescribing Guidelines

Southwark has adopted new interim antimicrobial guidance. This is the NICE/PHE Summary of antimicrobial prescribing guidance – managing common infections, published in July 2021. There is a plan to develop an SEL wide antimicrobial guideline which will be shared once this becomes available.

The table below is to support prescribing of broad-spectrum antibiotics (**cephalosporin**, **fluoroquinolone** and **co-amoxiclav**)*. This highlights the indications when broad spectrum antibiotics should be used first line. Please refer to complete guidance, as this excludes conditional first line indications, for example, first line in severe infection or when at risk of resistance or treatment failure. Guidance to be driven by clinical judgment and where available/ if appropriate culture results and susceptibilities.

*Allergy status: **Red – do not use in penicillin allergy**. **Green – can be used in penicillin allergy.**

Infection	Current, NICE/PHE July 20121 Antimicrobial guidance	Previous local (Southwark/Lambeth) Antimicrobial guidance	Comment
Community acquired pneumonia	First choice in high severity in adults or severe in children: **co-amoxiclav** 500mg TDS for 5 days (+**macrolide** if atypical pathogens suspected) OR Alternative first choice in high severity **levofloxacin** 500mg BD for 5 days (not for use in children)	Treatment algorithm based on CRB65 score in conjunction with clinical judgement. Refer to hospital if CRB65≥3 (severe) or if >1 in pregnancy and breastfeeding in conjunction with clinical judgement: Treatment in the community only: Broad spectrum not indicated.	Consider whether management of severe infection is appropriate in primary care
Acute prostatitis	First line: **Ciprofloxacin** 500mg BD for 14 days then review OR **ofloxacin** 500mg OD for 14 days (OR **trimethoprim** 200mg BD for 14 days then review)	First line: **Ciprofloxacin** OR **ofloxacin** (OR **trimethoprim**)	No change in guidance
Acute pyelonephritis (upper urinary tract)	**cefalexin** 500mg BD or TDS (up to 1g to 1.5g TDS or QDS for severe infections) for 7-10 days OR **co-amoxiclav** 500/125mg TDS for 7-10 days OR (if culture sensitive **Trimethoprim** 200mg BD for 14 days) OR **Ciprofloxacin** 500mg BD for 7 days (not children)	**cefalexin** OR **co-amoxiclav** OR (**Trimethoprim**) OR **ciprofloxacin** (not children)	No change in guidance
Catheter associated urinary tract infection	Women and men first ***choice if upper UTI symptoms***: treat as above	Women and men first choice if upper UTI symptoms: **cefalexin** (including pregnant women) OR **co-amoxiclav** OR (**trimethoprim**) OR **Ciprofloxacin**	No change in guidance
Acute diverticulitis	First-choice (uncomplicated acute diverticulitis): **co-amoxiclav** 500/125mg TDS Penicillin allergy or co-amoxiclav unsuitable: **cefalexin**500mg BD or TDS (up to 1g to 1.5g TDS or QDS for severe infections) **AND** **metronidazole** 400mg TDS both for 5 days	Not included in previous guidance.	
Cellulitis and erysipelas	If infection near eyes or nose: **Co-amoxiclav** 500/125mg TDS for 7 days	Facial cellulitis/erysipelas (non-dental): **Co-amoxiclav**	Difference in location facial/ vs proximity to eyes/nose: Use clinical judgement
Human and animal bites	Frist choice: **Co-amoxiclav** 250/125mg or 500/125mg TDS	Frist choice: **Co-amoxiclav**	No change in guidance
Epididymitis	**Doxycycline** 100mg BD for 10-14 OR **Ofloxacin** 200mg BD for 14 days OR **ciprofloxacin** 500mg BD for 10 days	National guidance has replaced separate local (Lambeth and Southwark) STI guidance 2019: If STI suspected: Intramuscular (IM) **ceftriaxone** **doxycycline**	Consider whether appropriate to treat in primary care
Gonorrhoea	National guidance adopted as interim, however nationally and locally there are very high rates of resistance and referral to sexual health recommended as first line. **Ceftriaxone** 1000mg IM stat OR **Ciprofloxacin** 500mg stat (only if known to be sensitive)	National guidance has replaced separate local (Lambeth and Southwark) STI guidance 2019: Recommendation for **ceftriaxone**, and referral to SRH services if unable to offer this first line	Consider whether appropriate to treat in primary care
Pelvic Inflammatory Disease	**Refer** women and sexual contacts to GUM **Ceftriaxone** 1000mg IM stat PLUS **Metronidazole** 400mg BD for 14 days PLUS **Doxycycline** 100mg BD for 14 days	**Ceftriaxone** PLUS **Metronidazole** PLUS **Doxycycline**	Consider whether appropriate to treat in primary care

4) Additional Resources

E-learning for health (e-lfh) has developed the following learning module on antimicrobial resistance which will support antimicrobial prescribing for infections. You may wish to share this with surgery/ clinical staff and ensure it is reviewed regularly as part of their mandatory training.
https://www.e-lfh.org.uk/programmes/antimicrobial-resistance-and-infections/

5) Further Support

If you have any further queries relating to antimicrobial prescribing, please contact the prescribing advisor for your surgery, or email: Southwark.medicines-optimisation@selondonics.nhs.uk.