Kent and Medway Supplementary Information for antimicrobial prescribing guidance – managing common infections

Please note: Kent and Medway ICB have reviewed and agreed the Feb 2023 NICE *Summary of antimicrobial prescribing guidance- managing common infections* which can be found here.

Where there are local considerations and adaptations to a subsection of the NICE summary table these will be listed in the table below.

If there have been no local adaptations then these sections will **not** appear in the table below.

Jump to section on: Upper RTI | Lower RTI | UTI | Meningitis | GI | Genital | Skin | Eye | Dental

▼ Upper respiratory tract infections	
Acute sore throat Last updated by NICE/PHE: Feb 2023 Approved by K&M IMOC Feb 2023	**Phenoxmethylpenicillin:** QDS dosing is preferred unless there are issues with patient compliance. A 10 day course may increase the chance of microbiological cure. **Erythromycin** 500mg QDS is preferred to 250mg QDS where appropriate. Please see LINK to visual summary

▼ Lower respiratory tract infections	
Hospital-acquired pneumonia (HAP) Last updated by NICE/PHE: Sept 2019 Approved by K&M JPC: March 2022	KMCCG **do not** recommend Co-amoxiclav as a first line option for non-severe HAP within primary care. (In this indication use is reserved for severe HAP which requires treatment as an inpatient) Doxycycline is recommended as the first choice option in adults (non-severe and not higher risk of resistance) with co-trimoxazole as an alternative first choice. Please see LINK to visual summary
▼ Urinary tract infections	
Lower urinary tract infection (UTI) Last updated by NICE/PHE: Oct 2018 Approved by K&M JPC: March 2022	Trimethoprim is recommended for use only if the infection is known to be sensitive. Nitrofurantoin liquid is expensive. Use only if absolutely necessary; NICE advises that if two or more antibiotics are appropriate, choose the one with the lowest acquisition cost. Send midstream urine (MSU) for culture and susceptibility or dipstick in line with the NICE guideline on urinary tract infection and PHE guidance on diagnosis of UTIs Refer children under 3 months to paediatric specialist Please see LINK to visual summary
Acute prostatitis Last updated by NICE/PHE: Oct 2018 Approved by K&M JPC: March 2022	Discuss with urologist if treatment failure/no response to the first course of antibiotics. Please see LINK to visual summary
Acute pyelonephritis (upper urinary tract) Last updated by NICE/PHE: Oct 2018 Approved by K&M JPC: March 2022	Send midstream urine for culture and susceptibility before starting empirical treatment in all patient groups. Review antibiotic choice once culture results available. Due to high levels of resistance co-amoxiclav and trimethoprim should only be prescribed if culture results are available and indicate susceptibility. Please see LINK to visual summary

Recurrent urinary tract infection Last updated by NICE/PHE: Oct 2018 Approved by K&M JPC: March 2022	Review antibiotic treatment within 6 months: - If no breakthrough UTIs during 6 months of antibiotic prophylaxis and symptom free at the 6 month review, stop the antibiotics and observe. If further UTIs then occur, seek guidance from microbiologist. Please see LINK to visual summary
Catheter-associated urinary tract infection (CAUTI) Last updated by NICE/PHE: Nov 2018 Approved by K&M JPC: March 2022	Use trimethoprim and cefalexin only if infection is known to be sensitive. Dipstick not appropriate for CAUTI. Send urine sample if infection is suspected as per PHE guidance on diagnosis of UTIs (page 9). If the urine sample shows no bacterial growth and no white cells infection is unlikely – review diagnosis. Additional local guidance for management of CAUTI and UTI in patients over 65 years pending, please continue to refer to NICE guidance in the meantime. Please see LINK to visual summary
▼ Meningitis	
Prevention of secondary case of meningitis Last updated by NICE/PHE: Feb 2019 Approved by K&M JPC: March 2022	Only prescribe following advice from your local health protection specialist/consultant: ☎ **0344 225 3861** (Kent Health Protection Team) Out of hours: contact on-call doctor: ☎ **0844 967 0085**
▼ Gastrointestinal tract infections	
Oral candidiasis Last updated by NICE/PHE: Oct 2018 Approved by K&M JPC: March 2022	Miconazole greatly increases the anticoagulant effect of warfarin. MHRA advises avoid unless INR can be monitored closely; monitor for signs of bleeding. Oral thrush is a minor condition that can be treated without the need for a GP consultation or prescription in the first instance. Prescriptions for treatment for oral thrush should not routinely be offered in primary care as the condition is appropriate for self-care as per NHSE Guidance. Miconazole can be purchased OTC. Due to licensing restrictions on the OTC product, prescriptions may still be required for children under 4 months, in pregnancy and breastfeeding, in patients taking warfarin (caution as above) and in liver dysfunction.
Traveller's diarrhoea Last updated by NICE/PHE: Oct 2018 Approved by K&M JPC: March 2022	Prophylaxis and 'standby' prescriptions should be obtained privately.
Threadworm Last updated by NICE/PHE: Nov 2018 Approved by K&M JPC: March 2022	Refer to community pharmacies for over the counter management as per NHSE Guidance. Prescriptions for treatment of threadworm should not routinely be offered in primary care as the condition is appropriate for self-care. Due to licensing restrictions on the OTC product, prescriptions may still be required for children under 2 years and during pregnancy and breastfeeding. Emphasize the importance of hygiene measures. Recurrence is common if hygiene measures are not adequately followed. *Patient Information (1)* *Patient Information (2)*

***Clostridioides difficile* infection** Last updated by NICE/PHE: June 2021 Approved by K&M JPC: March 2022	Discuss all suspected or confirmed cases of *C. difficile* with a microbiologist for advice on management and treatment options. Discuss with Microbiologist prior to initiating treatment with Fidaxomicin for *C. difficile* infection. Please see LINK to visual summary and Kent and Medway guidance for information on how to access C.difficile treatment, supportive care, assessing severity, and microbiology contact details.
Helicobacter pylori Last updated by NICE/PHE: Feb 2019 Approved by K&M JPC: March 2022	**Furazolidone is not recommended** for use in Kent and Medway due to a lack of local familiarity with the drug.
▼ Genital tract infections	
Epididymitis Last updated by NICE/PHE: Nov 2017 Approved by K&M JPC: March 2022	Additional information to guide antibiotic choice is available in the BASSH guidelines for the management of epididymo-orchitis (September 2020). For patients with a risk factor of STI doxycycline is the drug of choice + GUM referral.
Genital herpes Last updated by NICE/PHE: Nov 2017 Approved by K&M JPC: March 2022	First line: Aciclovir Seek microbiologist advice if immunocompromised. Refer to GUM clinic
Gonorrhoea Last updated by NICE/PHE: Feb 2019 Approved by K&M JPC: March 2022	Refer to GUM clinic.
▼ Skin and soft tissue infections	
Note: Refer to RCGP Skin Infections online training.[1D] For MRSA, discuss therapy with microbiologist.[1D]	
Eczema (bacterial infection) Last updated by NICE/PHE: Mar 2021 Approved by K&M JPC: March 2022	P*lease note* Fusidic acid 2%- Antimicrobial resistance can develop rapidly with extended or repeated use Please see LINK to visual summary
Impetigo Last updated by NICE/PHE: Feb 2020 Approved by K&M JPC: March 2022	This bulletin provides information on hydrogen peroxide 1% cream and its use in impetigo Please see LINK to visual summary

Leg ulcer infection Last updated by NICE/PHE: Feb 2020 Approved by K&M JPC: March 2022	**NICE guidance has been adapted locally to clarify that co-amoxiclav and co-trimoxazole should be considered as third choice options:** **First choice** Flucloxacillin **Second choice, penicillin allergy or if flucloxacillin unsuitable/treatment failure** Doxycycline OR Clarithromycin OR Erythromycin (in pregnancy) **Third Choice** Co-amoxiclav OR Co-trimoxazole
Cellulitis and erysipelas Last updated by NICE/PHE: Sep 2019 Approved by K&M JPC: March 2022	Caution when reading the NICE summary table for this section as the options for children are embedded in adult guidance. KMCCG recommends using the visual summary to more easily view this guidance
Varicella zoster/ chickenpox **Herpes zoster/ shingles** Last updated by NICE/PHE: Oct 2018 Approved by K&M JPC: March 2022	If considering either famciclovir or valaciclovir as second line options please seek advice from microbiologist.
▼ Eye infections	
Conjunctivitis Last updated by NICE/PHE: July 2019 Approved by K&M JPC: March 2022	Chloramphenicol 0.5% eye drops **OR** 1**%** ointment are available over the counter from Community Pharmacies. Conjunctivitis has been identified as a condition for which over the counter (OTC) medicines should not routinely be prescribed in primary care and self-care may be more appropriate according to NHSE Guidance. Due to licensing restrictions on the OTC product, prescriptions may still be required for children under 2 years and in pregnancy and breastfeeding.
▼ Suspected dental infections in primary care (outside dental settings)	
Patients can find details of their local dentists and whether they are accepting new patients via NHS choices: http://www.nhs.uk/Service-Search/Dentist/LocationSearch/3 Dentaline currently provide an out-of-hours dental service across Kent and Medway. For information regarding this service please see the following website: https://www.medwaycommunityhealthcare.nhs.uk/our-services/a-z-services/dental-emergency	
Mucosal ulceration and inflammation (simple gingivitis) Last updated by NICE/PHE Nov 2017 Approved by K&M JPC: March 2022	Prescriptions for treatment of mouth ulcers should not routinely be offered in primary care as the condition is appropriate for self-care. (NHSE Guidance) Chlorhexidine 0.12 to 0.2% (do not use within 30 minutes of toothpaste) This is available to purchase OTC however please note there appears to be an increasing level of sensitivity to chlorhexidine and if used for prolonged periods may stain teeth. Hydrogen peroxide 6%- Please note that this is available to purchase OTC.

Dental abscess Last updated by NICE/PHE: Oct 2018 Approved by K&M JPC: March 2022	**Local adaptations are in bold text:** **Please note it should not be routine practice for primary care to prescribe antibiotics for dental abscess and patients should seek urgent review with a dentist to receive appropriate assessment. However acute sepsis is an exception to this.** Regular analgesia should be the first option[1A+] until a dentist can be seen for urgent drainage,[1A+,2B-,3A+] as repeated courses of antibiotics for abscesses are not appropriate.[1A+,4A+] Repeated antibiotics alone, without drainage, are ineffective in preventing the spread of infection.[1A+,5C] Antibiotics are only recommended if there are signs of severe infection,[3A+] systemic symptoms,[1A+,2B-,4A+] or a high risk of complications.[1A+] Patients with severe odontogenic infections (cellulitis,[1A+,3A+] plus signs of sepsis;[3A+,4A+] difficulty in swallowing;[6D] impending airway obstruction) [6D] should be referred urgently for hospital admission to protect airway, [6D] for surgical drainage[3A+] and for IV antibiotics.[3A+] **Likewise any patient with severe trismus should be referred immediately to hospital.** The empirical use of cephalosporins,[6D] co-amoxiclav,[6D] clarithromycin,[6D] and clindamycin[6D] do not offer any advantage for most dental patients,[6D] and should only be used if there is no response to first-line drugs.[6D] **Adaptations:** Amoxicillin is recommended in preference to phenoxmethylpenicillin (which requires QDS dosing and has a narrower spectrum of action than amoxicillin) with clarithromycin as an alternative in penicillin allergy. **Ensure metronidazole is prescribed in addition if there are systemic signs or spreading infection.**

▼ Abbreviations

BD, twice a day; eGFR, estimated glomerular filtration rate; IM, intramuscular; IV, intravenous; MALToma, mucosa-associated lymphoid tissue lymphoma; m/r, modified release; MRSA, methicillin-resistant *Staphylococcus aureus*; MSM, men who have sex with men; stat, given immediately; OD, once daily; TDS, 3 times a day; QDS, 4 times a day.

Document history for Supplementary Kent and Medway Information for antimicrobial prescribing guidance– managing common infections

Version	Created by	Date	Main Changes/Comments
1.1	CM, OO & MG	December 2021	New document. NICE/PHE guidance August 2021 reviewed locally to align the antecedent CCG's antimicrobial prescribing guidance at Kent and Medway level.
1.2	CM	February 2022	Version 1.1 updated post January JFG meeting to ensure comments re sore throat reflect dosing in children. NICE/PHE guidance update January 2022 reviewed locally, and links updated – no additions to this document following review.
1.3	MG	April 2022	NICE/PHE guidance update March 2022 reviewed locally, and links updated – no additions to this document following review.
1.4	MG	December 2022	NICE/PHE guidance update Dec 2022. Links to this guidance in this document updated and c.diff guidance added under relevant section.
1.5	MG	February 2023	NICE/PHE guidance update Feb 2023. This included changes made to recommendations for Acute sore throat and Scarlet fever (GAS). This is because on 15 February, the Group A Streptococcus (GAS) interim clinical guidance, released on 9 December 2022, was retired and the decision to reinstate the NICE Sore Throat (Acute) NG84 guidelines for all age groups for management of sore throat was taken following a review by the NHS England Clinical Advisory Group, professional bodies and UKHSA Group A Strep Incident Management team. Link updated to the sore throat visual summary as previous link faulty. And changes made to the dates updated by NICE/PHE for acute sore throat.