

NORTHERN IRELAND MEDICINES MANAGEMENT Antimicrobial Supplement

November 2024



World AMR Awareness Week 18th to 25th November 2024

Antimicrobial resistance (AMR) is a global health and socioeconomic crisis. It has significant impacts on human and animal health, food production and the environment. Drug-resistant pathogens pose a threat to everyone, everywhere.

[World AMR Awareness Week \(WAAW\)](#) is a WHO global campaign to raise awareness of AMR and promote best practices among One Health stakeholders to reduce the emergence and spread of drug-resistant infections.

The theme for 2024 is **Educate. Advocate. Act now.**

This year's campaign slogan is **Antimicrobial resistance (AMR) is invisible. I am not.**



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Webinar Antimicrobial Update 21st November 2024

To support WAAW, [GPNI](#) are hosting a webinar on Thursday 21st November 2024 from 1-2pm. For further information [Register Here](#).

Dr Hannah McCormick, Clinical Microbiologist Belfast Trust will discuss:

- Interpretation of results
- Top tips and common issues in microbiology
- EUCAST sensitivity reporting
- High level trends in prescribing, resistance and helpful tools to address this.

EDUCATE. ADVOCATE. ACT NOW.

Antibiotic amnesty — Safe Disposal of Antibiotics

During WAAW, we are encouraging the public to safely dispose of any unused or out of date antibiotics at their local community pharmacy, to help reduce the risk of AMR. This prevents hoarding, inappropriate reuse or disposing of them via domestic waste streams. Contaminating the environment and water courses with antibiotic residues can spread resistant genes among bacteria, putting our health at risk. Not many people realise that leftover antibiotics can be returned to pharmacies for safe disposal.



SPPG and PHA will be promoting the safe disposal of antibiotics via social media messages during WAAW.

The Royal Pharmaceutical Society ([RPS](#)) have developed resources which are available to download to support this campaign.

WAAW QUIZ!!!

ENTER the WAAW [quiz](#) for a chance to

win **£50**

Love to Shop Vouchers



**Competition closes
30th November 2024**

Antibiotic Guardian – Celebrating 10 years

[Antibiotic Guardian](#) was developed in 2014 by UK Health Security Agency (UKHSA). The campaign, aims to stimulate behaviour change and increase engagement across all sectors, to tackle AMR, through an online, action-based pledge system. **SPPG** is encouraging healthcare professionals and staff to become an antibiotic guardian and to choose one simple pledge about how you'll make better use of antibiotics to help preserve antibiotics <https://antibioticguardian.com>.



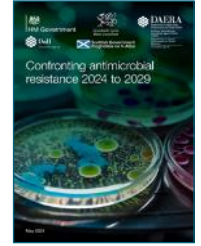
CHOOSE YOUR PLEDGE TODAY

New 5-year UK AMR National Action Plan

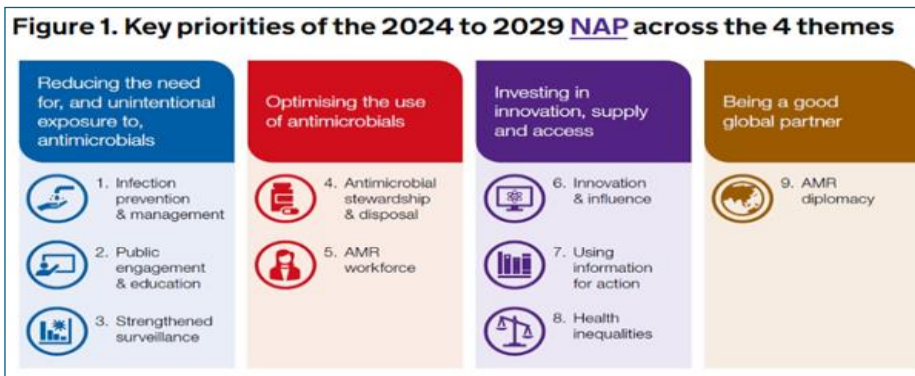
The new UK AMR National Action Plan (NAP) [Confronting antimicrobial resistance 2024 to 2029](#) was launched in May 2024 by Health Minister, Robin Swann, and Agriculture and Environment Minister.

The NAP was developed jointly by all four devolved nations. It is divided into four themes with 9 outcomes — see Figure 1:

- reducing the need for, and unintentional exposure to, antimicrobials
- optimising the use of antimicrobials
- investing in innovation, supply and access
- being a good global partner



A multidisciplinary primary care antimicrobial stewardship (PCAS) group comprising of representation from SPPG, PHA, RCGP, BMA, GPNI, GPPs, CPNI, BDA and NMPs has been set up to implement **Outcome 4: Antimicrobial Stewardship and Disposal** of the NAP. The target is by 2029, to reduce total antibiotic use in human populations by 5% from the 2019 baseline.



Back-up Antibiotic Prescriptions — reducing unintentional exposure to antimicrobials

Antibiotic prescribing rates in Northern Ireland (NI) are higher than other UK regions and most other European countries where data is available (see below). Prescribers in NI had been making good progress from 2016 in reducing antimicrobial prescribing rates from by 10% in 2018/19. However, COVID and the Group A Streptococcal outbreak in the winter of 2022 have had a negative impact.

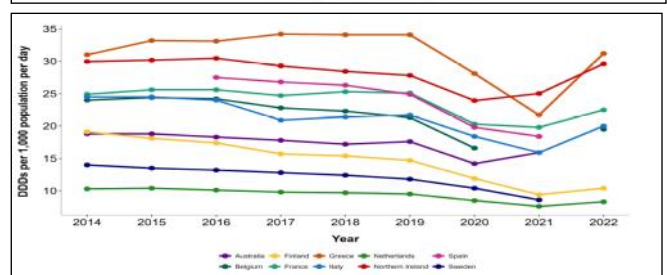
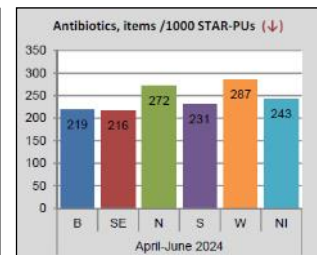
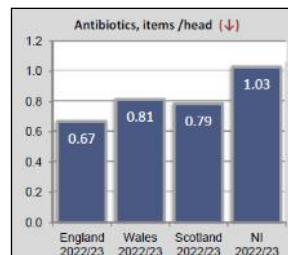
Back-up prescribing (previously called delayed) is one of several strategies that can be used to reduce antibiotic use. NICE guideline [NG15](#) recommends using a back-up antibiotic prescription when immediate antimicrobial prescribing is not deemed to be the most appropriate option. Evidence shows that back-up prescribing **with patient counselling** is a safe and effective strategy to manage some self-limiting conditions, e.g. acute otitis media, sore throat, acute rhinosinusitis — see NICE guidance for further information.

Coding back-up antibiotic prescriptions

It is good practice to use appropriate clinical codes (see below) when using back-up prescriptions to aid future audit and quality improvement activities.

Read Codes (Vision, EMIS)

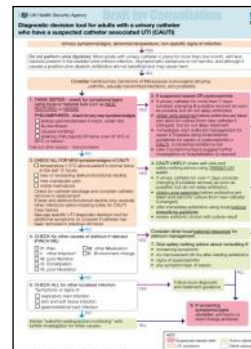
- **8BPO** — deferred antibiotic therapy
- **8CAk** — patient advised to delay filling prescription
- **8OAN** — Provision of [TARGET Managing Your Common Infection \(Self-Care\) Leaflet](#) with back-up prescription issued.



UTIs — preventing resistance

Urinary tract infection (UTI) is the most diagnosed infection in older people. It accounts for more than 50% of antibiotic prescriptions in care homes and is a frequent reason for care home residents being hospitalised. A recent [NIHR](#) article highlighted strategies for older people living in care homes to prevent urinary tract infection including:

- Recognition of urinary tract infection - **Do not perform urine dipsticks in >65 years**
- Decision-support tools (see [UKHSA](#) quick reference tools)
- Hydration (see [I Hydrate](#))
- Good infection prevention practice (see new [NI IPC manual](#))



For all patients

Consider antibiotic susceptibility results and resistance when deciding on management and reviewing antibiotic treatment. If prescribing an antibiotic, review choice when culture and antibiotic susceptibility results are available, contact patient if pathogen resistant to prescribed treatment.

Send urine specimen for culture when situation involves:

- patient aged over 65 years if symptomatic and antibiotic indicated
- pregnancy: for routine antenatal tests, or if symptomatic
- suspected pyelonephritis or sepsis
- suspected UTI in men
- failed antibiotic treatment or persistent symptoms
- recurrent UTI (2 episodes in 6 months or 3 in 12 months)
- if prescribing antibiotic in someone with a urinary catheter
- as advised by local microbiologist

Refer to NICE guidance on:

- [UTI \(lower\): antimicrobial prescribing](#)
- [pyelonephritis \(acute\): antimicrobial prescribing](#)
- [catheter-associated UTI: antimicrobial prescribing](#)

Consider risk factors for resistance and send urine specimen for culture if:

- antibiotic exposure within previous 6 months
- abnormalities of genitourinary tract
- renal impairment
- care home resident
- hospitalisation for less than 7 days in last 6 months
- recent travel to a country with increased resistance
- previous UTI resistant

Fluoroquinolones ([ciprofloxacin](#), [delafloxacin](#), [levofloxacin](#), [moxifloxacin](#), [ofloxacin](#))

In January 2024, the MHRA published a further [Drug Safety Update on fluoroquinolone antibiotics](#). These must **ONLY** be prescribed when other commonly recommended antibiotics are inappropriate.

- AVOID** use in patients who have had a serious adverse reaction with a fluoroquinolone
- Prescribe with special caution for people aged >60 years and for those with renal impairment or solid organ transplants, as they are at a higher risk of tendon injury
- AVOID** use of corticosteroids with a fluoroquinolone, as co-administration can exacerbate tendinitis and tendon rupture
- Fluoroquinolones should only be used after a careful benefit risk assessment in patients at risk for aortic aneurysm and dissection. Conditions predisposing to aortic aneurysm and dissection include family history of aneurysm disease, diagnosis with pre-existing aortic aneurysm and/or aortic dissection

Fluoroquinolones may only be used if:

- There is resistance to first-line antibiotics for the infection
- Other first-line antibiotics are contraindicated in an individual patient
- Other first-line antibiotics have caused side-effects in the patient requiring treatment to be stopped
- Treatment with other first-line antibiotics has failed
- It's good practice to provide MHRA patient information leaflet

Keep Antibiotics Working Resources

PHA has provided GP practices, community pharmacies and dentists with posters and patient information leaflets to help to alert the public to the issue of AMR. These resources highlight the importance of only using antibiotics when needed and recommended by a healthcare professional. They will help support healthcare professionals by reducing patient expectation of being prescribed antibiotics.

Key messages:

- **Taking antibiotics when you don't need them puts you and your family at risk. Take your Doctor's / Dentist's / Nurse's / Pharmacist's advice**
- **Do not keep antibiotics for future illnesses**
- **Do not share your antibiotics with friends or family**
- **Return unused antibiotics to your pharmacy / veterinary practice (for animal companion medicines) for safe disposal; do not flush down the toilet.**



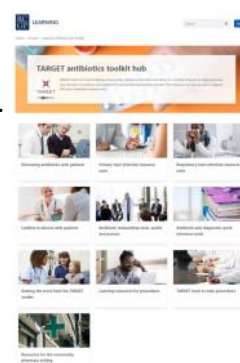
TARGET Antibiotics Toolkit

The [TARGET toolkit](#) is designed to support primary care clinicians to champion and implement antimicrobial stewardship activities. Free to use no registration required.

T Treat
A Antibiotics
R Responsibly.
G Guidance,
E Education and
T Tools

- **Discussing antibiotics with patients**
- **Patient information leaflets (multiple languages & formats)**
- **Audits**
- **Webinars and training**

[GPII webinar recording](#) available on TARGET resources



De-labelling — Penicillin allergy

Penicillin allergy is a common contra-indication to the use of antibiotics, putting patients at increased risk of AMR or adverse effects. It is important to distinguish between non-allergic adverse effects and true allergic reactions — see [NICE CG183](#) Drug allergy: diagnosis and management.

The Pharmacy Forum NI have endorsed a Penicillin Allergy Checklist for pharmacists for use in NI. The checklist will help pharmacists discuss penicillin allergy with patients. For further information see [Penicillin Allergy Awareness and Checklist – NI Rollout – Pharmacy Forum NI](#).



NI Formulary

The Primary Care antimicrobial guidelines have been updated in line with NICE guidance.



Two new sections:

- [Accessing treatment of Clostridioides difficile \(CDI\) in Primary Care](#)
- [Pertussis](#) (upcoming in Dec)

Update to current sections:

- [Community acquired pneumonia](#) (upcoming in Dec)
- [Sexually transmitted infections](#) (upcoming in Dec)



New Regional Infection Prevention & Control Manual

The new [Regional Infection Prevention & Control Manual](#) for Northern Ireland has been developed by the Public Health Agency (PHA). The Manual is a quick reference guide available all to the health care staff, no passwords or registration are required.

This newsletter has been produced for GP practices and community pharmacies by the DoH Strategic Planning and Performance Group Regional Pharmacy and Medicines Management Team. If you have any queries or require further information on the contents, please contact one of the [Pharmacy Advisers](#).

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