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WAAW 18th – 24th November 2024



Slogan - AMR is invisible. I am Not.

21st November 2024

Dr Sumanthra Varma SPPG Pharmacy Advisor

Strategic Planning and Performance Group

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Antimicrobial Data & Resources

- WAAW 2024
- COMPASS reports
- TARGET toolkit
- UKHSA – new UTI diagnostic decision tool
- NICE guidance – updated recurrent UTI



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WAAW 2024 Key Messages

- Return unused antibiotics to your pharmacy / veterinary practice (for companion animal medicines) for safe disposal, do not flush down the toilet.
- Do not keep antibiotics for future illnesses.
- Do not share your antibiotics with friends, family or pets.
- 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.

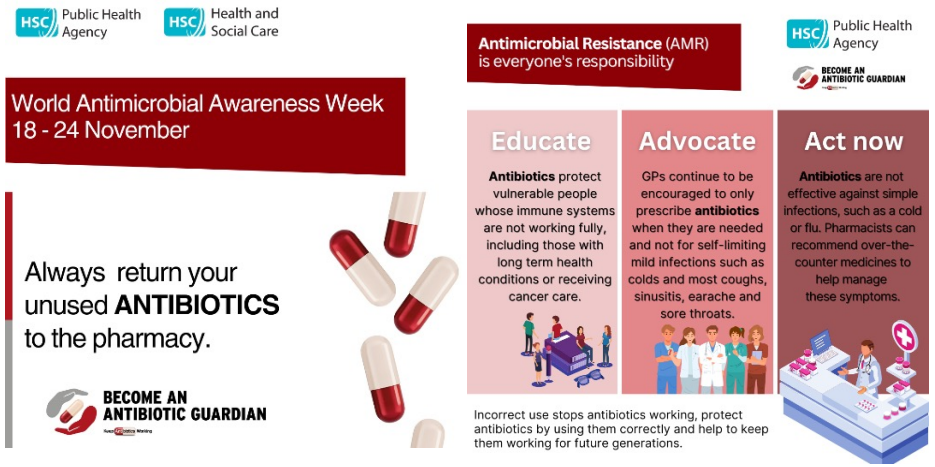
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WAAW 2024 – Social Media

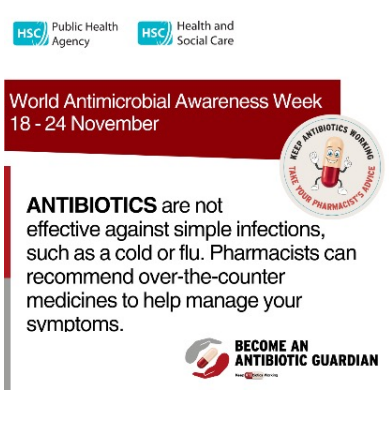
- Daily messages during WAAW
- Safe disposal on Monday 18th and Saturday 23rd November 2024











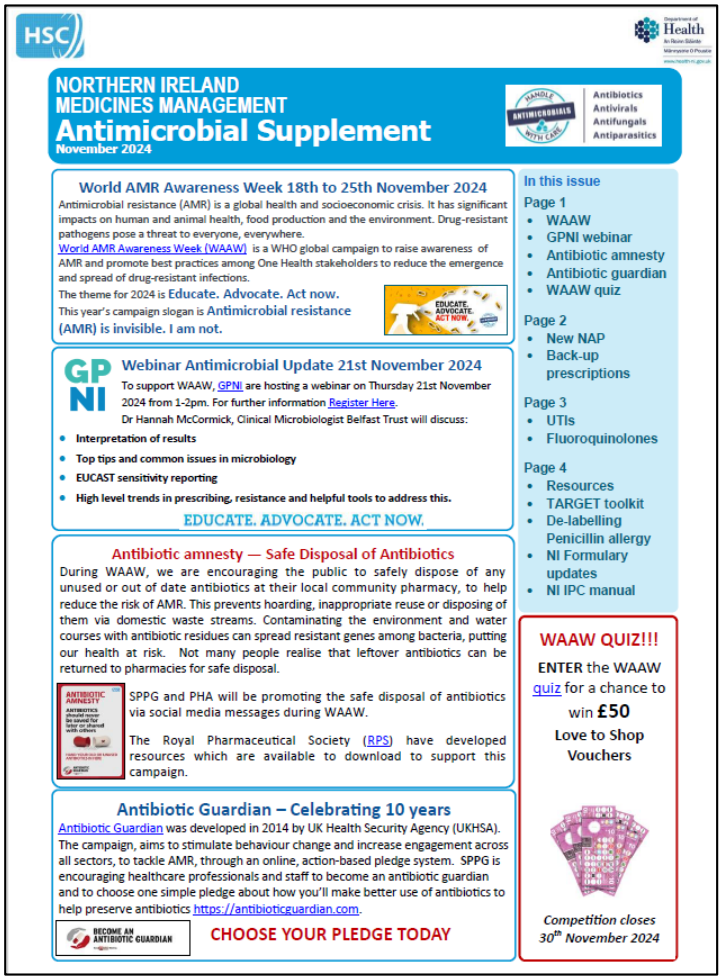
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WAAW 2024 SPPG Newsletter

- WAAW Quiz - £50 love to shop vouchers
- GPNI webinar 21st November 1-2pm
- Antibiotic amnesty (RPS resources)
- New 5 year NAP
- Back up prescriptions
- UTI – new UKHSA decision support tools
- Quinolones – MHRA safety info
- Resources
  - TARGET
  - De-labelling Penicillin allergy (RSP check list)
  - NI Formulary
  - IPC manual



NORTHERN IRELAND MEDICINES MANAGEMENT
Antimicrobial Supplement
November 2024

Antibiotics
Antivirals
Antifungals
Antiparasitics

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.

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.

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.

BECOME AN ANTIBIOTIC GUARDIAN

CHOOSE YOUR PLEDGE TODAY

In this issue

Page 1
- WAAW
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- Antibiotic amnesty
- Antibiotic guardian
- WAAW quiz

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- New NAP
- Back-up prescriptions

Page 3
- UTIs
- Fluoroquinolones

Page 4
- Resources
- TARGET toolkit
- De-labelling Penicillin allergy
- NI Formulary updates
- NI IPC manual

WAAW QUIZ!!!

ENTER the WAAW quiz for a chance to win £50 Love to Shop Vouchers

Competition closes 30th November 2024

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WAAW 2024 Resources

Posters and Patient Leaflets







Taking ANTIBIOTICS when you don't need them puts you and your family at risk | HSC Public Health Agency

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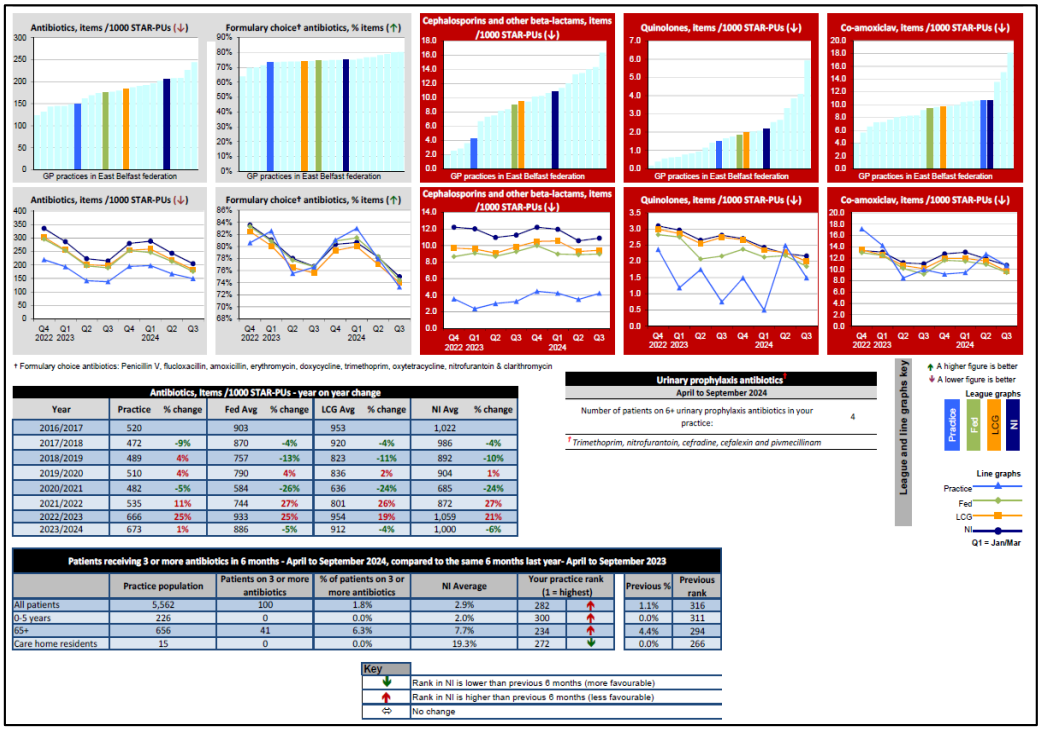
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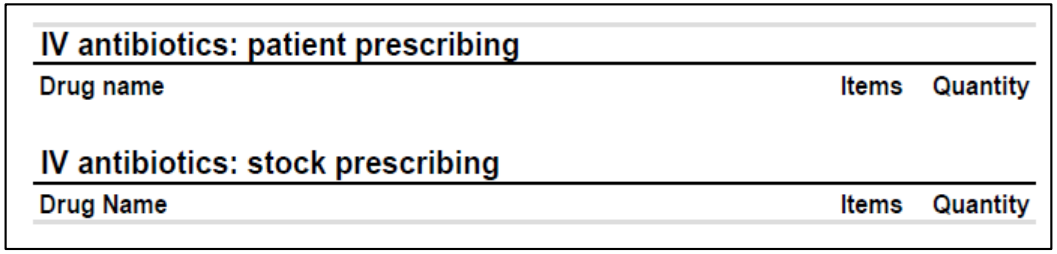
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Practice Antimicrobial Data

Practice COMPASS report

- Antibiotic indicators page 16
- IV antibiotics page 17 – red list
- Data based on items dispensed by community pharmacy and summitted to BSO for payment
- Not linked to clinical indication





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Practice Antimicrobial Data

- Practice data compared to local Federation, local LCG and NI
- Number of patients on urinary prophylaxis
- Patients on 3 or more antibiotic in 6 months
- Year on year change

Urinary prophylaxis antibiotics†	
April to September 2024	
Number of patients on 6+ urinary prophylaxis antibiotics in your practice:	4

† *Trimethoprim, nitrofurantoin, cefradine, cefalexin and pivmecillinam*

Antibiotics, Items /1000 STAR-PUs - year on year change								
Year	Practice	% change	Fed Avg	% change	LCG Avg	% change	NI Avg	% change
2016/2017	520		903		953		1,022	
2017/2018	472	-9%	870	-4%	920	-4%	986	-4%
2018/2019	489	4%	757	-13%	823	-11%	892	-10%
2019/2020	510	4%	790	4%	836	2%	904	1%
2020/2021	482	-5%	584	-26%	636	-24%	685	-24%
2021/2022	535	11%	744	27%	801	26%	872	27%
2022/2023	666	25%	933	25%	954	19%	1,059	21%
2023/2024	673	1%	886	-5%	912	-4%	1,000	-6%

Patients receiving 3 or more antibiotics in 6 months - April to September 2024, compared to the same 6 months last year- April to September 2023								
	Practice population	Patients on 3 or more antibiotics	% of patients on 3 or more antibiotics	NI Average	Your practice rank (1 = highest)		Previous %	Previous rank
All patients	5,562	100	1.8%	2.9%	282	↑	1.1%	316
0-5 years	226	0	0.0%	2.0%	300	↑	0.0%	311
65+	656	41	6.3%	7.7%	234	↑	4.4%	294
Care home residents	15	0	0.0%	19.3%	272	↓	0.0%	266

Key	
↓	Rank in NI is lower than previous 6 months (more favourable)
↑	Rank in NI is higher than previous 6 months (less favourable)
⇔	No change

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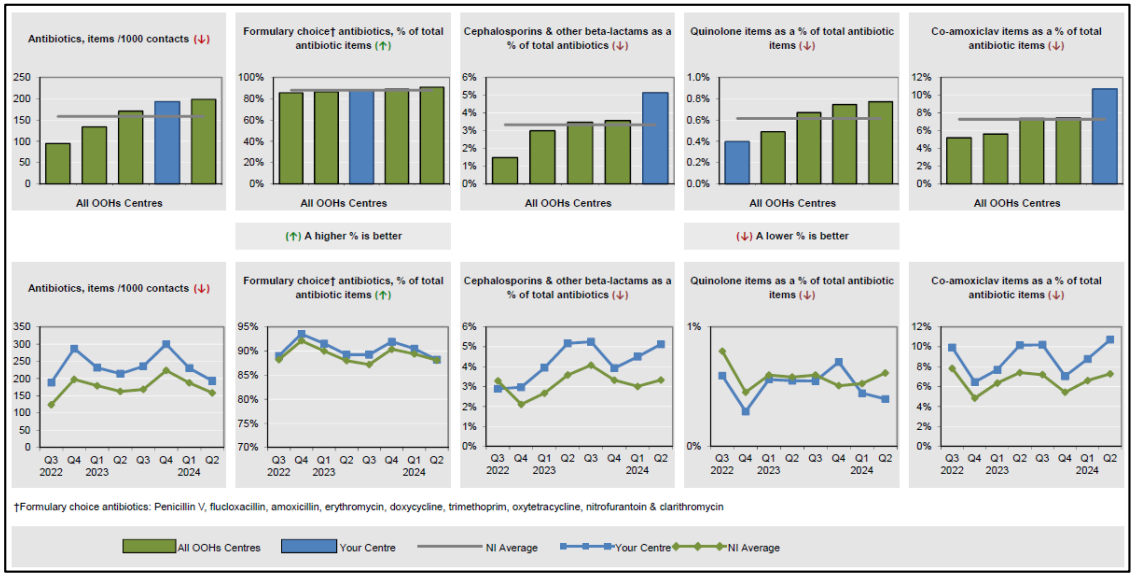
OOHs Antimicrobial Data

COMPASS report (5 OOHs)

- Top 20 pre-packs page 4 (mostly antibiotics)
- Top 10 antibiotics page 5
- Topical antibiotic eye & skin page 6
- Antibiotic indicators page 8

Antibiotics - Eye	Cost	No. of items	Quantity	Cost /item	% of Antibiotics Eye	% of all items
1 Chloramphenicol 0.5% eye drops	£367	74	740	£4.96	41%	0.50%
2 Chloramphenicol 1% eye ointment	£345	65	264	£5.30	36%	0.43%
3 Fusidic acid 1% modified-release eye drops	£518	18	90	£28.80	10%	0.12%
4 Chloramphenicol 0.5% eye drops preservative free	£152	15	150	£10.12	8%	0.10%
5 Gentamicin 0.3% ear/eye drops	£40	2	20	£20.00	1%	0.01%
6 Ciloxan 0.3% eye drops	£9	2	10	£4.70	1%	0.01%
7 Chloramphenicol 0.5% eye drops 0.5ml unit dose preservative free	£17	2	30	£8.57	1%	0.01%
8 Minims chloramphenicol 0.5% eye drops 0.5ml unit dose	£6	1	10	£5.72	1%	0.01%
Total	£1,454	179			100%	1.20%

Antibiotics - Skin	Cost	No. of items	Quantity	Cost /item	% of Antibiotics Skin	% of all items
1 Fucidin 20mg/g cream	£198	77	1,605	£2.58	59%	0.52%
2 Fusidic acid 2% cream	£70	32	525	£2.18	24%	0.21%
3 Fucidin 20mg/g ointment	£48	15	285	£3.18	11%	0.10%
4 Mupirocin 2% ointment	£15	1	15	£15.00	1%	0.01%
5 Anabact 0.75% gel	£6	1	15	£5.64	1%	0.01%
6 Bactroban 2% ointment	£5	1	15	£5.26	1%	0.01%
7 Bactroban 2% cream	£5	1	15	£5.26	1%	0.01%
8 Metronidazole 0.75% gel	£23	1	40	£22.63	1%	0.01%
9 Sulfadiazine silver 1% cream	£4	1	50	£3.85	1%	0.01%
10 Flamazine 1% cream	£4	1	50	£3.85	1%	0.01%
Total	£377	131			100%	0.88%



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OOHs Antimicrobial Data

Top 10 antibiotics Q2 2024 (April to June)

- Amoxicillin 500mg capsules number 1 (all 5 OOHs centres)
- 7,399 Rx items - 140,974 capsules (Q2 2024 all OOHs)

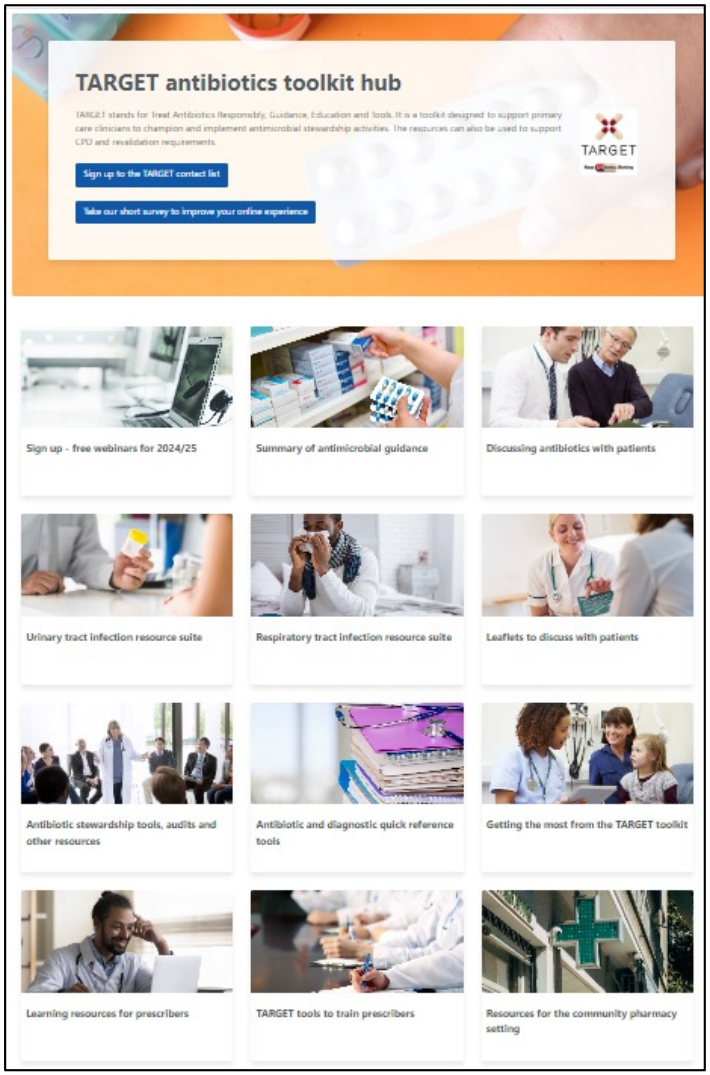
	Drug Name	OOHs NI Position (Antibiotics)	Cost	Items	Quantity	Cost	% of antibiotic items	% of all items	Change from last year
1	Amoxicillin 500mg capsules	1	£3,188	1,796	37,979	£1.78	21.51%	12.02%	1.55%
2	Phenoxymethylpenicillin 250mg tablets	3	£2,923	886	42,182	£3.30	10.61%	5.93%	-0.12%
3	Amoxicillin 250mg/5ml oral suspension sugar free	2	£1,946	663	85,000	£2.94	7.94%	4.44%	0.31%
4	Flucloxacillin 500mg capsules	5	£1,704	640	18,387	£2.66	7.67%	4.28%	-0.62%
5	Doxycycline 100mg capsules	4	£1,084	614	7,564	£1.77	7.35%	4.11%	1.06%
6	Clarithromycin 500mg tablets	6	£3,711	528	7,336	£7.03	6.32%	3.53%	1.44%
7	Trimethoprim 200mg tablets	8	£822	480	5,577	£1.71	5.75%	3.21%	-0.16%
8	Co-amoxiclav 500mg/125mg tablets	10	£1,107	290	6,029	£3.82	3.47%	1.94%	0.28%
9	Nitrofurantoin 100mg modified-release capsules	7	£2,076	272	2,577	£7.63	3.26%	1.82%	0.39%
10	Phenoxymethylpenicillin 125mg/5ml oral solution sugar free	9	£2,219	216	25,600	£10.28	2.59%	1.45%	1.21%
	TOTAL		**£20,781**	**6,385**			**76.48%**	**42.73%**	

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TARGET Toolkit

- Free for everyone - Hosted on RCGP website
- Summary of antimicrobial guidelines
- Discussing antibiotics with patients
- UTI resource suite
- RTI resource suite
- Leaflets to discuss with patients multiple formats and languages
- Antibiotic stewardship tools, audits and other resources
- Antibiotic diagnostic and quick reference tools
- Getting the most from the TARGET Toolkit
- Learning resources for prescribers
- TARGET tools to train prescribers
- Resources for the community pharmacy setting



GPNI TARGET webinar recording

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Discussing Antibiotics with Patients

- "Do I need antibiotics?" - discussing antibiotic use with patients
- Back-up/delayed antibiotic prescriptions: why and how to use them in primary care settings



Discussing antibiotics with patients

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

Table of contents

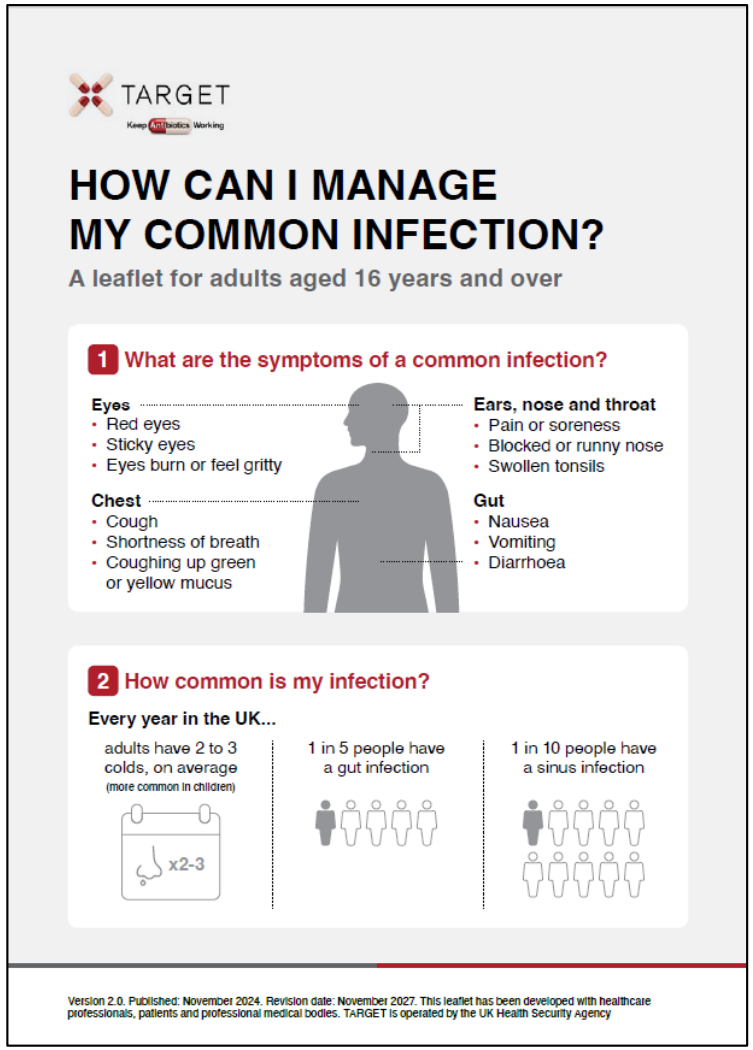
- **Overview**
- Finding the right words
- Discussing back-up/delayed antibiotic prescriptions
- Why use this approach to discuss antibiotics?
- Additional resources
- Additional webinars and training links

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TARGET Leaflets

Common Infections leaflet – available in HTML can be sent to phone or tablet



TARGET
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HOW CAN I MANAGE MY COMMON INFECTION?

A leaflet for adults aged 16 years and over

1 What are the symptoms of a common infection?

Eyes
- Red eyes
- Sticky eyes
- Eyes burn or feel gritty

Chest
- Cough
- Shortness of breath
- Coughing up green or yellow mucus

Ears, nose and throat
- Pain or soreness
- Blocked or runny nose
- Swollen tonsils

Gut
- Nausea
- Vomiting
- Diarrhoea

2 How common is my infection?

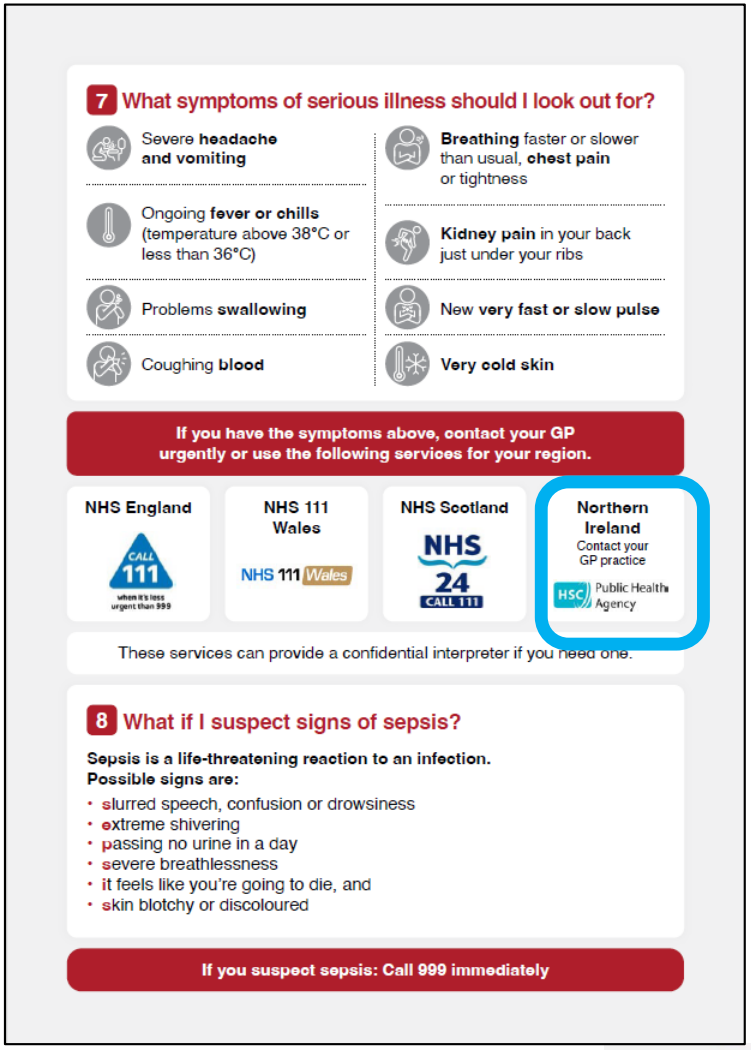
Every year in the UK...

adults have 2 to 3 colds, on average (more common in children) — x2-3

1 in 5 people have a gut infection

1 in 10 people have a sinus infection

Version 2.0. Published: November 2024. Revision date: November 2027. This leaflet has been developed with healthcare professionals, patients and professional medical bodies. TARGET is operated by the UK Health Security Agency



7 What symptoms of serious illness should I look out for?

- Severe **headache and vomiting**
- Ongoing **fever or chills** (temperature above 38°C or less than 36°C)
- Problems **swallowing**
- Coughing **blood**
- **Breathing** faster or slower than usual, **chest pain** or tightness
- **Kidney pain** in your back just under your ribs
- New **very fast or slow pulse**
- **Very cold skin**

If you have the symptoms above, contact your GP urgently or use the following services for your region.

NHS England	NHS 111 Wales	NHS Scotland	Northern Ireland
CALL 111 when it's less urgent than 999	NHS 111 Wales	NHS 24 CALL 111	Contact your GP practice; HSC Public Health Agency

These services can provide a confidential interpreter if you need one.

8 What if I suspect signs of sepsis?

Sepsis is a life-threatening reaction to an infection.
Possible signs are:
- slurred speech, confusion or drowsiness
- extreme shivering
- passing no urine in a day
- severe breathlessness
- it feels like you're going to die, and
- skin blotchy or discoloured

If you suspect sepsis: Call 999 immediately

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TARGET Leaflets

3 How can I treat a common infection?

- **Get plenty of rest** until you feel better.
- **Take pain relief** if you need to (make sure you follow the instructions).
- **Drink enough fluids** to avoid dehydration and pass urine regularly (6 to 8 cups or glasses).
- For **coughs**, try honey and cough medicines. For **sore throats**, try medicated lozenges and pain relief.
- Soothe **eye infections** with boiled and cooled water on the eyelids, apply cool compresses gently around the eye.
- For an **outer ear infection**, consider over-the-counter ear drops.

4 How long could my infection last?

Cough	Sore throat or earache	Common cold	Norovirus (winter vomiting)	Sinus infection	Eye infection
3 to 4 weeks	7 to 8 days	14 days	2 to 3 days	3 to 4 weeks	7 to 14 days

Contact your GP if your symptoms are getting worse or if you are not better by the times above.

Visit www.nhs.uk for self-care advice on common infections

5 Will my infection need antibiotics to get better?

- Your body can normally fight off common infections on its own
- You do not usually need antibiotics unless symptoms of a bacterial infection are severe – follow your healthcare professional's advice on this
- Taking antibiotics when you do not need to may put you and your family at risk
- Follow your healthcare professional's advice on antibiotics
- Find out more about antibiotics at **www.antibioticguardian.com**

6 How can I stop my infection from spreading?

If you need to cough or sneeze:

- **Catch it** with a tissue (or your inner elbow)
- **Bin it** throw away used tissues
- **Kill it** by cleaning your hands

Clean hands for at least 20 seconds with soap and water or hand sanitiser:

- before preparing and eating food
- after using the toilet
- after touching pets or animals
- when leaving and arriving home

Avoid touching your eyes, nose or mouth with unclean hands. If possible, keep your distance from others (2 meters or 6 feet), especially vulnerable people in your household.

Do not share items that come into contact with your mouth, such as eating utensils and toothbrushes.

Keep yourself and your family up to date with vaccinations. Always get winter vaccines (such as flu) if you are eligible.

Visit or call a pharmacy for further advice on common infections

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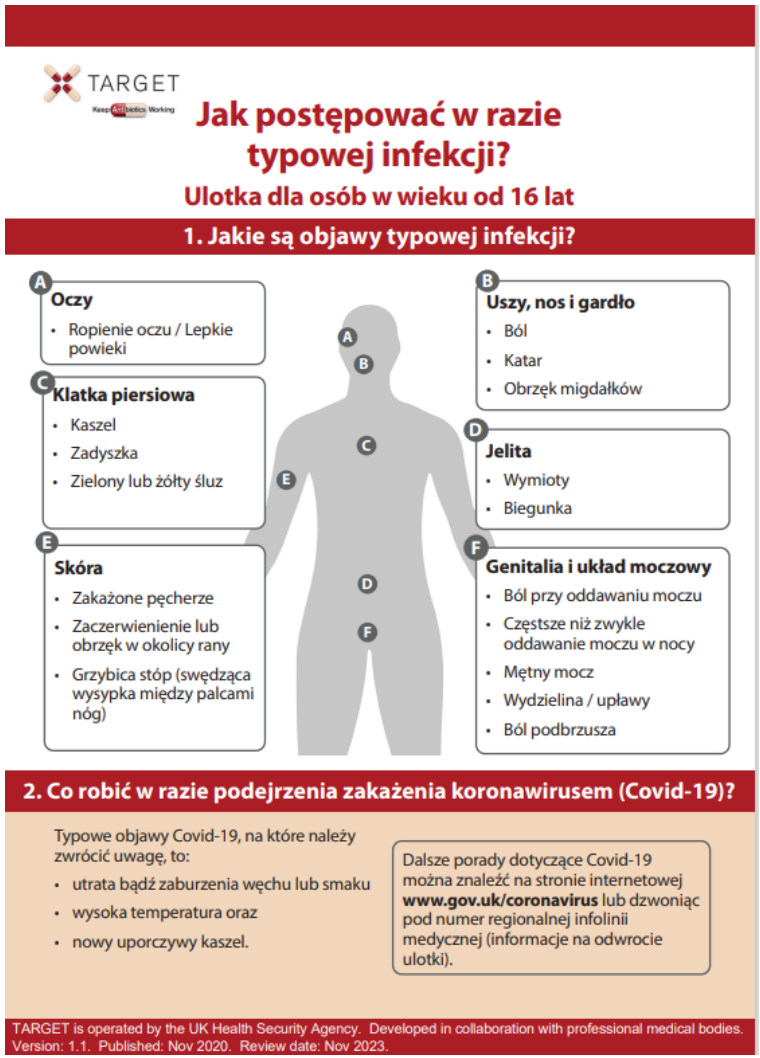
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TARGET Leaflets

- Albanian – V1.1 (PDF)
- Arabic – V1.1 (PDF)
- Bengali – V1.1 (PDF)
- Bulgarian - V1.1 (PDF)
- Cantonese – V1.1 (PDF)
- Farsi – V1.1 (PDF)
- French – V1.1 (PDF)
- Greek – V1.1 (PDF)
- Gujarati – V1.1 (PDF)
- Hindi – V1.1 (PDF)
- Hungarian – V1.1 (PDF)
- Italian – V1.1 (PDF)
- Kurdish Sorani – V1.1 (PDF)
- Lithuanian – V1.1 (PDF)
- Mandarin – V1.1 (PDF)
- Nepali - V1.1 (PDF)
- Pashto - V1.1 (PDF)
- Polish – V1.1 (PDF)
- Portuguese – V1.1 (PDF)
- Punjabi – V1.1 (PDF)
- Romanian – V1.1 (PDF)
- Russian - V1.1 (PDF)
- Slovak - V1.1 (PDF)
- Somali – V1.1 (PDF)
- Spanish – V1.1 (PDF)
- Swahili – V1.1 (PDF)
- Tamil – V1.1 (PDF)
- Tigrinya – V1.1 (PDF)
- Turkish – V1.1 (PDF)
- Urdu – V1.1 (PDF)
- Ukrainian - V1.1 (PDF)



TARGET

Jak postępować w razie typowej infekcji?

Ulotka dla osób w wieku od 16 lat

1. Jakie są objawy typowej infekcji?

A Oczy
- Ropienie oczu / Lepkie powieki

B Uszy, nos i gardło
- Ból
- Katar
- Obrzęk migdałków

C Klatka piersiowa
- Kaszel
- Zadyszka
- Zielony lub żółty śluz

D Jelita
- Wymioty
- Biegunka

E Skóra
- Zakażone pęcherze
- Zaczerwienienie lub obrzęk w okolicy rany
- Grzybica stóp (swędząca wysypka między palcami nóg)

F Genitalia i układ moczowy
- Ból przy oddawaniu moczu
- Częstsze niż zwykle oddawanie moczu w nocy
- Mętny mocz
- Wydzielina / upławy
- Ból podbrzusza

2. Co robić w razie podejrzenia zakażenia koronawirusem (Covid-19)?

Typowe objawy Covid-19, na które należy zwrócić uwagę, to:
- utrata bądź zaburzenia węchu lub smaku
- wysoka temperatura oraz
- nowy uporczywy kaszel.

Dalsze porady dotyczące Covid-19 można znaleźć na stronie internetowej **www.gov.uk/coronavirus** lub dzwoniąc pod numer regionalnej infolinii medycznej (informacje na odwrocie ulotki).

TARGET is operated by the UK Health Security Agency. Developed in collaboration with professional medical bodies.
Version: 1.1. Published: Nov 2020. Review date: Nov 2023.

Common Infections leaflet – PDF available in multiple languages e.g. Polish

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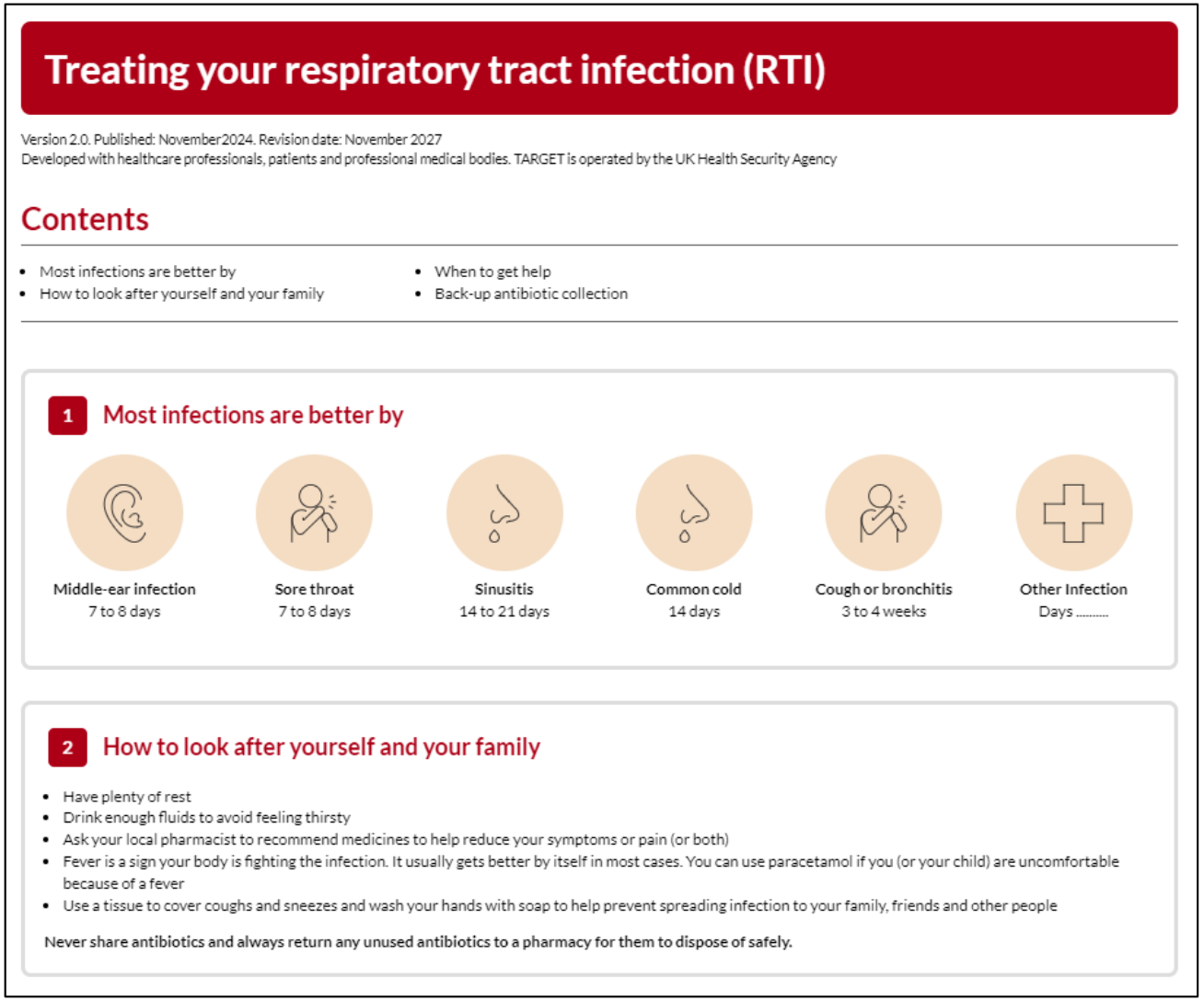
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RTI TARGET Leaflets

RTI leaflet

- HTML can be sent to phone or tablet
- Different formats
- Multiple languages (PDFs)



Treating your respiratory tract infection (RTI)

Version 2.0. Published: November 2024. Revision date: November 2027
Developed with healthcare professionals, patients and professional medical bodies. TARGET is operated by the UK Health Security Agency

Contents

- Most infections are better by
- How to look after yourself and your family
- When to get help
- Back-up antibiotic collection

1 Most infections are better by

Middle-ear infection	Sore throat	Sinusitis	Common cold	Cough or bronchitis	Other Infection
7 to 8 days	7 to 8 days	14 to 21 days	14 days	3 to 4 weeks	Days .....

2 How to look after yourself and your family

- Have plenty of rest
- Drink enough fluids to avoid feeling thirsty
- Ask your local pharmacist to recommend medicines to help reduce your symptoms or pain (or both)
- Fever is a sign your body is fighting the infection. It usually gets better by itself in most cases. You can use paracetamol if you (or your child) are uncomfortable because of a fever
- Use a tissue to cover coughs and sneezes and wash your hands with soap to help prevent spreading infection to your family, friends and other people

Never share antibiotics and always return any unused antibiotics to a pharmacy for them to dispose of safely.

Strategic Planning and Performance Group

Keep Antibiotics Working

Health and Social Care

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3 When to get help

If any of the below apply to you or your child, get an urgent assessment from a healthcare professional. If your child is under the age of 5, to A&E immediately or call 999.

- Your skin is very cold or has a strange colour, or you develop an unusual rash
- You have new feelings of confusion or drowsiness or have slurred speech
- You have difficulty breathing. Signs that suggest breathing problems include:
  - breathing quickly;
  - turning blue around the lips and the skin below the mouth;
  - skin between or above the ribs getting sucked or pulled in with every breath

If you (or your child) have any of the following symptoms, are getting worse or are sicker than you would expect (even if your temperature falls), trust your instincts and get medical advice urgently from NHS 111 or your GP.

- You develop a severe headache and are sick
- You have a red, swollen tongue
- You have redness, swelling and pain around the eyes or the ears
- You develop chest pain
- You have difficulty swallowing or are drooling
- You cough up blood
- You are peeing very little, or not at all
- You are feeling a lot worse
- Your child has a middle-ear infection and fluid is coming out of their ears or they have new deafness

Less serious signs that can usually wait until you visit a pharmacist or your next available appointment

- You are not starting to improve a little by the time given in the 'Most are better by' column in the table above
- You have mild side effects such as diarrhoea. Get advice from a healthcare professional if concerned

4 Back-up antibiotic collection

Your clinician can advise how long you should wait before you collect a back-up antibiotic prescription, only if you are not starting to feel a little better or you feel worse.

- Colds, most coughs, sinusitis, ear infections, sore throats, and other infections often get better without antibiotics, as your body can usually fight these infections on its own

If you need antibiotics, take them exactly as prescribed. Never save them for later and do not share them with others. For more information, visit: www.antibioticguardian.com.

Why it is important to take antibiotics as prescribed

- Taking any antibiotics makes bacteria that live inside your body more resistant. This means that antibiotics may not work when you really need them

Antibiotics can cause side effects such as rashes, thrush, stomach pains, diarrhoea, reactions to sunlight, other symptoms, or being sick if you drink alcohol with the antibiotic metronidazole.

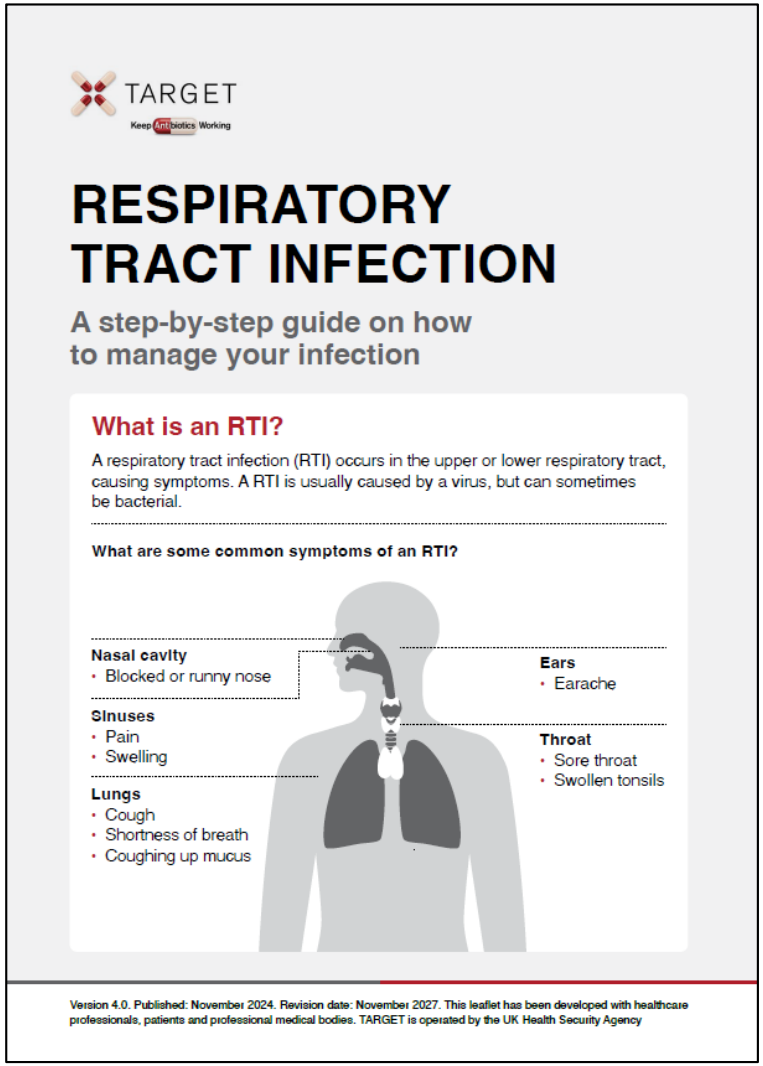
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RESPIRATORY TRACT INFECTION

A step-by-step guide on how to manage your infection

What is an RTI?

A respiratory tract infection (RTI) occurs in the upper or lower respiratory tract, causing symptoms. A RTI is usually caused by a virus, but can sometimes be bacterial.

What are some common symptoms of an RTI?

Nasal cavity
- Blocked or runny nose

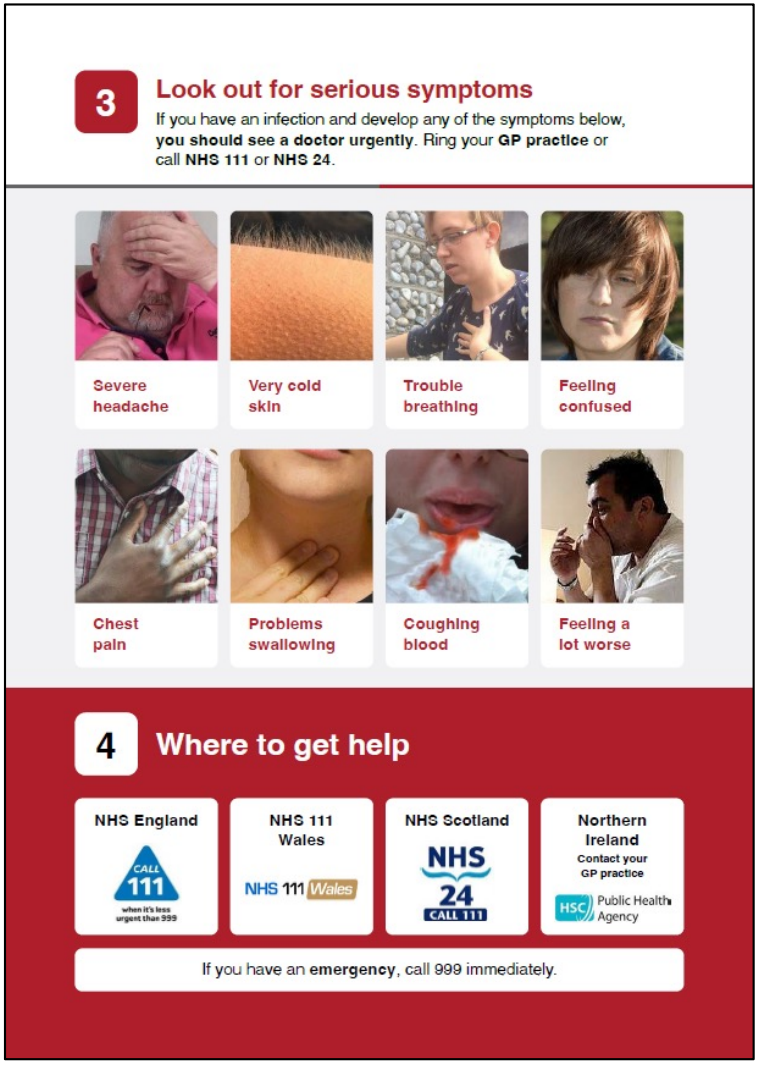
Sinuses
- Pain
- Swelling

Lungs
- Cough
- Shortness of breath
- Coughing up mucus

Ears
- Earache

Throat
- Sore throat
- Swollen tonsils

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3 Look out for serious symptoms

If you have an infection and develop any of the symptoms below, **you should see a doctor urgently**. Ring your **GP practice** or call **NHS 111** or **NHS 24**.

Severe headache | Very cold skin | Trouble breathing | Feeling confused

Chest pain | Problems swallowing | Coughing blood | Feeling a lot worse

4 Where to get help

NHS England — CALL 111 when it's less urgent than 999

NHS 111 Wales — NHS 111 Wales

NHS Scotland — NHS 24 CALL 111

Northern Ireland — Contact your GP practice — HSC Public Health Agency

If you have an **emergency**, call 999 immediately.

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TARGET Leaflets

1 Help yourself to feel better

Whatever your infection, you can do the following to help.



Take paracetamol to reduce pain. Always follow the instructions on the packet.



Ask your pharmacist for advice on reducing your symptoms.



Get plenty of rest until you feel better.



Drink enough fluids to avoid feeling thirsty.



Use tissues when you sneeze to help stop infections spreading.



Wash your hands regularly and after using tissues.

For more information, visit the NHS website at **www.nhs.uk**. Most common infections get better without antibiotics. Find out how you can make better use of antibiotics at **www.antibioticguardian.com**.

2 Check how long your symptoms last



Earache
Most get better by **7 to 8 days**



Sore throat
Most get better by **7 to 8 days**



Cold
Most get better by **14 days**



Cough
Most get better by **3 to 4 weeks**

If you are not starting to improve a little by the times given above, visit a pharmacist or contact your GP practice. If you are feeling a lot worse, phone **NHS 111** or **NHS 24** (see step 4)

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RTI Leaflet

TREATING YOUR
RESPIRATORY TRACT INFECTION (RTI)

TARGET

Your Infection / Most are better by

◯ Middle-ear infection	7 to 8 days
◯ Sore throat	7 to 8 days
◯ Sinusitis	14 to 21 days
◯ Common cold	14 days
◯ Cough or bronchitis	3 to 4 weeks
◯ Other infection	Days .....

How to look after yourself and your family

- Have plenty of rest
- Drink enough fluids to avoid feeling thirsty
- Ask your local pharmacist to recommend medicines to help reduce your symptoms or pain (or both)
- Fever is a sign your body is fighting the infection. It usually gets better by itself in most cases. You can use paracetamol if you (or your child) are uncomfortable because of a fever
- Use a tissue to cover coughs and sneezes and wash your hands with soap to help prevent spreading infection to your family, friends and other people

Never share antibiotics and always return any unused antibiotics to a pharmacy for them to dispose of safely.

When to get help

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- You have difficulty swallowing or are drooling
- You cough up blood
- You are peeing very little, or not at all
- You are feeling a lot worse
- Your child has a middle-ear infection and fluid is coming out of their ears or they have new deafness

Less serious signs that can usually wait until you visit a pharmacist or your next available appointment

- You are not starting to improve a little by the time given in the 'Most are better by' column in the table above
- You have mild side effects such as diarrhoea. Get advice from a healthcare professional if concerned

Back-up antibiotic collection

Back-up antibiotic prescription to be collected after ..... days from ..../..../.....
only if you are not starting to feel a little better or you feel worse.

- Colds, most coughs, sinusitis, ear infections, sore throats, and other infections often get better without antibiotics, as your body can usually fight these infections on its own

If you need antibiotics, take them exactly as prescribed. Never save them for later and do not share them with others. For more information, visit: www.antibioticguardian.com.

Why it is important to take antibiotics as prescribed

Taking any antibiotics makes bacteria that live inside your body more resistant. This means that antibiotics may not work when you really need them.

Antibiotics can cause side effects such as rashes, thrush, stomach pains, diarrhoea, reactions to sunlight, other symptoms, or being sick if you drink alcohol with the antibiotic metronidazole.

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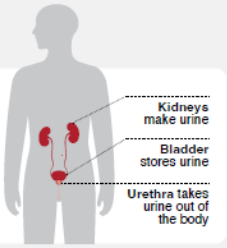
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URINARY TRACT INFECTIONS (UTIs)

A leaflet for adults

What is a UTI?

A urinary tract infection (UTI) occurs when bacteria in any part of the urinary system cause symptoms. A diagnosis is made mainly on your symptoms. Urine dipstick tests are only used for women under 65 who don't have a catheter.



What can you do to help prevent a UTI?

Are you drinking enough?
Drink enough fluids. Regular drinks, like water or squash will boost hydration and help your body stay healthy. The NHS England Eatwell Guide recommends that people should aim to drink 6 to 8 glasses of fluid a day. Your bladder can be irritated by too much alcohol, fizzy drink or caffeine.

Stop bacteria spreading from your bowel into your bladder

- Keep your genital area clean and dry. Avoid scented soaps. Change incontinence pads often, and clean your genital area if soiled
- Pee after having sex
- Wash the external vaginal area with water before and after sex
- Wipe your genitals from front to back after using the toilet

Repeated UTIs

- If you are female and past the menopause, vaginal hormone treatments may help
- If you are male, ask for support from your healthcare professional
- You could try taking cranberry dietary supplements, D-mannose (for younger women) or probiotics. Some women find these effective. The evidence to support their use is inconclusive

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When should I get more urgent help?

You should see a health professional if you have UTI symptoms and:

- your symptoms are getting a lot worse, or not starting to improve within 2 days of starting antibiotics; or
- you are pregnant, male or you have recently had an operation

The following symptoms could be signs of a serious urinary infection and should be assessed urgently

- Shivering, chills and muscle pain
- Not going for a pee all day
- Trouble breathing
- Blood in your urine
- Feeling very confused, drowsy, or having slurred speech
- Temperature above 38°C or below 36°C
- Kidney pain in your back just under the ribs
- Very cold skin
- Vomiting

If you have the symptoms above, contact your GP urgently or use the following services for your region.

NHS England	NHS 111 Wales	NHS Scotland	Northern Ireland
CALL 111 when it's less urgent than 999	NHS 111 Wales	NHS 24 CALL 111	Contact your GP practice. HSC Public Health Agency

Trust your instincts – ask for advice if you are not sure how urgent your symptoms are

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What symptoms should I look out for?

Signs and symptoms in ALL adults

- Burning pain when peeing
- Peeing at night more often than usual
- Cloudy urine
- Peeing more often than usual
- Feeling the need to pee immediately
- Blood in your urine
- Pain in your lower tummy

If you have a catheter, also consider these symptoms

- Shivering or shaking
- High or low temperature
- Kidney pain in your back just under the ribs
- New or increased confusion, change in behaviour or being unsteady on your feet

Symptoms of a UTI in OLDER, FRAIL adults

These symptoms may be more noticeable in older, frail adults:

- Wetting yourself more often than usual
- New or increased confusion, change in behaviour, or being unsteady on your feet
- High or low temperature
- Shivering or shaking

Urinary symptoms may also be caused by the following

- Pain or discomfort after sex
- A sexually transmitted infection (STI)
- Vaginal changes during or after the menopause

Other things that may cause confusion in older adults

- Pain
- Poor sleep
- Constipation
- Side effects of medicine
- Poor diet
- Other infection
- Not drinking enough
- Change in routine or home environment

What can I do to feel better?

What you can do

- Drink enough fluids. Aim to drink 6 to 8 glasses of water or squash a day
- Take paracetamol regularly, up to 4 times a day to relieve pain
- You could try taking cranberry capsules or cystitis sachets. Some women find these effective. The evidence to support their use is inconclusive

What your pharmacist, nurse or doctor may do

- Give self-care advice and advise you to take pain relief (paracetamol or ibuprofen)
- Ask you for a urine sample to test
- You may be given an antibiotic to take immediately or take if your symptoms don't improve or you start to feel worse
- You may be referred to another healthcare provider

If you have repeated UTIs and self-care options do not help

- You may be prescribed antibiotics to take at night or after sex
- Vaginal hormone treatments may help some women after the menopause

Advice about antibiotics

- Antibiotics can be life saving for serious urine infections, but they are not always needed for mild urinary symptoms
- Taking any antibiotics can make bacteria that live inside your body more resistant. This means that antibiotics may not work when you really need them
- Common side effects of taking antibiotics include thrush, rashes, nausea, vomiting and diarrhoea. Ask for advice if you are worried
- Only take antibiotics if your healthcare professional advises you to – they will work better this way

Taking antibiotics when you don't need them may put you and your family at risk.

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UTI TARGET Leaflet

TREATING YOUR

URINARY TRACT INFECTION (UTI)

TARGET

For women under 65 years with suspected lower urinary tract infections (UTIs) or lower recurrent UTIs (cystitis or urethritis)

Possible urinary signs and symptoms

Key signs and symptoms

- **Dysuria:** Burning pain when peeing
- **New nocturia:** Needing to pee in the night
- **Cloudy urine:** Pee looks cloudy

Other signs and symptoms to consider

- **Frequency:** Peeing more often than usual
- **Urgency:** Feeling the need to pee immediately
- **Haematuria:** Blood in your urine
- **Suprapubic pain:** Pain in your lower tummy

Other things to consider

Recent sex

- Inflammation due to sex can feel similar to the symptoms of a UTI
- Some sexually transmitted infections (STIs) can have symptoms similar to those of a UTI

Changes during menopause

- Some changes during the menopause can have symptoms similar to those of a UTI

Self-care to help yourself get better more quickly

- Drink enough fluids to stop you feeling thirsty. Aim to drink 6 to 8 glasses a day
- Avoid too much alcohol, fizzy drink or caffeine that can irritate your bladder
- Take paracetamol or ibuprofen as advised for pain relief, if you have had no previous side effects
- You could try taking cranberry capsules or cystitis sachets. Some women find these effective. The evidence to support their use is inconclusive
- Consider the risk factors in the 'Options to help prevent UTI' column to reduce future UTIs

The outcome → Recommended care

If you are not pregnant

- ○ **If you have none, or only one of, dysuria, new nocturia or cloudy urine, or you have a vaginal discharge (on its own or with any of the above):**
  - a UTI is much less likely;
  - you may need a urine test to check for a UTI
  - antibiotics are less likely to help; and
  - the infection will usually last 5 to 7 days

  → ○ **Self-care and pain relief**
  - symptoms may get better on their own

  ○ **Delayed or backup prescription with self-care and pain relief.**
  Start antibiotics if your symptoms:
  - get worse, or do not get a little better with self-care within 48 hours

- ○ **If you have 2 or more of dysuria, new nocturia, cloudy urine or bacteria in your urine and no vaginal discharge:**
  - a UTI is more likely and antibiotics should help
  - you should start to improve within 48 hours
  - symptoms usually last 3 days

  → ○ **Immediate** treatment with antibiotics, plus self-care

  ○ **If your symptoms are mild, start delayed or backup treatment with antibiotics,** plus self-care

If you are pregnant

- ○ **Always ask for a urine culture test**
  - if suspected UTI

  → ○ **Immediate treatment with antibiotics,** plus self-care

Options to help prevent a UTI

It may help you to consider the following risk factors:

- Stop bacteria spreading from your bowel into your bladder. Wipe from front (vagina) to back (bottom) after using the toilet
- Avoid waiting to go to the toilet. Pee as soon as you need to
- Go for a pee after having sex to flush out any bacteria that may be near the opening to the urethra
- Wash the external vagina area with water before and after sex to wash away any bacteria that may be near the opening to the urethra
- Drink enough fluids to make sure you pee regularly throughout the day, especially during hot weather

If you have repeated UTIs, discuss this with a healthcare professional. The following may help.

- There is good evidence to show that **vaginal hormonal treatment** may help after the menopause
- You could try taking **cranberry products, D-mannose or probiotics**. Some women find these effective. The evidence to support their use is inconclusive

Antibiotic resistance

- Antibiotics can be lifesaving. But they are not always needed for urinary symptoms
- Taking any antibiotics can make bacteria that live inside your body more resistant. This means that antibiotics may not work when you really need them
- Common side effects of taking antibiotics include thrush, rashes, nausea, vomiting and diarrhoea. Get medical advice if you are worried
- Keep antibiotics working – only take them when advised by a health professional. This way they are more likely to work for a future UTI

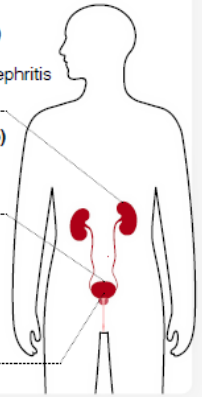
Types of urinary tract infection

UTIs are caused by bacteria getting into your urethra or bladder, usually from your gut. Infections may occur in different parts of the urinary tract.

Kidneys (make urine)
Infection in the upper urinary tract – Pyelonephritis (pie-lo-nef-right-is)

Bladder (stores urine)
Infection in the lower urinary tract – Cystitis (sis-tight-is)

Urethra (takes urine out of the body)
Infection or inflammation in the urethra – Urethritis (your-ith-right-is)



When should you get help?

Contact your GP practice or NHS 111

The following symptoms are possible signs of serious infection and should be assessed urgently. Phone for advice if you are not sure how urgent the symptoms are.

- You have shivering, chills and muscle pain
- You feel confused, or are very drowsy
- You have not been for a pee all day
- You are vomiting
- You see blood in your urine
- Your temperature is above 38°C or less than 36°C
- You have kidney pain in your back just under the ribs
- Your symptoms get worse
- Your symptoms are not starting to improve within 48 hours of taking antibiotics

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UTI TARGET Leaflets

5 Antibiotic resistance

- Antibiotics can be lifesaving. But they are not always needed for urinary symptoms
- Taking any antibiotics can make bacteria that live inside your body more resistant. This means that antibiotics may not work when you really need them
- This may make future UTIs more difficult to treat
- Common side effects of taking antibiotics include thrush, rashes, nausea, vomiting and diarrhoea. Get medical advice if you are worried
- Keep antibiotics working – only take them when advised by a health professional. This way they are more likely to work for a future UTI

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TARGET - free webinars

Wednesday 27 November 6:30pm-7:30pm

- insights from public survey data (2019 – 2024) covering knowledge of common infections and antibiotics, as well as relevant health-seeking behaviours.
- Public understanding and beliefs about managing common infections have been changing over time, particularly following the COVID-19 pandemic. Join us at this webinar for insights from public surveys to improve patient understanding and manage expectations regarding common infections and antibiotic use.

Sign up - free webinars for 2024/25: How antimicrobial stewardship can help you | RCGP Learning. If you have any queries, please email targetantibiotics@ukhsa.gov.uk

HSC Health and Social Care

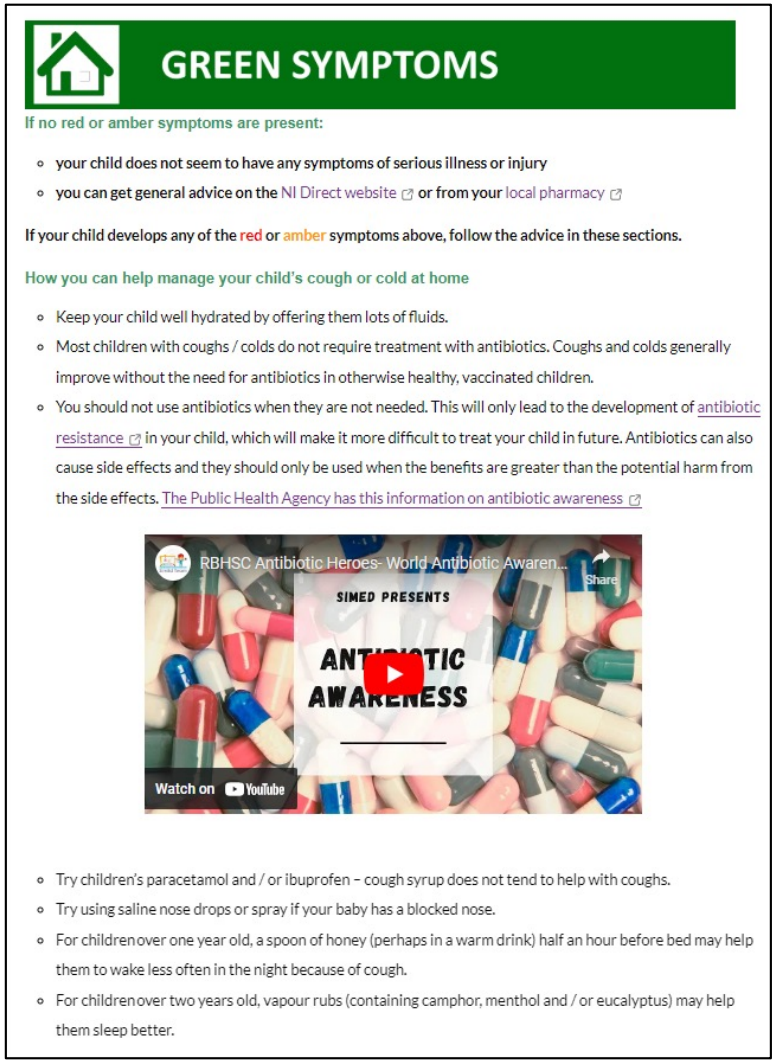
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Information for Parents

[Children's Symptom Checker | Belfast Health & Social Care Trust website]

- **Urgent / emergency situations fall under red symptoms**
- **Less urgent situations fall under amber symptoms**
- **Non-urgent situations fall under green symptoms**





GREEN SYMPTOMS

If no red or amber symptoms are present:

- your child does not seem to have any symptoms of serious illness or injury
- you can get general advice on the NI Direct website or from your local pharmacy

If your child develops any of the red or amber symptoms above, follow the advice in these sections.

How you can help manage your child's cough or cold at home

- Keep your child well hydrated by offering them lots of fluids.
- Most children with coughs / colds do not require treatment with antibiotics. Coughs and colds generally improve without the need for antibiotics in otherwise healthy, vaccinated children.
- You should not use antibiotics when they are not needed. This will only lead to the development of antibiotic resistance in your child, which will make it more difficult to treat your child in future. Antibiotics can also cause side effects and they should only be used when the benefits are greater than the potential harm from the side effects. The Public Health Agency has this information on antibiotic awareness

- Try children's paracetamol and / or ibuprofen – cough syrup does not tend to help with coughs.
- Try using saline nose drops or spray if your baby has a blocked nose.
- For children over one year old, a spoon of honey (perhaps in a warm drink) half an hour before bed may help them to wake less often in the night because of cough.
- For children over two years old, vapour rubs (containing camphor, menthol and / or eucalyptus) may help them sleep better.

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Information for Parents

- Medicines for Children has useful guides on how to give medicines, including giving tablets and capsules [How to give different types of medicines – Medicines For Children]
- KidzMed is an e-Learning resource from Health Education England for healthcare professionals teaching children to swallow pills [KidzMed - elearning for healthcare]
- [caring-for-children-with-cough-A4-leaflet.pdf]



Caring for children with COUGHS

University of BRISTOL

This leaflet contains information about how to look after a child who has a cough (not due to asthma). For more detail see www.bristol.ac.uk/child-cough

COUGH

Coughs can last for 3-4 weeks and make your child feel quite unwell but will still get better by themselves.

'Noisy chests' or 'chesty coughs' are quite common when young children catch a cold and are not necessarily a sign of a 'chest infection'.

Healthy children typically get a cough 7-10 times a year and this is not a sign that there is anything wrong with their immune system.

© University of Bristol

DISTURBED SLEEP

Coughs will often wake your child in the night. When the child lies down, more of the mucus from the nose and throat runs downwards and your child coughs more to clear it.

Coughing is part of the body's defence system which helps keep the lungs clear and fight the illness. Unfortunately this can wake the child in the night but does not mean the illness is more severe.

For children over 1 year, a spoon of honey (perhaps in a warm drink) half an hour before bed may help them to wake less often.

For children over 2 years, vapour rubs (containing camphor, menthol and/or eucalyptus) may help children sleep better.

FEVER/HIGH TEMPERATURE

In children, a temperature of over 37.5°C is considered a fever.

Fever is a normal response to illness and does not harm children. It may even help to fight illness.

Children with a high temperature may be more likely to have a more severe illness, although most do not. Occasionally a child may have a fit. This shouldn't cause harm and treating the fever doesn't prevent it.

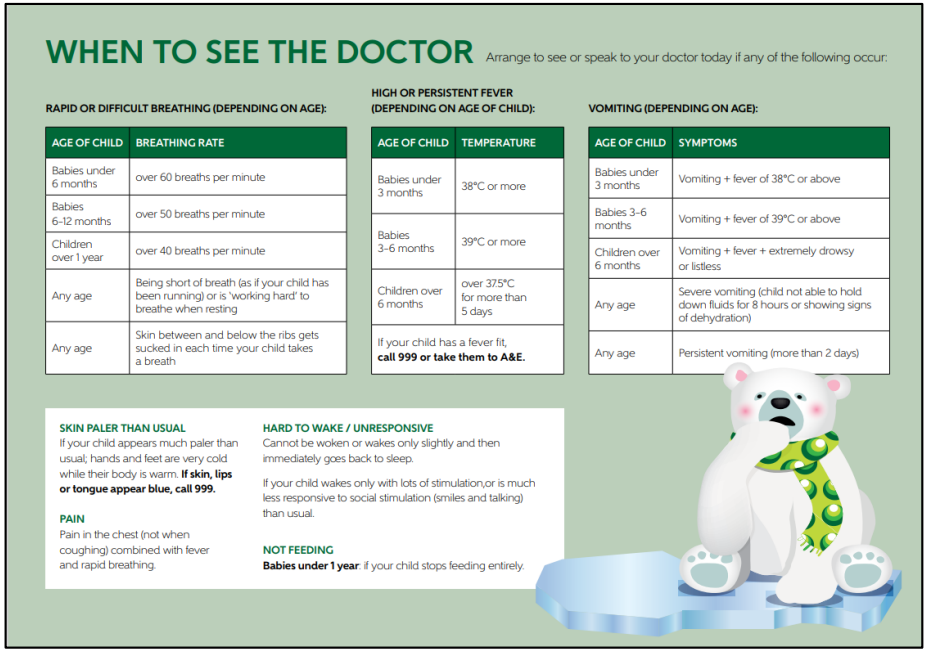
It is safe to use child paracetamol and ibuprofen to manage children's fever (and pain) for as long as needed. Follow the dosage on the bottle.

DRINKING/EATING LESS

Children often eat and drink less when they have normal childhood illnesses. Most children can go a few days without eating much and this will not affect their longer term growth and development.

All children need to drink regularly to avoid becoming dehydrated, especially if they are vomiting.

To help prevent dehydration, encourage your child to have sips of water.



WHEN TO SEE THE DOCTOR Arrange to see or speak to your doctor today if any of the following occur:

RAPID OR DIFFICULT BREATHING (DEPENDING ON AGE):

AGE OF CHILD	BREATHING RATE
Babies under 6 months	over 60 breaths per minute
Babies 6–12 months	over 50 breaths per minute
Children over 1 year	over 40 breaths per minute
Any age	Being short of breath (as if your child has been running) or is 'working hard' to breathe when resting
Any age	Skin between and below the ribs gets sucked in each time your child takes a breath

HIGH OR PERSISTENT FEVER (DEPENDING ON AGE OF CHILD):

AGE OF CHILD	TEMPERATURE
Babies under 3 months	38°C or more
Babies 3–6 months	39°C or more
Children over 6 months	over 37.5°C for more than 5 days
If your child has a fever fit, **call 999 or take them to A&E.**	

VOMITING (DEPENDING ON AGE):

AGE OF CHILD	SYMPTOMS
Babies under 3 months	Vomiting + fever of 38°C or above
Babies 3–6 months	Vomiting + fever of 39°C or above
Children over 6 months	Vomiting + fever + extremely drowsy or listless
Any age	Severe vomiting (child not able to hold down fluids for 8 hours or showing signs of dehydration)
Any age	Persistent vomiting (more than 2 days)

SKIN PALER THAN USUAL
If your child appears much paler than usual, hands and feet are very cold while their body is warm. **If skin, lips or tongue appear blue, call 999.**

PAIN
Pain in the chest (not when coughing) combined with fever and rapid breathing.

HARD TO WAKE / UNRESPONSIVE
Cannot be woken or wakes only slightly and then immediately goes back to sleep.

If your child wakes only with lots of stimulation,or is much less responsive to social stimulation (smiles and talking) than usual.

NOT FEEDING
Babies under 1 year: if your child stops feeding entirely.

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DRAFT NICE recurrent UTI guidelines – December 2024

Vaginal Oestrogen

These recommendations are for women, and trans men and non-binary people with a female urinary system, who are experiencing perimenopause or menopause, or who have already experienced menopause.

- Consider vaginal oestrogen for recurrent UTI if behavioural and personal hygiene measures alone are not effective or not appropriate. [2018, amended 2024]
- Do not offer systemic hormone replacement therapy specifically to reduce the risk of recurrent UTI. [2018, amended 2024]

Project information | Urinary Tract Infection (recurrent): antimicrobial prescribing | Guidance | NICE

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Vaginal Oestrogen

When discussing vaginal oestrogen for preventing recurrent UTI, cover the following to ensure shared decision making:

- the severity and frequency of previous symptoms
- the risk of developing complications from recurrent UTIs
- the possible benefits of treatment, including for other related symptoms, such as vaginal dryness
- that serious side effects are very rare
- hat vaginal oestrogen is absorbed locally – a minimal amount is absorbed into the bloodstream, but this is unlikely to have a significant effect throughout the body DRAFT FOR CONSULTATION
- the person's preferred treatment option for vaginal oestrogen (for example, a cream or a ring). [2018, amended 2024]
- Do not offer systemic hormone replacement therapy specifically to reduce the risk of recurrent UTI. [2018, amended 2024]

Project information | Urinary Tract Infection (recurrent): antimicrobial prescribing | Guidance | NICE

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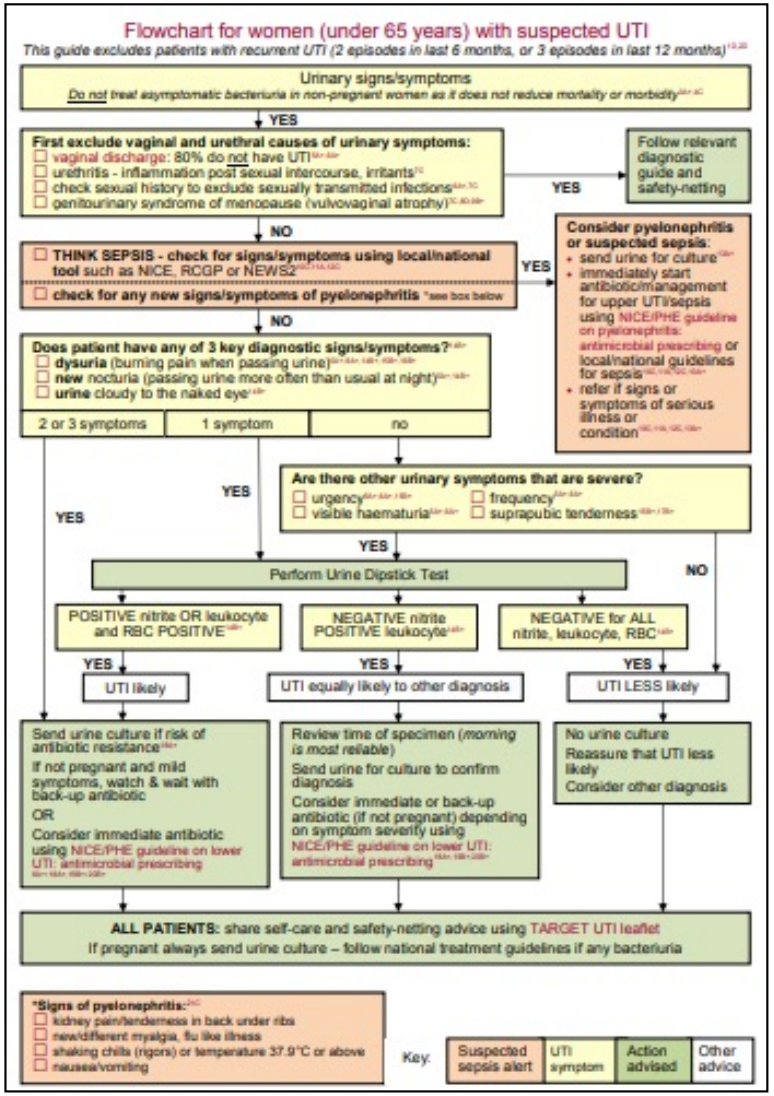
Methenamine

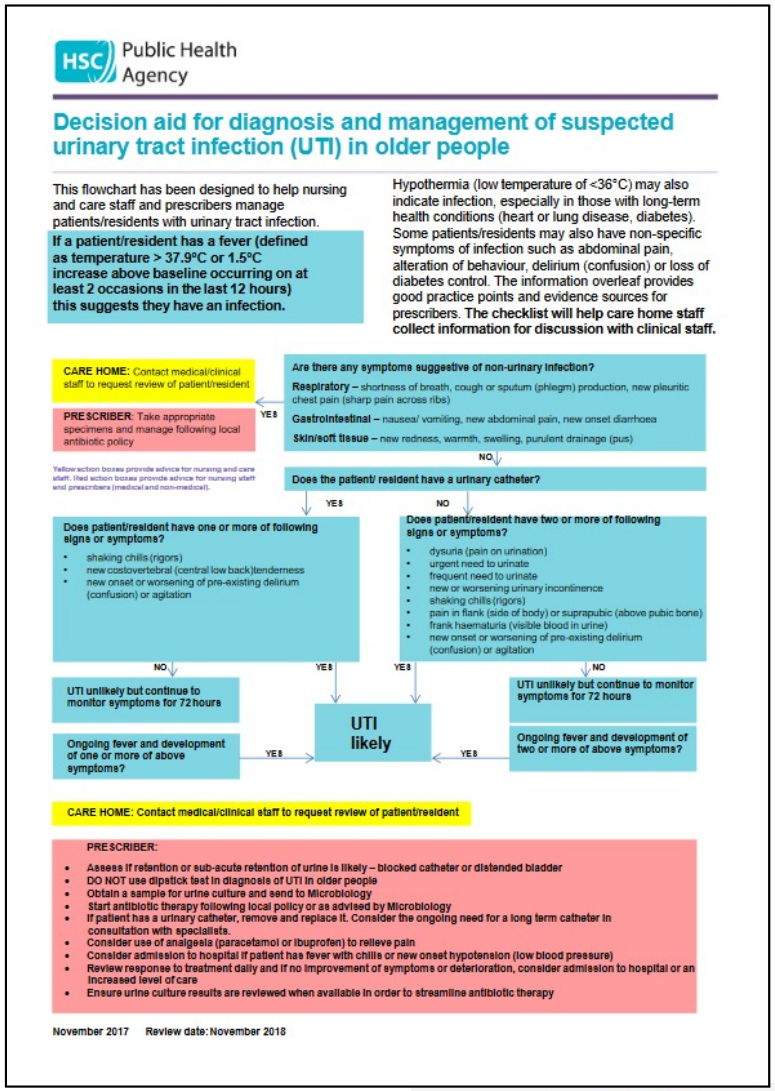
- Consider methenamine hippurate as an alternative to daily antibiotic prophylaxis for recurrent UTI in women, and trans men and non binary people with a female urinary system, who: are not pregnant and have recurrent UTI that has not been adequately improved by behavioural and personal hygiene measures, vaginal oestrogen or single-dose antibiotic prophylaxis (if any of these have been appropriate and are applicable)
- For those with recurrent upper UTI or complicated lower UTI seek specialist advice if considering methenamine hippurate as an alternative to daily antibiotic prophylaxis for recurrent UTI

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UTI – diagnostic decision tools





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UKHSA – draft diagnostic decision tools

Women under 65 years with suspected uncomplicated UTI

- excludes recurrent UTI (defined as 2 episodes in the last 6 months or 3 episodes in the last 12 months)
- excludes a urinary catheter

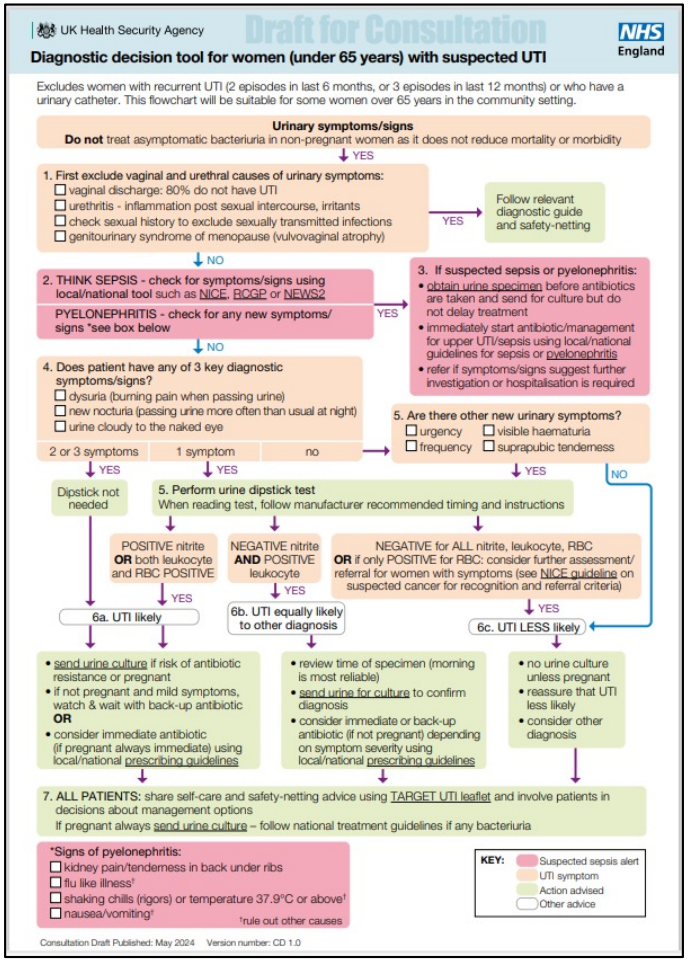
Women over 65 years with suspected uncomplicated UTI

- excludes recurrent UTI
- excludes a urinary catheter
- **DO NOT PERFORM URINE DIPSTICKS**

All adults over 65 years with suspected CAUTI

- **DO NOT PERFORM URINE DIPSTICKS**

[Diagnosis of urinary tract infections: quick reference tools for primary care - GOV.UK]



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Questions

