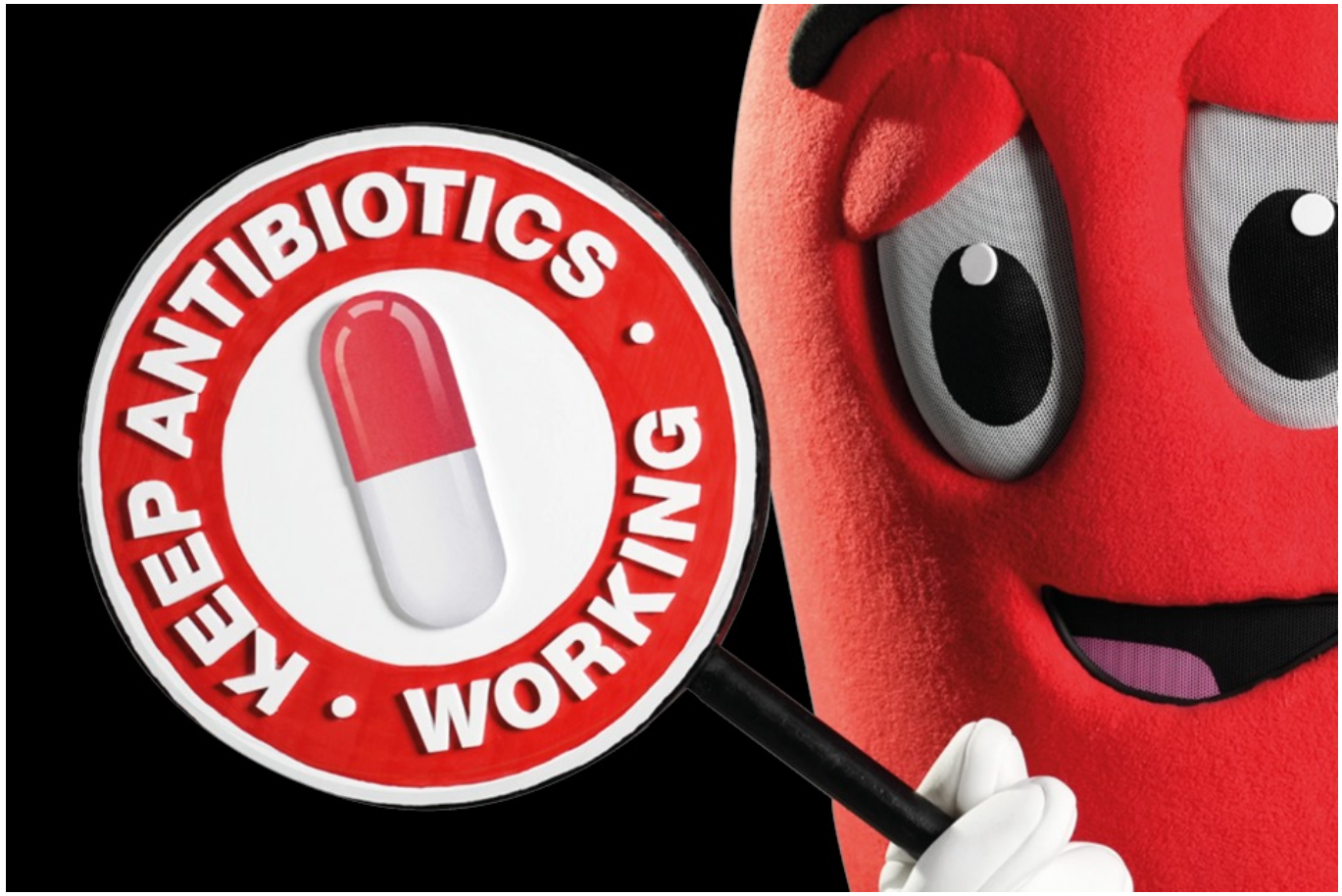
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Antimicrobial Update 2025



GPNI 25th September 2025

Dr Sumanthra Varma

Strategic Planning and Performance Group

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Antimicrobial Update 2025



- UTIs
- TARGET
- Penicillin allergy
- WAAW 2025



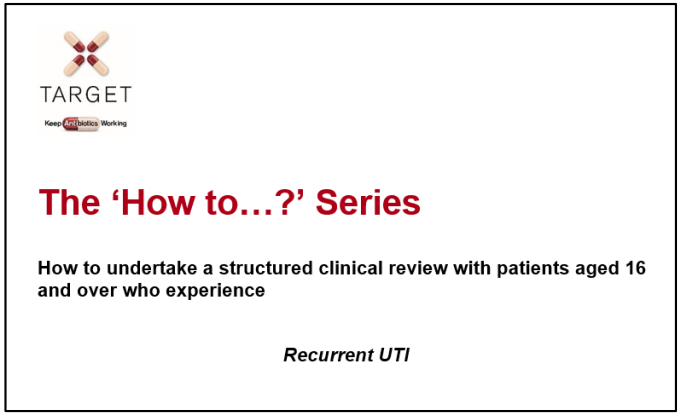
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Urinary Tract Infections



- **NI Formulary updates**
  - NICE NG224 Urinary tract infection in under 16s: diagnosis and management
  - NICE NG112 Urinary tract infection (recurrent) antimicrobial prescribing
  - EOLAS how to set up on PCI



- **TARGET – "How to?" series**

- **UKHSA – diagnostic decision tools**

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UTI under 16s

Trimethoprim - preferred choice

- lower risk of resistance if not prescribed in the previous 3 months
- previous urine culture suggests susceptibility but was not used
- younger people in areas where data suggest resistance is low (check with local Trust)





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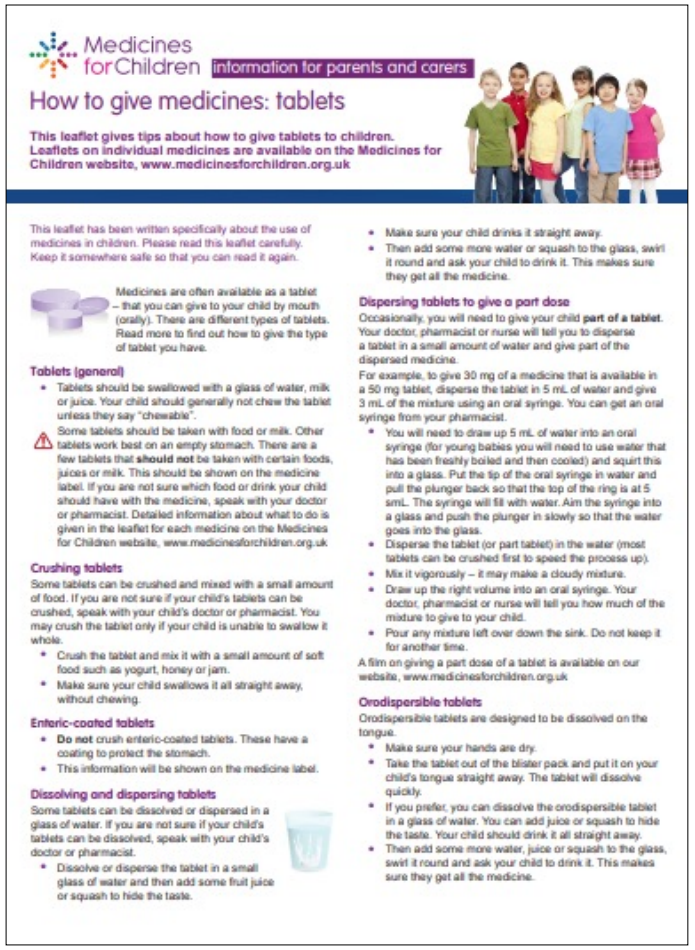
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UTI under 16s

Nitrofurantoin

- tablets alternative option for older children
- suspension considerably more expensive





Medicines for Children — information for parents and carers

How to give medicines: tablets

This leaflet gives tips about how to give tablets to children. Leaflets on individual medicines are available on the Medicines for Children website, www.medicinesforchildren.org.uk

This leaflet has been written specifically about the use of medicines in children. Please read this leaflet carefully. Keep it somewhere safe so that you can read it again.

Medicines are often available as a tablet – that you can give to your child by mouth (orally). There are different types of tablets. Read more to find out how to give the type of tablet you have.

Tablets (general)

- Tablets should be swallowed with a glass of water, milk or juice. Your child should generally not chew the tablet unless they say "chewable".

Some tablets should be taken with food or milk. Other tablets work best on an empty stomach. There are a few tablets that **should not** be taken with certain foods, juices or milk. This should be shown on the medicine label. If you are not sure which food or drink your child should have with the medicine, speak with your doctor or pharmacist. Detailed information about what to do is given in the leaflet for each medicine on the Medicines for Children website, www.medicinesforchildren.org.uk

Crushing tablets

Some tablets can be crushed and mixed with a small amount of food. If you are not sure if your child's tablets can be crushed, speak with your child's doctor or pharmacist. You may crush the tablet only if your child is unable to swallow it whole.

- Crush the tablet and mix it with a small amount of soft food such as yogurt, honey or jam.
- Make sure your child swallows it all straight away, without chewing.

Enteric-coated tablets

- **Do not** crush enteric-coated tablets. These have a coating to protect the stomach.
- This information will be shown on the medicine label.

Dissolving and dispersing tablets

Some tablets can be dissolved or dispersed in a glass of water. If you are not sure if your child's tablets can be dissolved, speak with your child's doctor or pharmacist.

- Dissolve or disperse the tablet in a small glass of water and then add some fruit juice or squash to hide the taste.
- Make sure your child drinks it straight away.
- Then add some more water or squash to the glass, swirl it round and ask your child to drink it. This makes sure they get all the medicine.

Dispersing tablets to give a part dose

Occasionally, you will need to give your child **part of a tablet**. Your doctor, pharmacist or nurse will tell you to disperse a tablet in a small amount of water and give part of the dispersed medicine.

For example, to give 30 mg of a medicine that is available in a 50 mg tablet, disperse the tablet in 5 mL of water and give 3 mL of the mixture using an oral syringe. You can get an oral syringe from your pharmacist.

- You will need to draw up 5 mL of water into an oral syringe (for young babies you will need to use water that has been freshly boiled and then cooled) and squirt this into a glass. Put the tip of the oral syringe in water and pull the plunger back so that the top of the ring is at 5 smL. The syringe will fill with water. Aim the syringe into a glass and push the plunger in slowly so that the water goes into the glass.
- Disperse the tablet (or part tablet) in the water (most tablets can be crushed first to speed the process up).
- Mix it vigorously – it may make a cloudy mixture.
- Draw up the right volume into an oral syringe. Your doctor, pharmacist or nurse will tell you how much of the mixture to give to your child.
- Pour any mixture left over down the sink. Do not keep it for another time.

A film on giving a part dose of a tablet is available on our website, www.medicinesforchildren.org.uk

Orodispersible tablets

Orodispersible tablets are designed to be dissolved on the tongue.

- Make sure your hands are dry.
- Take the tablet out of the blister pack and put it on your child's tongue straight away. The tablet will dissolve quickly.
- If you prefer, you can dissolve the orodispersible tablet in a glass of water. You can add juice or squash to hide the taste. Your child should drink it all straight away.
- Then add some more water, juice or squash to the glass, swirl it round and ask your child to drink it. This makes sure they get all the medicine.

[How to give medicines: tablets – Medicines For Children]

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UTI Survey Findings

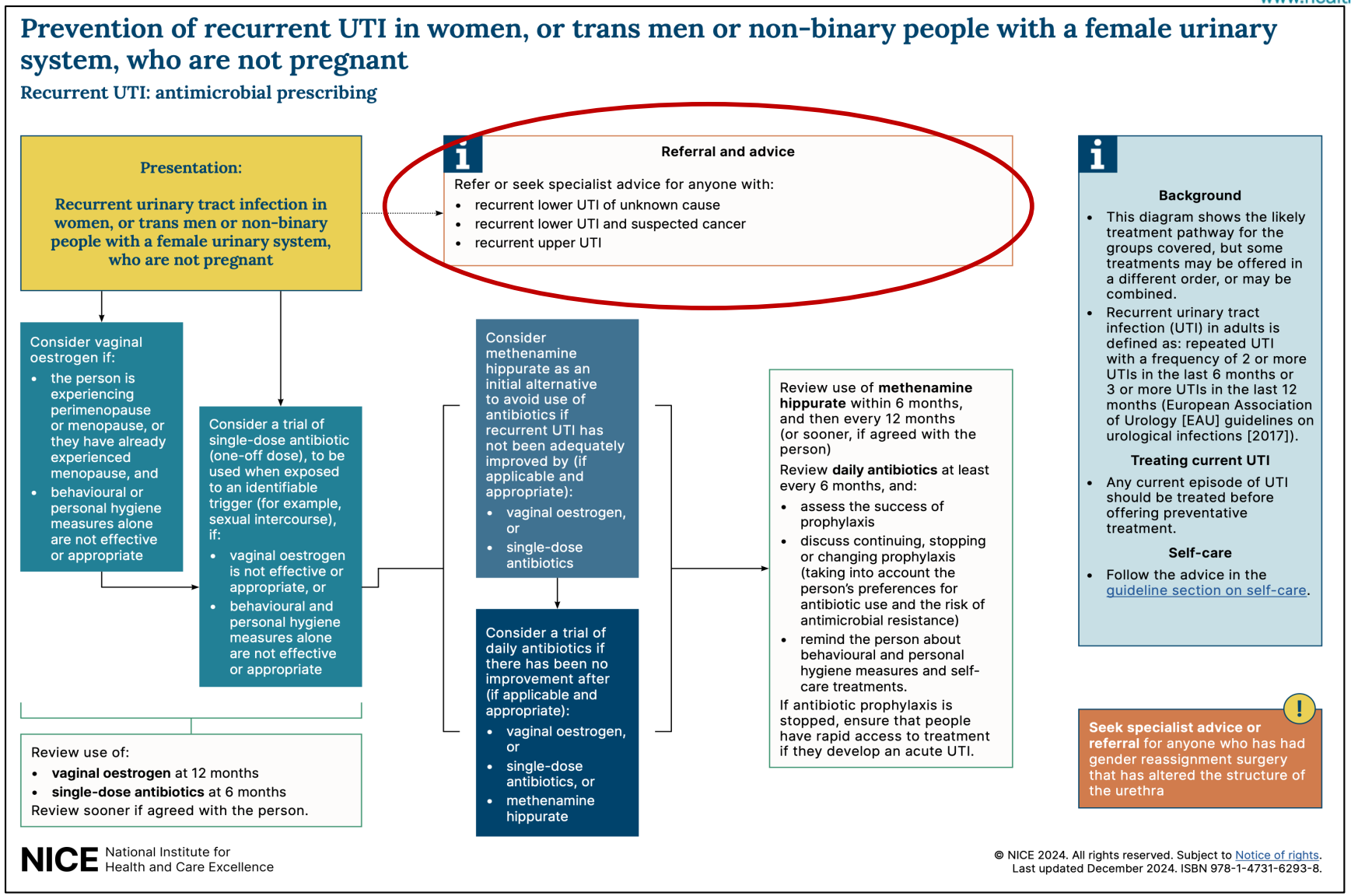
Survey by the European Association of Urology:

- 21% of UK-based respondents thought taking antibiotics as a precaution, without medical advice, could prevent UTIs
- 20% of UK adults believed that antibiotics are always needed for UTI
- Raising public awareness about symptoms, causes, and treatment, is still essential to prevent infections and reduce AMR

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NICE Recurrent UTIs



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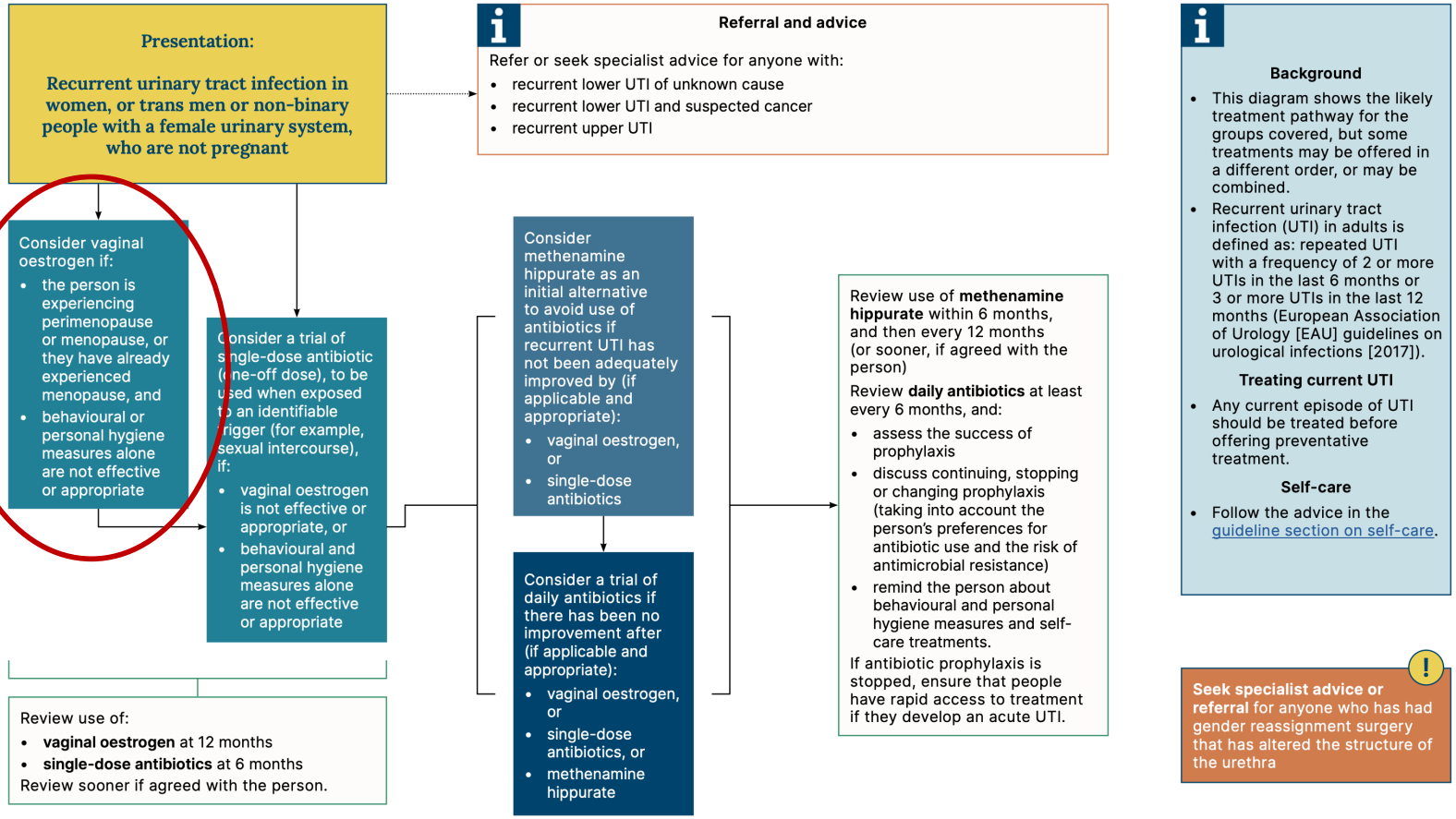
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NICE Recurrent UTIs

Prevention of recurrent UTI in women, or trans men or non-binary people with a female urinary system, who are not pregnant

Recurrent UTI: antimicrobial prescribing



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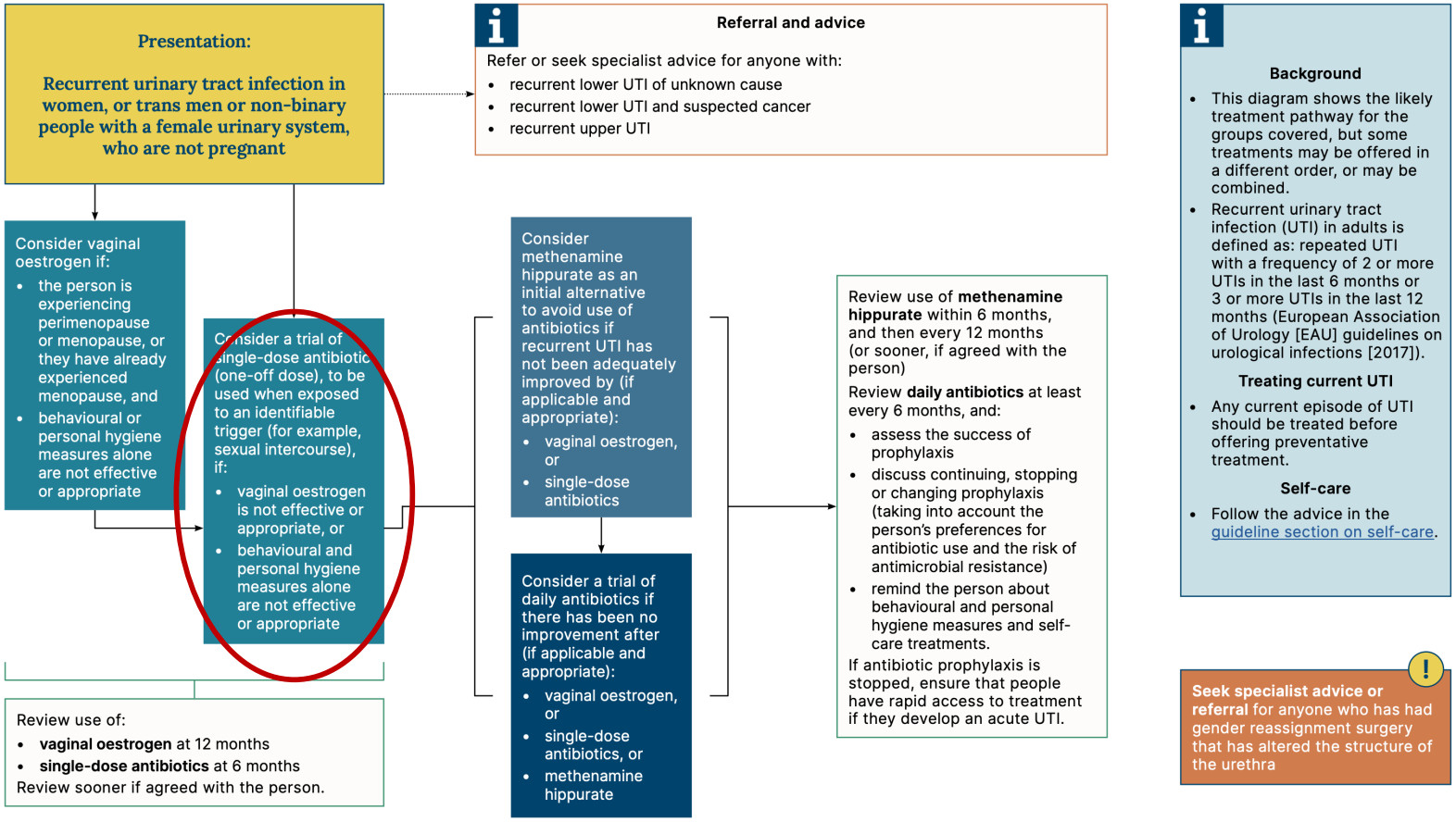
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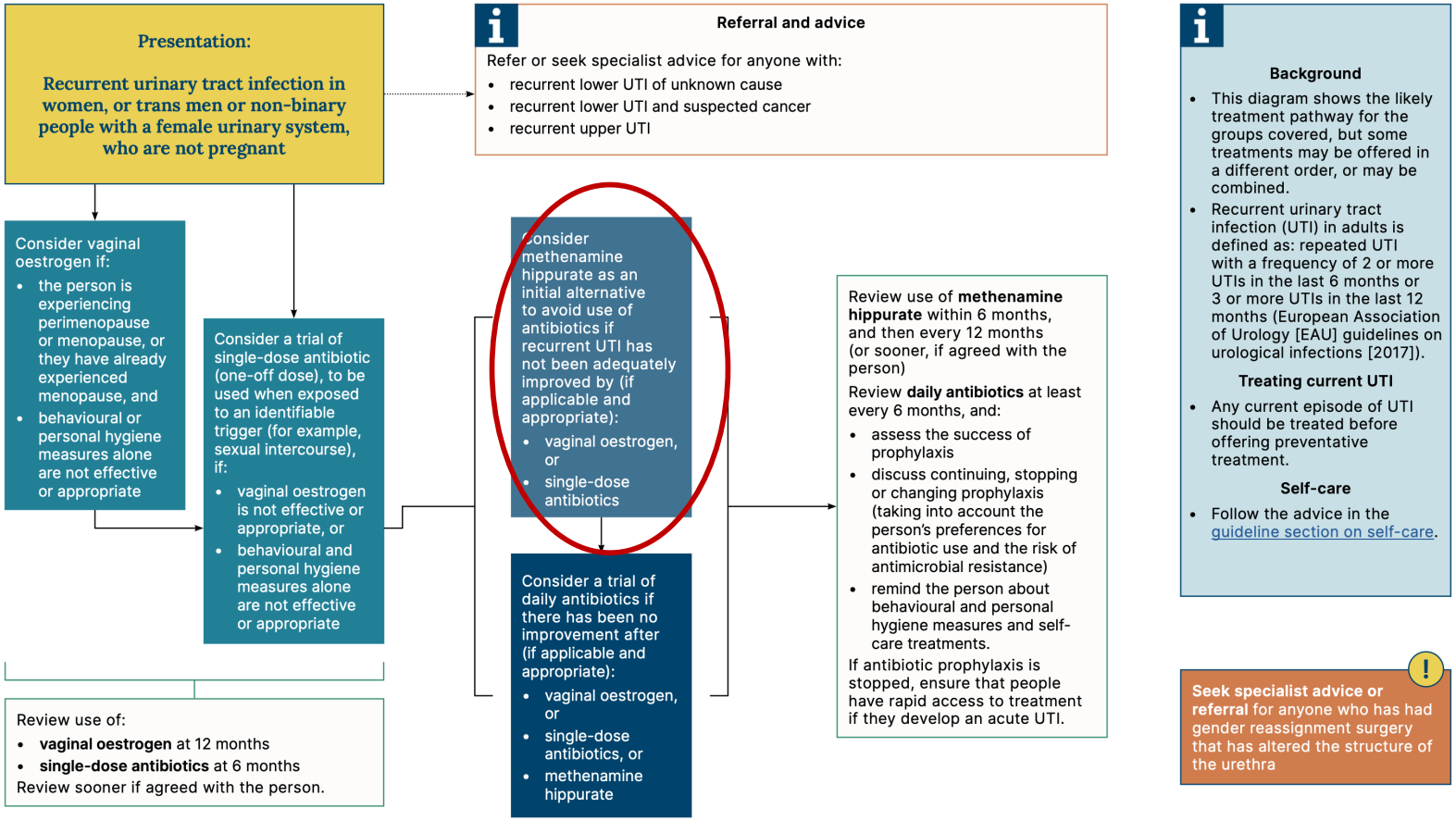
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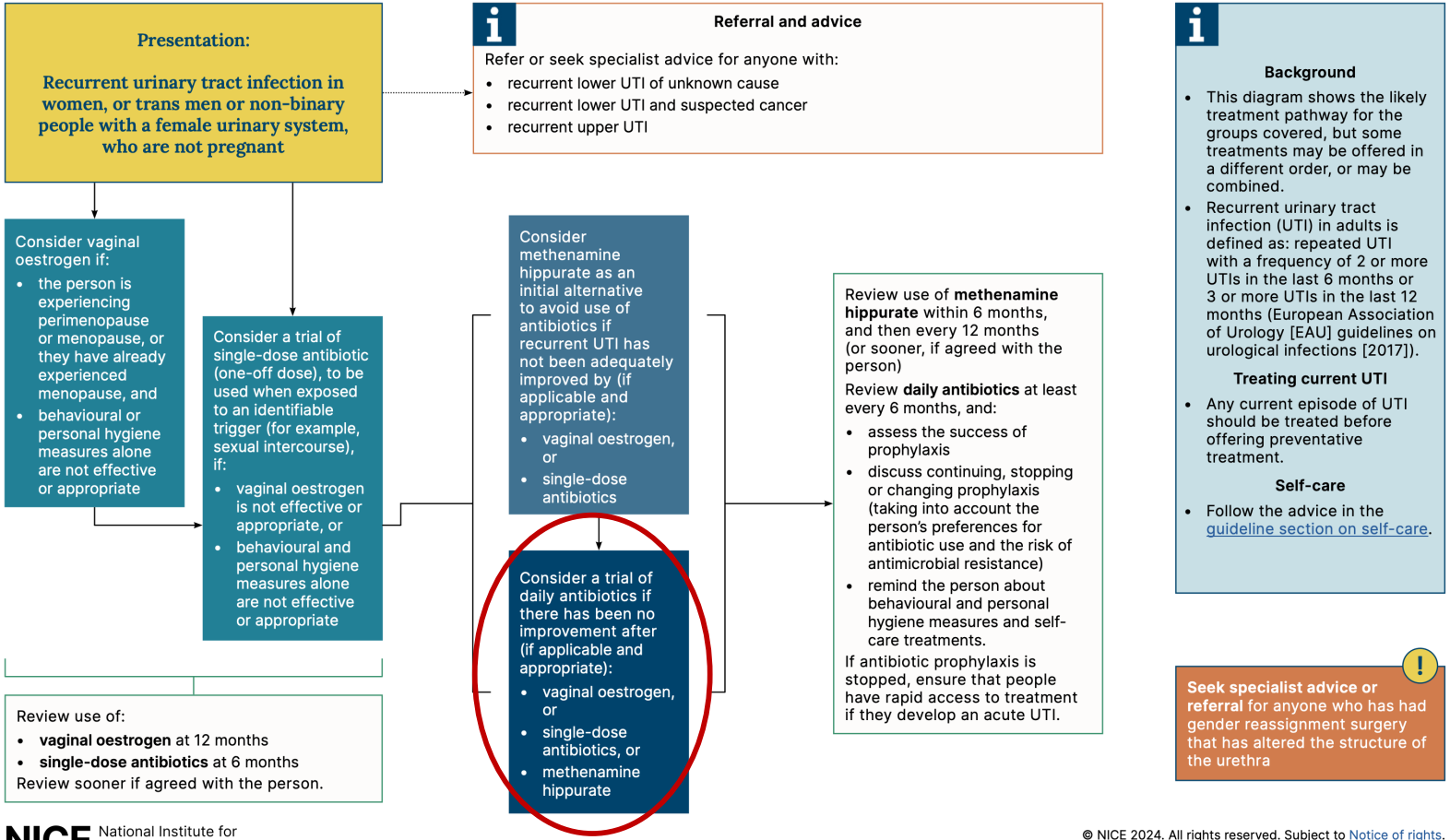
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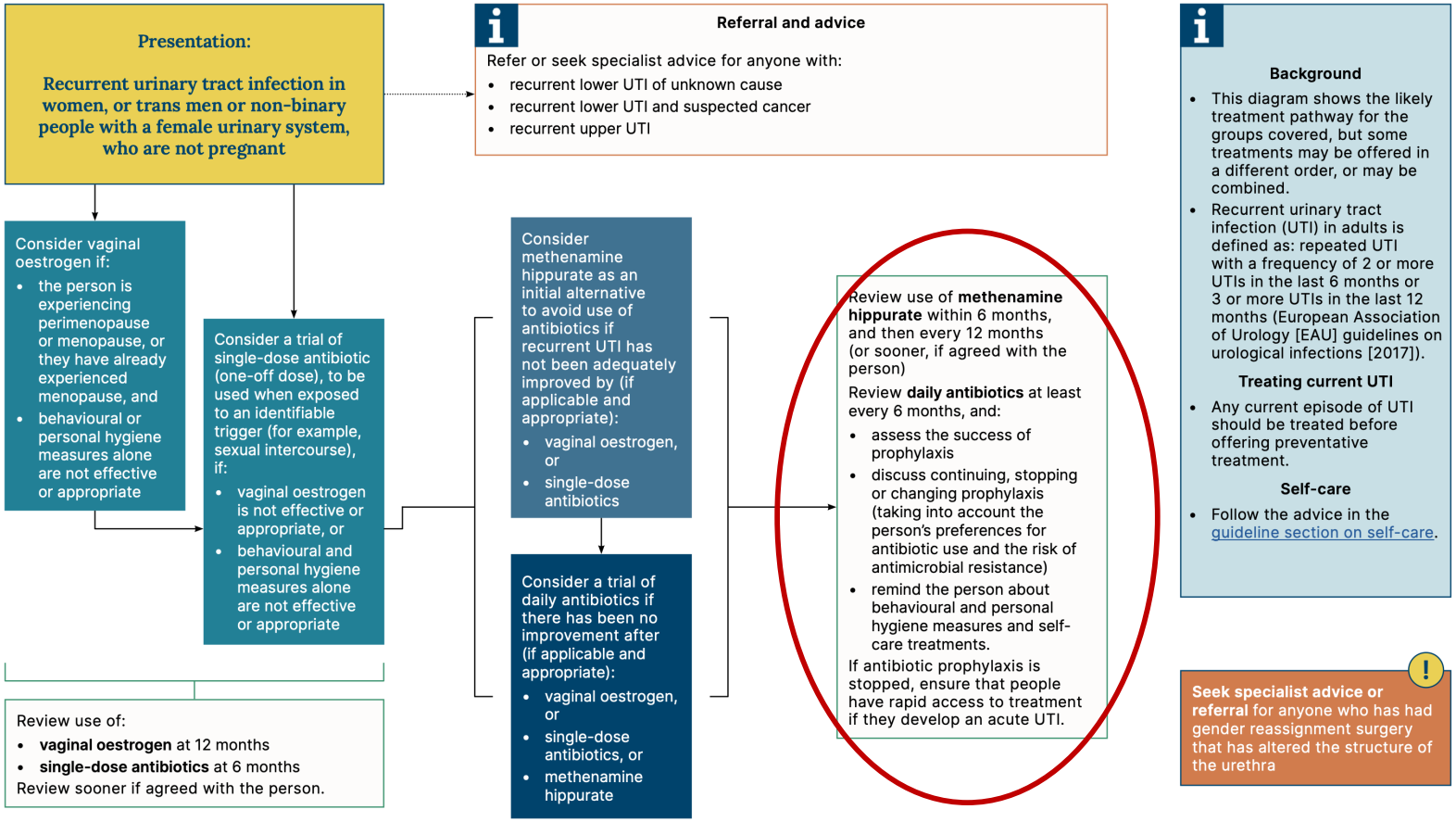
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MSU Prior to Abx Treatment



- MSU when symptomatic to provide susceptibility results and guide antibiotic treatment
- Advise patient how to collect a sample without contamination
- Repeat MSU for each symptomatic episode to provide susceptibility results and guide treatment
- **Do not send a sample after treatment for test of cure**



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OTC Products

- D-mannose - sugar found in most fruit available as powder or tablets, the evidence is conflicting
- Cranberry products - **contra-indicated in patients taking warfarin**, the evidence is conflicting for different patient groups
- Probiotics (lactobacillus) evidence is inconclusive



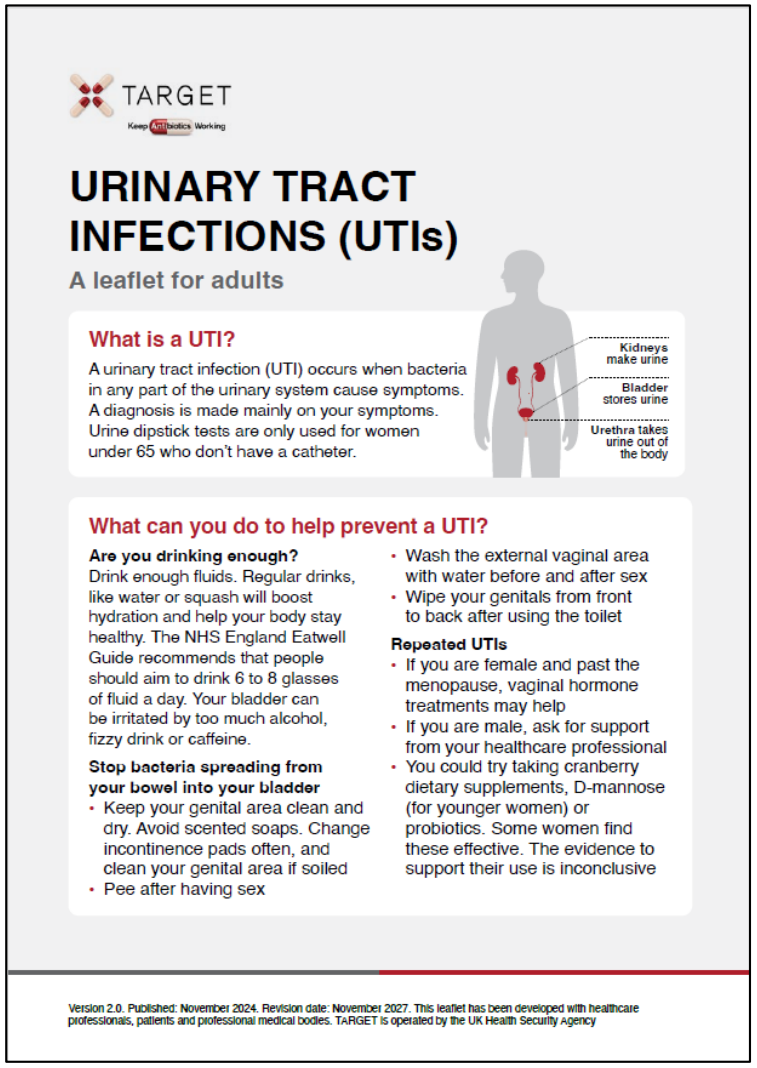
People taking cranberry products or D-mannose should be aware of the sugar content and include in as part of their daily sugar intake

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Prevention & Self Care

- Give advice about behavioural and personal hygiene measures, hydration and self-care treatments
- Be aware that some people may find these messages repetitive and/or stigmatizing if they are already aware or they relate to personal or intimate behaviours
- TARGET Treating Your UTI patient information leaflets are endorsed by NICE
- Accurx has embedded all TARGET leaflets into their SMS service
- Encourage patients to keep journal of symptoms and preceding activities to identify triggers that can be avoided or managed with single dose antibiotic prophylaxis (see How to? 4.1 for example journal template)



TARGET
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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.

Kidneys make urine
Bladder stores urine
Urethra takes urine out of the body

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

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

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UTI Prevention Survey Results

- 71% knew that drinking plenty of water can help
- 43% recognised the importance of proper hygiene (wiping front to back)
- 35% understood the need to urinate after sexual activity
- 21% mistakenly believed taking antibiotics without medical advice could prevent UTIs

TARGET UTI leaflets available in multiple languages



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Zakażenia układu moczowego (UTI)

Ulotka dla dorosłych

Co to jest UTI?

Zakażenie układu moczowego występuje, gdy bakterie obecne w dowolnej części układu moczowego wywołują objawy. Diagnoza stawiana jest głównie na podstawie tych objawów. Paski testowe do badania moczu są wykorzystywane tylko u kobiet poniżej 65 roku życia, które nie mają założonego cewnika.

Nerki produkują mocz
Pęcherz magazynuje mocz
Cewka moczowa odprowadza mocz z organizmu

Co można zrobić, aby zapobiegać UTI?

Czy pijesz wystarczająco dużo płynów?
Pij wystarczającą ilość płynów. Regularne picie wody czy rozcieńczonego soku poprawia nawodnienie i wspiera zdrowie organizmu. Poradnik NHS England Eatwell Guide zaleca picie od 6 do 8 szklanek płynów dziennie. Nadmierne spożywanie alkoholu, napojów gazowanych lub kofeiny może podrażniać pęcherz.

Zatrzymaj rozprzestrzenianie się bakterii z jelita do pęcherza
- Dbaj o to, by strefa intymna była czysta i sucha. Unikaj perfumowanych mydeł. Często zmieniaj wkłady chłonne i myj genitalia po wypróżnieniu.
- Oddawaj mocz po stosunku.
- Przed stosunkiem i po nim myj okolice pochwy wodą.
- Po skorzystaniu z toalety wycieraj się ruchem od przodu do tyłu.

Nawracające UTI
- U kobiet, które przeszły menopauzę, pomocne może być dopochwowe leczenie hormonalne.
- Mężczyźni powinni poprosić o poradę osobę pracowniczą opieki zdrowotnej.
- Można spróbować przyjmować suplementy diety zawierające żurawinę, D-mannozę (młodsze kobiety) lub probiotyki. Te rozwiązania są skuteczne u niektórych kobiet, aczkolwiek dowody naukowe na ich skuteczność są niejednoznaczne.

Wersja 2.0. Opublikowana: listopad 2024. Wyznaczony przegląd: listopad 2027. Ta ulotka powstała we współpracy z osobami pracowniczymi opieki zdrowotnej, osobami pacjenckimi i profesjonalnymi organizacjami medycznymi. Program TARGET prowadzi Brytyjska Agencja Ochrony Zdrowia (UK Health Security Agency).

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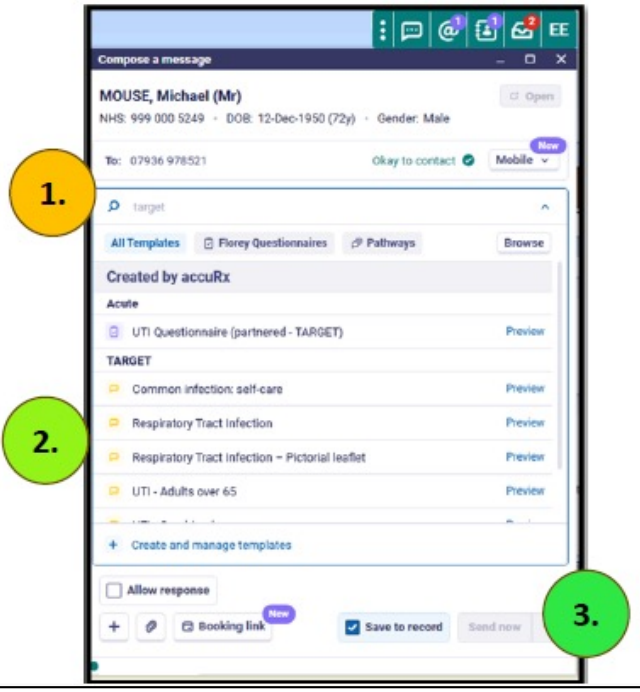
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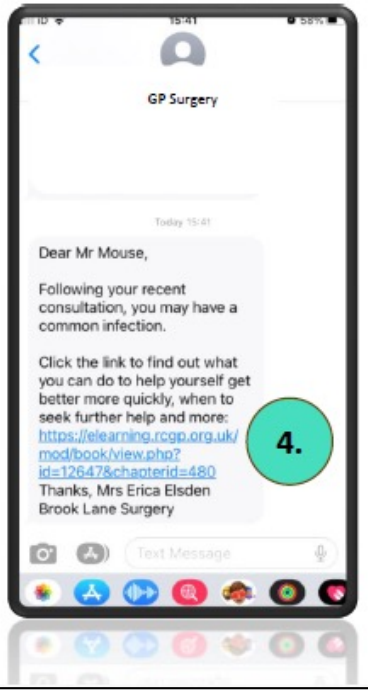
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TARGET on ACCURX

TARGET leaflets on accuRx

1. In the accuRx message template search bar, type "target"
2. Click on the desired TARGET patient leaflet
3. Press 'Send Now'
4. The patient will receive a link to the chosen patient leaflet
5. The link will bring the patient to the leaflet on the TARGET website







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Recurrent UTI Summary

Refer of certain populations to secondary care. Non antimicrobial options should be tried prior to daily antimicrobial prophylaxis. OTC products can be purchased.

1. **Vaginal oestrogen – review at 12 months**
   - Off-licence but recommended by NICE
   - Can an take up to 3 months to become effective, advise patient to re-consult if no improvement
   - May be of benefit for other related symptoms such as vaginal dryness
   - Can be used in perimenopausal, menopausal or postmenopausal women, trans men and non-binary people with a female urinary system

2. **Single dose antibiotics (one off use if triggers known) – review at 6 months**

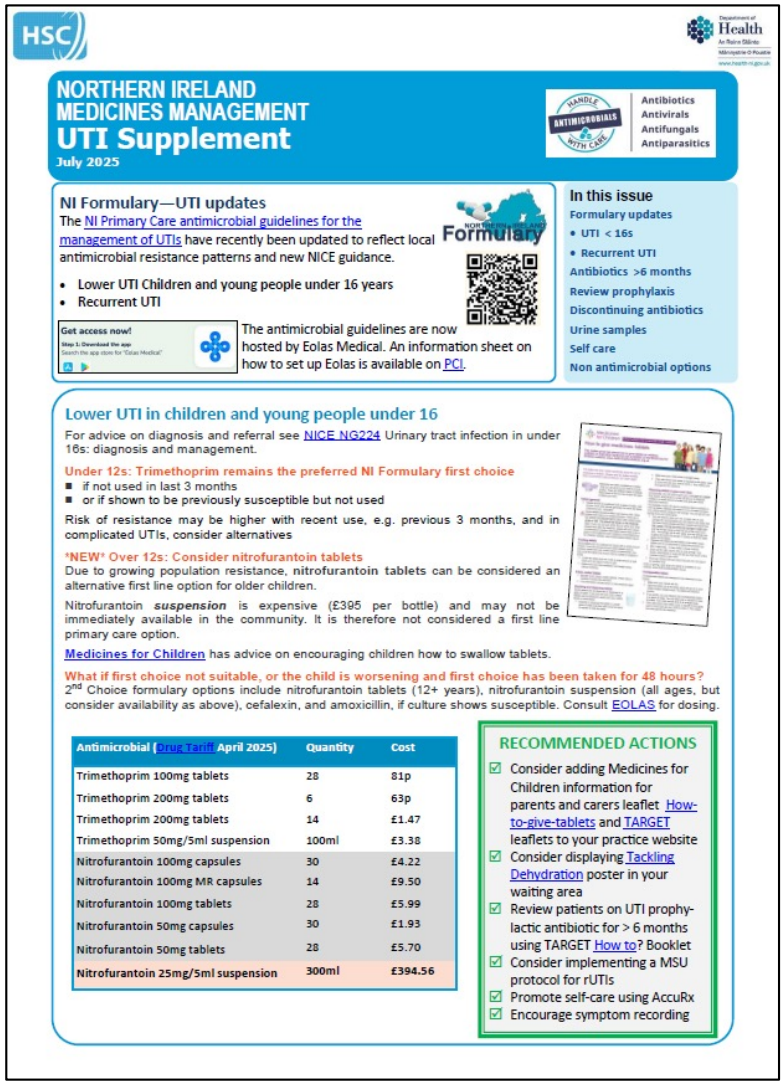
3. **Methenamine hippurate – review at 6 months**
   - Requires an acidic urine avoid products that contain potassium citrate or sodium citrate that alkalinise the urine
   - **DO NOT co-prescribe Vitamin C**

4. **Prophylactic antibiotics – review at 6 months**
   - MSU prior to starting
   - Do not treat acute UTI with same antibiotic as used for prophylaxis

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Resources



NORTHERN IRELAND MEDICINES MANAGEMENT
UTI Supplement
July 2025

Antibiotics
Antivirals
Antifungals
Antiparasitics

NI Formulary—UTI updates

The NI Primary Care antimicrobial guidelines for the management of UTIs have recently been updated to reflect local antimicrobial resistance patterns and new NICE guidance.

- Lower UTI Children and young people under 16 years
- Recurrent UTI

Get access now!

The antimicrobial guidelines are now hosted by Eolas Medical. An information sheet on how to set up Eolas is available on PCI.

In this issue

Formulary updates
- UTI < 16s
- Recurrent UTI

Antibiotics >6 months
Review prophylaxis
Discontinuing antibiotics
Urine samples
Self care
Non antimicrobial options

Lower UTI in children and young people under 16

For advice on diagnosis and referral see NICE NG224 Urinary tract infection in under 16s: diagnosis and management.

Under 12s: Trimethoprim remains the preferred NI Formulary first choice
- if not used in last 3 months
- or if shown to be previously susceptible but not used

Risk of resistance may be higher with recent use, e.g. previous 3 months, and in complicated UTIs, consider alternatives

NEW Over 12s: Consider nitrofurantoin tablets
Due to growing population resistance, nitrofurantoin tablets can be considered an alternative first line option for older children.

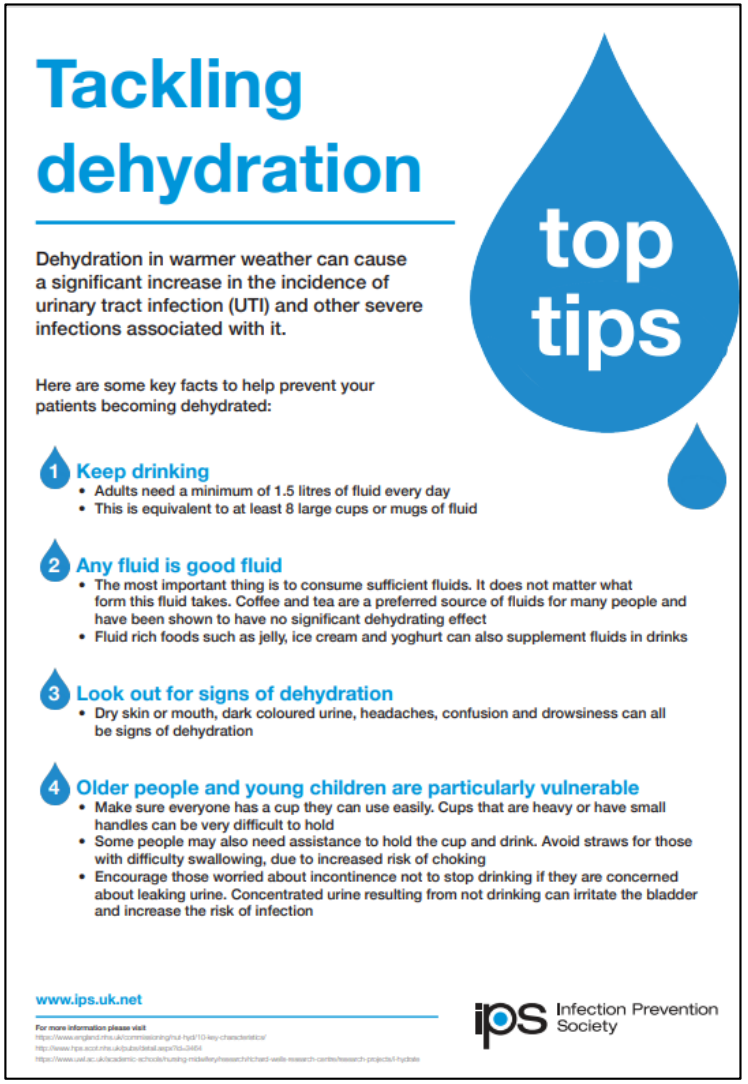
Nitrofurantoin ***suspension*** is expensive (£395 per bottle) and may not be immediately available in the community. It is therefore not considered a first line primary care option.

Medicines for Children has advice on encouraging children how to swallow tablets.

What if first choice not suitable, or the child is worsening and first choice has been taken for 48 hours?
2nd Choice formulary options include nitrofurantoin tablets (12+ years), nitrofurantoin suspension (all ages, but consider availability as above), cefalexin, and amoxicillin, if culture shows susceptible. Consult EOLAS for dosing.

Antimicrobial (Drug Tariff April 2025)	Quantity	Cost
Trimethoprim 100mg tablets	28	81p
Trimethoprim 200mg tablets	6	63p
Trimethoprim 200mg tablets	14	£1.47
Trimethoprim 50mg/5ml suspension	100ml	£3.38
Nitrofurantoin 100mg capsules	30	£4.22
Nitrofurantoin 100mg MR capsules	14	£9.50
Nitrofurantoin 100mg tablets	28	£5.99
Nitrofurantoin 50mg capsules	30	£1.93
Nitrofurantoin 50mg tablets	28	£5.70
Nitrofurantoin 25mg/5ml suspension	300ml	£394.56

RECOMMENDED ACTIONS
- ☑ Consider adding Medicines for Children information for parents and carers leaflet How-to-give-tablets and TARGET leaflets to your practice website
- ☑ Consider displaying Tackling Dehydration poster in your waiting area
- ☑ Review patients on UTI prophylactic antibiotic for > 6 months using TARGET How to? Booklet
- ☑ Consider implementing a MSU protocol for rUTIs
- ☑ Promote self-care using AccuRx
- ☑ Encourage symptom recording



Tackling dehydration

top tips

Dehydration in warmer weather can cause a significant increase in the incidence of urinary tract infection (UTI) and other severe infections associated with it.

Here are some key facts to help prevent your patients becoming dehydrated:

1 Keep drinking
- Adults need a minimum of 1.5 litres of fluid every day
- This is equivalent to at least 8 large cups or mugs of fluid

2 Any fluid is good fluid
- The most important thing is to consume sufficient fluids. It does not matter what form this fluid takes. Coffee and tea are a preferred source of fluids for many people and have been shown to have no significant dehydrating effect
- Fluid rich foods such as jelly, ice cream and yoghurt can also supplement fluids in drinks

3 Look out for signs of dehydration
- Dry skin or mouth, dark coloured urine, headaches, confusion and drowsiness can all be signs of dehydration

4 Older people and young children are particularly vulnerable
- Make sure everyone has a cup they can use easily. Cups that are heavy or have small handles can be very difficult to hold
- Some people may also need assistance to hold the cup and drink. Avoid straws for those with difficulty swallowing, due to increased risk of choking
- Encourage those worried about incontinence not to stop drinking if they are concerned about leaking urine. Concentrated urine resulting from not drinking can irritate the bladder and increase the risk of infection

www.ips.uk.net

ips Infection Prevention Society

https://niformulary.hscni.net/download/206/volume-16-2025/16818/sppg-uti-supplement-july-2025

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TARGET How to?



Antibiotic stewardship tools, audits and other resources

[Antibiotic stewardship tools, audits and other resources: How to..? Resources (repeat and long term antibiotics) | RCGP Learning]

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How to? Recurrent UTI

How to..? Resources (repeat and long term antibiotics)

The 'How to...?' series aims to support primary care teams to review the appropriateness of antimicrobials in the evidence-based treatment and prevention of the following conditions. Use the 'How to...' resources to manage and review adults on long-term and repeated antibiotics. The 'How to...' worked examples are resources designed to be used with the TARGET 'How to...' guides for the review of antibiotic prescribing in primary care.

Recurrent UTI (user consultation draft)



RCGP Webinar recording

Learning resources for prescribers: Webinars | RCGP Learning

- How to... ? resource for recurrent UTI – user consultation draft 1 (PDF file, 1,130 KB)
- How to... ? worked examples for recurrent UTI – user consultation draft 1 (PPT, 3,708 KB)
- Recurrent UTI structured review user consultation checklist 1 – patients not on antibiotic prophylaxis (PDF file, 144 KB)
- Recurrent UTI structured review user consultation checklist 2 – patients on antibiotic prophylaxis (PDF file, 171 KB)

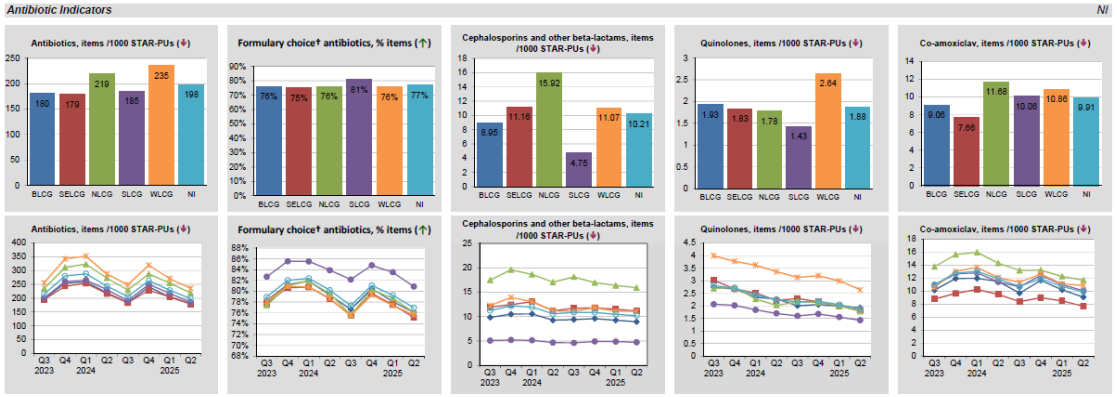
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COMPASS Antimicrobial Data

COMPASS Report - page 16

- Items, Formulary, 3Cs
- Year on year change
  - 2024 7% reduction
- Patients on 3 or more abx
  - All patients
  - 0-5
  - 65+
  - Care home patients
- Urinary prophylaxis
  - 3381 pts (NI Q2 2025)



Antibiotics, Items /1000 STAR-PUs year on year change		
Year	NI Avg	% change
2017/2018	986	
2018/2019	892	-10%
2019/2020	904	1%
2020/2021	685	-24%
2021/2022	872	27%
2022/2023	1,059	21%
2023/2024	1,000	-6%
2024/2025	931	-7%

Patients receiving 3 or more antibiotics in 6 months - January to June 2025, compared to the same 6 months last year - January to June 2024				
	LCG population	Patients on 3 or more antibiotics	% of patients on 3 or more antibiotics	Previous %
All patients	2,069,088	57,832	2.8%	3.1%
0-5 years	125,570	3,202	2.5%	2.4%
65+	362,754	27,427	7.6%	7.1%
Care home residents	10,916	2,246	20.6%	12.0%

Urinary prophylaxis antibiotics†	
January to June 2025	
Number of patients on 6+ urinary prophylaxis antibiotics in your practice:	3381

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

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UKHSA – UTI Diagnostic Guidance

Diagnostic decision tool for women (under 65 years) with suspected UTI

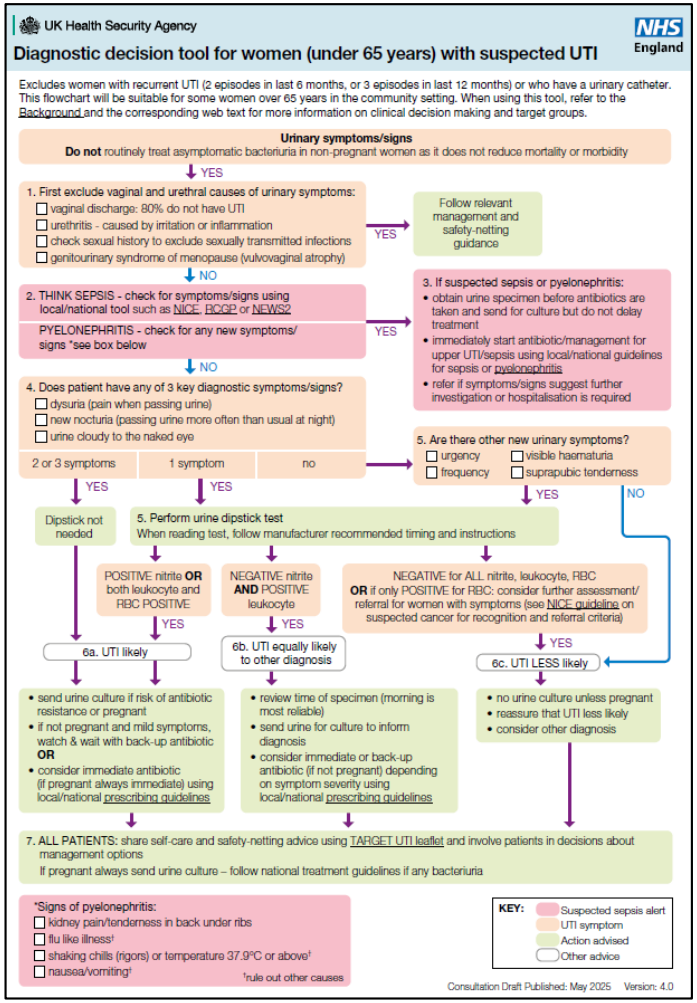
- excludes recurrent UTI
- excludes a urinary catheter

Diagnostic decision tool for adults over 65 years with suspected uncomplicated UTI

- excludes recurrent UTI
- **DO NOT PERFORM URINE DIPSTICKS**

Diagnostic decision tool for adults who have a suspected CAUTI

- excludes recurrent UTI
- **DO NOT PERFORM URINE DIPSTICKS**



UK Health Security Agency

NHS England

Diagnostic decision tool for women (under 65 years) with suspected UTI

Excludes women with recurrent UTI (2 episodes in last 6 months, or 3 episodes in last 12 months) or who have a urinary catheter. This flowchart will be suitable for some women over 65 years in the community setting. When using this tool, refer to the Background and the corresponding web text for more information on clinical decision making and target groups.

Urinary symptoms/signs

Do not routinely treat asymptomatic bacteriuria in non-pregnant women as it does not reduce mortality or morbidity

YES

1. First exclude vaginal and urethral causes of urinary symptoms:
   - ☐ vaginal discharge: 80% do not have UTI
   - ☐ urethritis - caused by irritation or inflammation
   - ☐ check sexual history to exclude sexually transmitted infections
   - ☐ genitourinary syndrome of menopause (vulvovaginal atrophy)

YES → Follow relevant management and safety-netting guidance

NO

2. THINK SEPSIS - check for symptoms/signs using local/national tool such as NICE, RCGP or NEWS2

PYELONEPHRITIS - check for any new symptoms/signs *see box below

YES →
3. If suspected sepsis or pyelonephritis:
   - obtain urine specimen before antibiotics are taken and send for culture but do not delay treatment
   - immediately start antibiotic/management for upper UTI/sepsis using local/national guidelines for sepsis or pyelonephritis
   - refer if symptoms/signs suggest further investigation or hospitalisation is required

NO

4. Does patient have any of 3 key diagnostic symptoms/signs?
   - ☐ dysuria (pain when passing urine)
   - ☐ new nocturia (passing urine more often than usual at night)
   - ☐ urine cloudy to the naked eye

2 or 3 symptoms | 1 symptom | no

5. Are there other new urinary symptoms?
   - ☐ urgency
   - ☐ visible haematuria
   - ☐ frequency
   - ☐ suprapubic tenderness

YES (2 or 3 symptoms) → Dipstick not needed

YES (1 symptom) → 5. Perform urine dipstick test
When reading test, follow manufacturer recommended timing and instructions

YES (urgency/frequency) → 5. Perform urine dipstick test

NO → 6c. UTI LESS likely

POSITIVE nitrite **OR** both leukocyte and RBC POSITIVE → YES → 6a. UTI likely
- send urine culture if risk of antibiotic resistance or pregnant
- if not pregnant and mild symptoms, watch & wait with back-up antibiotic **OR**
- consider immediate antibiotic (if pregnant always immediate) using local/national prescribing guidelines

NEGATIVE nitrite **AND** POSITIVE leukocyte → YES → 6b. UTI equally likely to other diagnosis
- review time of specimen (morning is most reliable)
- send urine for culture to inform diagnosis
- consider immediate or back-up antibiotic (if not pregnant) depending on symptom severity using local/national prescribing guidelines

NEGATIVE for ALL nitrite, leukocyte, RBC **OR** if only POSITIVE for RBC: consider further assessment/referral for women with symptoms (see NICE guideline on suspected cancer for recognition and referral criteria) → YES → 6c. UTI LESS likely
- no urine culture unless pregnant
- reassure that UTI less likely
- consider other diagnosis

7. ALL PATIENTS: share self-care and safety-netting advice using TARGET UTI leaflet and involve patients in decisions about management options
If pregnant always send urine culture – follow national treatment guidelines if any bacteriuria

*Signs of pyelonephritis:
- ☐ kidney pain/tenderness in back under ribs
- ☐ flu like illness†
- ☐ shaking chills (rigors) or temperature 37.9°C or above†
- ☐ nausea/vomiting†

†rule out other causes

KEY: Suspected sepsis alert | UTI symptom | Action advised | Other advice

Consultation Draft Published: May 2025 Version: 4.0

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

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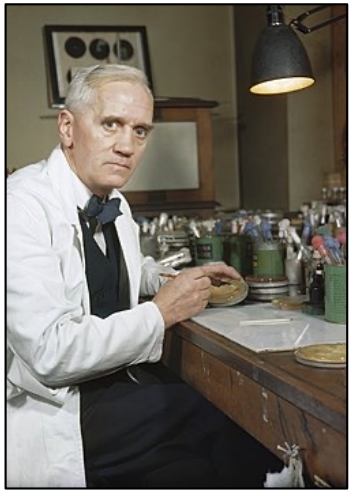
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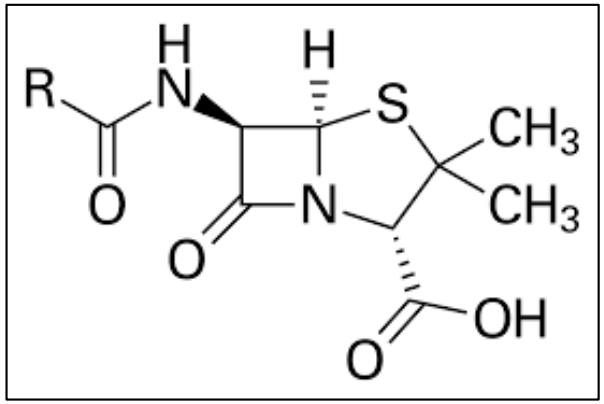
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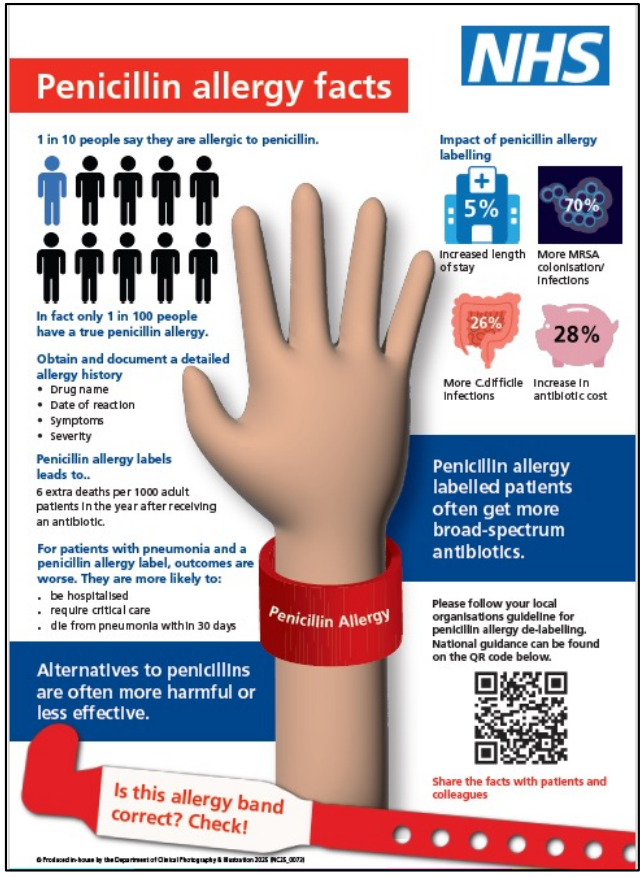
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Penicillin Allergy

National Penicillin Allergy Day **September 28th** to mark Alexander Fleming's discovery of penicillin in 1928







What You Can Do?

Use structured allergy history checklists (NICE CG183) and review records during medication reviews

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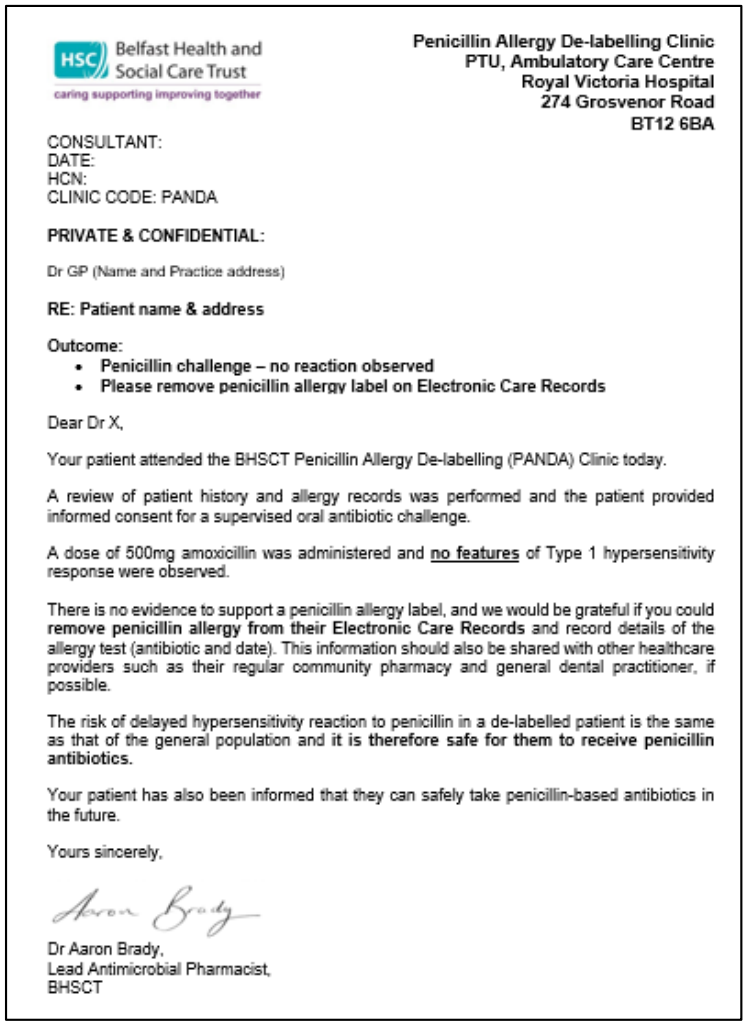
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BHSCT PANDA Clinic

Penicillin Allergy De-labelling (PANDA) Clinic

- Penicillin challenge – no reaction observed
- Please remove penicillin allergy label on Electronic Care Records
- Further information coming soon!!



Belfast Health and Social Care Trust
caring supporting improving together

Penicillin Allergy De-labelling Clinic
PTU, Ambulatory Care Centre
Royal Victoria Hospital
274 Grosvenor Road
BT12 6BA

CONSULTANT:
DATE:
HCN:
CLINIC CODE: PANDA

PRIVATE & CONFIDENTIAL:

Dr GP (Name and Practice address)

RE: Patient name & address

Outcome:
- **Penicillin challenge – no reaction observed**
- **Please remove penicillin allergy label on Electronic Care Records**

Dear Dr X,

Your patient attended the BHSCT Penicillin Allergy De-labelling (PANDA) Clinic today.

A review of patient history and allergy records was performed and the patient provided informed consent for a supervised oral antibiotic challenge.

A dose of 500mg amoxicillin was administered and no features of Type 1 hypersensitivity response were observed.

There is no evidence to support a penicillin allergy label, and we would be grateful if you could **remove penicillin allergy from their Electronic Care Records** and record details of the allergy test (antibiotic and date). This information should also be shared with other healthcare providers such as their regular community pharmacy and general dental practitioner, if possible.

The risk of delayed hypersensitivity reaction to penicillin in a de-labelled patient is the same as that of the general population and **it is therefore safe for them to receive penicillin antibiotics.**

Your patient has also been informed that they can safely take penicillin-based antibiotics in the future.

Yours sincerely,

Aaron Brady

Dr Aaron Brady,
Lead Antimicrobial Pharmacist,
BHSCT

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REMINDER - WAAW 2025



Act Now: Protect Our Present, Secure Our Future.

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