

# Kent and Medway Supplementary Information for antimicrobial prescribing guidance – managing common infections (Version 1.8)

**Please note:** Kent and Medway ICB have reviewed and agreed the April 2025 NICE *Summary of antimicrobial prescribing guidance- managing common infections* which can be found [here](#).

Where there are local considerations and adaptations to a subsection of the NICE summary table these will be listed in the table below. If there have been no local adaptations, then these sections will **not** appear in the table below.

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▼ Upper respiratory tract infections	
<p><b>Acute sore throat</b> Last updated by NICE/PHE: Feb 2023</p>	<p><b>Phenoxmethylpenicillin:</b> QDS dosing is preferred unless there are issues with patient compliance. A 10 day course may increase the chance of microbiological cure.</p> <p><b>Erythromycin</b> 500mg QDS is preferred to 250mg QDS where appropriate.</p> <p>Please see <a href="#">LINK</a> to visual summary</p>
▼ Lower respiratory tract infections	
<p><b>Hospital-acquired pneumonia (HAP)</b> Last updated by NICE/PHE: Sept 2019</p>	<p>KMCCG <b>do not</b> recommend Co-amoxiclav as a first line option for non-severe HAP within primary care. (In this indication use is reserved for severe HAP which requires treatment as an inpatient)</p> <p>Doxycycline is recommended as the first choice option in adults (non-severe and not higher risk of resistance) with co-trimoxazole as an alternative first choice.</p> <p>Please see <a href="#">LINK</a> to visual summary</p>

▼ Urinary tract infections	
<p><b>Lower urinary tract infection (UTI)</b> Last updated by NICE/PHE: Oct 2018</p>	<p>Trimethoprim is recommended for use only if the infection is known to be sensitive.</p> <p>Nitrofurantoin liquid is expensive. Use only if absolutely necessary; NICE advises that if two or more antibiotics are appropriate, choose the one with the lowest acquisition cost.</p> <p>Send midstream urine (MSU) for culture and susceptibility or dipstick in line with the <a href="#">NICE guideline on urinary tract infection</a>, <a href="#">NICE guidance for UTI in under 16s</a>, and <a href="#">PHE guidance on diagnosis of UTIs</a></p> <p>Refer children under 3 months to paediatric specialist</p> <p>Please see <a href="#">LINK</a> to visual summary</p>
<p><b>Acute prostatitis</b> Last updated by NICE: Sept 2024</p>	<p>Discuss with urologist if treatment failure/no response to the first course of antibiotics.</p> <p>Please see <a href="#">LINK</a> to visual summary</p>
<p><b>Acute pyelonephritis (upper urinary tract)</b> Last updated by NICE Sept 2024</p>	<p>Send midstream urine for culture and susceptibility before starting empirical treatment in all patient groups.</p> <p>Review antibiotic choice once culture results available.</p> <p>Due to high levels of resistance co-amoxiclav and trimethoprim should only be prescribed if culture results are available and indicate susceptibility.</p> <p>Please see <a href="#">LINK</a> to visual summary</p>
<p><b>Recurrent urinary tract infection</b> Last updated by NICE/PHE: April 2025</p>	<p>Review antibiotic/methenamine treatment within 6 months as per NG112:</p> <ul style="list-style-type: none"> <li>- If no breakthrough UTIs occur during 6 months of prophylaxis and patient is symptom free at the 6-month review, discuss option to stop treatment and observe. If further UTIs then occur, seek guidance from microbiologist.</li> </ul> <p>Please refer to <a href="#">TARGET "How to..." guidance resources</a> for advice and consultation checklists for reviewing patients with recurrent UTIs</p> <p>Please see <a href="#">LINK</a> to visual summary</p>

<p><b>Catheter-associated urinary tract infection (CAUTI)</b> Last updated by NICE: Sept 2024</p>	<p>Use trimethoprim and cefalexin only if infection is known to be sensitive. Dipstick not appropriate for CAUTI. Send urine sample if infection is suspected as per <a href="#">PHE guidance on diagnosis of UTIs</a> (page 9). If the urine sample shows no bacterial growth and no white cells infection is unlikely – review diagnosis. Additional local guidance for management of CAUTI and UTI in patients over 65 years pending, please continue to refer to NICE guidance in the meantime.  Please see <a href="#">LINK</a> to visual summary</p>
<p>▼ <b>Meningitis</b></p>	
<p><b>Prevention of secondary case of meningitis</b> Last updated by NICE/PHE: June 2023</p>	<p>Only prescribe following advice from your local health protection specialist/consultant: ☎ <b>0344 225 3861</b> (Kent Health Protection Team) Out of hours: contact on-call doctor: ☎ <b>0844 967 0085</b></p>
<p>▼ <b>Gastrointestinal tract infections</b></p>	
<p><b>Oral candidiasis</b> Last updated by NICE/PHE: June 2023</p>	<p>Miconazole greatly increases the anticoagulant effect of warfarin. MHRA advises avoid unless INR can be monitored closely; monitor for signs of bleeding. Oral thrush is a minor condition that can be treated without the need for a GP consultation or prescription in the first instance. Prescriptions for treatment for oral thrush should not routinely be offered in primary care as the condition is appropriate for self-care as per <a href="#">NHSE Guidance</a>. Miconazole can be purchased OTC. Due to licensing restrictions on the OTC product, prescriptions may still be required for children under 4 months, in pregnancy and breastfeeding, in patients taking warfarin (caution as above) and in liver dysfunction.</p>
<p><b>Traveller's diarrhoea</b> Last updated by NICE/PHE: June 2023</p>	<p>Prophylaxis and 'standby' prescriptions should be obtained privately.</p>
<p><b>Threadworm</b> Last updated by NICE/PHE: June 2023</p>	<p>Refer to community pharmacies for over the counter management as per <a href="#">NHSE Guidance</a>. Prescriptions for treatment of threadworm should not routinely be offered in primary care as the condition is appropriate for self-care. Due to licensing restrictions on the OTC product, prescriptions may still be required for children under 2 years and during pregnancy and breastfeeding. Emphasize the importance of hygiene measures. Recurrence is common if hygiene measures are not adequately followed. <a href="#">Patient Information (1)</a> <a href="#">Patient Information (2)</a></p>
<p><b><i>Clostridioides difficile</i> infection</b> Last updated by NICE/PHE: June 2021</p>	<p>Discuss all suspected or confirmed cases of <i>C. difficile</i> with a microbiologist for advice on management and treatment options.  Discuss with Microbiologist prior to initiating treatment with Fidaxomicin for <i>C. difficile</i> infection.  Please see <a href="#">LINK</a> to visual summary and Kent and Medway guidance for information on how to access <i>C. difficile</i> treatment, supportive care, assessing severity, and microbiology contact details available below.</p>

<p><b><i>Helicobacter pylori</i></b> Last updated by NICE/PHE: June 2023</p>	<p><b>Furazolidone is not recommended</b> for use in Kent and Medway due to a lack of local familiarity with the drug.</p>
<p>▼ <b>Genital tract infections</b></p>	
<p><b>Epididymitis</b> Last updated by NICE: June 2023</p>	<p>Additional information to guide antibiotic choice is available in the <a href="#">BASSH guidelines for the management of epididymo-orchitis</a> (September 2020). For patients with a risk factor of STI doxycycline is the drug of choice + GUM referral.</p>
<p><b>Genital herpes</b> Last updated by NICE/PHE: June 2023</p>	<p>First line: Aciclovir Seek microbiologist advice if immunocompromised. Refer to GUM clinic</p>
<p><b>Gonorrhoea</b> Last updated by NICE/PHE: June 2023</p>	<p>Refer to GUM clinic.</p>
<p>▼ <b>Skin and soft tissue infections</b></p>	
<p><i>Note: Refer to <a href="#">RCGP Skin Infections</a> online training.<sup>1D</sup> For MRSA, discuss therapy with microbiologist.<sup>1D</sup></i></p>	
<p><b>Eczema (bacterial infection)</b> Last updated by NICE/PHE: Mar 2021</p>	<p>Please note Fusidic acid 2%- Antimicrobial resistance can develop rapidly with extended or repeated use Please see <a href="#">LINK</a> to visual summary</p>
<p><b>Impetigo</b> Last updated by NICE/PHE: Feb 2020</p>	<p>This bulletin provides information on <a href="#">hydrogen peroxide 1% cream and its use in impetigo</a> Please see <a href="#">LINK</a> to visual summary</p>
<p><b>Mastitis</b> Last updated by NICE/PHE June 2023</p>	<p>Local adaptation to antibiotic treatment of <b>non-lactational mastitis:</b> First line: Flucloxacillin 500mg QDS (+ metronidazole 400mg TDS if anaerobes are suspected, i.e. presence of foul smelling/purulent discharge from nipple) for 10 to 14 days. Second line if patient does not improve on first line treatment: Co-amoxiclav 625mg TDS for 10 to 14 days. In penicillin allergy follow CKS advice.</p>
<p><b>Scabies</b> Last updated by NICE/PHE: June 2023</p>	<p>Ensure patients are given information on scabies including proper application of topical scabicides <a href="#">Scabies-update-PIL-Oct2023.pdf (bad.org.uk)</a></p> <p>If no response to topical treatment seek specialist advice. Ivermectin is not currently on the K&amp;M formulary, is unlicensed and available on a named patient basis and hence not recommended for primary care prescribing at this time. This is under review.</p>

<p><b>Leg ulcer infection</b> Last updated by NICE/PHE: Feb 2020</p>	<p><b>NICE guidance has been adapted locally to clarify that co-amoxiclav and co-trimoxazole should be considered as third choice options:</b></p> <p><b>First choice</b> Flucloxacillin</p> <p><b>Second choice, penicillin allergy or if flucloxacillin unsuitable/treatment failure</b> Doxycycline OR Clarithromycin OR Erythromycin (in pregnancy)</p> <p><b>Third Choice</b> Co-amoxiclav OR Co-trimoxazole</p>
<p><b>Cellulitis and erysipelas</b> Last updated by NICE/PHE: Sep 2019</p>	<p>Caution when reading the NICE summary table for this section as the options for children are embedded in adult guidance. KMICB recommends using the <a href="#">visual summary</a> to more easily view this guidance</p>
<p><b>Varicella zoster/ chickenpox</b> <b>Herpes zoster/ shingles</b> Last updated by NICE/PHE: June 2023</p>	<p>Aciclovir is first line.</p> <p>If considering either famciclovir or valaciclovir as second line options, please seek advice from microbiologist.</p>
<p>▼ <b>Eye infections</b></p>	
<p><b>Conjunctivitis</b> Last updated by NICE/PHE: June 2023</p>	<p>Chloramphenicol 0.5% eye drops <b>OR</b> 1% ointment are available over the counter from Community Pharmacies.</p> <p>Conjunctivitis has been identified as a condition for which over the counter (OTC) medicines should not routinely be prescribed in primary care and self-care may be more appropriate according to <a href="#">NHSE Guidance</a>. Due to licensing restrictions on the OTC product, prescriptions may still be required for children under 2 years and in pregnancy and breastfeeding.</p>
<p>▼ <b>Suspected dental infections in primary care (outside dental settings)</b></p>	
<p>Patients can find details of their local dentists and whether they are accepting new patients via NHS choices: <a href="http://www.nhs.uk/Service-Search/Dentist/LocationSearch/3">http://www.nhs.uk/Service-Search/Dentist/LocationSearch/3</a></p> <p>Dentaline currently provides an out-of-hours dental service across Kent and Medway. For information regarding this service please see the following website: <a href="https://www.medwaycommunityhealthcare.nhs.uk/our-services/a-z-services/dental-emergency">https://www.medwaycommunityhealthcare.nhs.uk/our-services/a-z-services/dental-emergency</a></p> <p>Note: Antibiotics do not cure toothache. First-line treatment is with paracetamol and/or ibuprofen; codeine is not effective for toothache.</p>	

<p><b>Mucosal ulceration and inflammation (simple gingivitis)</b> Approved by K&amp;M JPC: March 2022</p>	<p>Prescriptions for treatment of mouth ulcers should not routinely be offered in primary care as the condition is appropriate for self-care. (<a href="#">NHSE Guidance</a>)</p> <p>Temporary pain and swelling relief can be attained with saline mouthwash (½ tsp salt in warm water). Use antiseptic mouthwash if more severe and if pain limits oral hygiene to treat or prevent secondary infection eg:</p> <p>Chlorhexidine 0.12 to 0.2% (do not use within 30 minutes of toothpaste) This is available to purchase OTC however please note there appears to be an increasing level of sensitivity to chlorhexidine and if used for prolonged periods may stain teeth.</p> <p>Hydrogen peroxide 6%- Please note that this is available to purchase OTC.</p>
<p><b>Dental abscess</b> Approved by K&amp;M JPC: March 2022</p>	<p><b>Local adaptations are in bold text:</b></p> <p><b>Please note it should not be routine practice for primary care to prescribe antibiotics for dental abscess and patients should seek urgent review with a dentist to receive appropriate assessment. However acute sepsis is an exception to this.</b></p> <p>Regular analgesia should be the first option<sup>1A+</sup> until a dentist can be seen for urgent drainage,<sup>1A+,2B-,3A+</sup> as repeated courses of antibiotics for abscesses are not appropriate.<sup>1A+,4A+</sup> Repeated antibiotics alone, without drainage, are ineffective in preventing the spread of infection.<sup>1A+,5C</sup> Antibiotics are only recommended if there are signs of severe infection,<sup>3A+</sup> systemic symptoms,<sup>1A+,2B-,4A+</sup> or a high risk of complications.<sup>1A+</sup> Patients with severe odontogenic infections (cellulitis,<sup>1A+,3A+</sup> plus signs of sepsis;<sup>3A+,4A+</sup> difficulty in swallowing;<sup>6D</sup> impending airway obstruction, swellings moving to the neck or eye, Ludwig's angina) should be referred urgently for hospital admission to protect airway,<sup>6D</sup> for surgical drainage<sup>3A+</sup> and for IV antibiotics.<sup>3A+</sup> <b>Likewise any patient with severe trismus should be referred immediately to hospital.</b> The empirical use of cephalosporins,<sup>6D</sup> co-amoxiclav,<sup>6D</sup> and clindamycin<sup>6D</sup> do not offer any advantage for most dental patients,<sup>6D</sup> and should only be used if there is no response to first-line drugs.<sup>6D</sup></p>
<p><b>▼ Abbreviations</b></p>	
<p>BD, twice a day; eGFR, estimated glomerular filtration rate; IM, intramuscular; IV, intravenous; MALToma, mucosa-associated lymphoid tissue lymphoma; m/r, modified release; MRSA, methicillin-resistant <i>Staphylococcus aureus</i>; MSM, men who have sex with men; stat, given immediately; OD, once daily; TDS, 3 times a day; QDS, 4 times a day.</p>	

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

Version	Created by	Date	Main Changes/Comments
1.1	CM, OO & MG	December 2021	New document. NICE/PHE guidance August 2021 reviewed locally to align the antecedent CCG's antimicrobial prescribing guidance at Kent and Medway level.
1.2	CM	February 2022	Version 1.1 updated post January JFG meeting to ensure comments re sore throat reflect dosing in children. NICE/PHE guidance update January 2022 reviewed locally, and links updated – no additions to this document following review.
1.3	MG	April 2022	NICE/PHE guidance update March 2022 reviewed locally, and links updated – no additions to this document following review.
1.4	MG	December 2022	NICE/PHE guidance update Dec 2022. Links to this guidance in this document updated and c.diff guidance added under relevant section.
1.5	MG	February 2023	NICE/PHE guidance update Feb 2023. This included changes made to recommendations for Acute sore throat and Scarlet fever (GAS). This is because on 15 February, the <a href="#">Group A Streptococcus (GAS) interim clinical guidance</a> , released on 9 December 2022, was retired and the decision to reinstate the <a href="#">NICE Sore Throat (Acute) NG84 guidelines</a> for all age groups for management of sore throat was taken following a review by the NHS England Clinical Advisory Group, professional bodies and UKHSA Group A Strep Incident Management team.  Link updated to the sore throat visual summary and changes made to the dates updated by NICE/PHE for acute sore throat.
1.6	CM	July 2024	Guidance update April 2024. Link in lower UTI updated. Section on Scabies added. Aciclovir highlighted as first line for Varicella zoster/ chickenpox, Herpes zoster/ shingles. Revisions to dental section.
1.7	CM	January 2025	Guidance update December 2024/September 2024 Warnings added re quinolones. Recurrent UTI section under review following NICE guidance update. Links updated.
1.8	CM	June 2025	Guidance update April 2025 incorporating NG112 Recurrent UTI update. Links updated and recurrent UTI section within this document updated including links to supporting resources for patient review.