

Neonatal Infection Guideline Update- Committee Meeting

Date: 03/09/2019 & 04/09/2019

Location: NICE offices Manchester

Minutes: Final

Day 1 – Tuesday 3rd September 2019

Committee members present:	
Waqar Shah (WS) (Chair)	Day 1 Present for notes 1 – 10 Day 2 Present for notes 1 – 7
Sumiah Al-Azeib (SA)	Day 1 Present for notes 1 – 10 Day 2 Present for notes 1 – 7
Philip Banfield (PB)	Day 1 Present for notes 1 – 10 Day 2 Present for notes 1 – 7
Melanie Carpenter (MC)	Day 1 Present for notes 1 – 10
Mark Davies (MD)	Day 1 Present for notes 1 – 10 Day 2 Present for notes 1 – 7
Nicole Gannon (NG)	Day 1 Present for notes 1 – 10 Day 2 Present for notes 1 – 7
Jim Gray (JG)	Day 1 Present for notes 1 – 10 Day 2 Present for notes 1 – 7
Paul Heath (PH)	Day 1 Present for notes 1 – 10 Day 2 Present for notes 1 – 7
Stephanie Jenkins (SJ)	Day 1 Present for notes 1 – 10 Day 2 Present for notes 1 – 7
Jane Plumb (JP)	Day 1 Present for notes 1 – 10 Day 2 Present for notes 1 – 7
Aung Soe	Day 1 Present for notes 1 – 10 Day 2 Present for notes 1 – 7
Richard Tubman (RT)	Day 1 Present for notes 1 – 10 Day 2 Present for notes 1 – 7

In attendance:		
Clare Dadswell	Technical Analyst	Day 1 Present for notes 1 – 10 Day 2 Present for notes 1 – 7
James Hall	Editor	Day 1 Present for notes 1 – 2

Kathryn Hopkins	Technical Adviser	Day 1 Present for notes 1 – 10 Day 2 Present for notes 1 – 7
Wes Hubbard	Information Specialist	Present for notes 1 - 10
Catherine McEvoy	Guidelines Commissioning Manager	Day 1 Present for notes 1 – 10 Day 2 Present for notes 1 – 7
Vonda Murray	NICE - Project Manager	Day 1 Present for notes 1 – 10 Day 2 Present for notes 1 – 7
Gabriel Rogers	NICE - Technical Adviser Health Economics	Day 1 Present for notes 1 – 10 Day 2 Present for notes 1 – 7
Sue Spiers	Associate Director	Day 1 Present for notes 1 – 10
Erin Whittingham	NICE - Public Involvement Adviser	Day 1 Present for notes 1 – 4

Apologies:

Melanie Carpenter	Committee member – Day 2
Fadi Chehadah	Technical Analyst - Health Economics
James Hall	Editor – Day 2
Sue Spiers	Associate Director – Day 2
Erin Whittingham	NICE - Public Involvement Adviser – Day 2

Observer:

Markus Fally	NICE fellow – Day 1
Michelle Young	NICE Technical Analyst – Day 2

1. Welcome and objectives for the meeting

The Chair welcomed the Committee members and attendees to the day 1, of the 2nd meeting on Neonatal infections.

The Chair informed the Committee that apologies had been received. These are noted above.

The Chair outlined the objectives of the meeting, which included:

- The role of the Public Involvement Adviser and Editor
- Protocol review
- Clinical and health economic evidence for intravascular catheters impregnated with antibiotics in reducing the risk of the baby developing late-

onset neonatal infection, presentation of evidence and committee discussion

- Preliminary evidence review on the predictive accuracy of clinical predictive models for early-onset neonatal infection and what is their effectiveness in guiding management?

The Chair confirmed that, for the purpose of managing conflicts of interest, the matter under discussion was; intravascular catheters impregnated with antibiotics.

The Chair asked everyone to verbally declare any interests that have arisen since the last meeting.

The Chair and a senior member of the Developer's team noted that the following members would not participate in a part of the meeting:

- **Jim Gray** is unable to participate in making recommendations for, RQ8.1 What is the clinical and cost effectiveness of intravascular catheters impregnated with antibiotics in reducing the risk of the baby developing late-onset neonatal infection?

Name	Job title, organisation	Declarations of Interest, date declared	Type of interest	Decision taken
Melanie Carpenter	Advanced Neonatal Nurse Practitioner, University Hospitals Coventry and Warwickshire NHS trust, Coventry	Co-Author; Exploring the landscape of the ANNP workforce: results of a UK-wide survey - Volume 15/Issue 4, July 2019, Infant Journal	Direct non-financial professional and personal	Declare and participate
Melanie Carpenter	Advanced Neonatal Nurse Practitioner, University Hospitals Coventry and Warwickshire NHS trust, Coventry	Co-Author Recognising the need for a career pathway for advanced neonatal nurse practitioners Volume 15/Issue 3, May 2019 Infant Journal	Direct non-financial professional and personal	Declare and participate
Melanie Carpenter	Advanced Neonatal Nurse	Co-Author, ANNP, published September 2019	Direct non-financial professional and	Declare and participate

	Practitioner, University Hospitals Coventry and Warwickshire NHS trust, Coventry		personal	
Mark Davies	Lay Member	Member of the Patient Lay Committee at the Academy of Medical Royal Colleges	Direct, financial (Travel only)	Declare and participate Not specific to any topic covered in the scope of the guideline.
Mark Davies	Lay Member	National Institute for Health Research (NIHR), public reviewer of health research funding applications (2 per year).	Direct, financial	Declare and participate Not specific to any topic covered in the scope of the guideline.
Mark Davies	Lay Member	National Institute for Health Research (NIHR), Sub-Panel Public Member, involved in decision- making meetings (2 pa) regarding funding applications, until May 2019	Direct, financial	Declare and participate Not specific to any topic covered in the scope of the guideline.
Mark Davies	Lay Member	Lay Representative at Health Education England involved with on-site clinical reviews of education providers.	Direct, financial	Declare and participate Not specific to any topic covered in the scope of the guideline.
Mark Davies	Lay Member	Vice Chair of the Patient and Lay Group (PLG) at the Royal College of	Direct, financial (Travel only)	Declare and participate Not specific

		Surgeons of England, until April 2019		to any topic covered in the scope of the guideline.
Mark Davies	Lay Member	Member of the AoMRC Foundation Programme Committee, reviewing the Foundation Curriculum for newly-qualified doctors.	Direct, financial (Travel only)	Declare and participate Not specific to any topic covered in the scope of the guideline.
Paul Heath	Professor / Honorary Consultant, University of London	Carry out medicolegal work, through preparing medicolegal reports, and appearing as an expert witness related to perinatal/neonatal negligence claims. Approx. two cases a year.	Direct financial	Declare and participate Cases cover a range of topics and the member has no control over which cases he is asked to cover.
Paul Heath	Professor / Honorary Consultant, University of London	Associated Chief Editor (maternal and neonatal) for the Paediatric Infectious Diseases Journal.	Direct financial	Declare and participate Articles published cover the breath of topics related to maternal and neonatal infections

The Chair asked the Committee if it wanted any changes made to the minutes of the last meeting. The Committee agreed that the minutes were a true and accurate account of the meeting.

2. The role of the Editor

The Chair introduced JH, Editor for the guideline, who gave a presentation on the role of the Editor. The Chair thanked JH for their presentation.

3. The role of Public Involvement Adviser

The Chair introduced EW, Public Involvement Adviser. Who gave a presentation on public involvement in guideline development. The Chair thanked EW for their presentation.

4. Protocol review

- RQ5.1 - What maternal risk factors for late-onset neonatal infection should be used to guide management?**
- RQ5.2 - Which risk factors in the baby (including symptoms and signs) should raise suspicion of late-onset infection?**
- RQ7.1 -What is the optimal antibiotic treatment regimen for suspected late-onset neonatal infection?**
- RQ7.2 - What is the clinical and cost effectiveness of starting prophylactic antifungal treatment when starting antibiotic treatment for suspected late-onset neonatal infection?**

The Chair introduced CD, Technical Analyst, who gave a presentation on outstanding protocols. The committee discussed the protocols. The Chair thanked CD for their presentation.

5. Protocol review (outstanding issues from protocols previously discussed)

CD, Technical Analyst, led a discussion on previously discussed protocols. The Chair thanked CD for facilitating the discussion.

6. RQ8.1 What is the clinical and cost effectiveness of intravascular catheters impregnated with antibiotics in reducing the risk of the baby developing late-onset neonatal infection?

- **Clinical presentation**

The Chair introduced PH, Paediatrician, who gave a presentation on the topic of intravascular catheters impregnated with antibiotics in reducing the risk of the baby developing late-onset neonatal infection. The Chair thanked PH for their presentation.

7. RQ8.1 What is the clinical and cost effectiveness of intravascular catheters impregnated with antibiotics in reducing the risk of the baby developing late-onset neonatal infection?

- **Presentation of clinical evidence**

CD, Technical Analyst gave a presentation on the clinical evidence for clinical

effectiveness of intravascular catheters impregnated with antibiotics in reducing the risk of the baby developing late-onset neonatal infection.

GR discussed with the committee the cost effectiveness of intravascular catheters impregnated with antibiotics in reducing the risk of the baby developing late-onset neonatal infection. The Chair thanked CD and GR for their presentation.

8. RQ8.1 What is the clinical and cost effectiveness of intravascular catheters impregnated with antibiotics in reducing the risk of the baby developing late-onset neonatal infection?

- **Draft recommendations**

The reminded the committee that JG, would not be able to contribute to the discussion in regards to the development of recommendations for the clinical and cost effectiveness of intravascular catheters impregnated with antibiotics in reducing the risk of the baby developing late-onset neonatal infection. The Committee then discussed the issues presented in relation to this guideline.

9. RQ 1.3 - What is the predictive accuracy of clinical predictive models for early-onset neonatal infection and what is their effectiveness in guiding management?

- **Presentation of clinical evidence**

CD, Technical Analyst gave the committee an update on the evidence review for the predictive accuracy of clinical predictive models for early-onset neonatal infection and what is their effectiveness in guiding management.

10. RQ 1.3 - What is the predictive accuracy of clinical predictive models for early-onset neonatal infection and what is their effectiveness in guiding management?

- **Presentation of clinical evidence continued**

The Committee then discussed the issues presented in relation to this guideline. The Chair thanked CD for their presentation.

11. AOB

No other business to discuss

The Chair thanked the committee for their time and contribution to the meeting and reminded the committee of the start time of day 2 of the meeting.

1. Welcome and objectives for the meeting

The Chair welcomed the Committee members and attendees to the day, of the 2nd meeting on Neonatal infections.

The Chair informed the Committee that apologies had been received. These are noted above.

The Chair outlined the objectives of the meeting, which included:

- The clinical and cost effectiveness of immediate delivery versus expectant management in women between 34- and 37-weeks gestation with preterm prelabour prolonged rupture of membranes and vaginal or urine group B streptococcus detection?
- Health economic modelling

The Chair asked everyone to verbally declare any interests that have arisen since the last meeting.

The Chair confirmed that, for the purpose of managing conflicts of interest, the matter under discussion was; pre-term prelabour rupture of membranes.

The DOI register was made available to the Chair and committee. The Chair reviewed the DOI register, declarations are noted below. The DOIs were considered by the Chair, no conflict of interest was identified for the meeting, and all committee members were eligible to attend the committee meeting and contribute to the discussions.

Name	Job title, organisation	Declarations of Interest, date declared	Type of interest	Decision taken
Sumiah Al-Azeib	Principal Pharmacist: Medway NHS Foundation Trust, Gillingham	Specialist committee member, NICE Quality Standards Advisory Committee – Specialist neonatal respiratory care for babies born preterm.	Direct, financial (Travel/accommodation only)	Declare and participate
Aung	Consultant Neonatologist,	Principal investigator for	Indirect financial	Declare and

Soe	Medway NHS FT	the ARCTIC study, looking at the efficacy and safety of two topical antiseptic solutions for skin disinfection prior to percutaneous central venous catheter insertion in preterm neonates: a feasibility study		participate Not specific to any topic covered in the scope of the guideline.
<p>2. RQ3.1 - What is the clinical and cost effectiveness of immediate delivery versus expectant management in women between 34- and 37-weeks gestation with preterm prelabour prolonged rupture of membranes and vaginal or urine group B streptococcus detection?</p> <ul style="list-style-type: none"> • Clinical presentation 				
<p>The Chair introduced PB, Obstetrician, who gave a presentation on the topic of women between 34- and 37-weeks gestation with preterm prelabour prolonged rupture of membranes and vaginal or urine group B streptococcus detection. The Chair thanked PB for their presentation.</p>				
<p>3. RQ3.1 - What is the clinical and cost effectiveness of immediate delivery versus expectant management in women between 34- and 37-weeks gestation with preterm prelabour prolonged rupture of membranes and vaginal or urine group B streptococcus detection?</p> <ul style="list-style-type: none"> • Presentation of clinical evidence continued • Draft recommendations 				
<p>The Chair introduced CD, Technical Analyst, who gave a presentation on clinical effectiveness of immediate delivery versus expectant management in women between 34- and 37-weeks gestation with preterm prelabour prolonged rupture of membranes and vaginal or urine group B streptococcus detection</p> <p>GR discussed with the committee the cost effectiveness of immediate delivery versus expectant management in women between 34- and 37-weeks gestation with preterm prelabour prolonged rupture of membranes and vaginal or urine group B streptococcus detection. The Chair thanked CD and GR for their presentation.</p>				
<p>4. Health Economic modelling</p>				
<p>GR facilitated a discussion on what would be included in the economic models.</p>				
<p>5. Health Economic modelling continued</p>				

The committee continued to discuss what would be included in the economic model. The Chair thanked GR for their presentation.

6. AOB

No other business to discuss

7. Summary and next steps

The Chair thanked the committee for their time and contribution to the meeting. The venue, date and time of the next meeting was confirmed.