



2019 exceptional surveillance of respiratory tract infections (self- limiting): prescribing antibiotics (NICE guideline CG69)

Surveillance report

Published: 25 September 2019

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Surveillance decision

We will withdraw the NICE guideline on [respiratory tract infections \(self-limiting\): prescribing antibiotics](#).

Relevant content from [recommendation 1.7](#) will be updated in NICE's antimicrobial prescribing guidelines on [sinusitis](#), [sore throat](#), [otitis media](#) and [cough](#).

Background

NICE's guideline on respiratory tract infections (self-limiting): prescribing antibiotics (published in 2008) includes recommendations on prescribing antibiotics in primary care to people (3 months and older) with self-limiting respiratory tract infections. It provides practical strategies for prescribing, including identifying when immediate antibiotics are needed and when to offer a delayed prescription or reassurance alone. It covers identifying who is at risk of serious illness but not investigations or further care for people needing immediate antibiotics.

Since 2017, NICE has been producing antimicrobial prescribing guidelines (APGs) to help manage common infections and tackle antibiotic resistance. The APGs were developed to optimise outcomes for individuals and to reduce overuse, misuse or abuse of antimicrobials; for further details see [antimicrobial prescribing guidelines for managing common infections](#).

Several of the APGs include recommendations that overlap with the content of the NICE guideline.

This exceptional surveillance review was carried out to assess the overlap between the NICE guideline and the APGs, and to identify a course of action to address this, which in turn would help reduce uncertainty for end-users of the guidelines.

Reasons for the decision

The approach: comparison of guideline content

NICE's surveillance team compared the recommendations in the NICE guideline with those in the 4 APGs (listed above), to check for overlap and duplication between them.

Content in recommendations 1.1 and 1.2 of the NICE guideline were assessed as being standard clinical practice and not the type of recommendation we would make now (following current methods and processes).

Content included in recommendations 1.3 to 1.6 of the NICE guideline was assessed as being fully covered in the newer APGs.

We checked whether recommendation 1.7 remains up to date (see [appendix A](#)) and no new evidence was identified which suggested it should be updated.

We identified that 2 of the APGs on sinusitis and sore throat directly cross-refer to the NICE guideline and all 4 APGs drew on the evidence behind recommendation 1.7, so in different ways had utilised the recommendation content.

Given the overlap between the NICE guideline and the 4 APGs we consulted on the following proposal with stakeholders: withdrawing recommendations 1.1 and 1.2 from the NICE guideline, replacing recommendations 1.3 to 1.6 with cross-references to the 4 APGs and retaining recommendation 1.7.

See [appendix B](#) for full details of stakeholders' comments and our responses.

See [ensuring that published guidelines are current and accurate](#) in developing NICE guidelines: the manual for more details on our consultation processes.

Overall, 4 stakeholders from professional bodies commented, including the Royal College of Nursing and Royal College of Paediatrics and Child Health. All 4 stakeholders agreed with the proposal to withdraw recommendations 1.1 to 1.6 and retain recommendation 1.7, although it was suggested that we also remove recommendation 1.7, given that the content has been included in the APGs.

We subsequently revised our position and decided to withdrawal all recommendations and

incorporate any relevant evidence from the NICE guideline into the relevant APGs.

Equalities

One equalities issue was identified during the surveillance review which results from the withdrawal of the NICE guideline. The recent APG on otitis media makes recommendations for children and young people, whereas adults 18 years and above are not covered. Whilst this presents a gap, acute otitis media is less common in adults with reports indicating the incidence of acute otitis media in adults is 0.25% per annum ([Acute Otitis Media in Adults](#)). We will log this issue for detailed consideration during the next surveillance review of the APG on otitis media.

Overall decision

We will withdraw the NICE guideline on respiratory tract infections (self-limiting): prescribing antibiotics.

Relevant content from recommendation 1.7 will be updated in NICE's APGs on sinusitis, sore throat, otitis media and cough.

ISBN: 978-1-4731-3454-6