

# Managing Common Infections

## Insect bites and stings: antimicrobial prescribing

Stakeholder comments table

25/11/2019 – 20/12/2019

ID	Organisation	Document	Page No.	Line No.	Comments	Developer's response
01	Royal College of General Practitioners	Guideline	General	General	Can the guideline confirm that this covers insect and spider bites and stings within the UK only. NICE guidance is often used externally to the UK, especially in primary care and clarification is therefore important	Thank you for your comment. We have amended the wording in the background section to reflect that the guideline includes insect and spider bites and stings that occurred while travelling outside the UK, but are being treated in the UK. All NICE guidance is for England only, decisions about how they apply in other UK countries are made by ministers in those countries, please see our <a href="#">terms and conditions (General)</a> . Please note that use of NICE guidance outside the UK requires a licensing agreement (except for personal educational purposes). Please see our webpage on <a href="#">reusing our content</a> .
02	Royal College of General Practitioners	Guideline	3	16	Can the committee consider adding "or pain that appears more severe than the local bite would account for" to the list of considerations for referral or seeking advice. Whilst this is contained in the cellulitis guidance, it may be missed if the bite/sting does not look infected and the cellulitis guidelines are not referred to and can point to life threatening illness with strep A/ Necrotising fasciitis.	Thank you for your comment. We have amended the wording in recommendation 1.1.8 to state 'the person's condition worsens rapidly or significantly, or they become systemically unwell or have severe pain out of proportion to the wound.'
03	Royal College of General Practitioners	Visual Summary	General	General	Can the committee add to the reassess if box on the right "pain is severe and more than expected from a bite/sting" as per comment 2 above.	Thank you for your comment. We have amended the wording in recommendation 1.1.8 to state 'the person's condition worsens rapidly or significantly, or they become systemically unwell or have severe pain out of proportion to the wound.'
04	Royal College of Paediatrics and Child Health	Guideline	General	General	The reviewer believes that ARCTEC (arthropod centre at LSHTM) should be contacted for information as they have lots of data on mosquito bites and prevention of after bite swelling – it would be good if NICE can encourage them to publish their negative findings.	Thank you for your comment. Unfortunately, NICE guidance does not refer to centres or resources that are not <a href="#">endorsed</a> by NICE. It would be out-of-scope for the guideline to encourage other centres to publish information (please see the <a href="#">Final Scope</a> document).

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05	Royal Gwent Hospital	Visual Summary	1	General	It basis the decision tree on if there are 'signs and symptoms' of infection but in order to be a useful tool in practice, especially community pharmacy, this should detail the specific signs and symptoms of infection rather than refer to a bigger guidance document.	Thank you for your comment. The scope of this guidance is the management of common infections not diagnosis and the evidence search did not include symptoms and signs of infection. The committee agreed that as an infected insect bite or sting would be a cellulitis and we have added the definition and associated symptoms and signs given in the <a href="#">NICE guideline on cellulitis and erysipelas</a> .
06	Royal College of Nursing	Guideline	Genreal	General	Thank you for the opportunity to contribute to this guideline, we did not receive any RCN member comments on this occasion.	Thank you for your comment.
07	British Society for Antimicrobial Chemotherapy	Guideline	Genreal	General	Thank you for your invitation to comment on the NICE draft guideline on insect bites and stings: antimicrobial prescribing. Members of The British Society for Antimicrobial Chemotherapy (BSAC) have no comments for this.	Thank you for your comment.
08	NHS England	Guideline	Genreal	General	Our Deputy CSO Angela has looked at the guidance, and has said that the appropriate NICE Guidance already in existence is referred to in the document: For people who have symptoms or signs of an infected insect bite or sting, 9 see the recommendations on choice of antibiotic in the NICE guideline on 10 cellulitis and erysipelas. Therefore we do not need to comment.	Thank you for your comment.
09	British Infection Association	Visual Summary	N/A	N/A	The visual summary is overall well-made and clear. The biggest impact will be for GP referrals for Lyme disease. As a group of infectious diseases physicians and microbiologists, we often receive queries about Lyme disease. Therefore we recommend perhaps a more clear link between <b>tick bites</b> and Lyme disease in the visual summary, so that GPs understand that it is particularly ticks that cause the disease.	Thank you for your comment. We have amended the wording in recommendation 1.1.4 to state 'For people with a known or suspected tick bite follow the <a href="#">NICE guideline on Lyme disease</a> ' this will also be amended in the visual summary.
10	British Infection Association	Visual summary and draft guideline	4	1.11.1	We would add another extra consideration for referral/seeking specialist advice, which is if: <ul style="list-style-type: none"> <li>- Patient is chronically immunosuppressed, with HIV, organ transplant or biologicals. These patients are at risk of developing severe infection from skin commensals; especially if they are colonised with resistant organisms such as MRSA.</li> </ul>	Thank you for your comment. This was discussed by the committee who agreed that people who are severely immunocompromised and have symptoms or signs of an infection should also be considered for referral or specialist referral sought.

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					- Patients develop eschars following reporting being bitten as these may represent Rickettsial disease.	
11	British Infection Association	Draft guideline	6	21	'people with fever following an insect bite or sting from outside the UK, because this may indicate a more serious illness such as malaria' – in our experience, patients reporting fever following a sting/bite is more likely to be from a tick or spider. Therefore examples such as rickettsia/tick borne encephalitis should be mentioned in addition to malaria. Malaria is screened in fever in returning travellers, regardless of whether they report being bitten by insects or not.	Thank you for your comment. This was discussed by the committee and Rickettsia has also been added as an example.
12	British Infection Association	Visual summary and draft guideline	N/A	N/A	It may also be relevant to include pictures of what insect bites look like. Rickettsial disease often leave 'eschars', which are easily mistaken for simple insect bites and thus easily missed.	Thank you for your comment. The inclusion of pictures is inappropriate as the scope of this guidance does not include diagnosis.
13	British Infection Association	Draft guideline	N/A	N/A	The title "Insect bites and stings: antimicrobial prescribing" gives the wrong impression that antimicrobial prescribing is indicated after every insect bite or sting, which would be bad practice and cause avoidable side effects, selection for antibiotic resistance, and cost. I suggest to change to "Insect bites and stings: antimicrobial prescribing in selected cases". Brief mention regarding Paton-Valentine Leukocidin toxin, produce from some Staphylococcus aureus, should also be mentioned. The guideline should make a distinction between patients reporting an insect/spider bite/sting and in whom the presence of an insect or spider was actually witnessed, and patients who believe they suffered an insect/spider bite/sting, for example because the lesion is so painful, but without any insect or spider having been witnessed by themselves or anyone else. This is important, because patients with a PVL-toxin positive S. aureus skin infection often believe and report having been bitten, because the spontaneous skin lesion is so painful, and they cannot imagine that a staphylococcal toxin can cause as much pain as an insect/spider bite. In case of a possible PVL-toxin positive S. aureus skin infection, it	Thank you for your comment. This topic was developed as an antimicrobial prescribing guideline, and therefore this wording is included for consistency with other guidelines. The content of the guideline makes it clear that most insect bites or stings will not become infected and therefore not require antibiotics.  The committee discussed PVL and added further detail to the reassessment section to reassess people with an insect bite or sting if the person has severe pain out of proportion to the wound, which may indicate the presence of toxin producing bacteria'. Further recommendations on the diagnosis and management of PVL are outside the scope of this guideline on insect bites and stings. Further information can be found in the <a href="#">NICE/PHE summary table on antimicrobial prescribing</a> and the <a href="#">PHE website</a> .

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					<p>is important to submit a sample for culture and sensitivity if possible, accompanied with relevant clinical information, and request a PVL-test if <i>S. aureus</i> is cultured (see PHE guidance). A tissue or aspirated pus sample are preferred, or else a swab from the skin lesion. Detection of PVL if present in <i>S. aureus</i> is important as it has a prognostic value for the risk of recurrent skin or soft tissue infection. Please note that in case of a community-associated MRSA-PVL infection, the empiric prescription of Flucloxacillin, as recommend by NICE as first line antibiotic for cellulitis and erysipelas, is likely to up-regulate PVL-toxin production in the skin lesion and make matters worse. Thus, antibiotic sensitivities are important to select an appropriate antimicrobial if antibiotic treatment is indicated.</p>	
14	British Infection Association	Draft guideline	N/A	N/A	<p>The guideline should briefly mention consideration of bed bugs and flea bites. These require a different investigation and treatment altogether (ivermectin for scabies for example, or flea transmitted illnesses).</p>	<p>Thank you for your comment. Treatment of infestations (such as the removal of headlice, bed bugs or fleas) was out of scope of the guideline. Ivermectin is used to treat the infestation, it is not used in the treatment of any subsequent infection and is therefore out-of-scope. The committee found no evidence for flea transmitted illness.</p>