Managing Common Infections

Secondary bacterial infection of eczema and other common skin conditions: antimicrobial prescribing

Stakeholder comments table

07/08/2020 – 04/09/2020

ID	Organisation Name	Document	Page No.	Line No.	Comments	Developer's Response
01	Antimicrobial Working Group, Aneurin Bevan University Health Board	Visual Summary	1	General	Suggest more explicitly state that good hygiene measures and regular washing with soap and water to help combat any infection and minimise risk of treatment failure	Thank you for your comment. This is outside the scope of this guideline. Hygiene measures and regular hand washing are covered in the NICE guideline on antimicrobial stewardship: changing risk-related behaviours in the general population.
02	Antimicrobial Working Group, Aneurin Bevan University Health Board	Visual Summary	2	General	Suggest include flucloxacillin dose range of 500mg to 1g QDS as per previous guidelines for cellulitis and erysipelas	Thank you for your comment. The committee recognised that higher dosages of oral flucloxacillin can be used, although 1 g four times a day orally is off label. However, they agreed that 500 mg four times a day orally was adequate for treating a secondary bacterial infection of eczema. If there are symptoms or signs of cellulitis, users are referred to the NICE guideline on cellulitis and erysipelas: antimicrobial prescribing, which includes the higher dosage as an option.
03	British Infection Association	General	General	General	We support this guideline which contains a sensible approach to prescribing of antibiotics in this set of conditions.	Thank you.
04	Public Health England	Guideline			Would invert recommendations 1.2.9 and 1.2.10 to highlight no need for antibiotics in most cases	Thank you for your comment. The guideline has been amended as suggested.
05	Public Health England	Table 1 & 2			Would add "severe" to "penicillin allergy"	Thank you for your comment. The summary of product characteristics (SPCs) for penicillins state that they are contraindicated in penicillin allergy, therefore we are unable to specify 'severe' allergy only.
06	Public Health England	Table 1 & 2			Would describe circumstances when flucloxacillin is deemed unsuitable	Thank you for your comment. The committee did not want to give specific details about when flucloxacillin is unsuitable in the prescribing table as there may be many reasons for this, for example, previous adverse effects, recent prior or repeated use, concerns about antimicrobial resistance and problems with palatability or swallowing capsules.
07	Public Health England	Table 1 & 2			Would consider a total duration of 5 days if improved by day 3. I include references below – these studies are in different population/antibiotics but often include patients	Thank you for your comment. The committee agreed that if an antibiotic was needed for treating a secondary bacterial infection of eczema, 5 to 7 days of treatment would be

ID	Organisation Name	Document	Page No.	Line No.	Comments	Developer's Response
					with more severe presentation, so a shorter duration may be reasonable	appropriate. The committee noted that this was a shorter duration than the previous recommendation in the NICE guideline on atopic eczema in under 12s: diagnosis and management for managing eczema in children, which recommended a duration of 1 to 2 weeks (according to clinical response) for systemic antibiotics, and no longer than 2 weeks for topical antibiotics. They also discussed that the shorter duration had been recommended to provide effective treatment for the infection while reducing the risk of developing antimicrobial resistance. A total duration of 5 days as described in the comment is consistent with the recommendation. We have reviewed evidence in the population of interest only. The studies referenced below are out of scope for this guideline.
08	Public Health England	General	General	General	In: https://www.bradspellberg.com/shorter-is-better Hepburn MJ, Dooley DP, Skidmore PJ, Ellis MW, Starnes WF, Hasewinkle WC. Comparison of short-course (5 days) and standard (10 days) treatment for uncomplicated cellulitis. Arch Intern Med 2004; 164(15): 1669-74. Prokocimer P, De Anda C, Fang E, Mehra P, Das A. Tedizolid phosphate vs linezolid for treatment of acute bacterial skin and skin structure infections: the ESTABLISH-1 randomized trial. JAMA : the journal of the American Medical Association 2013; 309(6): 559-69. Moran GJ, Fang E, Corey GR, Das AF, De Anda C, Prokocimer P. Tedizolid for 6 days versus linezolid for 10 days for acute bacterial skin and skin-structure infections (ESTABLISH-2): a randomised, double-blind, phase 3, non-inferiority trial. Lancet Infect Dis 2014; 14(8): 696-705. Cranendonk et al. Antibiotic treatment for 6 days versus 12 days in patients with severe cellulitis: a multicentre randomised, double-blind, placebo-controlled, non-inferiority trial. Clin Microbiol Infect 2019; ePub	Thank you for your comment. The references provided do not meet the criteria for inclusion in the evidence review for this guideline. These references are included in the NICE guideline on cellulitis and erysipelas: antimicrobial prescribing.

ID	Organisation Name	Document	Page No.	Line No.	Comments	Developer's Response
09	Royal College of Paediatrics and Child Health	General	General	General	The reviewer is happy with all of the documents and found the algorithm particularly useful.	Thank you.
10	British Association of Dermatologists	Guideline			Putting this recommendation is helpful especially for primary care clinicians. I think the recommendation should be more clear and recommend the use of topical antiseptic wash for cases with recurrent bacterial infected flare of eczema. This is especially relevant in children.	Thank you for your comment. The committee discussed the evidence for topical antiseptics and agreed that there was insufficient evidence on whether an antiseptic bath emollient was more effective than a standard bath emollient in children with a secondary bacterial infection of eczema. They recognised that topical antiseptics are used for infected flare-ups by some dermatologists, but there is substantial variation in practice. They discussed that they may have a role for specialist use on an individual patient basis. However, based on the available evidence the committee was not able to make any recommendations on using topical antiseptics, and made a recommendation for research.
11	British Association of Dermatologists	Guideline			I agree not to routinely perform swabs unless evidence of infection.	Thank you for your comment.
12	British Association of Dermatologists	Guideline			The recommendation not to treat with topical or oral antibiotics unless systemically unwell needs to be better defined.	Thank you for your comment. The term 'systemically unwell' allows clinical judgement to be used in individual circumstances when deciding if an antibiotic may be appropriate. This term is consistent with that used in other antimicrobial prescribing guidelines.
13	British Association of Dermatologists	Guideline			Eczema which is secondary infected should be treated to prevent the person becoming systemically unwell. Eczema is overtreated with oral or topical antibiotics. The recommendation should stress the importance of using topical steroids of adequate strength for the severity of eczema and the importance to continue topical treatments while on oral antibiotics.	Based on their experience and the evidence identified, the committee agreed that the recommendations balance the need for safe and appropriate treatment while taking account of the risks of antimicrobial resistance. The guideline recommends that people with secondary bacterial infection of eczema who are systemically unwell are offered antibiotics. The recommendation highlights the need to continue treatment such as topical corticosteroids if antibiotics are prescribed for a secondary bacterial infection of eczema. The role of corticosteroids was outside the scope of this guideline. The guideline refers users to the NICE technology appraisal guidance on the frequency of application of topical corticosteroids for atopic eczema.
14	British Association of Dermatologists	Guideline			If a child/adult is systemically unwell and is seen in the hospital they are treated with intravenous antibiotics and	Thank you for your comment. The committee agreed that if a systemic antibiotic was needed for treating a secondary bacterial infection of eczema, then an oral antibiotic would be

ID	Organisation Name	Document	Page No.	Line No.	Comments	Developer's Response
					this is the 'real life scenario'. Therefore this part of the recommendation will not be possible to implement.	appropriate. For people with severe infection that required treatment in hospital, they agreed that this is likely to indicate the presence of cellulitis. The guideline recommends that the NICE guideline on cellulitis and erysipelas: antimicrobial prescribing should be followed if there are symptoms or signs of cellulitis (this recommendation has been moved to make this more prominent as the first recommendation in the 'Treatment' section of the guideline). The cellulitis guideline includes options for intravenous antimicrobial treatment.
15	British Association of Dermatologists	Guideline			Regarding the choice of topical antibiotics. Fusidic acid resistance is a worldwide phenomenon, and especially high in the UK likely due to overuse of antibiotics (Livermore et al, 2002, Chen et al 2010, Bessa et al 2016). Also it should be taken into account that fucidic acid resistance is associated with more severe eczema which is what is seen in secondary care.	Thank you for your comment. Based on the available evidence and their experience, the committee agreed that fusidic acid is an appropriate choice as recommended in the guideline. The guideline states that this should be used only if the infection is localised, and that repeated or extended use should be avoided. People receiving treatment for a secondary bacterial infection of eczema in hospital will have severe or extensive symptoms or be systemically unwell, and fusidic acid is not recommended in these circumstances. The recommendations specify that an individual's previous use of topical antibiotic and local antimicrobial resistance data should be considered when prescribing antibiotics due to the potential for developing antimicrobial resistance. This has also been added to the advice given for people who are given antibiotics.
16	British Association of Dermatologists	General	General	General	Birmingham Children's hospital specifically does not allow clinicians to prescribe topical fusidic acid for skin infections unless a skin swab has proven sensitivity.	The guideline does not recommend the use of a swab at initial presentation as the most likely causative organisms are likely to be susceptible to the first line recommended treatments. As described above, people receiving treatment for a secondary bacterial infection of eczema in hospital will have severe or extensive symptoms or be systemically unwell, and fusidic acid is not recommended in these circumstances.
17	British Association of Dermatologists	General	General	General	Hydrogen peroxide 1% is particularly useful in treating pseudomonas infections. Pseudomonas infection is not seen in eczema or impetigo therefore its use is not useful. I could not find the evidence for use of hydrogen peroxide in impetigo For impetigo, topical fucidic acid or mupirocin are much more effective (Koning et al 2012, Williamson et al 2017).	Hydrogen peroxide 1% has not been recommended as an option in this guideline as no evidence was identified. There is a separate NICE guideline on impetigo: antimicrobial prescribing.

ID	Organisation Name	Document	Page No.	Line No.	Comments	Developer's Response
18	British Association of Dermatologists	Guideline			Regarding the recommendation about oral antibiotics. Particularly for children up to 16 years old, amoxicillin seems to be more effective as it treats strep group A which is the bacterial skin infection which requires treatment in eczema or other conditions. Flucloxacillin is not well tolerated in children. Flucloxacillin at standard doses would cover for staphylococcus aureus (which does not need routine antimicrobial treatment but treatment of the underlying condition). Flucloxacillin at high doses would cover staphylococcal and streptococcal infection but such does are more likely to cause gastrointestinal symptoms.	Thank you for your comment. No evidence was identified for amoxicillin for treating a secondary bacterial infection of eczema. The committee agreed that the most likely causative organisms for a secondary bacterial infection of eczema would be *Staphylococcus aureus* or *Streptococcus pyogenes*, both of which are likely to be susceptible to flucloxacillin. The committee agreed that amoxicillin would not cover the most likely pathogen (*S. aureus*) and therefore flucloxacillin (a relatively narrow spectrum penicillin) was the preferred first choice. While the committee recognised that some children cannot tolerate flucloxacillin solution, they felt that a good proportion of children find this acceptable. They discussed that clinicians can encourage the use of capsules in children, and were aware of many useful resources that are available (for example Medicines for Children, Helping your child to swallow tablets) to teach children how to swallow tablets or capsules. For children who are unable to swallow capsules, one of the alternative oral antibiotics is suitable. Standard doses of flucloxacillin have been recommended.
19	British Society for Antimicrobial Chemotherapy	General	General	General	BSAC has received no comments from members for this consultation.	Thank you.