# 2019 exceptional surveillance of the NICE guidelines on antimicrobial prescribing

Surveillance report
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# Surveillance decision

We will not update the NICE guidelines on antimicrobial prescribing.

The changes in resistance patterns monitored in the annual English Surveillance Programme for Antimicrobial Utilisation and Resistance (ESPAUR) report were found not to have an impact on the 10 current antimicrobial prescribing guidelines. These findings were discussed and agreed with the members of the managing common infections committee.

For further details and a summary of all evidence identified in surveillance, see appendix A.

# Overview of 2019 surveillance methods

## Background

NICE received a referral from the Department of Health and Social Care to develop a suite of antimicrobial prescribing guidelines for managing common infections in July 2016. The guidelines aim to ensure prescribing recommendations are consistent with antimicrobial resistance data, patterns and trends, and the best available published evidence.

A key driver for recommendations on the prescribing of antimicrobials are antimicrobial resistance patterns.

Public Health England annually publishes the English Surveillance Programme for Antimicrobial Utilisation and Resistance (ESPAUR) report, which includes a focus on particular areas of concern around resistance patterns to support the delivery of the UK's antimicrobial resistance (AMR) strategy.

Antimicrobial prescribing guidelines undergo a yearly review to determine any impact of antibiotic prescribing and resistance on guideline recommendations.

NICE's surveillance team checked whether the antibiotic resistance patterns discussed in the 2018 ESPAUR report had an impact on the recommendations in the following antimicrobial prescribing guidelines:

- Sinusitis (acute): antimicrobial prescribing (2017) NICE guideline NG79

- Sore throat (acute): antimicrobial prescribing (2018) NICE guideline NG84

- Otitis media (acute): antimicrobial prescribing (2018) NICE guideline NG91

- Urinary tract infection (lower): antimicrobial prescribing (2018) NICE guideline NG109

- Prostatitis (acute): antimicrobial prescribing (2018) NICE guideline NG110

- Pyelonephritis (acute): antimicrobial prescribing (2018) NICE guideline NG111

- Urinary tract infection (recurrent): antimicrobial prescribing (2018) NICE guideline NG112

- Urinary tract infection (catheter-associated): antimicrobial prescribing (2018) NICE guideline NG113

- Chronic obstructive pulmonary disease (acute exacerbation): antimicrobial prescribing (2018) NICE guideline NG114

- Bronchiectasis (non-cystic fibrosis), acute exacerbation: antimicrobial prescribing (2018) NICE guideline NG117

The surveillance process consisted of:

- Mapping the antibiotics and recommendations in the 10 antimicrobial prescribing guidelines to the ESPAUR report.

- Consulting with the managing common infections committee.

This annual review followed the exceptional review process and as such we did not consult with stakeholders on this decision.

For further details about the process and the possible update decisions that are available, see ensuring that published guidelines are current and accurate in developing NICE guidelines: the manual.

# Evidence considered in surveillance

## ESPAUR report

The ESPAUR was established in 2013 to support Public Health England in the delivery of the UK 5-year AMR strategy 2013 to 2018. The fifth report published in October 2018 and includes national data on antibiotic prescribing and resistance, antimicrobial stewardship implementation, education and engagement activities. It focuses on the trends in antibiotic resistance for the common causes of bloodstream infection, gonorrhoea and tuberculosis from 2013 to 2017; the progress in reducing total antibiotic consumption in England; fungal resistance and surveillance; antimicrobial stewardship; and public and professional education and awareness. The data in the report are relevant to NICE's antimicrobial prescribing guidelines which provide guidance and advice to help manage common infections, optimising antibiotic use and reducing antibiotic resistance. Therefore, this surveillance review was conducted to determine whether the data in the ESPAUR report had any impact on NICE's published antimicrobial prescribing guidelines and whether any

action is needed to update recommendations.

A total of 10 published NICE antimicrobial prescribing guidelines were identified and considered for impact based on the ESPAUR findings. Appendix A, table 1 outlines the drug/bug combinations monitored in support of the UK 5-year AMR strategy. Appendix A, table 2 summarises the relevant guideline recommendations and aligns this with content from the ESPAUR report, noting any disagreements. We also considered data from the 2017 ESPAUR report because it had a focus on urinary tract infections.

## Guideline committee view

We considered the views of the members of the managing common infections committee and presented our findings for discussion. The committee gave confirmation that the conclusions we had reached were accurate and agreed that no impact on the 10 antimicrobial prescribing guidelines was anticipated at this time.

# Overall decision

After considering all evidence and the impact on current recommendations, we decided that no update is necessary.

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