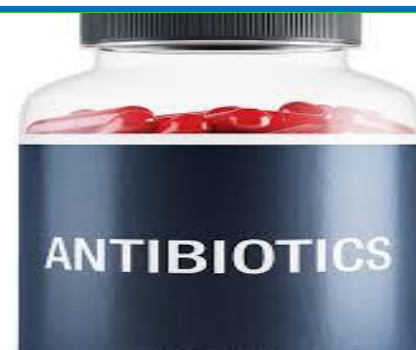


Acute cough and Antibiotics & Scarlet Fever guideline update

June 2023



Cough (acute): antimicrobial prescribing (NICE NG120)

Reducing unnecessary and inappropriate use of antibiotics is crucial to reduce antimicrobial resistance, particularly in primary care where antibiotics are most prescribed. However, antibiotics are still commonly used to treat acute respiratory tract infections, despite studies showing that antibiotics do not improve the overall clinical condition of people with acute bronchitis, make little difference to how long symptoms of acute bronchitis last (on average they shorten cough duration by about half a day) and have, at best, modest effects.

Guidelines recommend that the fewest number of antibiotic courses should be prescribed for the shortest period possible.

In Pennine Lancashire, antibiotics are still being overprescribed:

East Lancashire	51% increase in prescribing of amoxicillin over last 12 months 43% increase in prescribing of doxycycline over the last 12 months
Blackburn with Darwen	60% increase in prescribing of amoxicillin over last 12 months 29% increase in prescribing of doxycycline over the last 12 months

Data source: ePACT2

Advice for healthcare professionals:

- [NICE guidance \(NG120\)](#) advises:
 - **Upper respiratory tract infection:** do not offer an antibiotic to those individuals who are not systemically very unwell or at higher risk of complications.
 - **Acute bronchitis:** do not routinely offer an antibiotic to those individuals who are not systemically very unwell or at higher risk of complications.
 - **Do not** offer a mucolytic, an oral or inhaled bronchodilator, an oral or inhaled corticosteroid unless otherwise indicated.
- Patients should be informed that acute cough is usually self-limiting and gets better within 3 to 4 weeks without antibiotics. It is most commonly caused by a viral upper respiratory tract infection, such as a cold or flu.
- Where appropriate, symptoms should be managed with [self-care](#) e.g. plenty of fluids, rest, paracetamol or ibuprofen can help with pain relief if needed.
- Patients with an acute cough who are systemically unwell, or at higher risk of complications should be seen face-to-face.
- Patients at higher risk of complications include:
 - people with a pre-existing comorbidity,
 - young children born prematurely,
 - people > 65 years with 2 or more of the following, or > 80 years with 1 or more of the following:
 - hospitalisation in previous year,
 - type 1 or type 2 diabetes,
 - history of congestive heart failure,
 - current use of oral corticosteroids.
- **If antibiotics are required:**
 - **First choice of antibiotic for adults 18 years and over: Doxycycline 200 mg on first day, then 100 mg once a day for 4 days (5-day course in total).** Note: Doxycycline should not be used in pregnancy, and the possibility of pregnancy should be considered in women of childbearing age. Amoxicillin is the preferred antibiotic in pregnancy.
 - **First choice of antibiotic for children and young people under 18 years: Amoxicillin for 5 days (for dosing see online [BNF](#) / [BNFC](#)).**

For more detailed information about antimicrobial prescribing in acute cough [see NICE visual summary](#).

Antimicrobial Guidelines Update: Scarlet Fever

Please be aware that in November 2022 the Scarlet Fever treatment guidance has been updated. The new guidelines now recommend Azithromycin as second line treatment in adults and children.

The most up-to-date antimicrobial guidelines are available via [ELMMB website](#) and [MicroGuide](#).

Staff new to using MicroGuide: useful learning resources/tutorials can be found via the following [link](#).

For further information, please call 01254 282862 or email lscicb-el.adminmmt@nhs.net