Summary of antimicrobial prescribing guidance – managing common infections

Local Adaptation for Gloucestershire Aug 2019 vs 1
https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/antimicrobial-prescribing-guidelines

- For all PHE guidance, follow PHE's principles of treatment.
- See BNF for appropriate use and dosing in specific populations, for example, hepatic impairment, renal impairment, pregnancy and breastfeeding.

Key: Click to access doses for children   Click to access NICE's printable visual summary

Infection	Key points	Medicine	Doses		Length	Visual summary
			Adult	Child		
▼ Genital tract infections						
STI screening Public Health England Last update: Nov 17	People with risk factors should be screened for chlamydia, gonorrhoea, HIV and syphilis.[1D] Refer individual and partners to GUM.[1D] **Risk factors**: <25 years; no condom use; recent/frequent change of partner; symptomatic or infected partner; area of high HIV.[2B-] *Access the supporting evidence and rationales on the PHE website*.					
Chlamydia trachomatis/ urethritis Public Health England Last updated: July 2019	Opportunistically screen all sexually active patients aged 15 to 24 years for *chlamydia* annually and on change of sexual partner.[1B-] If positive, treat index case, refer to GUM and initiate partner notification, testing and treatment.[2D,3A+] As single dose azithromycin has led to increased resistance in GU infections, doxycycline should be used first line for *chlamydia* and urethritis.[4A+] Advise patient with chlamydia to abstain from sexual intercourse until doxycycline is completed or for 7 days after treatment with azithromycin (14 days after azithromycin started and until symptoms resolved if urethritis).[3A+,4A+] If chlamydia, test for reinfection at 3 to 6 months following treatment if under 25 years; or consider if over 25 years and high risk of re-infection.[1B-,3B+, 5B-] **Second line, pregnant, breastfeeding, allergy, or intolerance**: azithromycin is most effective.[6A+,7D,8A+,9A+,10D] As lower cure rate in pregnancy, test for cure at least 3 weeks after end of treatment.[3A+] Consider referring all patients with symptomatic urethritis to GUM as testing should include *Mycoplasma genitalium and Gonorrhoea.*[11A-] If *M.genitalium* is proven, use doxycycline followed by azithromycin using the same dosing regimen and advise to avoid sex for 14 days after start of treatment and until symptoms have resolved.[11A-,12A+]	**First line**: doxycycline[4A+,11A-,12A+]	100mg BD[4A+,11A-,12A+]	-	7 days[4A+,11A-,12A+]	*Not available. Access supporting evidence and rationales on the PHE website*
		Second line/ pregnant/breastfeeding/ allergy/intolerance: azithromycin[4A+,11A-,12A+]	1000mg[4A+,11A-,12A+] then 500mg OD[4A+,11A-,12A+]		Stat[4A+,11A-,12A+] 2 days[4A+,11A-,12A+] (total 3 days)	

Summary of antimicrobial prescribing guidance – managing common infections

Local Adaptation for Gloucestershire Aug 2019 vs 1
https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/antimicrobial-prescribing-guidelines

- For all PHE guidance, follow PHE's principles of treatment.
- See BNF for appropriate use and dosing in specific populations, for example, hepatic impairment, renal impairment, pregnancy and breastfeeding.

Key: Click to access doses for children   Click to access NICE's printable visual summary

Infection	Key points	Medicine	Doses		Length	Visual summary
			Adult	Child		
Genital tract infections						
Epididymitis Public Health England Last updated: Nov 2017	Usually due to Gram-negative enteric bacteria in men over 35 years with low risk of STI.[1A+,2D] If under 35 years or STI risk, refer to GUM.[1A+,2D]	Doxycycline[1A+,2D] **OR**	100mg BD[1A+,2D]	-	10 to 14 days[1A+,2D]	*Not available. Access supporting evidence and rationales on the PHE website*
		ofloxacin[1A+,2D] **OR**	200mg BD[1A+,2D]		14 days[1A+,2D]	
		ciprofloxacin[1A+,2D]	500mg BD[1A+,2D,3A+]		10 days[1A+,2D,3A+]	
Vaginal candidiasis Public Health England Last updated: Oct 2018	All topical and oral azoles give over 80% cure.[1A+,2A+] **Pregnant**: avoid oral azoles, the 7 day courses are more effective than shorter ones.[1A+,3D,4A+] **Recurrent (>4 episodes per year):**[1A+] 150mg oral fluconazole every 72 hours for 3 doses induction,[1A+] followed by 1 dose once a week for 6 months maintenance.[1A+]	Clotrimazole[1A+,5D] **OR**	500mg pessary[1A+]	-	Stat[1A+]	*Not available. Access supporting evidence and rationales on the PHE website*
		fenticonazole[1A+] **OR**	600mg pessary[1A+]		Stat[1A+]	
		clotrimazole[1A+] **OR**	100mg pessary[1A+]		6 nights[1A+]	
		oral fluconazole[1A+,3D]	150mg[1A+,3D]		Stat[1A+]	
		If recurrent: fluconazole (induction/maintenance)[1A+]	150mg every 72 hours **THEN** 150mg once a week[1A+,3D]	-	3 doses 6 months[1A+]	
Bacterial vaginosis Public Health England Last updated: Nov 2017	Oral metronidazole is as effective as topical treatment,[1A+] and is cheaper.[2D] 7 days results in fewer relapses than 2g stat at 4 weeks.[1A+,2D] **Pregnant/breastfeeding**: avoid 2g dose.[3A+,4D] Treating partners does not reduce relapse.[5A+]	Oral metronidazole[1A+,3A+] **OR**	400mg BD[1A+,3A+] **OR** 2000mg[1A+,2D]	-	7 days[1A+] **OR** Stat[2D]	*Not available. Access supporting evidence and rationales on the PHE website*
		metronidazole 0.75% vaginal gel[1A+,2D,3A+] **OR**	5g applicator at night[1A+,2D,3A+]		5 nights[1A+,2D,3A+]	
		clindamycin 2% cream[1A+,2D]	5g applicator at night[1A+,2D]		7 nights[1A+,2D,3A+]	

Summary of antimicrobial prescribing guidance – managing common infections

Local Adaptation for Gloucestershire Aug 2019 vs 1
https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/antimicrobial-prescribing-guidelines

- For all PHE guidance, follow PHE's principles of treatment.
- See BNF for appropriate use and dosing in specific populations, for example, hepatic impairment, renal impairment, pregnancy and breastfeeding.

Key: Click to access doses for children Click to access NICE's printable visual summary

Infection	Key points	Medicine	Doses		Length	Visual summary
			Adult	Child		
▼ Genital tract infections						
Genital herpes Public Health England Last updated: Nov 2017	**Advise**: saline bathing,[1A+] analgesia,[1A+] or topical lidocaine for pain,[1A+] and discuss transmission.[1A+] **First episode**: treat within 5 days if new lesions or systemic symptoms,[1A+,2D] and refer to GUM.[2D] **Recurrent**: self-care if mild,[2D] or immediate short course antiviral treatment,[1A+,2D] or suppressive therapy if more than 6 episodes per year.[1A+,2D]	Oral aciclovir[1A+,2D,3A+,4A+] **OR**	400mg TDS[1A+,3A+] 800mg TDS (if recurrent)[1A+]	-	5 days[1A+] 2 days[1A+]	*Not available. Access supporting evidence and rationales on the PHE website*
		valaciclovir[1A+,3A+,4A+] **OR**	500mg BD[1A+] 250mg TD[1A+]		5 days[1A+] 5 days[1A+]	
		famciclovir[1A+,4A+]	1000mg BD (if recurrent)[1A+]		1 day[1A+]	
Gonorrhoea Public Health England Last updated: Feb 2019	Antibiotic resistance is now very high.[1D,2D] Use IM ceftriaxone if susceptibility not known prior to treatment[2D]. Use Ciprofloxacin **only** If susceptibility is known prior to treatment and the isolate is sensitive to ciprofloxacin at all sites of infection[1D,2D] Refer to GUM.[3B-] Test of cure is essential.[2D]	Ceftriaxone[2D] **OR**	1000mg IM[2D]	-	Stat[2D]	*Not available. Access supporting evidence and rationales on the PHE website*
		ciprofloxacin[2D] (only if known to be sensitive)	500mg[2D]		Stat[2D]	
Trichomoniasis Public Health England Last updated: Nov 2017	Oral treatment needed as extravaginal infection common.[1D] Treat partners,[1D] and refer to GUM for other STIs.[1D] **Pregnant/breastfeeding**: avoid 2g single dose metronidazole;[2A+,3D] clotrimazole for symptom relief (not cure) if metronidazole declined.[2A+,4A-,5D]	Metronidazole[1A+,2A+,3D,6A+]	400mg BD[1A+,6A+] 2g (more adverse effects)[6A+]	-	5–7 day[1A+] Stat[1A+,6A+]	*Not available. Access supporting evidence and rationales on the PHE website*
		Pregnancy to treat symptoms: clotrimazole[2A+,4A-,5D]	100mg pessary at night[5D]		6 nights[5D]	

Summary of antimicrobial prescribing guidance – managing common infections

- For all PHE guidance, follow PHE's principles of treatment.
- See BNF for appropriate use and dosing in specific populations, for example, hepatic impairment, renal impairment, pregnancy and breastfeeding.

Key: Click to access doses for children   Click to access NICE's printable visual summary

Local Adaptation for Gloucestershire Aug 2019 vs 1
https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/antimicrobial-prescribing-guidelines

Infection	Key points	Medicine	Doses		Length	Visual summary
			Adult	Child		
▼ Genital tract infections						
Pelvic inflammatory disease Public Health England Last updated: Feb 2019	**Refer** women and sexual contacts to GUM.[1A+] **Raised CRP** supports diagnosis, absent pus cells in HVS smear good negative predictive value.[1A+] **Exclude**: ectopic pregnancy, appendicitis, endometriosis, UTI, irritable bowel, complicated ovarian cyst, functional pain. Moxifloxacin has greater activity against likely pathogens, but always test for gonorrhoea, chlamydia, and *M. genitalium*[1A+]. *If M. genitalium* tests positive use moxifloxacin.[1A+]	**First line therapy**: Ceftriaxone[1A+,3C,4C] **PLUS**	1000mg IM[1A+,3C]	-	Stat[1A+,3C]	*Not available. Access supporting evidence and rationales on the PHE website*
		metronidazole[1A+,5A+] **PLUS**	400mg BD[1A+]		14 days[1A+]	
		doxycycline[1A+,5A+]	100mg BD[1A+]		14 days[1A+]	
		Second line therapy: metronidazole[1A+,5A+] **PLUS**	400mg BD[1A+]		14 days[1A+]	
		ofloxacin[1A+,2A-,5A+] **OR**	400mg BD[1A+,2A-]		14 days[1A+]	
		moxifloxacin alone[1A+] **(**first line for *M. genitalium associated PID***)**	400mg OD[1A+]		14 days[1A+]	