Contents

WAAW 2025

What's new for 2025 Globally:

World Health Organization's (WHO's) theme for the World AMR Awareness Week (WAAW) 2025 is **"Act Now: Protect Our Present, Secure Our Future"** '. This theme underscores the urgent need for bold, coordinated, cross-sectoral action to address AMR, a growing global threat that is already affecting our health, food systems, environment and economies.

The slogan of WAAW remains 'Antimicrobials: Handle with Care'. WAAW campaign materials produced by WHO are available from their campaign website. Launched in May 2024, the World Health Organization's AMR is invisible, I am not campaign puts advocates front and centre to share their stories, raise awareness and urge action to address AMR.

In the UK, the daily themes have been updated for 2025:

Day 1 – 'Prevention' theme (including infection prevention and control measures and vaccination).

Day 2 – 'Antimicrobials in clinical practice' theme

Day 3 – 'Optimising diagnostics' theme

Day 4 – 'Tackling health inequalities' theme

Day 5 – 'One Health and research' theme

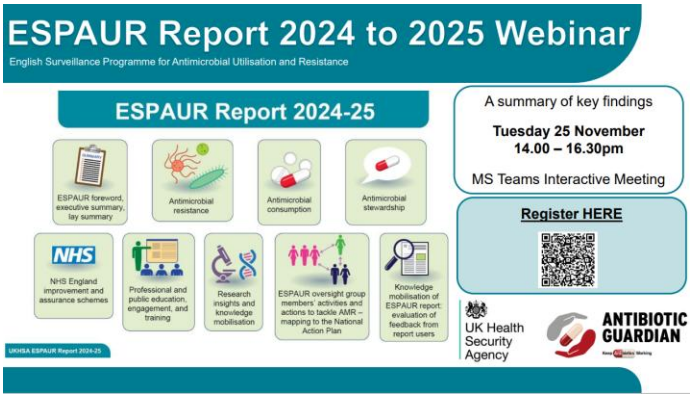
Cross-cutting themes (all days)

Children and young people

Sustainability

Research

Each theme is linked to at least one outcome in the 2024-29 National Action Plan (NAP) for AMR. **The annual UKHSA WAAW/EAAD/AG Resource toolkit for healthcare professionals is available to download here.** This provides a variety of resources useful for WAAW and for AMR/AMS activities throughout the year, including Andi-Biotic resources.



NHS England have also produced resources available on FutureNHS/AMR [World Antimicrobial Resistance Awareness Week - Antimicrobial Resistance Programme - Futures].
There are also a series of webinars: **To register for any of these webinars, go to NHS Events**

We're calling on your support to help amplify the message around AMR and make it everyone's business. Here's how you can get involved:

1. **Spread the word:** Help us promote the resources above, especially the webinar series and campaign toolkit.

2. **Share on social media:** Use your platforms to highlight key messages and join the national conversation about AMR.

3. **Add a visual reminder:** Add an image or banner to your email signature and encourage your colleagues to do the same. It's a simple but powerful way to keep AMR front of mind. There are many to choose from (example below):

4. **Highlight the need for AMR/AMS staff in the NHS** via the call out for evidence for the 10 year workforce plan: 10 Year Workforce Plan - call for evidence document - GOV.UK

How to respond

Please respond using the online survey.

Do not provide personal data when responding to free-text survey questions. Any personal data included will be removed prior to analysis of these responses and will therefore not be considered in future modelling or policies for the 10 Year Workforce Plan.

The call for evidence is open for 6 weeks and will close at 11:59pm on 7 November 2025. If you respond after this date, your response will not be considered.

WAAW East of England:

The interactive AMS Escape Room

Introducing a fast-paced, case-based learning game designed to test your knowledge and skills in antimicrobial stewardship.

Why take part?
Antimicrobial resistance (AMR) is one of the greatest global health challenges of our time. Drug-resistant infections are rising, yet awareness and action remain limited. Clinicians play a critical role in reducing AMR by applying best prescribing and infection control practices every day.

What you'll gain:

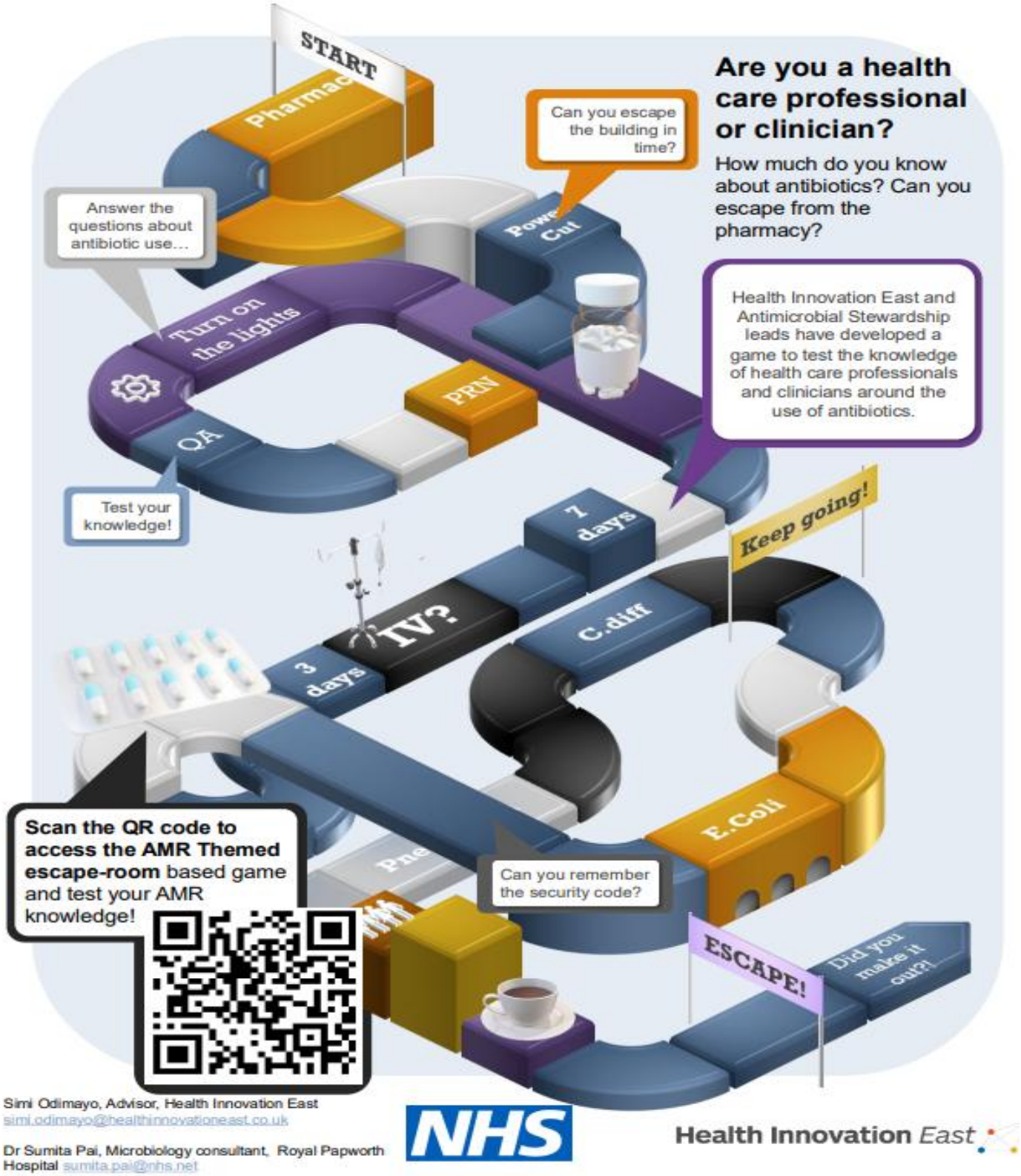
- Increased awareness of AMR and its impact
- Practical knowledge of AMS best practice
- Confidence in applying AMS principles in real clinical scenarios

How it works:

- Five case-based scenarios with interactive questions
- Takes around **15 minutes** to complete
- Immediate feedback on your answers at the end
- Anonymous participation — no names or identifiers collected
- Responses will help us evaluate and strengthen future training

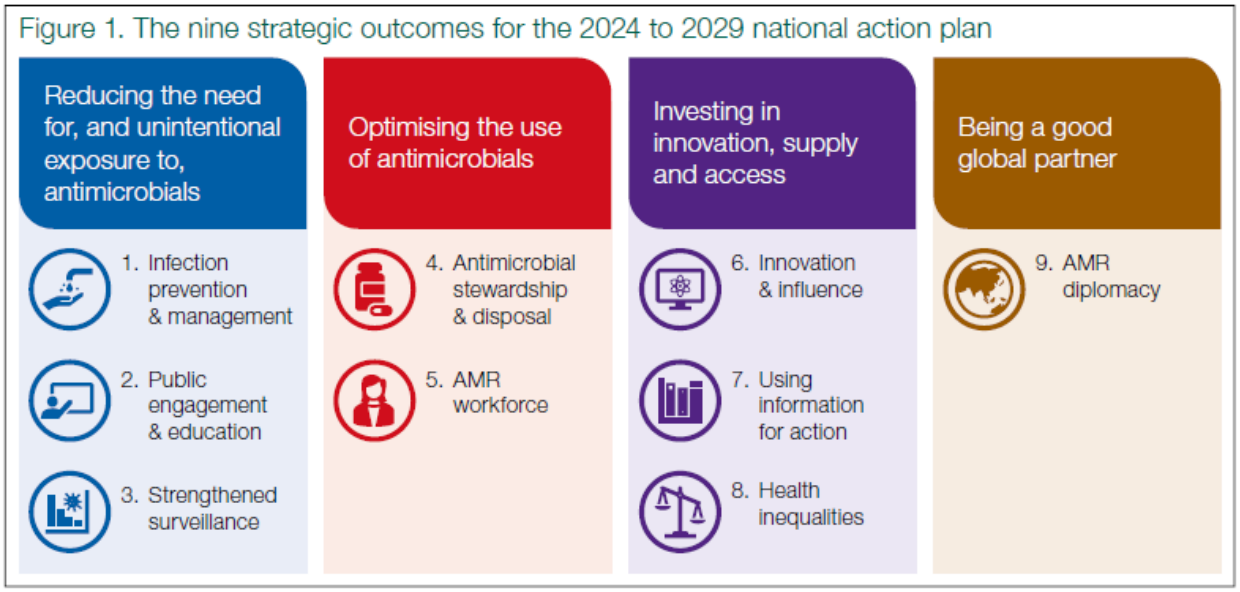
Can you escape in time?
Click the link or QR code to take on the challenge and join the effort to combat AMR.

Please promote the game to all healthcare professionals using the poster below or communications with link or QR code above. You can also push out to your Eolas users via the following functionality: https://support.eolasmedical.com/understanding-news-feed.-eolas-medical-help-center



Specific resources/messages for ICBs: Antimicrobial Stewardship: updated indicators – why and how to achieve them

The second UK national action plan, 'Confronting antimicrobial resistance 2024 to 2029', contains outcomes and commitments that will make progress towards the 20-year vision for antimicrobial resistance to be contained, controlled and mitigated. This national action plan has 9 strategic outcomes organised under 4 themes.



There are 5 human health targets, two directly related to appropriate antibiotic use.

Target 4a: by 2029, we aim to reduce total antibiotic use in human populations by 5% from the 2019 baseline.

Target 4b: by 2029, we aim to achieve 70% of total use of antibiotics from the Access category (new UK category) across the human healthcare system.

The majority of antibiotic prescribing, (70%) ESPAUR report 2023 to 2024 continues to be in general practice. AMR related data for systems can be found here View Antimicrobial Resistance - Model Health System, this includes various metrics including secondary care prescribing metrics, vaccination rates and admission data.

PrescQIPP reports the proportion of antibiotic consumption defined by the World Health Organisation classification for antibiotics – Access, Watch and Reserve (AWaRe) https://www.prescqipp.info/our-resources/webkits/antimicrobial-stewardship/uk-access-watch-and-reserve-classification-for-antibiotic-prescribing-in-primary-care/. – using the classification adapted for the UK (https://www.gov.uk/government/publications/uk-aware-antibiotic-classification/uk-access-watch-reserve-and-other-classification-for-antibiotics-uk-aware-antibiotic-classification).

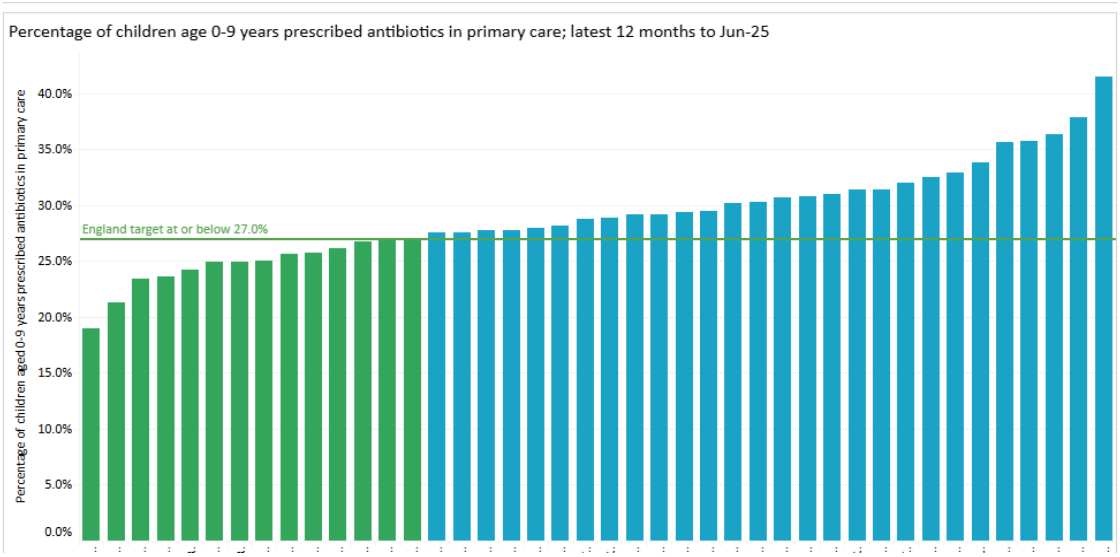
To achieve the national action plan targets and keep antibiotics working for patients, an overall reduction in antibiotic use (measured as DDDs) is needed and a reduction in the use of Watch and Reserve category antibiotics, which will increase the proportion of Access antibiotics without increasing overall prescribing.

Reducing overall antimicrobial prescribing

There are currently two priority areas of focus for antimicrobial stewardship in primary care that will contribute to reducing overall antibiotic exposure:

- NHS Oversight Framework 2025-2026 - Children prescribed antibiotics in primary care. NHS Oversight Framework The burden of prescribing in children is significant and associated with harms. Integrated Care Boards are expected to reduce the proportion of children aged 0-9 years prescribed an antibiotic in primary care to at or below a national baseline of 27% by March 2026. There is significant variation in ICB performance and the East of England is the worst performing region. Data can be viewed on the PrescQIPP children prescribed antibiotics in primary care ICB performance dashboard. Resources to support improvement are available here and information for parents and carers of young children is available here.

  Current ICB variation can be seen in the graph below from PrescQIPP (Oct 25)



  We've developed a World Antimicrobial Awareness Week (WAAW) quiz focused on antibiotic use in children — it's time to test your knowledge of antimicrobial prescribing in paediatrics!

  This is a great learning opportunity for all healthcare professionals involved in the care or treatment of children, helping to highlight the importance of safe and effective antibiotic use.

  Please share the quiz with colleagues who prescribe for or look after children, as well as with community pharmacy teams, using the link below:

  https://forms.office.com/e/gXmhaSWZVP.

  Answers will be available after form has been submitted

  A full list of answers and references is available on the Regional FutureNHS page. AMS Paediatric quiz - Antimicrobial Resistance Programme - Futures

- Optimising antimicrobial duration in primary care - reducing unnecessary duration of antibiotics reduces total antibiotic use (measured as DDDs) and risk of resistance and may provide safer patient care. Metrics have been developed by the NHS England AMR Programme using NICE antimicrobial stewardship guidance content for dose and duration of selected antibiotic formulations, and primary care prescribing performance for optimising duration is reported via the PrescQIPP Antimicrobial stewardship webkit for 6 frequently prescribed antibiotics:
  - amoxicillin 500mg capsules

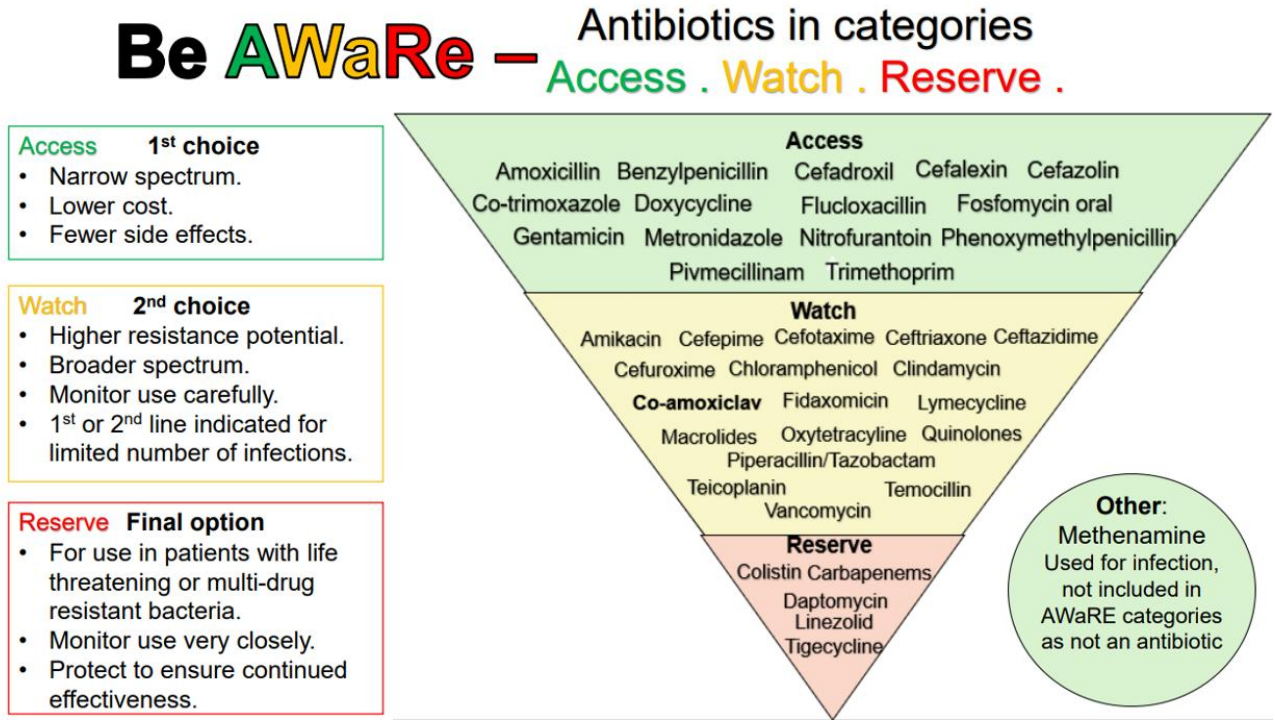
- doxycycline 100mg capsules
- flucloxacillin 500mg capsules
- lymecycline 408mg capsules
- phenoxymethylpenicillin 250mg tablets
- Optimising antimicrobial duration dashboard - Clarithromycin 500mg tablets

The NHS England National medicines optimisation opportunities support delivery of these metrics. Resources supporting improvement are published here.

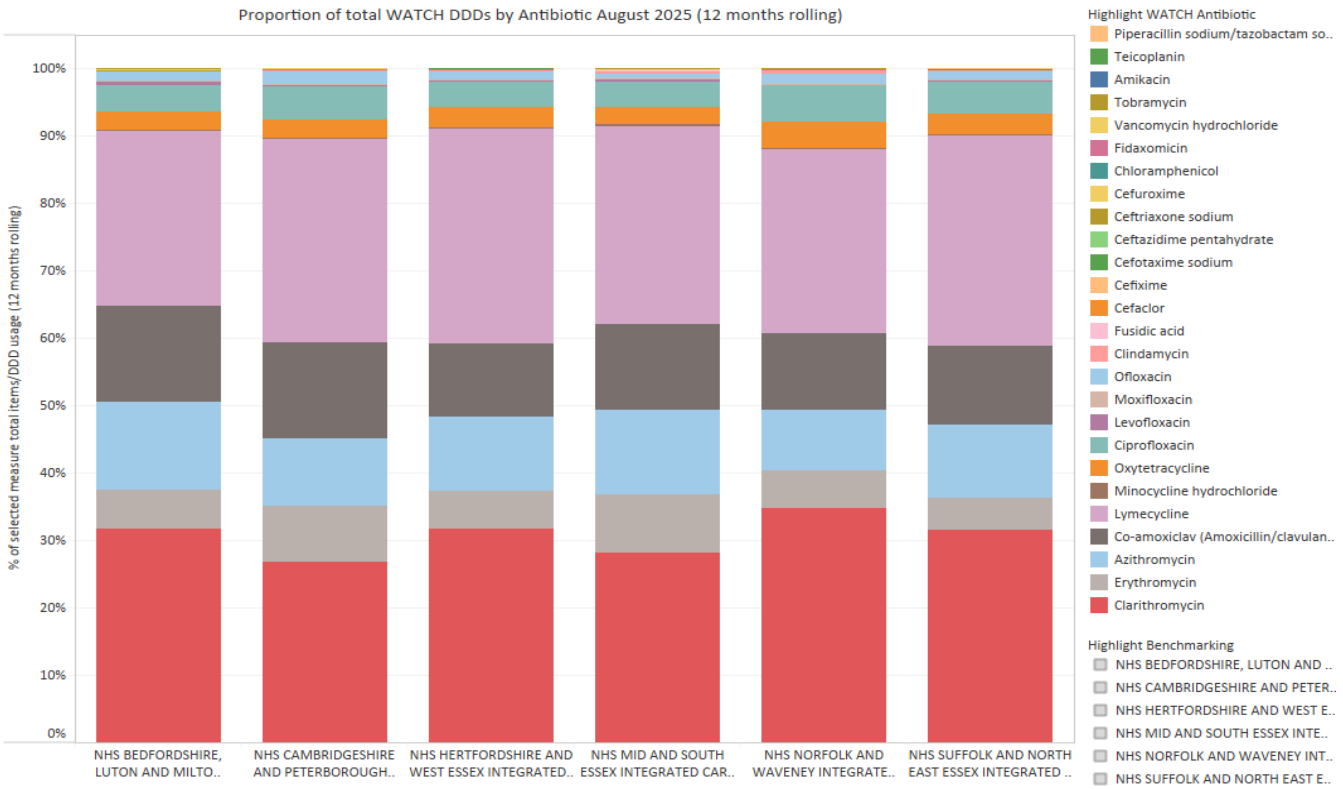
Reducing Watch and reserve category prescribing:

In order to reduce watch and reserve category prescribing, we need to consider what antibiotics are being prescribed and to whom.

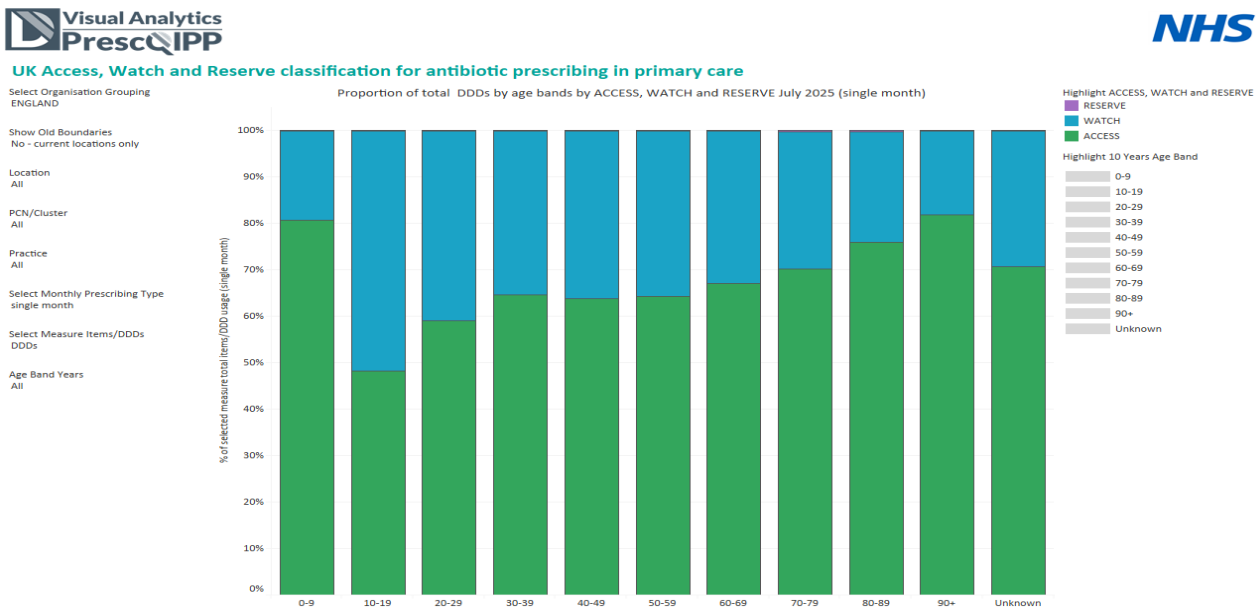
The ESPAUR report (2023-2024) shows that tetracyclines and macrolides are the second and third most commonly prescribed antibiotics in primary care, after penicillins. Although doxycycline is an Access category antibiotic, lymecycline, oxytetracycline and macrolides (e.g. erythromycin, clarithromycin, azithromycin) are not.



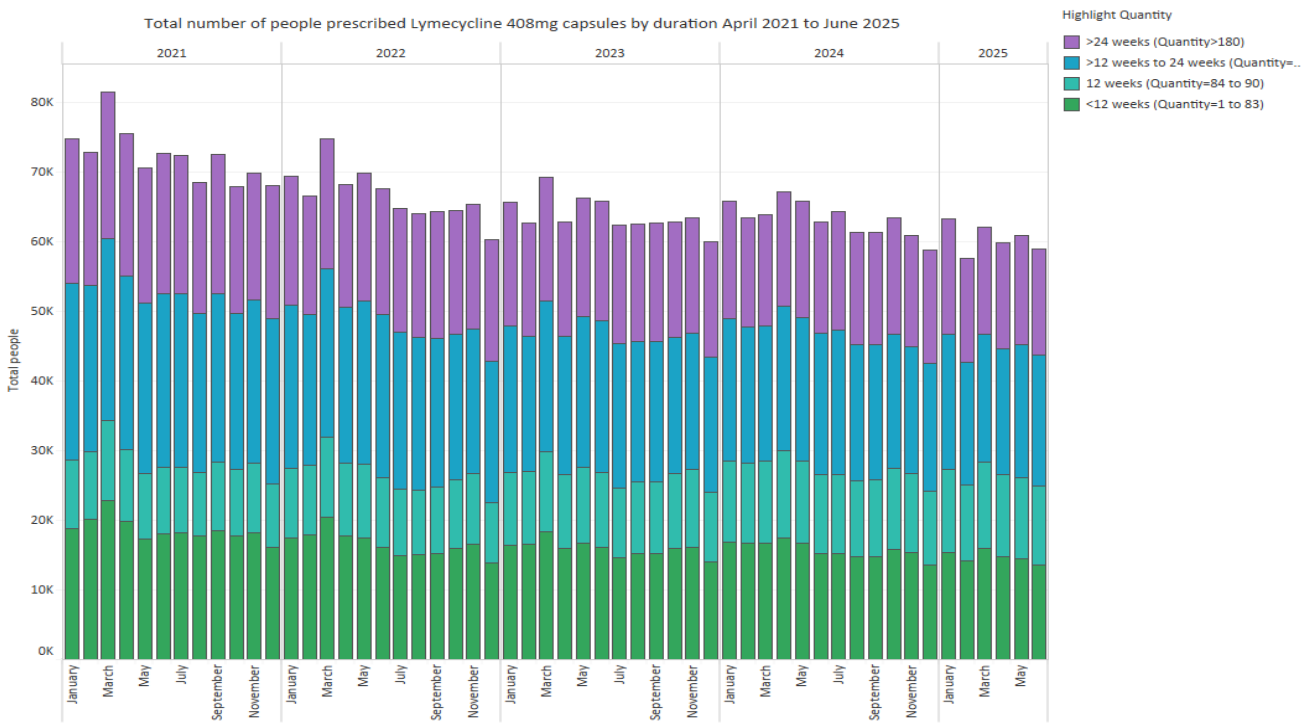
In the East of England, the breakdown of watch category antibiotic prescribing is shown below:



- **Lymecycline use:** Breaking the data down by age-groups , we can see that 10-19 year olds receive a significant proportion of Watch category prescribing due to lymecycline use for acne.



Oral antibiotics for acne should only be used as per NICE guidance. Overview | Acne vulgaris: management | Guidance | NICE. NICE recommend reviewing oral antibiotics at 3 months with a view to stopping and only continuing for 6 months maximum. We can see that lymecycline prescribing overall has fallen, however, the proportion of patients with course lengths longer than 12 weeks has not, suggesting these patients need reviewing. TARGET resources that support the management of acne and how to review treatment including self-care advice are published here.



Resources to reduce watch and reserve antibiotic use in all sectors:

Macrolides are often given to patients that have a reported allergy to penicillin. Penicillin allergy delabelling protocols can be implemented to remove spurious allergies and stop unnecessary macrolide use. A regional protocol for delabelling on history alone for local implementation is here https://future.nhs.uk/A_M_R/view?objectId=61112944. This has the added benefit of improving patient safety as penicillin allergy labels are associated with patient harms (see poster below).

In patients that are truly penicillin allergic, use doxycycline in preference to macrolides for respiratory or skin infections, for 5 days.

- **Azithromycin and clarithromycin** are sometimes given to patients with COPD or bronchiectasis as long-term prophylaxis; however, this should be reviewed on a regular basis and actively managed. NICE recommends reviewing at least every 6 months and to only continue treatment if benefits outweigh the risks including risk of antimicrobial resistance. TARGET resources supporting implementation are published here.
- **Co-amoxiclav** use continues to contribute to watch and reserve category antibiotic use. Co-amoxiclav is useful where broad spectrum cover is needed for Gram- positive, Gram -negative and anaerobic bacteria. This cover is needed for intra-abdominal infections, for animal/human bites or for 'dirty' contaminated wounds. It is not needed for insect bites or clean wounds. Co-amoxiclav only has limited recommendations in NICE guidelines. Products - Antimicrobial stewardship | Topic | NICE . As resistance to co-amoxiclav in *E. coli* is rising, it is **no longer first line for pyelonephritis/upper UTI.**
- **Use first line empirical options, for optimum course lengths to prevent resistance and adverse effects.** (Co-amoxiclav is one of the antibiotics most associated with *C difficile,* which is on the increase across the UK).

  See below **'Let's talk about co-amoxiclav'** document for local adaptation and use **in all settings,** particularly A+E and urgent care.

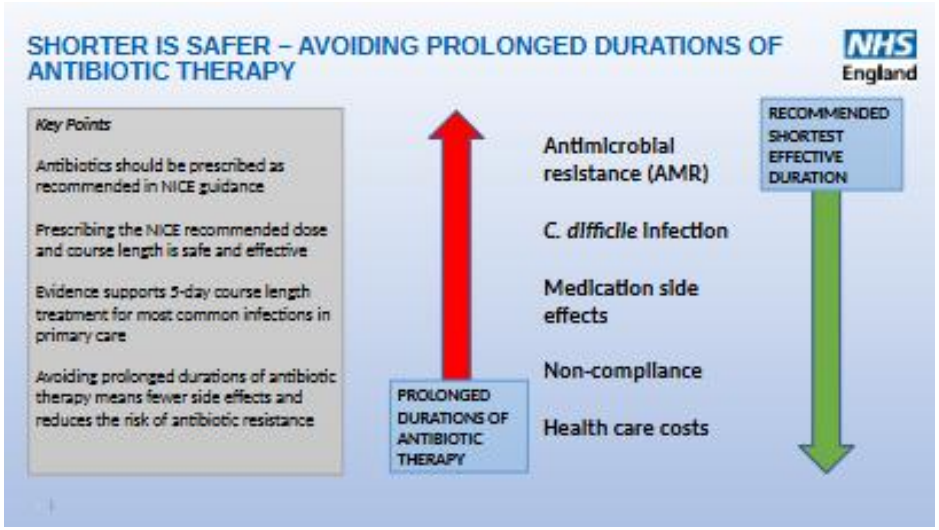
Let's talk about co-amoxiclav: (please adopt/adapt for your setting eg A+E, urgent care, health and justice, CHS, MHS, primary care)

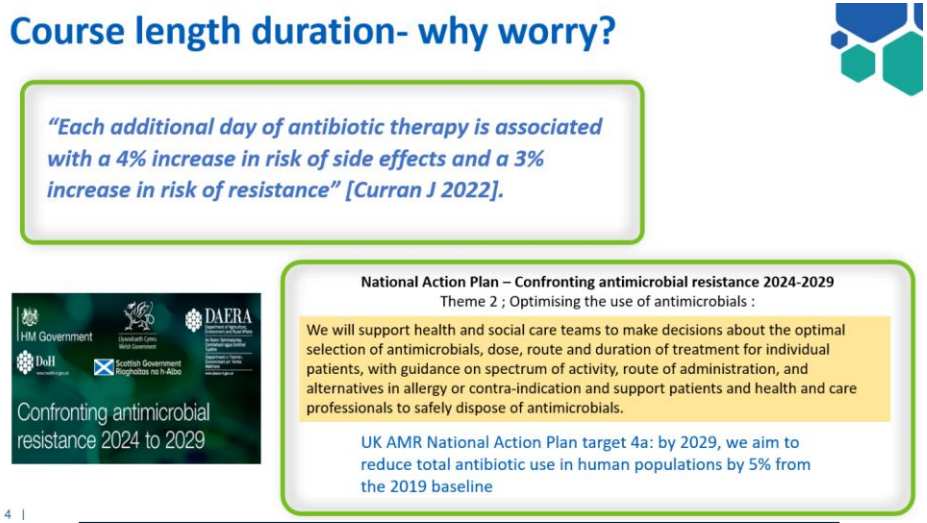
- Co-amoxiclav is useful where broad spectrum cover is needed for Gram- positive, Gram -negative and anaerobic bacteria.
- This cover is needed for intra-abdominal infections, for animal/human bites or for 'dirty' contaminated wounds. It is not needed for insect bites or clean wounds
- Co-amoxiclav only has limited recommendations in NICE guidelines. Products - Antimicrobial stewardship | Topic | NICE
- As resistance to co-amoxiclav in *E. coli* is rising, it is **no longer first line for pyelonephritis/upper UTI**
- Co-amoxiclav is one of the antibiotics most associated with *C difficile,* which is on the increase across the UK.
- **Use first line empirical options, for optimum course lengths to prevent resistance and adverse effects.**

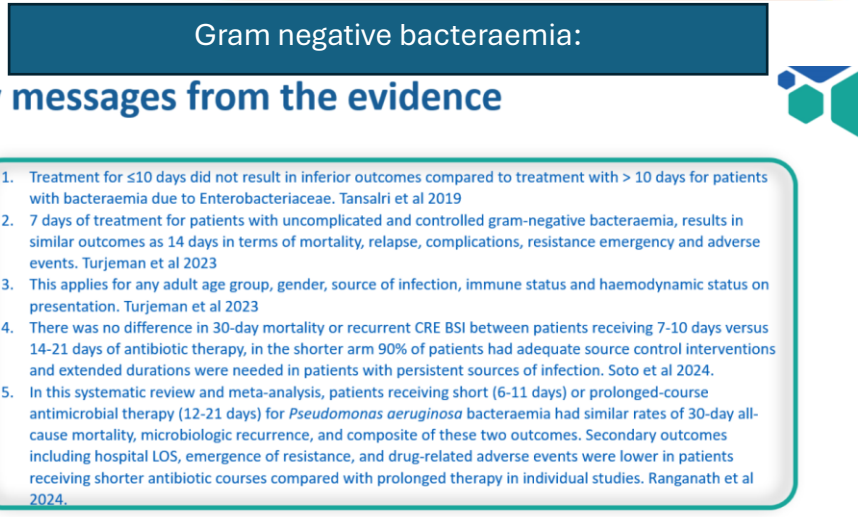
Common infection	Likely bacteria	Empirical Options	Duration	Should I use co-amoxiclav?
Acute otitis media	*Strep. pneumoniae* *Haemophilus influenzae*	Otigo® ear drops **Only if antibiotics needed:** Amoxicillin OR Clarithromycin	5 days	Only in case of treatment failure (no improvement with 2-3 days of first line antibiotics)
Respiratory CAP (CRB-65 0-2)	*Strep. pneumoniae* *Haemophilus influenzae*	Amoxicillin OR Doxycycline OR Co-trimoxazole	5 days adults, 3 days children	No, unless previous resistance to first line antibiotics or CRB-65 3-4
Respiratory (Aspiration)	*Strep. pneumoniae* *Haemophilus influenzae* *E. coli, Enterobacteriaceae* *Bacteroides fragilis*	Amoxicillin +/- metronidazole OR Doxycycline +/-metronidazole OR Co-trimoxazole +/- metronidazole	5 days	No, unless treatment failure
Respiratory (acute exacerbation of COPD)	*Strep pneumoniae* *Haemophilus influenzae* *Moraxella catarrhalis*	Amoxicillin OR Doxycycline OR Co-trimoxazole	5 days	If at risk of treatment failure eg resistance or adverse effects to all first line antibiotics
Sinusitis	*β haemolytic strep. (A,B,C,G)* *Strep. pneumoniae* *Haemophilus influenzae* *Bacteroides fragilis*	High dose nasal steroid **Only if antibiotics needed:** Phenoxymethylpenicillin OR Doxycycline	5 days	If systemically very unwell or high risk of complications
Skin and soft tissue infections, including insect bites and leg ulcers (not diabetic foot, cellulitis with vascular deficiency or burns)	*Staph. aureus* *β haemolytic strep. (A,B,C,G)*	Flucloxacillin OR Doxycycline	5-7 days	No, unless 'dirty' contaminated wound eg faecal matter, soil OR if infection near eyes or nose
Urinary tract infection (lower)	*E. coli* *Enterobacteriaceae*	Nitrofurantoin OR Pivmecillinam	3 days women, 7 days men	No
Upper urinary tract infection (pyelonephritis)	*E. coli* *Enterobacteriaceae*	Cefalexin OR Trimethoprim (only if culture results available and susceptible)	7 days	Only if culture results available and susceptible
Dental infections (As an adjunct to dental treatment **ONLY if evidence of systemic spread or diffuse swelling)**	*Oral strep.* *Oral anaerobes*	Phenoxymethylpenicillin OR Amoxicillin OR Metronidazole	5 days	Only on advice of a microbiologist or infectious disease specialist
Animal/human bite	*Staph. Aureus, β haemolytic strep. (A,B,C,G)* *Haemophilus influenzae* *Bacteroides fragilis, Clostridium perfringens*	Co-amoxiclav OR Doxycycline **plus** metronidazole OR Co-trimoxazole	3 days prophylaxis, 5 days treatment	Yes, one of the first line options
Diverticulitis/ cholangitis/cholecystitis	*Enterococcus faecalis, Enterococcus faecium, E. coli, Enterobacteriaceae, Bacteroides fragilis, Clostridium perfringens*	Co-amoxiclav OR Cefalexin **plus** metronidazole OR Trimethoprim **plus** metronidazole	5 days	Yes, one of the first line options

Resources for shorter course lengths/appropriate durations all settings:

Shortest Effective Course lengths - Antimicrobial Resistance Programme - Futures







IVOS resources:

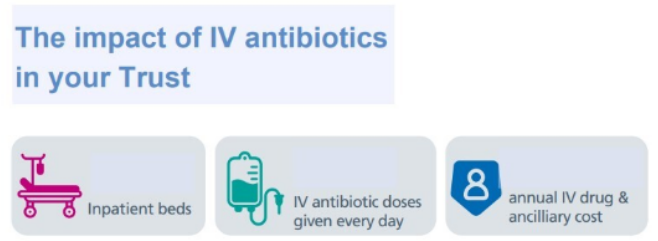
[Resources to support timely appropriate IV to oral switch (IVOS) - Antimicrobial Resistance Programme - Futures]

** NEW ** 'The impact of IV antibiotics in your Trust' Infographic'

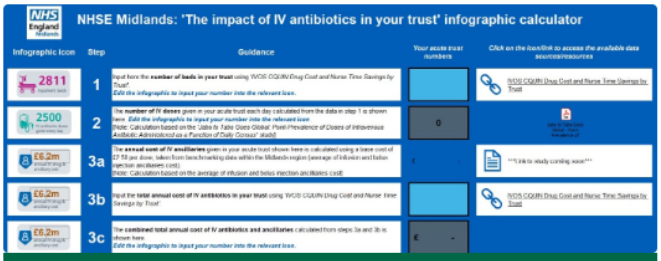
The Midlands IVOS working group have developed an editable infographic that you can use to draw attention to the impact of IV antibiotics in your trust.

The infographic pulls together data on the financial, clinical and workload impact of IV antibiotics, drawing on recent evidence generated in the Midlands on the time taken to prepare IV antibiotics, costs of ancillaries, benchmarking the extent of IV antibiotic use in acute trusts, and financial data from RxInfo developed by the national team.

The infographic is editable, so you can add your local information and trust logo, to make it relevant to your organisation. The calculator tool allows you to generate the numbers to input into the infographic.

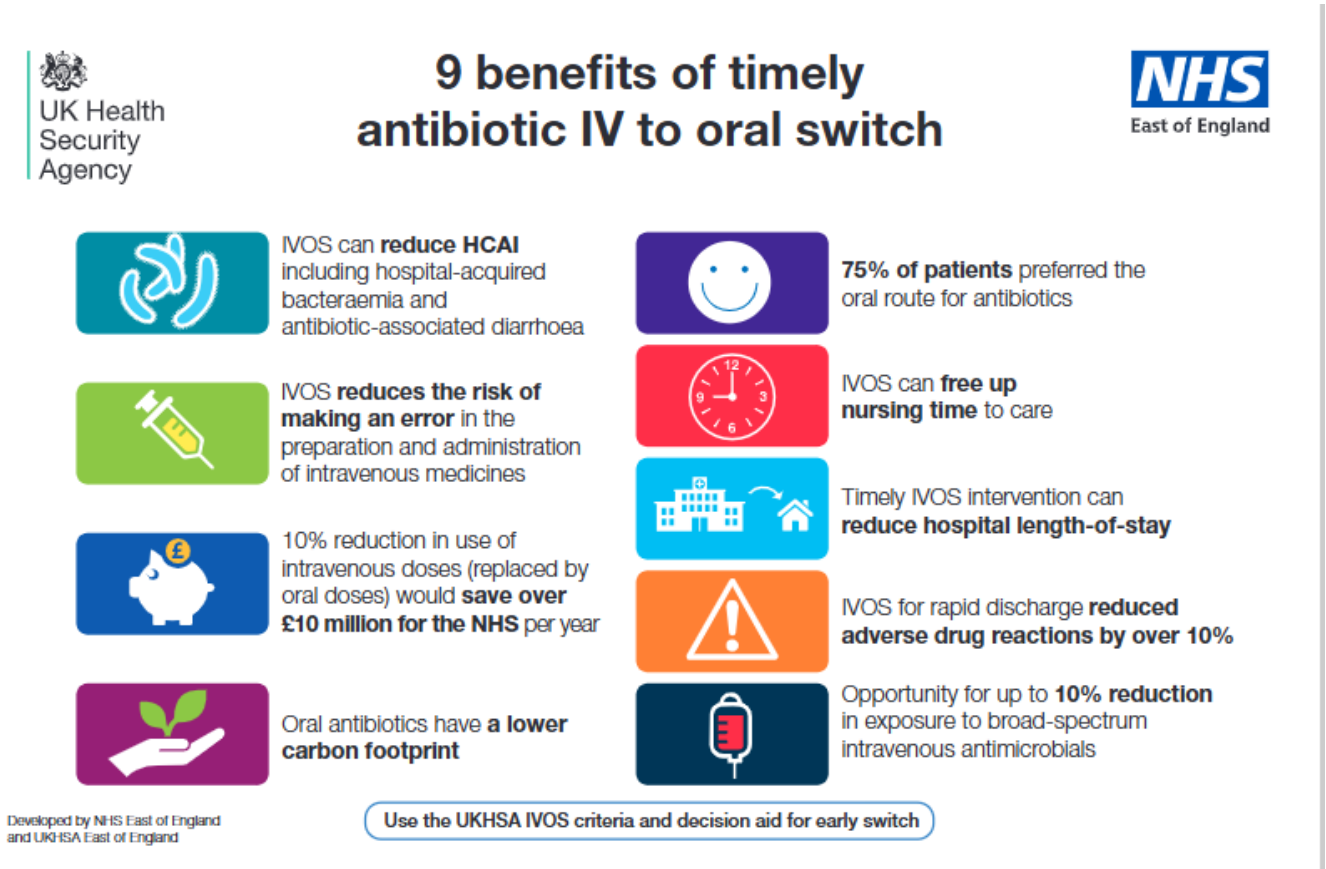


'The impact of IV antibiotics in your trust' infographic



'The impact of IV antibiotics in your trust' infographic calculator

[Evidence bundle IVOS_V6 - Antimicrobial Resistance Programme - Futures]



Good Antimicrobial Stewardship

- ☑ Right Drug
- ☑ Right Dose
- ☑ **Right Route**
- ☑ Right Duration

Review IV antibiotics daily

The benefits of a timely IV to oral switch include:

- **Shorter length of stay**
- **Free up nursing time**
- **Sustainability**
- **Reduced risk of line infections**

Oral bioavaliability of common antibiotics

Excellent Bioavailability >90%	Cefalexin, **Clindamycin, Co-trimoxazole**, *Doxycycline*, **Levofloxacin, Linezolid**, **Metronidazole**, Ofloxacin, *Trimethoprim*
Good Bioavailability 70-90%	Amoxicillin, **Ciprofloxacin**, Co-amoxiclav, Flucloxacillin, *Nitrofurantoin*, **Rifampicin**
Lower Bioavailability <70%	**Azithromycin***, Cefuroxime, Erythromycin, Fosfomycin, **Clarithromycin***, Penicillin V, *Pivmecillinam*
Poor bioavailability use orally for *C. diff* only	Vancomycin, Fidaxomicin

BOLD– Could be prescribed orally from the start of treatment, unless oral route is not tolerated or concerns about absorption.
*high levels achieved in tissues
ITALIC – Oral formulation only, good bioavailability

Organisation - NHS England
Authors - Naomi Fleming, Alishah Lakha, Caroline Hallam, Monsey McLeod, Nicki Lewis, Amanda Ridgway
October 2023, Review October 2025

References: SPC, Martindale the complete drug reference (online), AHFS drug information (online via Medicines Complete)

In other news:

Funding opportunities:

All three proposed ICB clusters have been successful in securing funding for ICB leadership from the AMR program board. Congratulations and we look forward to collaborating with you.

BLMK were successful in their bid for diagnostic funding. Congratulations and we look forward to hearing all about this exciting project.

Research opportunities:

Veronica has received NHS ethics approval for a multifaceted AMS research project titled: Exploring drivers of broad-spectrum antibiotic prescribing in ED and acute medicine across UK hospitals.

The study has 5 strands: short surveys for i) doctors, ii) non-medical prescribers (NMPs), iii) patients waiting in ED/UTC areas, iv) and members of the public, and v) a focus group for doctors.

Hospitals can deliver any/all strands depending on interest and capacity.

If you would to take part please drop Veronica a quick email: veronica.chorro-mari @nhs.net

Please email by the end of November as the first drop-in meeting via teams is 5th December.

Other upcoming events:

TO REGISTER:
https://www.events.england.nhs.uk/events/antimicrobial-stewardship-for-nurses-across-the-continuum-of-care

TO REGISTER:
https://www.events.england.nhs.uk/events/national-infection-and-amr-data-symposium-2025

CPPE News: Inclusive Pharmacy Practice Week 2025: What's on?

Seasonal vaccine update:

- COVID-19 and Flu vaccines continue to be available to those eligible. Flu vaccines are being offered to children aged 2 and 3 in many community pharmacies for the first time this season. There will be a big push for Flu vaccines over the weekend of November 22nd and 23rd please encourage uptake. Free Flu vaccines are also available to most health care workers – do take up the offer not least because you deserve to be protected from Flu at work.
- The year-round RSV vaccine offer continues for those who are around 6 months pregnant, and older adults aged 75-80 years old. A year on from the introduction of this vaccine, the NHS is already seeing evidence of positive impact.

In other vaccine news:

The chicken pox vaccine is coming soon.

[Introduction of a routine varicella (MMRV) vaccination programme - GOV.UK]

This letter and annexe provides information on the introduction of a varicella vaccination into the NHS routine childhood vaccination programme from 1 January 2026 using a combined measles, mumps, rubella and varicella (MMRV) vaccine.

Pharmacy First