

## Contents

WAAW 2025 .....	2
What's new for 2025 Globally: .....	2
WAAW East of England: .....	4
The interactive AMS Escape Room .....	4
Specific resources/messages for ICBs: Antimicrobial Stewardship: updated indicators – why and how to achieve them .....	6
Reducing overall antimicrobial prescribing .....	7
Reducing Watch and reserve category prescribing: .....	8
Resources to reduce watch and reserve antibiotic use in all sectors: .....	10
Resources for shorter course lengths/appropriate durations all settings: .....	13
IVOS resources:.....	14
In other news: .....	16
Funding opportunities: .....	16
Research opportunities: .....	16
Seasonal vaccine update:.....	17
In other vaccine news: .....	17
Pharmacy First .....	17

# 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:

Cross-cutting themes (all days)

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

Children  
and young  
people

Sustainabil  
ity

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.

# ESPAUR Report 2024 to 2025 Webinar

English Surveillance Programme for Antimicrobial Utilisation and Resistance

### ESPAUR Report 2024-25

ESPAUR overview, executive summary, lay summary

Antimicrobial resistance

Antimicrobial consumption

Antimicrobial stewardship

NHS

Professional and public education, engagement, and training

Research insights and knowledge mobilisation

ESPAUR oversight group members' activities and actions to tackle AMR – mapping to the National Action Plan


Knowledge mobilisation of ESPAUR report: evaluation of feedback from report users

A summary of key findings

**Tuesday 25 November**  
14.00 – 16.30pm

MS Teams Interactive Meeting

**Register HERE**



UK Health Security Agency

**ANTIBIOTIC GUARDIAN**

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](#)**

<p><b>Monday 17th November 2025</b> (12:30 - 13:30)</p>  <p><b>AMR in Focus: Empowering Health Professionals in the Fight Against AMR</b></p>	<p><b>Weds 19th November 2025</b> (15:00 - 16:00)</p>  <p><b>"Seen and not heard – a gut feeling that antibiotic use and antimicrobial resistance in children is a secondary consideration"</b></p>	<p><b>Monday 24th November 2025</b> (12:30 - 13:30)</p>  <p><b>Blood Culture Pathway</b> Optimising Blood Culture Pathway: Audit Insights and Regional Success Stories</p>
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**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:**

- Spread the word:** Help us promote the resources above, especially the webinar series and campaign toolkit.
- Share on social media:** Use your platforms to highlight key messages and join the national conversation about AMR.
- 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):

**World AMR Awareness Week 18 - 24 November**

**Avoid exposing your patients to antibiotics for longer than necessary**

Prescribe the shortest effective course





**Keep Antibiotics Working**

- 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

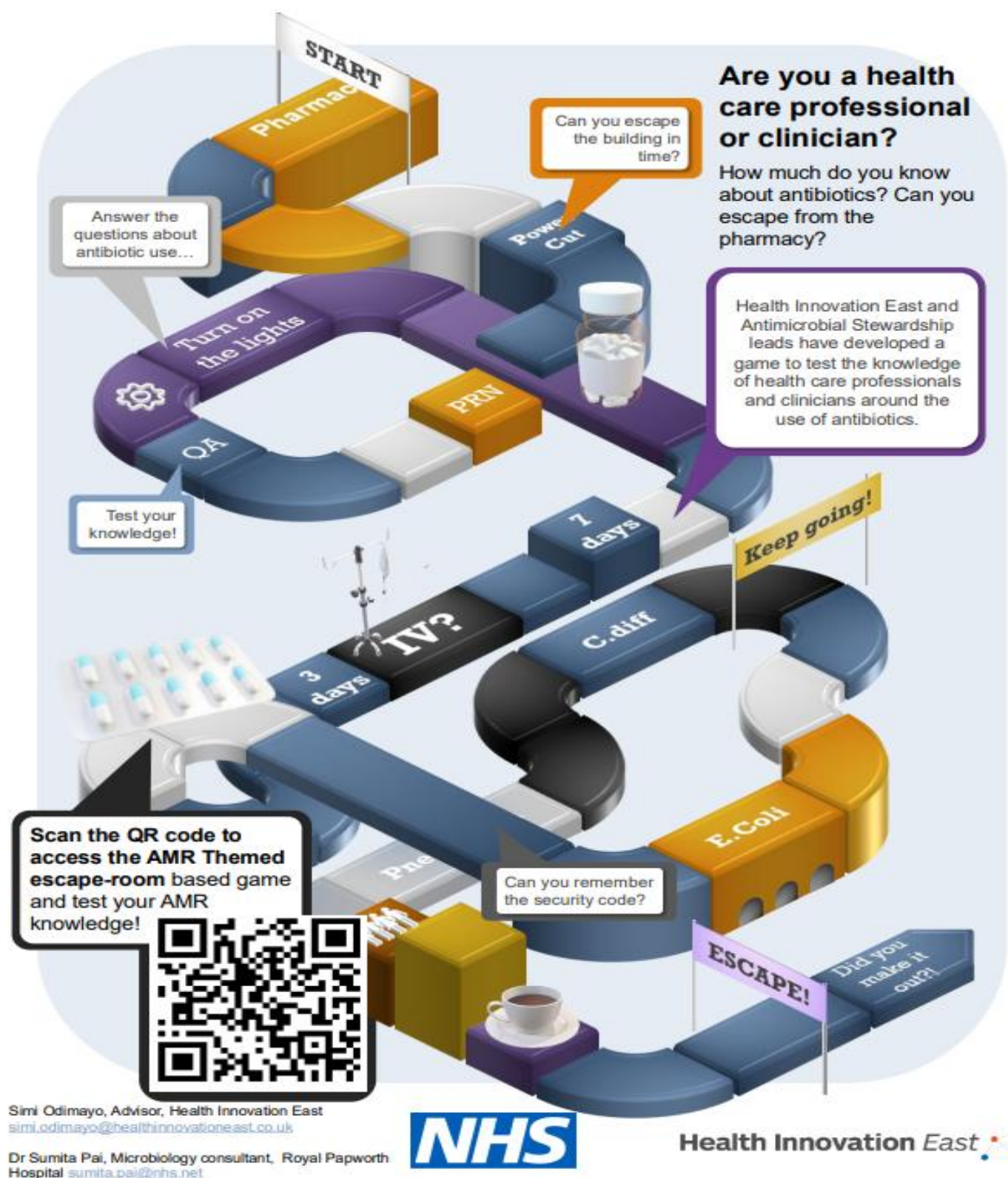
#### Can you escape in time?

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>

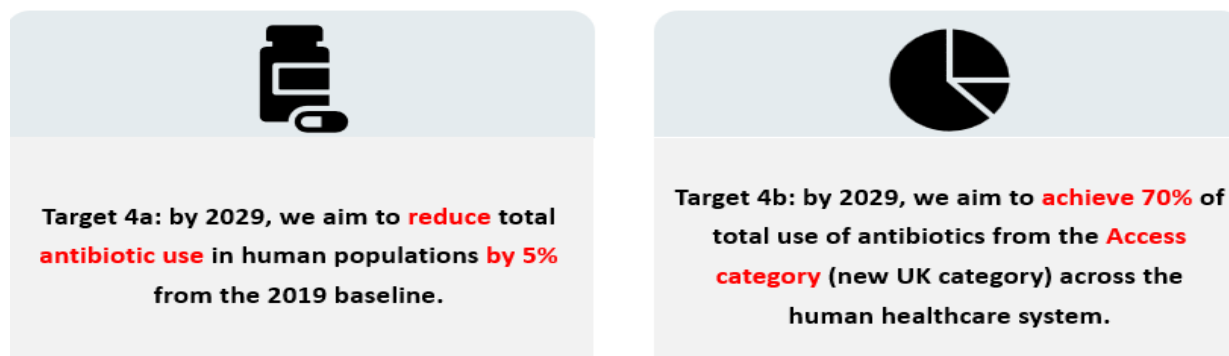


## Specific resources/messages for ICBs: Antimicrobial Stewardship: updated indicators – why and how to achieve them

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.



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>).

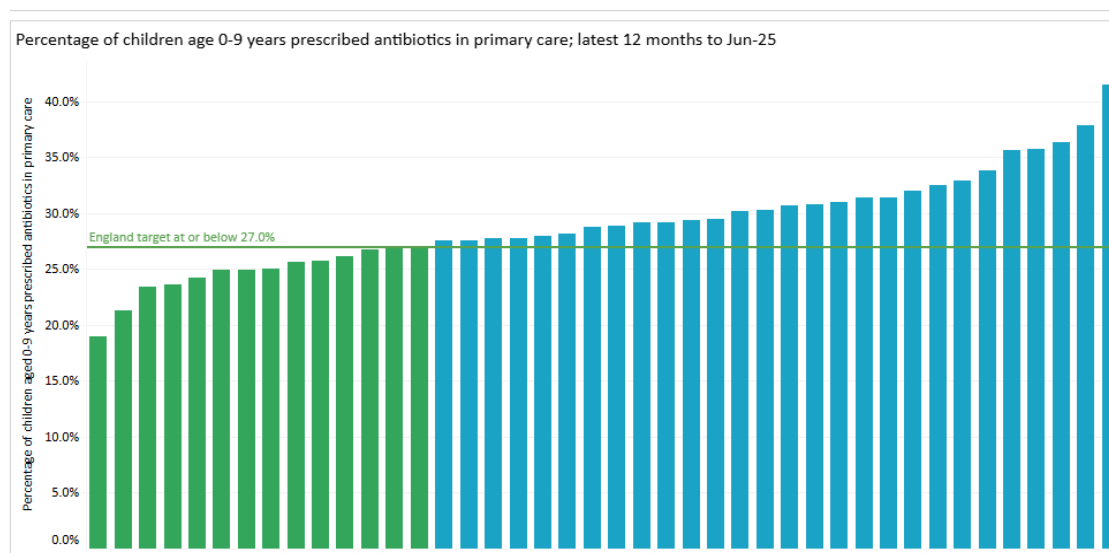
**To achieve the national action plan targets and keep antibiotics working for patients, an overall reduction in antibiotic use (measured as DDDs) is needed and a reduction in the use of Watch and Reserve category antibiotics, which will increase the proportion of Access antibiotics without increasing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

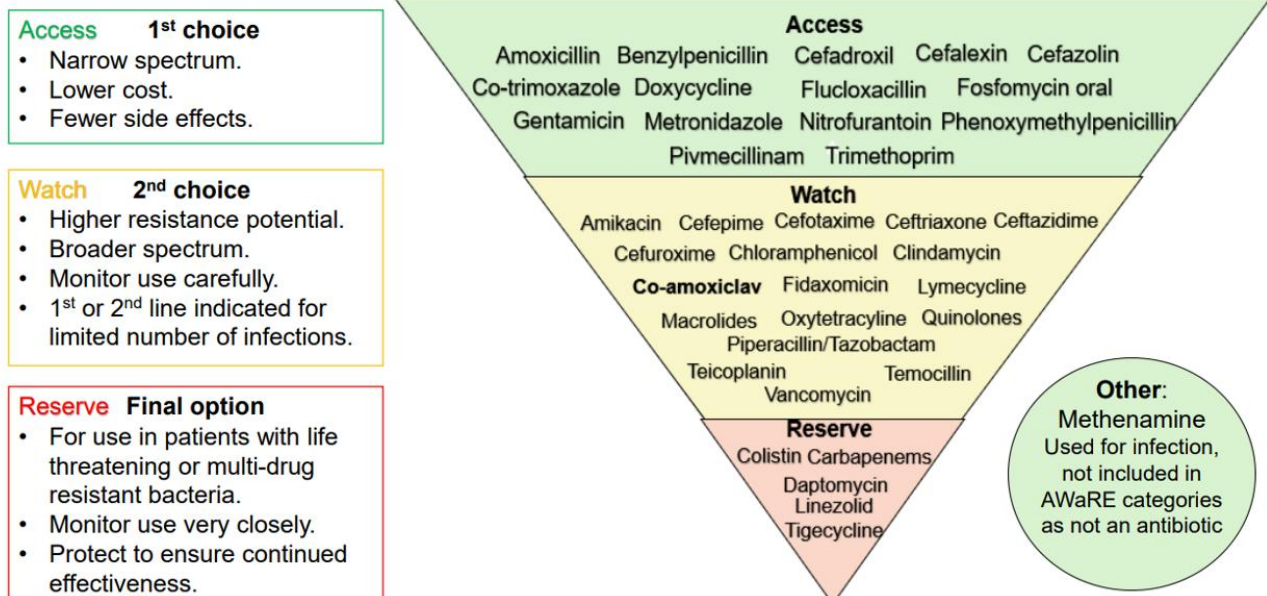
The NHS England National [medicines](#) optimisation opportunities support delivery of these metrics. Resources supporting improvement are published [here](#).

## 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.

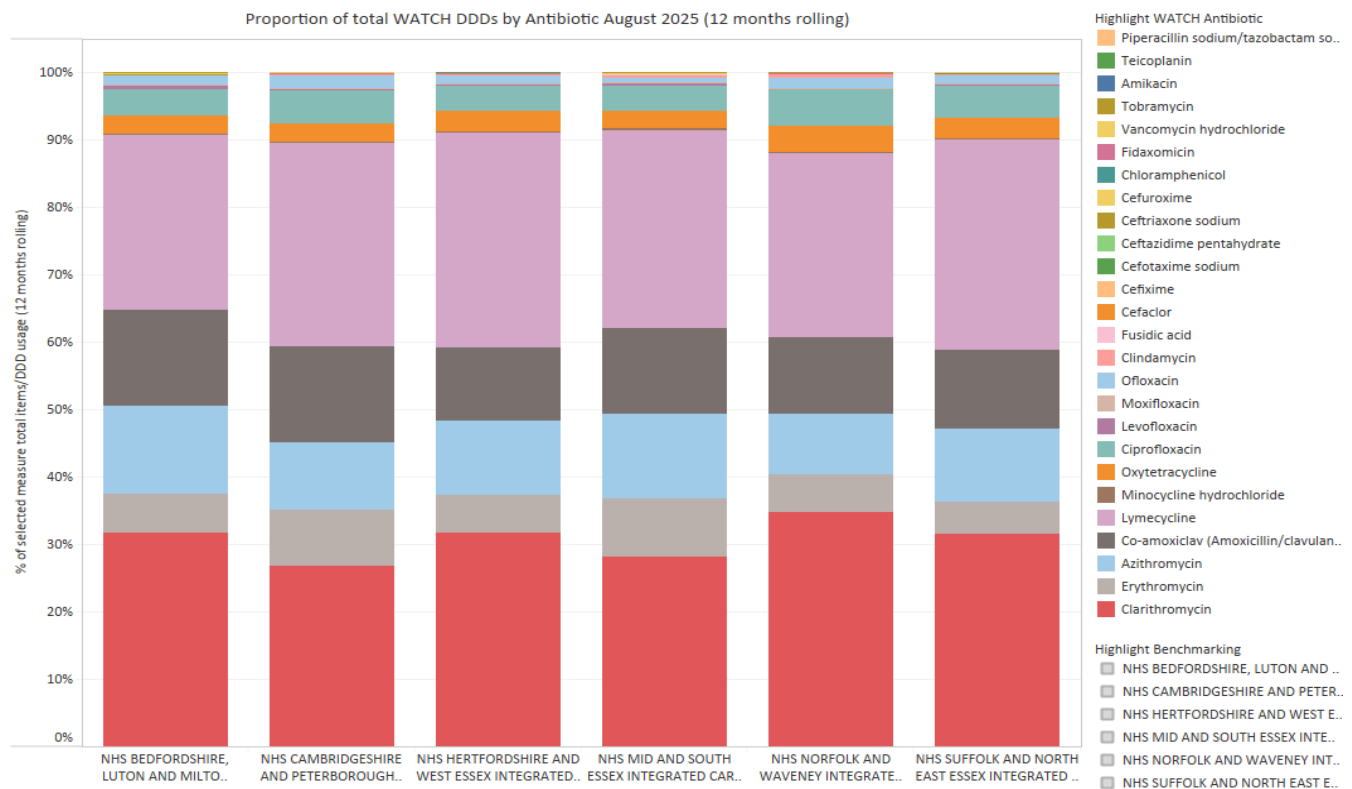
The ESPAUR report (2023-2024) shows that tetracyclines and macrolides are the second and third most commonly prescribed antibiotics in primary care, after penicillins. Although doxycycline is an Access category antibiotic, lymecycline, oxytetracycline and macrolides (e.g. erythromycin, clarithromycin,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

## Be AWARe – Antibiotics in categories Access . Watch . Reserve .





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.



#### UK Access, Watch and Reserve classification for antibiotic prescribing in primary care

Select Organisation Grouping

ENGLAND

Show Old Boundaries

No - current locations only

Location

All

PCN/Cluster

All

Practice

All

Select Monthly Prescribing Type

single month

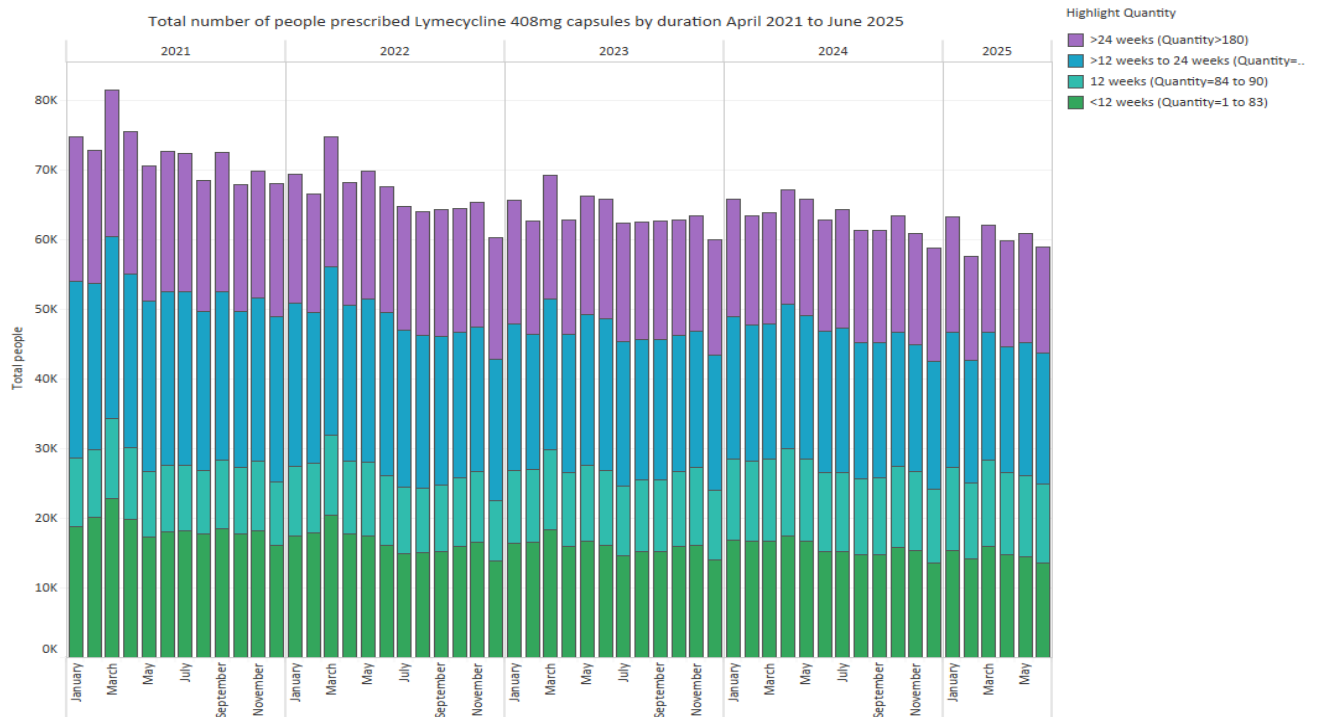
Select Measure Items/DDDs

DDDs

Age Band Years

All

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](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).

**NHS**

### Penicillin allergy facts

1 in 10 people say they are allergic to penicillin.

In fact only 1 in 100 people have a true penicillin allergy.

Obtain and document a detailed allergy history

- Drug name
- Date of reaction
- Symptoms
- Severity

Penicillin allergy labels leads to..

6 extra deaths per 1000 adult patients in the year after receiving an antibiotic.

For patients with pneumonia and a penicillin allergy label, outcomes are worse. They are more likely to:

- be hospitalised
- require critical care
- die from pneumonia within 30 days

Alternatives to penicillins are often more harmful or less effective.

Is this allergy band correct? Check!

Impact of penicillin allergy labelling

- 5% Increased length of stay
- 70% More MRSA colonisation/infections
- 26% More C.difficile infections
- 28% Increase in antibiotic cost

Penicillin allergy labelled patients often get more broad-spectrum antibiotics.

Please follow your local organisations guideline for penicillin allergy de-labelling. National guidance can be found on the QR code below.

Share the facts with patients and colleagues

Penicillin Allergy

© Produced in-house by the Department of Clinical Photography & Illustration 2021 (NC21\_0673)

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)

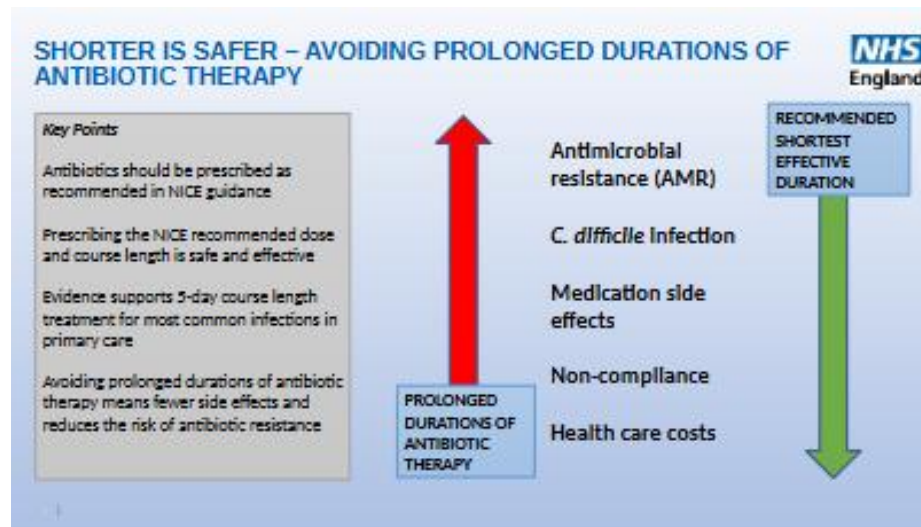
- Co-amoxiclav is useful where broad spectrum cover is needed for [Gram- positive](#), [Gram -negative](#) and [anaerobic bacteria](#).
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- As resistance to co-amoxiclav in *E. coli* is rising, it is **no longer first line for pyelonephritis/upper UTI**
- 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	<a href="#">Strep. pneumoniae</a> <a href="#">Haemophilus influenzae</a>	Otigo® ear drops <b>Only if antibiotics needed:</b> 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)	<a href="#">Strep. pneumoniae</a> <a href="#">Haemophilus influenzae</a>	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)	<a href="#">Strep. pneumoniae</a> <a href="#">Haemophilus influenzae</a> <a href="#">E. coli</a> , <a href="#">Enterobacteriaceae</a> <a href="#">Bacteroides fragilis</a>	Amoxicillin +/- metronidazole OR Doxycycline +/-metronidazole OR Co-trimoxazole +/- metronidazole	5 days	No, unless treatment failure
Respiratory (acute exacerbation of COPD)	<a href="#">Strep pneumoniae</a> <a href="#">Haemophilus influenzae</a> <a href="#">Moraxella catarrhalis</a>	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	<a href="#">β haemolytic strep. (A,B,C,G)</a> <a href="#">Strep. pneumoniae</a> <a href="#">Haemophilus influenzae</a> <a href="#">Bacteroides fragilis</a>	High dose nasal steroid <b>Only if antibiotics needed:</b> 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)	<a href="#">Staph. aureus</a> <a href="#">β haemolytic strep. (A,B,C,G)</a>	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)	<a href="#">E. coli</a> <a href="#">Enterobacteriaceae</a>	Nitrofurantoin OR Pivmecillinam	3 days women, 7 days men	No
Upper urinary tract infection (pyelonephritis)	<a href="#">E. coli</a> <a href="#">Enterobacteriaceae</a>	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 <b>ONLY if evidence of systemic spread or diffuse swelling</b> )	<a href="#">Oral strep.</a> <a href="#">Oral anaerobes</a>	Phenoxymethylpenicillin OR Amoxicillin OR Metronidazole	5 days	Only on advice of a microbiologist or infectious disease specialist
Animal/human bite	<a href="#">Staph. Aureus</a> , <a href="#">β haemolytic strep. (A,B,C,G)</a> <a href="#">Haemophilus influenzae</a> <a href="#">Bacteroides fragilis</a> , <a href="#">Clostridium perfringens</a>	Co-amoxiclav OR Doxycycline <b>plus</b> metronidazole OR Co-trimoxazole	3 days prophylaxis, 5 days treatment	Yes, one of the first line options
Diverticulitis/ cholangitis/cholecystitis	<a href="#">Enterococcus faecalis</a> , <a href="#">Enterococcus faecium</a> , <a href="#">E. coli</a> , <a href="#">Enterobacteriaceae</a> , <a href="#">Bacteroides fragilis</a> , <a href="#">Clostridium perfringens</a>	Co-amoxiclav OR Cefalexin <b>plus</b> metronidazole OR Trimethoprim <b>plus</b> 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



## Course length duration- why worry?

*“Each additional day of antibiotic therapy is associated with a 4% increase in risk of side effects and a 3% increase in risk of resistance” [Curran J 2022].*



### National Action Plan – Confronting antimicrobial resistance 2024-2029 Theme 2 ; Optimising the use of antimicrobials :

We will support health and social care teams to make decisions about the optimal selection of antimicrobials, dose, route and duration of treatment for individual patients, with guidance on spectrum of activity, route of administration, and alternatives in allergy or contra-indication and support patients and health and care professionals to safely dispose of antimicrobials.

UK AMR National Action Plan target 4a: by 2029, we aim to reduce total antibiotic use in human populations by 5% from the 2019 baseline

4 |

## 5 DAYS FOR 5 INFECTIONS (ADULTS)



NICE RECOMMENDED FIRST LINE ANTIBIOTIC TREATMENT (CHECKED APRIL 2023)

## Gram negative bacteraemia:

## Key messages from the evidence



1. Treatment for ≤10 days did not result in inferior outcomes compared to treatment with > 10 days for patients with bacteraemia due to Enterobacteriaceae. Tansalri et al 2019
2. 7 days of treatment for patients with uncomplicated and controlled gram-negative bacteraemia, results in similar outcomes as 14 days in terms of mortality, relapse, complications, resistance emergency and adverse events. Turjeman et al 2023
3. This applies for any adult age group, gender, source of infection, immune status and haemodynamic status on presentation. Turjeman et al 2023
4. There was no difference in 30-day mortality or recurrent CRE BSI between patients receiving 7-10 days versus 14-21 days of antibiotic therapy, in the shorter arm 90% of patients had adequate source control interventions and extended durations were needed in patients with persistent sources of infection. Soto et al 2024.
5. In this systematic review and meta-analysis, patients receiving short (6-11 days) or prolonged-course antimicrobial therapy (12-21 days) for *Pseudomonas aeruginosa* bacteraemia had similar rates of 30-day all-cause mortality, microbiologic recurrence, and composite of these two outcomes. Secondary outcomes including hospital LOS, emergence of resistance, and drug-related adverse events were lower in patients receiving shorter antibiotic courses compared with prolonged therapy in individual studies. Ranganath et al 2024.

## 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

 Inpatient beds
  IV antibiotic doses given every day
  annual IV drug & ancillary cost


'The impact of IV antibiotics in your trust' infographic

### NHSE Midlands: 'The impact of IV antibiotics in your trust' infographic calculator


Infographic icon	Step	Guidance	Your acute trust numbers	Click on the icon to access the available data
	1	Input here the number of beds in your trust using NICE QIGM Drug Cost and Nurse Time Savings by Trust.		 NICE QIGM Drug Cost and Nurse Time Savings by Trust
	2	Input here the number of IV doses given in your acute trust each day calculated from the data in step 1 it shown here. Edit the infographic to input your number into the relevant box.		 NICE QIGM Drug Cost and Nurse Time Savings by Trust
	3a	Input here the annual use of IV antibiotics given in your acute trust shown here is calculated using a base cost of £7.10 per dose, which has been benchmarked data within the Midlands region (average of 14 acute and 14 non-acute hospitals).		 NHS UK to study costing note
	3b	Input here the total annual cost of IV antibiotics in your trust using NICE QIGM Drug Cost and Nurse Time Savings by Trust.		 NICE QIGM Drug Cost and Nurse Time Savings by Trust
	3c	Input here the combined total annual cost of IV antibiotics and ancillaries. Calculations steps 1a and 3b is shown here.		 NICE QIGM Drug Cost and Nurse Time Savings by Trust


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

### Evidence bundle IVOS V6 - Antimicrobial Resistance Programme - Futures




## 9 benefits of timely antibiotic IV to oral switch







IVOS can **reduce HCAI** including hospital-acquired bacteraemia and antibiotic-associated diarrhoea




**75% of patients** preferred the oral route for antibiotics




IVOS **reduces the risk of making an error** in the preparation and administration of intravenous medicines




IVOS can **free up nursing time** to care




10% reduction in use of intravenous doses (replaced by oral doses) would **save over £10 million for the NHS** per year



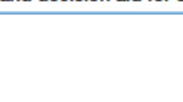
Timely IVOS intervention can **reduce hospital length-of-stay**



Oral antibiotics have a **lower carbon footprint**



IVOS for rapid discharge **reduced adverse drug reactions by over 10%**



Opportunity for up to **10% reduction** in exposure to broad-spectrum intravenous antimicrobials

Developed by NHS East of England and UKHSA East of England

Use the UKHSA IVOS criteria and decision aid for early switch

## 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



**NHS**

### Oral bioavailability 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 - Nadimi 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](mailto: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>

AMS for Nurses Across the Continuum of Care: Weds 05 Nov 2025



Inclusive Pharmacy Practice Week

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**Inclusive Pharmacy Practice Week 2025**

24 - 27 November

Open to all members of the pharmacy team, **Inclusive Pharmacy Practice Week 2025** offers series of FREE online interactive workshops

Click here for further details and to secure your place on the workshop(s) of your choice.

#### TO REGISTER:

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



National Infection & AMR Data Symposium - 11th November, 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 22<sup>nd</sup> and 23<sup>rd</sup> 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

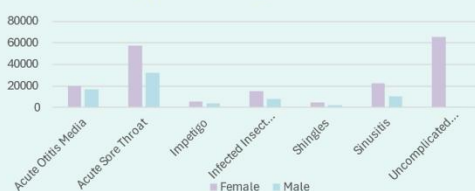
### Pharmacy First East of England Region 12 months April 2024 to March 2025



#### 7 Common Infections Clinical Pathways



Number of Pharmacy First consultations for the population living in the EoE



**264,792**  
Pharmacy First  
consultations  
with  
**258,186**  
people

**97%**  
of all  
consultations  
were face to  
face



Antimicrobials  
were supplied  
for  
**48% - 86%**  
of  
consultations

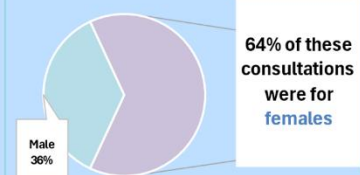


**24%** of all consultations  
were for **children aged  
0-14 years**

**53%** of these were for  
**Acute Otitis Media**

**29%** of Acute Otitis Media  
consultations were supplied  
with **analgesic anaesthetic  
ear drops**  
to manage pain effectively

89,883 Pharmacy First  
consultations were for Acute  
Sore Throat



**64%** of these  
consultations  
were for  
females

**Pharmacy First  
Uncomplicated Urinary  
Tract Infection** pathway  
was accessed by  
**63,970** women



**86%** of women were  
supplied with an  
immediate antibiotic