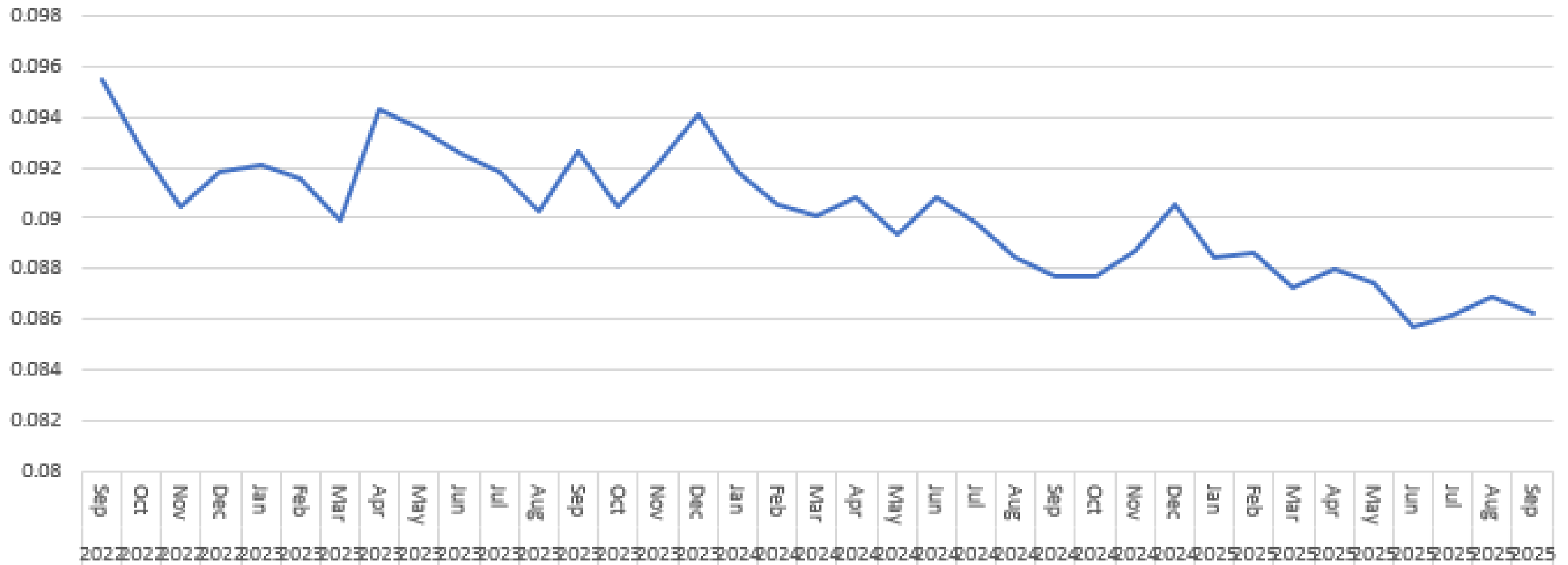


# Health and Justice AMS Update

Naomi Fleming

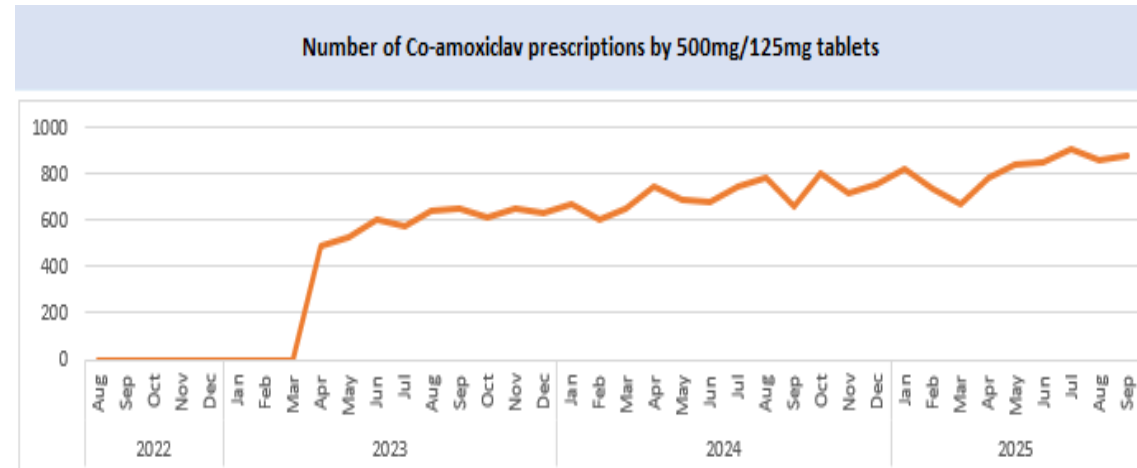
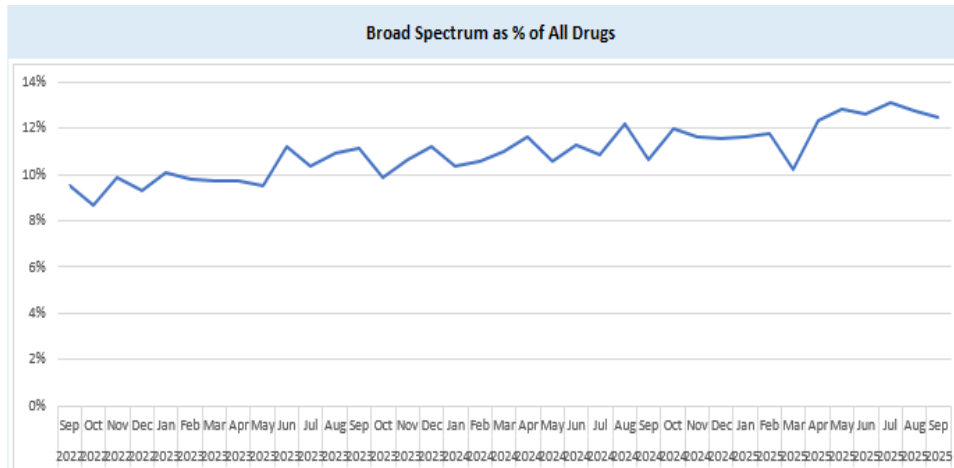
# Overall antibiotic prescribing per 100 prisoners is falling (4% drop since Apr 24)

Prescriptions per 100 Head of Population



# Broad spectrum trend

Broad spectrum as % of total antibiotic prescribing is climbing but has levelled at around 13%- mainly due to co-amoxiclav



# ‘Let’s talk about co-amoxiclav’ document to share with clinicians, laminated as a poster or used as a screen saver.

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	<i>Strep. pneumoniae</i> <i>Haemophilus influenzae</i>	<del>Otitis</del> 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)	<i>Strep. pneumoniae</i> <i>Haemophilus influenzae</i>	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)	<i>Strep. pneumoniae</i> <i>Haemophilus influenzae</i> <i>E. coli</i> , <i>Enterobacteriaceae</i> <i>Bacteroides fragilis</i>	Amoxicillin +/- metronidazole OR Doxycycline +/- metronidazole OR Co-trimoxazole +/- metronidazole	5 days	No, unless treatment failure
Respiratory (acute exacerbation of COPD)	<i>Strep pneumoniae</i> <i>Haemophilus influenzae</i> <i>Moraxella catarrhalis</i>	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	<i>β haemolytic strep. (A,B,C,G)</i> <i>Strep. pneumoniae</i> <i>Haemophilus influenzae</i> <i>Bacteroides fragilis</i>	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)	<i>Staph. aureus</i> <i>β haemolytic strep. (A,B,C,G)</i>	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)	<i>E. coli</i> <i>Enterobacteriaceae</i>	Nitrofurantoin OR <del>Pivmecillinam</del>	3 days women, 7 days men	No
Upper urinary tract infection (pyelonephritis)	<i>E. coli</i> <i>Enterobacteriaceae</i>	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> )	<i>Oral strep.</i> <i>Oral anaerobes</i>	Phenoxymethylpenicillin OR Amoxicillin OR Metronidazole	5 days	Only on advice of a microbiologist or infectious disease specialist
Animal/human bite	<i>Staph. Aureus</i> , <i>β haemolytic strep. (A,B,C,G)</i> <i>Haemophilus influenzae</i> <i>Bacteroides fragilis</i> , <i>Clostridium perfringens</i>	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	<i>Enterococcus faecalis</i> , <i>Enterococcus faecium</i> , <i>E. coli</i> , <i>Enterobacteriaceae</i> , <i>Bacteroides fragilis</i> , <i>Clostridium perfringens</i>	Co-amoxiclav OR Cefalexin <b>plus</b> metronidazole OR Trimethoprim <b>plus</b> metronidazole	5 days	Yes, one of the first line options

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).

# Top 10 antibiotics and sites (Apr 25 to Sep 25)

Top 10 Sites by Volume	
Site	No of Prescriptions
HMP PETERBOROUGH	1174
HMP HOLME HOUSE	1148
HMP/ YOI DONCASTER	1095
HMP WANDSWORTH	1073
HMP/ YOI FOREST BANK	1032
HMP BIRMINGHAM	1017
HMP LEEDS	955
HMP THAMESIDE	950
HMP ALT COURSE	914
HMP WORMWOOD SCRUBS	895

Top 10 Drugs	
Drug	No of Prescriptions
Flucloxacillin	10278
Amoxicillin	7487
Doxycycline	5847
Co-amoxiclav	5265
Lymecycline	3688
Metronidazole	3069
Clarithromycin	2446
Phenoxymethylpenicillin	2358
Nitrofurantoin	1745
Fusidic acid	1534

## Men

Top 10 Sites by per 100 head Population	
Site	No of Prescriptions
HMP/YOI FELTHAM	0.63
HMP GRENDON & SPRINGHILL	0.54
HMP KIRKLEVINGTON GRANGE	0.42
HMYOI WARREN HILL	0.38
HMP NORTH SEA CAMP	0.31
HMP SPRING HILL	0.25
HMYOI HATFIELD	0.24
HMP ASHFIELD	0.23
HMP FORD	0.23
HMYOI AYLESBURY	0.23

## Women

Top 10 Sites by per 100 head Population	
Site	No of Prescriptions
HMP/ YOI ASKHAM GRANGE	1.09
HMP/ YOI EAST SUTTON PARK	1.05
HMP SEND	0.37
HMP LOW NEWTON	0.29
HMP/ YOI DRAKE HALL	0.27
HMP DOWNVIEW	0.27
HMP/ YOI NEW HALL	0.24
HMP/YOI FOSTON HALL	0.23
HMP/ YOI EASTWOOD PARK	0.20
HMP / YOI STYAL	0.18

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

### Access 1<sup>st</sup> choice

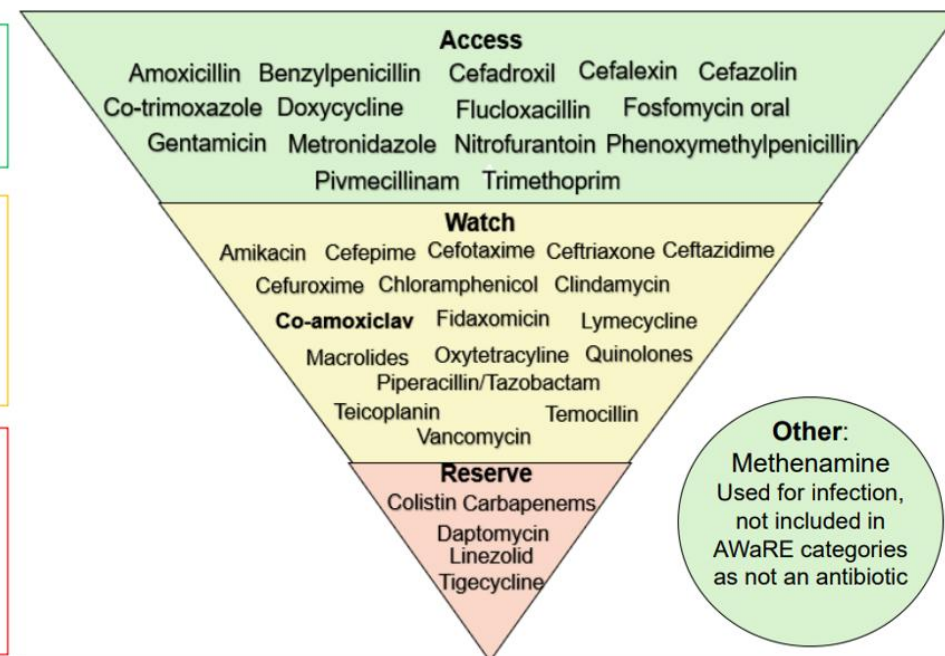
- Narrow spectrum.
- Lower cost.
- Fewer side effects.

### Watch 2<sup>nd</sup> choice

- Higher resistance potential.
- Broader spectrum.
- Monitor use carefully.
- 1<sup>st</sup> or 2<sup>nd</sup> line indicated for limited number of infections.

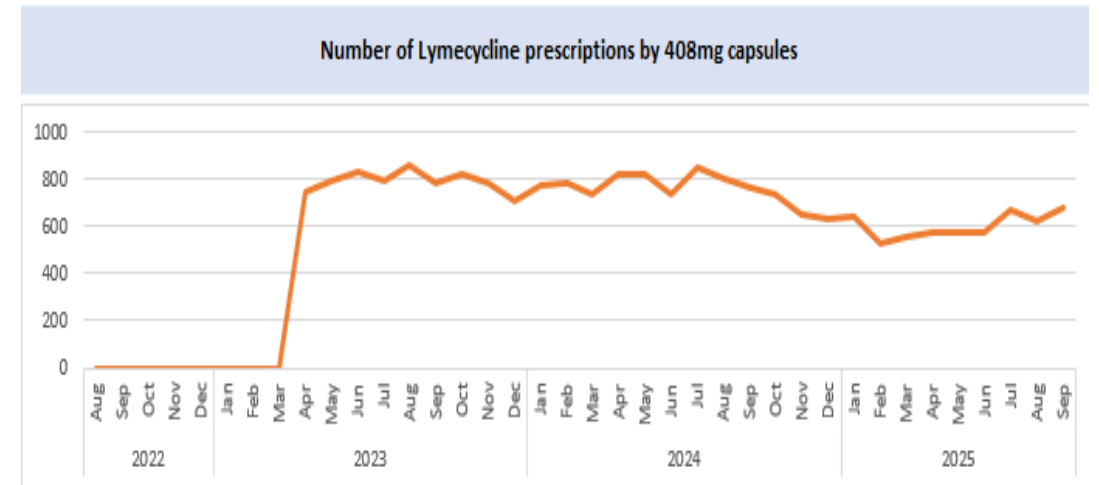
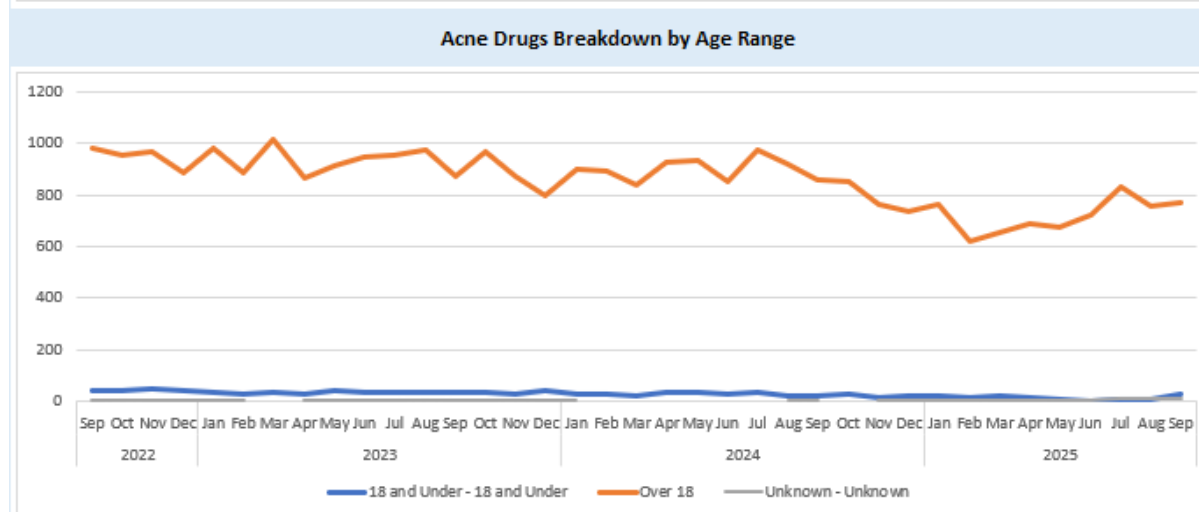
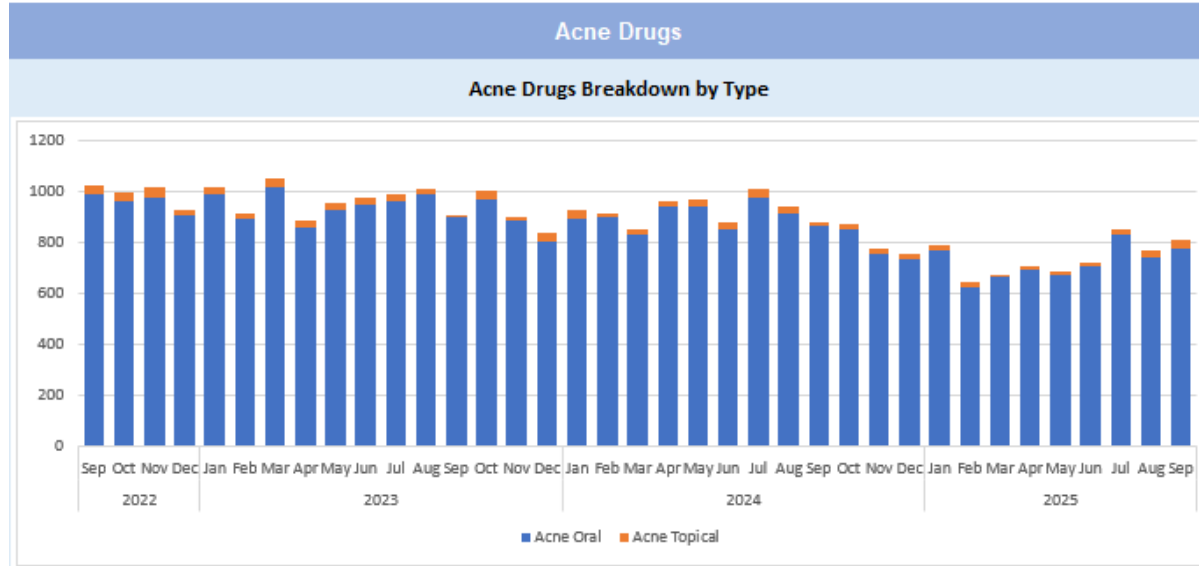
### Reserve Final option

- For use in patients with life threatening or multi-drug resistant bacteria.
- Monitor use very closely.
- Protect to ensure continued effectiveness.



The majority of the top 10 prescribed antibiotics are from the Access category, however, co-amoxiclav, lymecycline and clarithromycin from the watch category make up a significant proportion of antibiotic use, making these an area of focus.

# Acne antibiotics have had a recent uptick



# Course length improvements seen but more work to do:

- % 5 day course amoxicillin 500mg  
Apr23- Mar24 28% to 41% Apr25- Sep25



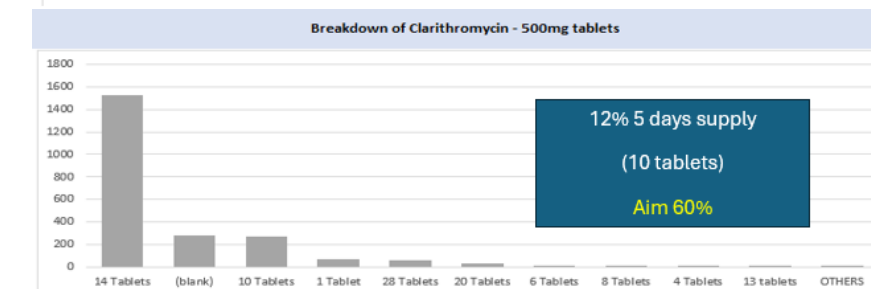
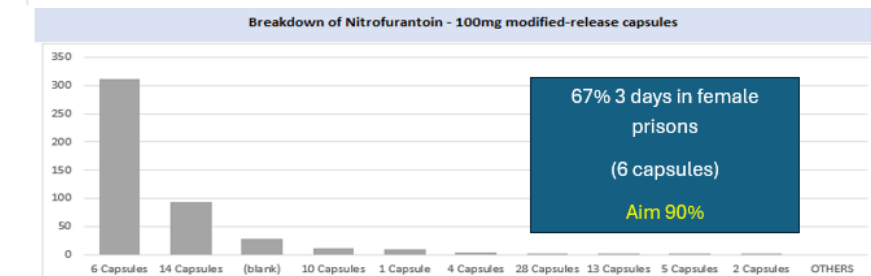
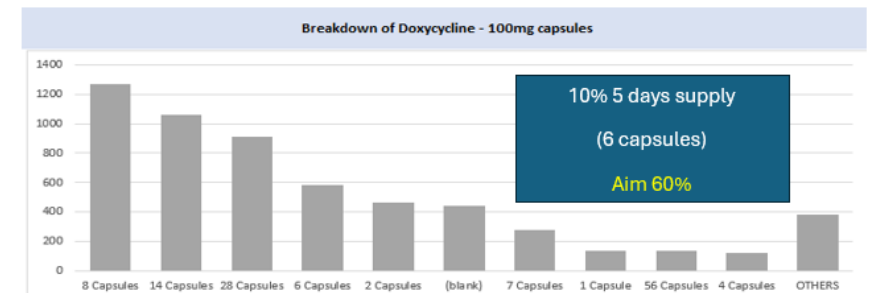
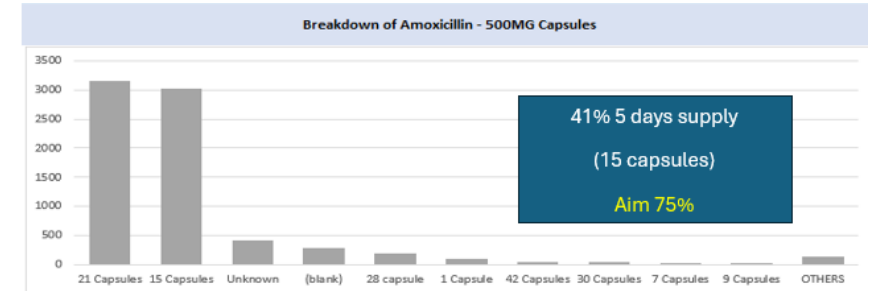
- % 5 day course doxycycline 100mg  
Apr23- Mar24 6% to 10% Apr25- Sep25



- % 3 day course nitrofurantoin 100mg MR in women  
Apr23- Mar24 45% to 67% Apr25- Sep25



- % 5 day course clarithromycin 12% Apr25-Sep25





# Comms

World AMR Awareness Week in Health and Justice

November 2025



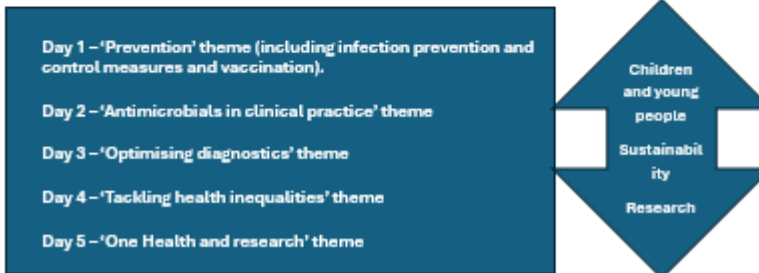
#### What's new for 2025 Globally:

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)



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 Anti-Biotic resources.

- Antibiotic formulary pack- Nov24
- Newsletters to different healthcar-Nov24 professional groups
- Pharmacy AMS intervention flowchart-Nov24
- Inside-time magazine 'advert' published twice
- Prison radio
- Three meetings with LET via revolving doors
- Posters presented at RPS conference and UKHSA conference
- Antibiotic Guardian award highly commended in the health inequalities category
- WAAW newsletter 2025





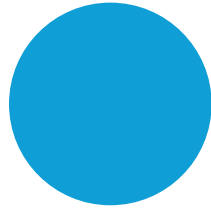
# Next steps



NEW DATA DASHBOARD  
COMPLETION AND  
PROMOTION



ANTIBIOTIC SMRS FOR  
REPEAT ANTIBIOTICS



DEVELOP TRAINING  
PACKS AND  
POSTERS/LEAFLETS  
BASED ON LET  
FEEDBACK



SKINCARE RESEARCH  
PROJECT



ACNE IMPROVEMENT  
PLAN



DENTAL QI PROJECT



BROAD SPECTRUM  
IMPROVEMENT PROJECT



MOTIVATION  
INTERVENTION PROJECT  
FOR HCPS