Group A streptococcal pharyngitis and scarlet fever

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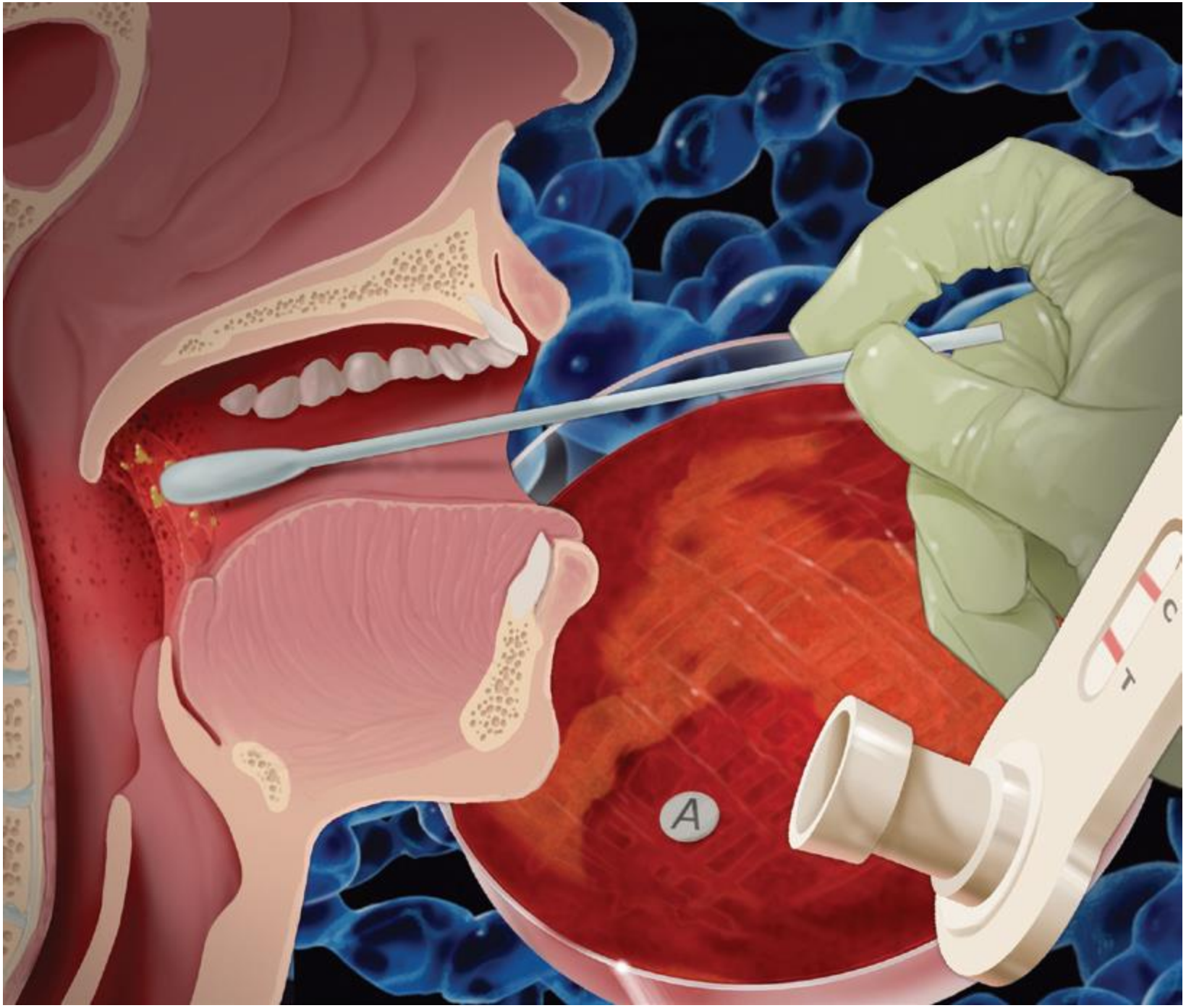
department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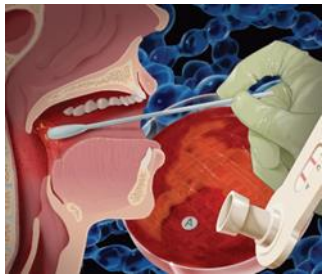
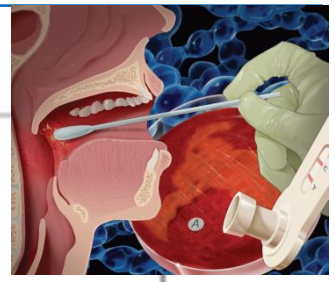
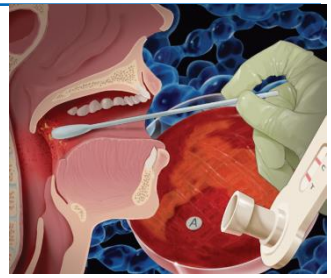


Learning objectives

- Relevant epidemiology of strep pharyngitis, scarlet fever, invasive disease
- Selected clinical aspects
  - clinical decision making
- Is there a role for point of care testing?
- Antimicrobial stewardship in context



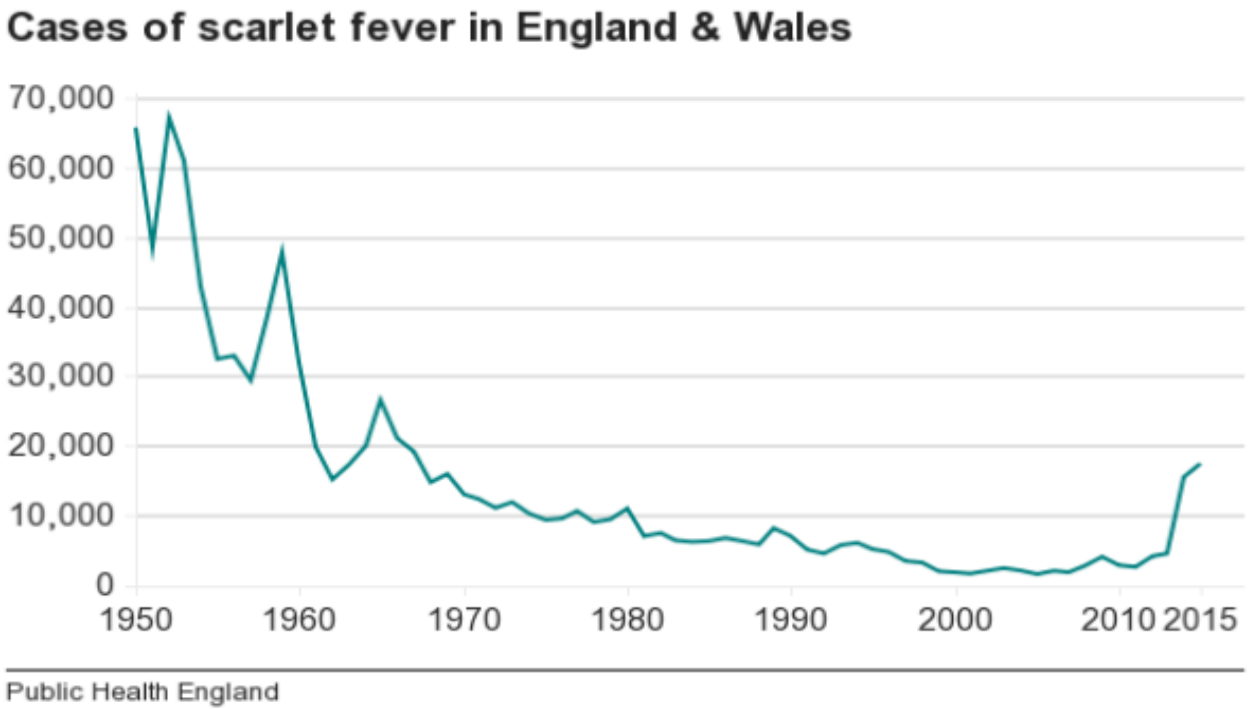
Weekly scarlet fever and iGAS notifications in England, 2010/11 onwards*



PHE said about 600 cases are being flagged up each week in England, and further increases are expected as the infection comes into it the peak season - which typically occurs between late March and mid April.

The number of cases of scarlet fever has soared in the last three years, PHE said.

In 2013 there were just 4,642 cases reported in England and Wales, but this then jumped - by 236% - to 15,625 cases in 2014.



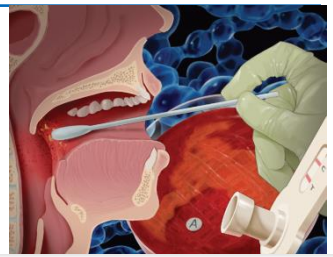
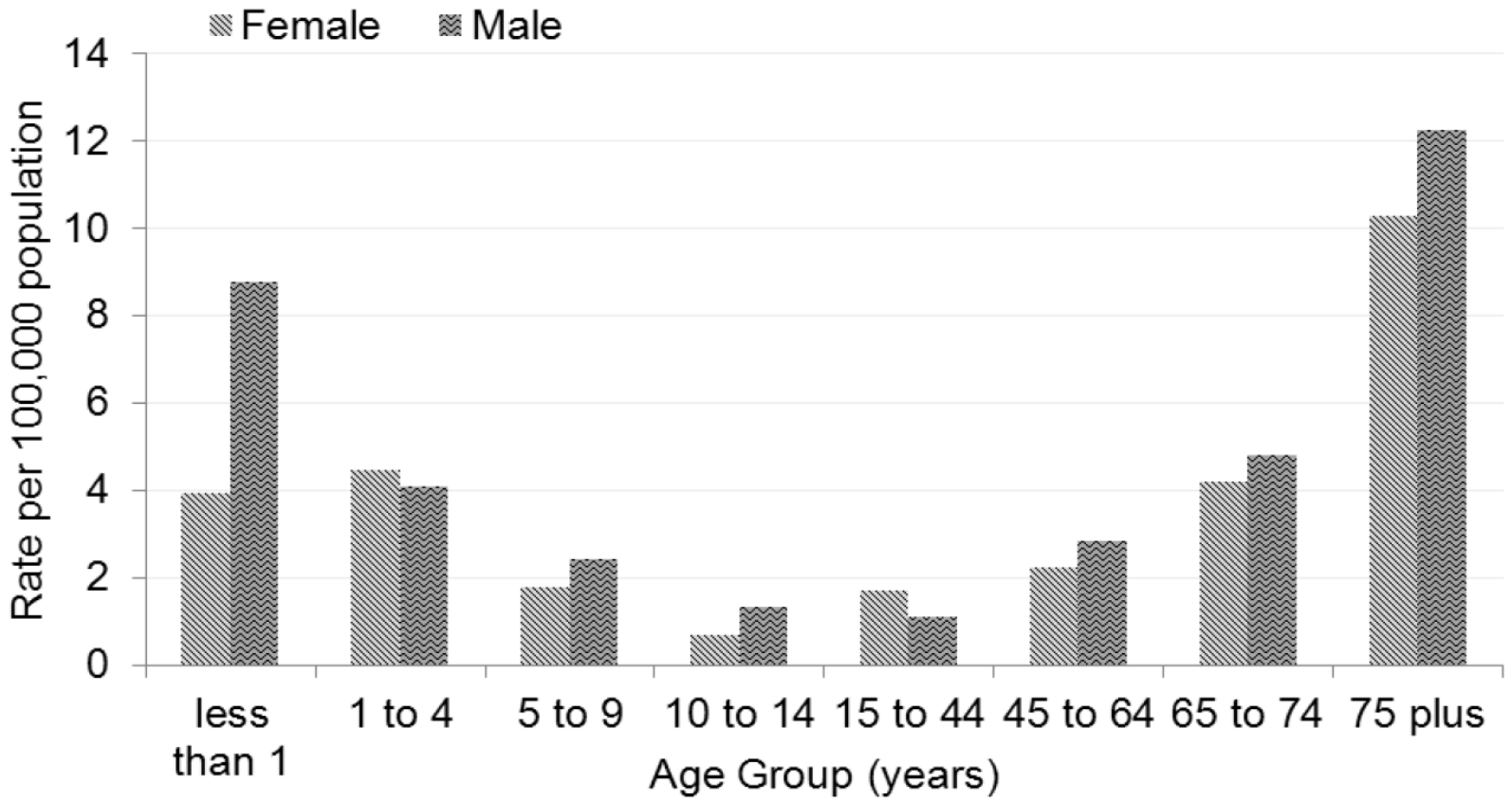
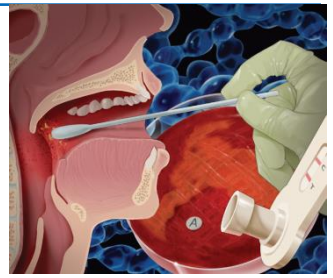


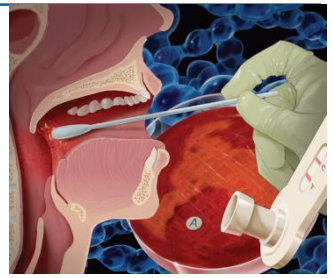
Figure 2. Group A streptococcal bacteraemia age and sex rates per 100,000 population England, Wales and Northern Ireland; 2013





http://ichef-1.bbci.co.uk/news/660/cpsprodpb/977B/production/_88697783_scarlet_fever_on_the_face-spl.jpg

Point of care testing



- Testing during review that provides early decision support
  - RADT for GAS – poor sensitivity; limited impact on prescribing decisions
  - POC CRP – role in pharyngitis?

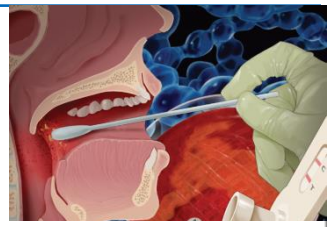
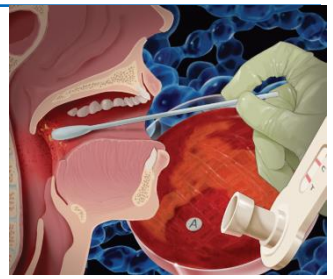


Table 3. Antimicrobial susceptibility for pyogenic streptococci causing bacteraemia, England, Wales and Northern Ireland; 2009 to 2013

		2009		2010		2011		2012		2013	
		No. tested	% resistant (R)	No. tested	% R	No. tested	% R	No. tested	% R	No. tested	% R
Group A	clindamycin	335	3%	378	3%	422	3%	466	4%	614	3%
	erythromycin	826	5%	862	5%	810	5%	772	5%	898	5%
	tetracycline	640	9%	749	8%	697	13%	709	11%	844	10%
Group B	clindamycin	400	10%	467	9%	563	17%	626	13%	624	17%
	erythromycin	1069	14%	1137	15%	1093	18%	1096	19%	1074	22%
	tetracycline	943	80%	1046	82%	1043	83%	1039	85%	1042	86%
Group C	clindamycin	83	4%	129	12%	186	12%	229	12%	260	13%
	erythromycin	249	13%	337	14%	334	17%	414	25%	399	23%
	tetracycline	213	23%	294	26%	280	26%	387	32%	393	30%
Group G	clindamycin	192	8%	229	9%	292	12%	338	19%	331	19%
	erythromycin	558	24%	666	26%	676	32%	643	37%	654	38%
	tetracycline	483	50%	583	47%	604	49%	582	50%	636	47%



Antibiotic resistance in numbers

25k The number of people who die each year across Europe from infections resistant to antibiotics

A recent study showed that the likelihood of GPs prescribing antibiotics for coughs & colds increased by 40% between 1999-2011

40%

30 years The period of time since a new class of antibiotics was last introduced despite the fact that growing numbers of infections are resistant to antibiotics

Research has shown that only 10% of sore throats and 20% of acute sinusitis benefit from antibiotic treatment but the prescription rates are much higher than this

10%

€1.5 billion

Annual EU wide cost of healthcare expenses and lost productivity due to antibiotic resistant bacteria

Public Health England

European Antibiotic Awareness Day (EAAD) is a Europe-wide initiative that takes place annually on 18 November.

Public Health England (PHE) is leading the co-ordination of EAAD activities in England in collaboration with Department for Environment, Food and Rural Affairs (DEFRA), the Department of Health, devolved administrations, and other professional organisations.

PHE have established the Antibiotic Guardian campaign to help protect antibiotics and improve knowledge about antibiotic resistance.

You are invited to become an Antibiotic Guardian

As an Antibiotic Guardian, encourage others to join you in protecting antibiotics against the growing threat of antibiotic resistance at www.antibioticguardian.com

Resources and promotional materials for Antibiotic Guardian and EAAD are available via http://bit.ly/EAAD2014

Protect yourself, your family and friends against the spread of antibiotic resistance.

Become an

ANTIBIOTIC GUARDIAN

www.antibioticguardian.com

SELF ASSESSMENT CHECKLIST

What would be good practise now

Does your practice use antibiotic guidance provided nationally or locally by the microbiologist or commissioners for treatment of common infections?

Yes ☐ No ☐

The HPA Primary Care Guidance can be modified locally by commissioners and microbiologists to localise the antibiotic guidance in accordance with local resistance and susceptibility patterns

Does your practice use delayed prescribing on a regular basis for uncomplicated respiratory tract infections?

Yes ☐ No ☐

Delayed prescribing is a very useful strategy to use when pressure to prescribe is greater, especially just before the weekend.

Patients may feel reassured that they have a prescription available to use if their symptoms do not get better as expected, or worsen, and the Antibiotic Information Leaflet [PDF] can be used to help communicate the benefits of this approach.

Is the latest antibiotic guidance made available to all temporary prescribers working in your surgery?

Yes ☐ No ☐

Is the latest antibiotic guidance made available to all temporary prescribers working in your surgery? (See CQC PCA 16E 8 criterion 1, 5, 6, 9, 9A, B, C, F)

Have you undertaken a practice wide antibiotic audit in the last two years?

Yes ☐ No ☐

It is important to conduct regular antibiotic audits within the surgery, with peer review of the results to further improve antibiotic prescribing.

Do your clinicians record clinical indication for antibiotic prescribed in patient notes using read codes?

Yes ☐ No ☐

Using appropriate Read codes during consultations will further improve the audit process and can be used to support the prescribing decisions made on any given occasion.

Not recording an indication for prescribing antibiotics may be perceived as a reason to hide inappropriate prescribing.

What most practices should aim to do soon

Is there a GP within your practice who takes a lead for antibiotic stewardship in the practice?

Yes ☐ No ☐

Having an "antibiotic champion" within the surgery can lead to significant improvements in antibiotic prescribing as they can help to drive and maintain initiatives to affect the required changes.

Do you analyse and discuss antibiotic prescribing at your surgery in comparison to local targets at least once a year?

Yes ☐ No ☐

Analysing antibiotic prescribing figures against set indicators enables the surgery to benchmark itself and determine whether there is a need to review their antibiotic prescribing practices

Do you keep a written record and surgery action plan resulting from antibiotic audits?

Yes ☐ No ☐

Audits are most effective when actions are set to improve prescribing, with subsequent audits then being completed to analyse whether the actions have been successfully implemented

What all antibiotic aware practices should be doing

Does your practice use patient focused strategies to highlight the importance of responsible antibiotic use? For example patient information, leaflets and posters.

Yes ☐ No ☐

There are a number of patient facing materials that can be used in the surgery waiting areas to improve patient awareness of responsible antibiotic use, antibiotic resistance and patient self care of infections

Do your clinicians use patient information leaflets within your consultations?

Yes ☐ No ☐

An Antibiotic Information Leaflet has been produced to share with patients in consultations when you think patients may benefit from a no or delayed prescriptions.

The When Should I Worry booklet can be used for parents when you think their child will benefit from a no, or delayed antibiotic prescription.

Is there a standard approach to antibiotic prescribing to avoid patients re-consulting with other clinicians within the practice, to obtain the antibiotic they expect?

Yes ☐ No ☐

Patients with a high expectation for antibiotics may revisit their surgery or other providers to obtain a prescription for antibiotics if they were initially refused antibiotics.

This may be countered by good communication skills, the use of leaflets and a delayed prescription strategy as part of a standardised approach.

Have you or anyone in your practice undertaken any antibiotic related prescribing clinical courses, for example MARTI and MUTs on the RCGP website?

Yes ☐ No ☐

These courses count as Continued Professional Development (CPD) for your portfolio

http://www.rcgp.org.uk/clinical-and-research/toolkits/target-antibiotics-toolkit.aspx