Report on the Point Prevalence Survey of Antimicrobial Prescribing in Secondary Care in Wales

November/December 2009
EXECUTIVE SUMMARY

- The latest Point Prevalence Study of Antimicrobial Use in Secondary care in Wales was performed in November/December 2009.
  - 6460 patients were surveyed from 23 hospitals
- 29.5% of patients (30.7% in 2008) were receiving one or more antimicrobials at the time of the survey.
  - 14.7% patients had antimicrobials for a community-acquired infection
  - 10.0% patients had antimicrobials for a hospital-acquired infection (HAI)
  - 3.5% patients had antimicrobials for surgical prophylaxis
  - 2.5% patients had antimicrobials for medical prophylaxis
- 72 different antimicrobials were being used
  - The commonest agent was co-amoxiclav
  - The 10 most common agents accounted for 68.7% of use.
- 36.1% of patients on antimicrobials were receiving more than one agent
- The commonest indication for antimicrobials was community-acquired infection
  - Respiratory tract infection – 403 diagnoses (42.5%)
  - Skin, soft tissue, bone & joint infection – 165 diagnoses (17.4%)
  - Urinary tract infection – 150 diagnoses (15.8%)
  - Gastrointestinal infection – 122 diagnoses (12.9%)
- The most common hospital acquired infections were
  - Respiratory tract infection – 180 diagnoses (27.9%)
  - Skin, soft tissue, bone & joint infection – 146 diagnoses (22.6%)
  - Gastrointestinal infection – 135 diagnoses (20.9%)
  - Urinary tract infection – 122 diagnoses (18.9%)
- 107 antibacterials (12.2% of those given for HAI) were being given for the treatment of C. difficile-associated disease
- The commonest indications for surgical prophylaxis were
  - Skin, soft tissue, bone & joint infection – 113 antimicrobials (40%)
  - Gastrointestinal infection – 78 antimicrobials (28%)
- 52.2% antimicrobials received for medical prophylaxis were given to prevent respiratory tract infections
- The reason for an antimicrobial prescription was recorded in the patients’ medical record on 83.5% of occasions.
- As a measure of duration of therapy, 18.2% of antimicrobials given for treatment of infection had already been given for more than 7 days at the time of survey.
INTRODUCTION

Issues in Antimicrobial Usage
While the use of antimicrobial agents has revolutionised our ability to treat infections, it is associated inevitably with the risk of development and spread of antimicrobial resistance leading to infections that are increasingly difficult to treat, and antimicrobial-associated adverse events, importantly *Clostridium difficile*-associated disease (CDAD).

It has been estimated that between 20-50% of antimicrobial use, both in the Community and in Hospitals, is “inappropriate”. This means that patients and society may be exposed to a significant unnecessary risk of resistant infections and CDAD. In addition there is a financial cost, not only in terms of unnecessary antimicrobial use, but also the additional cost of treating resistant infections and CDAD.

Surveillance of Antimicrobial Usage in Secondary Care
A key step in improvement of antimicrobial use is the surveillance and assessment of current antimicrobial usage. This can be achieved using a number of complementary methods:

- Gross surveillance of antimicrobial usage at the hospital, specialty or ward/unit level: This can provide comparative information regarding the choice and quantity of agents used, but does not address the indications or appropriateness of antimicrobial use. Data for hospitals across Wales can be accessed via the NPHS report at [http://howis.wales.nhs.uk/sites3/page.cfm?orgId=457&pid=20791](http://howis.wales.nhs.uk/sites3/page.cfm?orgId=457&pid=20791).
- Point Prevalence Survey (PPS): In this type of survey, the prescription chart of every patient in a ward or hospital on a set day is checked to see if an antibiotic has been prescribed, and the reasons for the prescription are recorded. This local information about which antimicrobials are used and why can be used to target interventions.
- Local unit/ward audits: Audit can be used to explore in detail the indications, dose, duration etc. of antimicrobial prescriptions in order to identify areas for improvement.

Methodology
The PPS took place during the weeks 16th November - 14th December 2009, to mark European Antimicrobial Awareness day (18th November 2009). The PPS was based on a modification of the current European Surveillance of Antimicrobial Consumption (ESAC) PPS format – see form APPENDIX A. The data was recorded locally by antimicrobial pharmacists and ward pharmacists. The data was collected in paper format; the completed forms were sent to the Public Health Wales where the data was transcribed, analysed and is presented here by the Antimicrobial Resistance Programme.

The current report provides a simple overview of data collected as part of the second All-Wales Point Prevalence Survey (PPS) of antimicrobial usage in secondary care. This report allows for comparison between units, although it should be noted that, ward coverage was variable between different hospitals. Thus comparisons should be made with caution.
**HOSPITAL INFORMATION**

Data for 23 hospitals is included in these analyses (Hospital Code):

- Bronglais Hospital (A)
- Princess of Wales Hospital (B)
- Royal Glamorgan Hospital (C)
- Royal Gwent Hospital (D)
- Morriston Hospital (E)
- University Hospital of Wales (F)
- Withybush General Hospital (G)
- Wrexham Maelor Hospital (H) & Deeside Community Hospital (H2)
- West Wales General Hospital (J)
- Ysbyty Gwynedd (K)
- Ysbyty Glan Clwyd (L)
- Nevill Hall Hospital (M)
- Prince Charles Hospital (N), St Tydfil’s (N2) & Aberdare Hospital (N3)
- Llandough Hospital (P)
- Velindre Hospital (Q)
- Prince Philip Hospital (R)
- Singleton Hospital (S)
- Neath Port Talbot Hospital (T)
- Caerphilly Miners Hospital (U)
- West Wing (W)

**Note**: Due to small numbers, for some of the analyses the prescribing data for Deeside Community hospital has been combined with Wrexham Maelor (H*), and the data for Aberdare and St Tydfil’s hospital have been combined with Prince Charles hospital (N*).

**Ward Information**

Patients from 335 wards were included in the PPS. The ward specialty, the number of patients surveyed on the ward, the number of patients prescribed antimicrobials, the number and proportion of patients prescribed antibacterials at or before 8:00 am on the day of the survey are shown in Table 1 Appendix B.

**Speciality Information**

- 1010 general medicine patients were prescribed antimicrobials (28.7%)
- 653 surgical patients were prescribed antimicrobials (28.3%)
- 117 ICU/SCBU patients were prescribed antimicrobials (59.4%)
- 76 Med/Surgical ward patients were prescribed antimicrobials (31.4%)
- 39 paediatric patients were prescribed antimicrobials (29.8%)
- 7 Surgical/ICU ward patients were prescribed antimicrobials (70%)
- 3 community hospital patients were prescribed antimicrobials (16.7%)
- None of patients surveyed from adult mental health were prescribed antimicrobials
PATIENT INFORMATION

- 6460 patients were surveyed
- 3514 of the patients were general medicine patients (54.4%)
- 2308 of the patients were surgical patients (35.7%)
- 242 of the patients were from mixed medical/surgical wards (3.7%)
- 208 of the patients were ICU/SCBU patients (3.2%)
- 131 of the patients were paediatric patients (2.0%)
- 208 of the patients were from a community hospital ward (0.3%)
- 10 the patients were from a mixed surgical/ICU wards (0.2%)

Of the 6460 patients surveyed in the 2009 PPS, 1905 were prescribed systemic antimicrobial/s (29.5%).

- 1905 were prescribed systemic antimicrobials (including antibacterials, antifungals, antivirals & TB regimens)
- 1869 were prescribed regimens which included systemic antibacterials (including TB regimens)
- 65 were prescribed regimens which included systemic or topical antifungals
- 18 were prescribed topical antimicrobials/antiseptics only and are not included in these analyses
- 10 were prescribed antiviral therapy only and are not included in these analyses

![Proportion of patients prescribed antimicrobials by hospital](image)

**Figure 1**: Proportion of patients prescribed antimicrobials and total number surveyed.

The total number of patients surveyed and the proportion of patients for whom antimicrobials were prescribed on the day of the PPS are shown in **Figure 1** along with the All-Wales figure for the 2008. **Note**: Because of the differences in case mix and because a number of the hospitals that took part in the 2009 PPS limited their survey to certain specialities e.g. general medicine and surgery, comparisons between hospitals cannot be made. However, the proportion of patients prescribed antimicrobials in the 2009 PPS (29.5%) is comparable to the proportion prescribed in the 2008 Wales PPS (30.7%).
The age group and gender of the 1905 patients prescribed antimicrobials is shown in **Figure 2**. Nearly half of the patients were 75 years or more in age (44.5%). In this PPS study group 47% of the patients were male and 53% were female. The age group and genders of patients at individual hospital level is shown in **Tables 2 & 3** in **Appendix B**.

![Figure 2: Age group & gender of patients prescribed antimicrobials (n = 1903)](image)

The age of one female patient was recorded as unknown, and the gender of a patient age 75+ was unknown (Overall total = 1905).

**Figure 2** shows the proportion of patients that were prescribed antimicrobials by specialty recorded in the 2008 & 2009 PPS. Unsurprisingly, the ICUs had the highest proportion with of patients prescribed antimicrobials; prescribing in this group increased from 49.6% in 2008 to 56.3% in 2009. The proportion of combined oral and parenteral antibacterial prescribing at specialty level for each individual hospital/hospital group is shown in **Table 4** in **Appendix B**.
CLINICAL INDICATIONS

The PPS included four main indications for antibacterial usage:

- A – Community acquired infection
- B – Hospital acquired infection
- C – Surgical prophylaxis
- D – Medical prophylaxis

Of the 6460 patients surveyed antibacterial agents were prescribed for the clinical indications as shown in Figure 4. The indications for prescribing at individual hospital level are shown in Table 5 in Appendix B.

![Pie chart showing clinical indications for antibacterial prescribing in patients (n = 6460)](image)

- 883 patients were prescribed a regimen that included antibacterials for a community acquired infection only (13.7%)
- 594 patients were prescribed a regimen that included antibacterials for a hospital acquired infection only (9.2%)
- 206 patients were prescribed antibacterials for surgical prophylaxis only (3.2%)
- 83 patients were prescribed antibacterials for medical prophylaxis only (1.3%)
- 26 patients were prescribed a regimen that included antibacterials for community acquired infection and a hospital acquired infection (0.4%)
- 1 patient was prescribed a regimen that included antibacterials for community acquired infection, a hospital acquired infection and medical prophylaxis (<0.1%)
- 7 patients were prescribed a regimen that included antibacterials for community acquired infection and surgical prophylaxis (0.1%)
- 2 patients were prescribed antibacterials for community acquired infection, surgical prophylaxis and medical prophylaxis (<0.1%)
- 34 patients were prescribed antibacterials for community acquired infection and medical prophylaxis (0.5%)
- 5 patients were prescribed antibacterials for hospital acquired infection and surgical prophylaxis (0.1%)
- 18 patients were prescribed antibacterials for hospital acquired infection and medical prophylaxis (0.3%)
- 1 patient was prescribed antibacterials for a hospital acquired infection and an unknown indication (< 0.1%)
- 6 patients were prescribed antibacterials for surgical prophylaxis and medical prophylaxis (0.1%)
- 3 patients were prescribed antibacterials for an unknown indication (<0.1%)
- 4591 patients were not prescribed antibacterials (71.1% - NoABx)
**Indication for antimicrobial prescribing at drug level**
The indications recorded for the 2820 antimicrobial prescriptions in the 1905 patients are shown in **Figure 5** (includes antiviral, antifungal & TB agents).

**Figure 5:** Antimicrobial prescribing by indication (n = 2820)

**Figure 6** below shows the clinical indications for prescribing recorded in the 2009 PPS compared to the 2008 PPS: There was no significant change in the proportion of antimicrobials prescribed for community or hospital acquired infections or medical prophylaxis. The only statistically significant difference was a decrease in the proportion of antimicrobials prescribed for surgical prophylaxis (10.1% [95% CI, 9.1-11.3%] in the 2009 PPS compared to 12.8% [11.5, 14.3] in 2008).

**Figure 6: Antimicrobial prescribing by indication 2008 & 2009 PPS**
The indication for each of the antibacterial prescribed for the patients in all of the hospitals is shown in Table 6 in Appendix B. Unsurprisingly the hospital with the highest number of antimicrobials prescribed on the day of the PPS was UHW (425 antimicrobials were prescribed for 256 patients). The indications for the antimicrobials were: 147 (34.5%) for community acquired infections, 167 (39.2%) for hospital acquired infections, 27 (6.4%) surgical prophylaxis and 84 (19.8%) medical prophylaxis.

**Reason for prescription recorded in patient notes**

The proportion of instances where the reason for an antimicrobial prescription was recorded in the patient notes is shown in Table 1. Overall, the reason for a prescription was recorded in 83.5% of cases; the reason for the prescription was less likely to be recorded in the notes when the antimicrobial was being prescribed as prophylaxis (69.2% - both surgical & medical prophylaxis). The figures for individual hospitals are shown in Table 7 in Appendix B.

**Table 1: Reason for prescription recorded in the notes**

<table>
<thead>
<tr>
<th>Indication</th>
<th>No</th>
<th>Yes</th>
<th>Unknown</th>
<th>Total</th>
<th>% Yes 2009</th>
<th>% Yes 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>150</td>
<td>1229</td>
<td>4</td>
<td>1383</td>
<td>88.9%</td>
<td>88.4%</td>
</tr>
<tr>
<td>B</td>
<td>114</td>
<td>815</td>
<td>3</td>
<td>932</td>
<td>87.4%</td>
<td>89.1%</td>
</tr>
<tr>
<td>C</td>
<td>125</td>
<td>161</td>
<td></td>
<td>286</td>
<td>69.2%</td>
<td>61.5%</td>
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<tr>
<td>D</td>
<td>66</td>
<td>148</td>
<td></td>
<td>214</td>
<td>69.2%</td>
<td>72.7%</td>
</tr>
<tr>
<td>Unknown</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>5</td>
<td>40.0%</td>
<td>0%</td>
</tr>
<tr>
<td>All indications</td>
<td>457</td>
<td>2354</td>
<td>9</td>
<td>2820</td>
<td>83.5%</td>
<td>83.9%</td>
</tr>
</tbody>
</table>

For the indications A-D the median proportion of ‘reason recorded in notes’ in the Wales 2009 PPS was 82% (IQR 78%-87%) similar to the median rate published for the Wales 2008 PPS of 81% (IQR 70%-89%)

**Duration of therapy**

In the 2009 PPS the auditors were asked to record the duration of therapy i.e. the number of days that antimicrobials prescribed had been consumed up to and including the day of the PPS.

- For the treatment of infections (Indications A & B1-B5) the number of antibacterials consumed for more than 7 days on the day of the PPS was 402 out of 2213 prescriptions (18.2%).
- For all indications (Indications A, B1-B5, C1-C3 and D) the number of antibacterials consumed >7 days was 536 out of 2700 prescriptions (19.9%).
- If prescribing for *C. difficile* (Indication B3) alone was analysed the proportion of antibacterials consumed for >10 days was 19.6%.
DIAGNOSIS GROUPS

The PPS included ten diagnosis groups based on anatomical site:

- Central nervous system (CNS)
- Eye (EYE)
- Ear, nose, throat, mouth or larynx (ENT)
- Respiratory tract (RESP)
- Cardiovascular system (CVS)
- Gastrointestinal tract including liver and biliary tree (GI)
- Skin, soft tissue, bone and joint (SSTBJ)
- Urinary tract (UTI)
- Genitourinary tract (GUOB)
- No clear anatomical site (Not Defined)

**Note:** The code MIX has been added in instances where an antimicrobial has been prescribed for more than one diagnosis group e.g. RESP & UTI.
ANTIMICROBIAL INFORMATION

72 different antimicrobials (excluding topical antimicrobials/antiseptics) were prescribed as treatment/prophylaxis in this patient group (see Table 2 below); comprising 2769 issues to 1905 patients:

Table 2: Antimicrobials included in PPS group

<table>
<thead>
<tr>
<th>Antimicrobial</th>
<th>ATC Code</th>
<th>No. of Scripts</th>
<th>Antimicrobial</th>
<th>ATC Code</th>
<th>No. of Scripts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-amoxiclav</td>
<td>J01CR02</td>
<td>356</td>
<td>Itraconazole</td>
<td>J02AC02</td>
<td>6</td>
</tr>
<tr>
<td>Metronidazole</td>
<td>J01XD01</td>
<td>315</td>
<td>Amphotericin</td>
<td>J02AA01</td>
<td>5</td>
</tr>
<tr>
<td>Cefuroxime</td>
<td>J01DC02</td>
<td>208</td>
<td>Amikacin</td>
<td>J01GB06</td>
<td>4</td>
</tr>
<tr>
<td>Clarithromycin</td>
<td>J01FA09</td>
<td>170</td>
<td>Ethambutol</td>
<td>J04AK02</td>
<td>4</td>
</tr>
<tr>
<td>Ciprofloxacin</td>
<td>J01MA02</td>
<td>169</td>
<td>Voriconazole</td>
<td>J02AC03</td>
<td>4</td>
</tr>
<tr>
<td>Fluoxacillin</td>
<td>J01CF05</td>
<td>160</td>
<td>Cefaclor</td>
<td>J01DC04</td>
<td>3</td>
</tr>
<tr>
<td>Amoxicillin</td>
<td>J01CA04</td>
<td>147</td>
<td>Minocycline</td>
<td>J01AA08</td>
<td>3</td>
</tr>
<tr>
<td>Trimethoprim</td>
<td>J01EA01</td>
<td>139</td>
<td>Valganciclovir</td>
<td>J05AB14</td>
<td>3</td>
</tr>
<tr>
<td>Piperacillin/Tazobactam</td>
<td>J01CR05</td>
<td>133</td>
<td>Abacavir</td>
<td>J05AF06</td>
<td>2</td>
</tr>
<tr>
<td>Vancomycin</td>
<td>J01XA01</td>
<td>106</td>
<td>Caspofungin</td>
<td>J02AX04</td>
<td>2</td>
</tr>
<tr>
<td>Meropenem</td>
<td>J01DH02</td>
<td>79</td>
<td>Daptomycin</td>
<td>J01XX09</td>
<td>2</td>
</tr>
<tr>
<td>Gentamicin</td>
<td>J01GB03</td>
<td>76</td>
<td>Isoniazid</td>
<td>J04AC01</td>
<td>2</td>
</tr>
<tr>
<td>Cefotaxime</td>
<td>J01DD01</td>
<td>67</td>
<td>Moxifloxacin</td>
<td>J01MA14</td>
<td>2</td>
</tr>
<tr>
<td>Doxycycline</td>
<td>J01CA04</td>
<td>57</td>
<td>Pyrazinamide</td>
<td>J04AK01</td>
<td>2</td>
</tr>
<tr>
<td>Benzylpenicillin</td>
<td>J01CE01</td>
<td>54</td>
<td>Rifinah</td>
<td>J04AM02</td>
<td>2</td>
</tr>
<tr>
<td>Teicoplanin</td>
<td>J01X02</td>
<td>44</td>
<td>Streptomycin</td>
<td>J01GA01</td>
<td>2</td>
</tr>
<tr>
<td>Cefalexin</td>
<td>J01DB01</td>
<td>42</td>
<td>Atripla</td>
<td>J05AR06</td>
<td>1</td>
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<tr>
<td>Aciclovir</td>
<td>J05AB01</td>
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<td>Cefixime</td>
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<tr>
<td>Fluconazole</td>
<td>J02AC01</td>
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<td>Chloramphenicol</td>
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<td>Penicillin V</td>
<td>J01CE02</td>
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<td>Dapsone</td>
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<td>1</td>
</tr>
<tr>
<td>Rifampicin</td>
<td>J04AB02</td>
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<td>Ertapenem</td>
<td>J01DH03</td>
<td>1</td>
</tr>
<tr>
<td>Erythromycin</td>
<td>J01FA01</td>
<td>27</td>
<td>Lamivudine</td>
<td>J05AF05</td>
<td>1</td>
</tr>
<tr>
<td>Co-trimoxazole</td>
<td>J01EE01</td>
<td>25</td>
<td>Lymecycline</td>
<td>J01AA04</td>
<td>1</td>
</tr>
<tr>
<td>Fusidic acid</td>
<td>J01XC01</td>
<td>24</td>
<td>Maraviroc</td>
<td>J05AX09</td>
<td>1</td>
</tr>
<tr>
<td>Imipenem/Cilastatin</td>
<td>J01DH51</td>
<td>21</td>
<td>Nevirapine</td>
<td>J05AG01</td>
<td>1</td>
</tr>
<tr>
<td>Azithromycin</td>
<td>J01FA10</td>
<td>18</td>
<td>Ofloxacin</td>
<td>J01MA01</td>
<td>1</td>
</tr>
<tr>
<td>Ceftriaxone</td>
<td>J01DD04</td>
<td>18</td>
<td>Pivmecillinam</td>
<td>J01CA08</td>
<td>1</td>
</tr>
<tr>
<td>Colistin</td>
<td>J01XB01</td>
<td>17</td>
<td>Posaconazole</td>
<td>J02AC04</td>
<td>1</td>
</tr>
<tr>
<td>Nitrofurantoin</td>
<td>J01XE01</td>
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<td>Rifabutin</td>
<td>J05AB04</td>
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</tr>
<tr>
<td>Cefazidime</td>
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</tr>
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<td>Rifaximin</td>
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<td>Clindamycin</td>
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<td>Tenofovir</td>
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<td>Tetracycline</td>
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<td>Linezolid</td>
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<td>Ticarcillin</td>
<td>J01CR03</td>
<td>1</td>
</tr>
<tr>
<td>Oseltamivir</td>
<td>J05AH02</td>
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<td>Tigecycline</td>
<td>J01AA12</td>
<td>1</td>
</tr>
<tr>
<td>Levofloxacin</td>
<td>J01MA12</td>
<td>9</td>
<td>Valaciclovir</td>
<td>J05AB11</td>
<td>1</td>
</tr>
</tbody>
</table>

Total numbers of antimicrobials prescribed 2769

The 10 most commonly prescribed antimicrobials were all antibacterials.
Table 3 shows that the proportion of prescribing of the top 10 antimicrobials for Wales decreased from 70.4% recorded in the 2008 PPS to 68.7% in 2009; data for individual hospital prescribing of the Top 10 antimicrobials is shown in Table 8 in Appendix B and ranges from 58.7% to 88.9%.

Table 3: Comparison of top 10 antimicrobials for 2008 & 2009 PPS

<table>
<thead>
<tr>
<th>Antimicrobial</th>
<th>Rank 2009</th>
<th>Proportion Scripts</th>
<th>Antimicrobial</th>
<th>Rank 2008</th>
<th>Proportion Scripts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-amoxiclav</td>
<td>1</td>
<td>12.9</td>
<td>Co-amoxiclav</td>
<td>1</td>
<td>12.8</td>
</tr>
<tr>
<td>Metronidazole</td>
<td>2</td>
<td>11.4</td>
<td>Metronidazole</td>
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<td>12.5</td>
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<tr>
<td>Cefuroxime</td>
<td>3</td>
<td>7.5</td>
<td>Cefuroxime</td>
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<tr>
<td>Clarithromycin</td>
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<td>6.1</td>
<td>Ciprofloxacin</td>
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<td>8.0</td>
</tr>
<tr>
<td>Ciprofloxacin</td>
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<td>6.1</td>
<td>Clarithromycin</td>
<td>5</td>
<td>7.2</td>
</tr>
<tr>
<td>Flucloxacillin</td>
<td>6</td>
<td>5.8</td>
<td>Flucloxacillin</td>
<td>6</td>
<td>5.3</td>
</tr>
<tr>
<td>Amoxicillin</td>
<td>7</td>
<td>5.3</td>
<td>Amoxicillin</td>
<td>7</td>
<td>5.2</td>
</tr>
<tr>
<td>Trimethoprim</td>
<td>8</td>
<td>5.0</td>
<td>Trimethoprim</td>
<td>8</td>
<td>4.2</td>
</tr>
<tr>
<td>Piperacillin/Tazobactam</td>
<td>9</td>
<td>4.8</td>
<td>Gentamicin</td>
<td>9</td>
<td>3.3</td>
</tr>
<tr>
<td>Vancomycin</td>
<td>10</td>
<td>3.8</td>
<td>Vancomycin</td>
<td>10</td>
<td>3.3</td>
</tr>
<tr>
<td><strong>Top Ten 2009</strong></td>
<td></td>
<td><strong>68.7%</strong></td>
<td><strong>Top Ten 2008</strong></td>
<td></td>
<td><strong>70.4%</strong></td>
</tr>
</tbody>
</table>

In 2009, co-amoxiclav remained the most commonly prescribed antimicrobial accounting for 12.9% across Wales. Piperacillin/Tazobactam moved into the Top 10 replacing gentamicin as the ninth most prescribed antimicrobial. Gentamicin prescribing decreased from 3.3-2.7% and Piperacillin/Tazobactam increased from 3.1-4.8%.

Table 4 shows prescribing of the top ten antimicrobials categorised by route of administration. Parenteral cefuroxime was the most commonly prescribed antimicrobial accounting for 7.4% of all prescriptions.

Table 4: Top ten antimicrobials for 2009 PPS by route of administration

<table>
<thead>
<tr>
<th>Antimicrobial</th>
<th>Route Oral or Parenteral</th>
<th>Rank 2009</th>
<th>Proportion Scripts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cefuroxime</td>
<td>Parenteral</td>
<td>1</td>
<td>7.4%</td>
</tr>
<tr>
<td>Co-amoxiclav</td>
<td>Oral</td>
<td>2</td>
<td>7.0%</td>
</tr>
<tr>
<td>Metronidazole</td>
<td>Parenteral</td>
<td>3</td>
<td>6.4%</td>
</tr>
<tr>
<td>Co-amoxiclav</td>
<td>Parenteral</td>
<td>4</td>
<td>5.9%</td>
</tr>
<tr>
<td>Ciprofloxacin</td>
<td>Oral</td>
<td>5</td>
<td>5.5%</td>
</tr>
<tr>
<td>Metronidazole</td>
<td>Oral</td>
<td>6</td>
<td>5.0%</td>
</tr>
<tr>
<td>Trimethoprim</td>
<td>Oral</td>
<td>7</td>
<td>4.9%</td>
</tr>
<tr>
<td>Piperacillin/Tazobactam</td>
<td>Parenteral</td>
<td>8</td>
<td>4.8%</td>
</tr>
<tr>
<td>Clarithromycin</td>
<td>Oral</td>
<td>9</td>
<td>4.8%</td>
</tr>
<tr>
<td>Amoxicillin</td>
<td>Oral</td>
<td>10</td>
<td>4.4%</td>
</tr>
<tr>
<td><strong>Top Ten 2009</strong></td>
<td></td>
<td></td>
<td><strong>55.9%</strong></td>
</tr>
</tbody>
</table>

Top ten antibacterials by route of administration:

1. **Cefuroxime (parenteral):** prescribing comprised 205 prescriptions for 20 different diagnoses (see Figure 7). Treatment/prophylaxis for skin soft tissue bone & joint infections accounted for 42.9% of prescriptions; gastrointestinal 25.9% and respiratory 22.7%
2. Co-amoxiclav (oral): prescribing comprised 97 prescriptions for 21 different diagnoses. Respiratory tract infections accounted for 50.8% of prescriptions.

3. Metronidazole (parenteral): prescribing comprised 177 prescriptions for 21 different diagnoses. Treatment/prophylaxis for GI infections accounted for nearly 50% of parenteral metronidazole prescribing.

4. Co-amoxiclav (parenteral): prescribing comprised 164 prescriptions for 23 different diagnoses. Respiratory tract infections accounted for 43.3% of prescriptions.

5. Ciprofloxacin (oral): prescribing comprised 151 prescriptions for 17 different diagnoses. Treatment/prophylaxis for urinary tract infections accounted for 35.8% of oral ciprofloxacin prescribing; 25.8% prescribed for respiratory tract infections & 19.8% for gastrointestinal infections.


7. Trimethoprim (oral): prescribing comprised 135 prescriptions for 6 different diagnoses. Treatment/prophylaxis for urinary tract infections accounted for 95.6% of oral trimethoprim prescribing.

8. Piperacillin/Tazobactam (parenteral): prescribing comprised 133 prescriptions for 16 different diagnoses. Respiratory tract infections accounted for 51.1% of prescriptions, BAC/SIRS & UND 23.3%.

9. Clarithromycin (oral): prescribing comprised 132 prescriptions for 10 different diagnoses. Respiratory tract infections accounted for 90.2% of oral clarithromycin prescribing.

10. Amoxicillin (oral): prescribing comprised 122 prescriptions for 13 different diagnoses. Respiratory tract infections accounted for 74.6% of oral amoxicillin prescribing.
Figure 8 shows the number of different antimicrobials and antibacterials prescribed at individual hospital level (excluding topical agents). Note: For some hospitals only antibacterial agents were recorded; it is not clear if other antimicrobial agents were also prescribed but omitted from the survey.

- The number of antimicrobials ranged from 49 (UHW) to 3 (St Tydfil’s).
- The number of antibacterials ranged from 36 (UHW) to 3 (St Tydfil’s).

Antibacterial Combinations

674 of the 1869 patients (36.1%) were prescribed more than one antibacterial; similar to 2008 (38%). There were 232 different combinations of antibacterials prescribed in this PPS patient group; the most common combinations were:

- Cefuroxime plus metronidazole (prescribed for 72 patients)
- Co-amoxiclav plus clarithromycin (prescribed for 45 patients)
- Benzylpenicillin plus flucloxacillin (prescribed for 31 patients)
- Co-amoxiclav plus metronidazole (prescribed for 24 patients)

Figure 9 shows the proportion of antibacterials prescribed by indication (A-D) at patient level. Excluding the patients with more than one clinical indication, monotherapy was prescribed in 62.4% of patients with community acquired infections (55.3% in 2008 PPS), compared to 68.2% of patients with hospital acquired infections (67.4% - 2008 PPS), 77.2% surgical prophylaxis (62.1% - 2008 PPS) and 83.1% for medical prophylaxis (64.5% - 2008 PPS). The figures for individual hospitals are shown in Table 9 in Appendix B.
Excluding patients with more than one clinical indication, **50 patients** were prescribed 3 antibacterials or more (see **Figure 10**). Of these, 16 patients were prescribed triple-therapy for the treatment of respiratory tract infections and 16 for skin and soft tissue, bone & joint infections.

**Figure 10:** Multi-antibacterial (3 or more) regimens by diagnosis code
COMMUNITY ACQUIRED INFECTIONS (INDICATION A)

Community acquired infections (CAI) were the most common indication requiring an antimicrobial prescription.

- 949 of the 6460 patients surveyed were prescribed antibacterials for CAI (14.7%).
- Of the 1905 patients in the survey that were prescribed antibacterials, 949 (49.9%) were indicated for CAI (Indication A).
- 1385 antimicrobials were prescribed for CAI.
- 1349 antibacterials were prescribed for CAI.

Figure 11 shows that the number of antibacterials prescribed by diagnosis group for each hospital/hospital group. 572 of the 1349 (42.4%) antibacterials that were prescribed for indication A were for respiratory tract infections; this figure is comparable to the 44.3% recorded in the 2008 PPS.

Figure 11: Antibacterials prescribed for indication A by diagnosis group

Figure 12 shows the proportion of antibacterials prescribed by diagnosis group for each hospital/hospital group with for indication A, with generally the highest proportion of antibacterials overall being prescribed for respiratory tract infections (RESP).
The most common community acquired infections were (n = 949):

- RTI – 403 diagnoses (42.5% compared with 44.2% in 2008)
- SSTBJ – 165 diagnoses (17.4% compared with 13.7% in 2008)
- UTI – 150 diagnoses (15.8% compared with 16.9% in 2008)
- GI – 122 diagnoses (12.9% compared with 11.5% in 2008)

Table 5 shows the numbers of patients prescribed antibacterials for CAI, the diagnosis group and the number of antibacterials prescribed per patient (the data set excludes patients with multi-diagnoses). The table shows that most UTIs were treated with monotherapy where as other infections were more likely to have combination therapy in varying proportions dependent on site.

Table 5: Numbers of patients prescribed antibacterials for community acquired infections (A) by diagnosis group.

<table>
<thead>
<tr>
<th>Diagnosis Code</th>
<th>Monotherapy</th>
<th>2 Antibacterials</th>
<th>3 or More</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNS</td>
<td>10 (63%)</td>
<td>5 (31%)</td>
<td>1 (6%)</td>
<td>16</td>
</tr>
<tr>
<td>CVS</td>
<td>5 (36%)</td>
<td>8 (57%)</td>
<td>1 (7%)</td>
<td>14</td>
</tr>
<tr>
<td>ENT</td>
<td>6 (38%)</td>
<td>9 (56%)</td>
<td>1 (6%)</td>
<td>16</td>
</tr>
<tr>
<td>EYE</td>
<td></td>
<td></td>
<td>1 (100%)</td>
<td>1</td>
</tr>
<tr>
<td>GI</td>
<td>52 (49%)</td>
<td>53 (50%)</td>
<td>1 (1%)</td>
<td>106</td>
</tr>
<tr>
<td>GUOB</td>
<td>6 (75%)</td>
<td>1 (12.5%)</td>
<td>1 (12.5%)</td>
<td>8</td>
</tr>
<tr>
<td>Not Defined</td>
<td>35 (59%)</td>
<td>23 (39%)</td>
<td>1 (2%)</td>
<td>59</td>
</tr>
<tr>
<td>RESP</td>
<td>224 (61%)</td>
<td>132 (36%)</td>
<td>11 (3%)</td>
<td>367</td>
</tr>
<tr>
<td>SSTBJ</td>
<td>74 (50%)</td>
<td>67 (45%)</td>
<td>7 (5%)</td>
<td>148</td>
</tr>
<tr>
<td>UTI</td>
<td>139 (99%)</td>
<td>2 (1%)</td>
<td></td>
<td>141</td>
</tr>
<tr>
<td><strong>Total - 2009 PPS</strong></td>
<td><strong>551 (62.9%)</strong></td>
<td><strong>300 (34.2%)</strong></td>
<td><strong>25 (2.9%)</strong></td>
<td><strong>876</strong></td>
</tr>
<tr>
<td><strong>Total - 2008 PPS</strong></td>
<td><strong>398 (56.4%)</strong></td>
<td><strong>271 (38.4%)</strong></td>
<td><strong>37 (5.2%)</strong></td>
<td><strong>706</strong></td>
</tr>
</tbody>
</table>

Note: The proportion of patients prescribed monotherapy for CAI increased from 56.4% in the 2008 PPS to 62.9% in 2009.
Community Acquired RTI

The antibacterials prescribed across Wales for the treatment of community acquired respiratory tract infections (CA-RTI) are shown in Figure 13.

Figure 13: Antibacterials prescribed for CA-RTI

Across Wales the most commonly prescribed antibacterials for CA-RTI were co-amoxiclav 22% of all prescriptions (23% in 2008), clarithromycin 20% (26% in 2008) and amoxicillin 15% (14% in 2008). However there was a lot of regional variation in the choice of agent with ciprofloxacin (hospitals C & T) and cefuroxime (hospitals A & B) prescribing in some hospitals and a notable regional increase in doxycycline prescribing (hospitals C, E, N & S).
Excluding patients with multi-diagnoses, the pattern of prescribing varied widely with 75 different regimens including monotherapies and combinations being prescribed. For some hospitals e.g. Llandough (P) the wide variation in regimens can be explained by the inclusion of cystic fibrosis (CF) patients in this PPS; this is also likely to be the cases for other major hospitals.

The BTS guidelines for treatment of community acquired pneumonia are:

**Low severity:**
- Preferred – amoxicillin
- Alternative – doxycycline or clarithromycin

**Moderate severity:**
- Preferred – amoxicillin
- Alternative – doxycycline or clarithromycin

**High severity:**
- Preferred – co-amoxiclav plus clarithromycin
- Alternative – benzylpenicillin plus levofloxacin or ciprofloxacin OR Cefuroxime, or cefotaxime or ceftriaxone plus clarithromycin

Of the 132 patients with a diagnosis of community acquired pneumonia (CAP) prescribing varied widely with 44 different regimens including monotherapies and combinations being prescribed: 16.7% of CAP patients were prescribed co-amoxiclav plus clarithromycin, whilst another 54.4% were prescribed antibacterials in the guidelines, however, some of the antibacterials were prescribed in combinations that were not recommended in the BTS guidance e.g. amoxicillin plus ciprofloxacin, and cefuroxime plus doxycycline.

**Dosing regimens for Community Acquired RTI**

**Co-amoxiclav:** Figure 14 shows that 55% of patients diagnosed with a community acquired respiratory tract infection (CA-RTI) that were prescribed co-amoxiclav were prescribed 0.625g oral co-amoxiclav TDS, and 35% were prescribed 1.2g parenteral co-amoxiclav TDS.

![Figure 14: Prescribed dosage for treatment of CA-RTI with co-amoxiclav](image-url)
**Amoxicillin:** Figure 15 shows that 72% of patients with CA-RTI that were prescribed amoxicillin were prescribed 0.5g oral amoxicillin TDS & 13% were prescribed 1g oral amoxicillin TDS.

![Amoxicillin Prescribed Dosage](image)

Figure 15: Prescribed dosage for treatment of CA-RTI with amoxicillin

**Clarithromycin:** Figure 16 shows that 75% of patients with CA-RTI that were prescribed clarithromycin were prescribed 0.5g oral clarithromycin BD and 16% were 0.5g parenteral clarithromycin BD.

![Clarithromycin Prescribed Dosage](image)

Figure 16: Prescribed dosage for treatment of CA-RTI with clarithromycin

The dosage for co-amoxiclav, amoxicillin, clarithromycin, and doxycycline prescribed for the treatment of CA-RTI at individual hospital level are shown in Table 10 in Appendix B.
**Community Acquired UTI**

The antibacterials prescribed for the treatment of community acquired urinary tract infections (CA-UTI) are shown in Figure 17. The most commonly prescribed antibacterials were trimethoprim (37%), ciprofloxacin (18%) and co-amoxiclav (17%), comprising 72% of prescriptions for CA-UTI in total.

![Figure 17: Antibacterials prescribed for CA-UTI](image)

Excluding patients with multi-diagnoses, the pattern of prescribing varied between hospitals with **16 different regimens** including monotherapies and combinations being prescribed; the most common were:

- Trimethoprim monotherapy (53 prescriptions)
- Ciprofloxacin monotherapy (26 prescriptions)
- Co-amoxiclav monotherapy (26 prescriptions)

There was little variation in the dosing regimens for the 3 most commonly prescribed antibacterials:

- Trimethoprim **96%** of prescriptions were for 0.2g oral BD
- Ciprofloxacin **78%** 0.5g oral BD & **11%** were 0.75g oral BD
- Co-amoxiclav **46%** 0.625g oral TDS & **31%** were 1.2g parenteral TDS
Community Acquired SSTBJ Infections

The antibacterials prescribed for the treatment of community acquired skin, soft tissue, bone & joint infections (CA-SSTBJI) are shown in Figure 18. Flucloxacillin (29%), benzylpenicillin (13%), co-amoxiclav (12%) and metronidazole (9%) were the most commonly prescribed antibacterials, comprising 63% of prescriptions for community acquired SSTBJ infection in total.

Excluding patients with multi-diagnoses, the pattern of prescribing varied between hospitals with 54 different regimens including monotherapies and combinations being prescribed. The most common regimens were:

- Benzylpenicillin plus flucloxacillin (24 prescriptions)
- Co-amoxiclav monotherapy (17 prescriptions)
- Flucloxacillin monotherapy (16 prescriptions)
**Dosing regimens for Community Acquired SSTBJI**

**Flucloxacillin:** Figure 19 shows the variation in prescribing: 50% of patients diagnosed with CA-SSTBJI that were prescribed flucloxacillin were prescribed 1.0g parenteral flucloxacillin QDS and 25% were prescribed 0.5g oral flucloxacillin QDS.

![Figure 19: Prescribed dosage for treatment of CA-SSTBJI with flucloxacillin](image)

**Co-amoxiclav:** Figure 20 shows the variation in prescribing: 49% of patients diagnosed with a CA-SSTBJI that were prescribed co-amoxiclav were prescribed 0.625g oral co-amoxiclav TDS and 36% were prescribed 1.2g parenteral co-amoxiclav TDS.

![Figure 20: Prescribed dosage for treatment of CA-SSTBJI with co-amoxiclav](image)
HOSPITAL ACQUIRED INFECTIONS (INDICATION B)

Hospital acquired infections (HAI) were the second most common indication requiring an antimicrobial prescription.

- 645 of the 6460 patients surveyed were prescribed antibacterials for HAI (10.0%)
- Of the 1905 patients in the survey that were prescribed antibacterials, 645 (33.8%) were indicated for HAI (Indication B).
- 920 antimicrobials were prescribed for HAI
- 876 antibacterials were prescribed for HAI

Figure 21 shows that the number of antibacterials prescribed by diagnosis group for each hospital. 236 of the 876 antibacterials prescribed in this group were for respiratory tract infections (RESP), 202 were for skin, soft tissue, bone & joint infections (SSTBJ) & 176 were for gastrointestinal infections (GI).

Figure 21: Antibacterials prescribed for indication B by diagnosis group

Figure 22 shows the proportion of antibacterials prescribed by diagnosis group for each hospital/hospital group with for indication B, with generally the highest proportion of antibacterials overall being prescribed for respiratory tract infections (RESP).
Figure 22: Proportion of antibacterials prescribed by diagnosis group

The most common hospital acquired infections were (n= 645):

- RTI – 180 diagnoses (27.9% compared with 25% in 2008)
- SSTBJ – 146 diagnoses (22.6% compared with 22.3% in 2008)
- GI – 135 diagnoses (20.9% compared with 18.2% in 2008)
- UTI – 122 diagnoses (18.9% compared with 20.6% in 2008)

Table 6 shows the numbers of patients prescribed antibacterials for hospital acquired infections, the diagnosis group and the number of antibacterials prescribed per patient (the data set excludes patients with multi-diagnoses). The table shows that most UTIs were treated with monotherapy whereas other infections were more likely to have combination therapy in varying proportions dependent on site.

Table 6: Numbers of patients prescribed antibacterials for hospital acquired infections (B) by diagnosis group

<table>
<thead>
<tr>
<th>Diagnosis Code</th>
<th>Monotherapy</th>
<th>2 Antibacterials</th>
<th>3 or More</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNS</td>
<td></td>
<td></td>
<td>3 (100%)</td>
<td>3</td>
</tr>
<tr>
<td>CVS</td>
<td>2 (40%)</td>
<td>2 (40%)</td>
<td>1 (10%)</td>
<td>5</td>
</tr>
<tr>
<td>ENT</td>
<td>5 (71%)</td>
<td>2 (29%)</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>EYE</td>
<td></td>
<td>1 (100%)</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>GI</td>
<td>79 (72%)</td>
<td>24 (22%)</td>
<td>6 (6%)</td>
<td>109</td>
</tr>
<tr>
<td>GUOB</td>
<td>6 (60%)</td>
<td>4 (40%)</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Not Defined</td>
<td>26 (53%)</td>
<td>19 (39%)</td>
<td>4 (8%)</td>
<td>49</td>
</tr>
<tr>
<td>RESP</td>
<td>100 (68%)</td>
<td>43 (29%)</td>
<td>4 (3%)</td>
<td>147</td>
</tr>
<tr>
<td>SSTBJ</td>
<td>81 (64%)</td>
<td>41 (32%)</td>
<td>5 (4%)</td>
<td>127</td>
</tr>
<tr>
<td>UTI</td>
<td>111 (98%)</td>
<td>2 (2%)</td>
<td></td>
<td>113</td>
</tr>
<tr>
<td>Total – 2009 PPS</td>
<td>410 (72%)</td>
<td>141 (25%)</td>
<td>20 (3%)</td>
<td>571</td>
</tr>
<tr>
<td>Total – 2008 PPS</td>
<td>326 (67%)</td>
<td>132 (26%)</td>
<td>26 (5%)</td>
<td>484</td>
</tr>
</tbody>
</table>

Note: The proportion of patients prescribed monotherapy for HAI increased from 67.3% in the 2008 PPS to 71.8% in 2009.
The PPS included five sub-indications within hospital acquired infection (B):

- **B1** – Post-operative infection
- **B2** – Other intervention related infections
- **B3** – *C. difficile* associated diarrhoea
- **B4** – Other hospital acquired infection
- **B5** – Infection present on admission from another hospital

The diagnosis groups & sub-indications within the hospital acquired infection group are shown in Table 7. Sub-indication **B4** was the most common in this PPS group accounting for **43%** of prescribing for hospital acquired infections.

**Table 7: Diagnosis group by sub-indication**

<table>
<thead>
<tr>
<th>Diagnosis Group</th>
<th>B1</th>
<th>B2</th>
<th>B3</th>
<th>B4</th>
<th>B5</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNS</td>
<td>2</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CVS</td>
<td>2</td>
<td>1</td>
<td>5</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ENT</td>
<td>6</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EYE</td>
<td></td>
<td></td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GI</td>
<td>41</td>
<td>6</td>
<td>107</td>
<td>17</td>
<td>5</td>
</tr>
<tr>
<td>GUOB</td>
<td>14</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MIX</td>
<td>4</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Not Defined</td>
<td>10</td>
<td>18</td>
<td>61</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>RESP</td>
<td>31</td>
<td>29</td>
<td>164</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>SSTBJ</td>
<td>133</td>
<td>18</td>
<td>41</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>UTI</td>
<td>13</td>
<td>14</td>
<td>84</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td><strong>All diagnosis</strong></td>
<td><strong>256</strong></td>
<td><strong>91</strong></td>
<td><strong>107</strong></td>
<td><strong>377</strong></td>
<td><strong>45</strong></td>
</tr>
<tr>
<td><strong>All Diagnosis (%)</strong></td>
<td><strong>29.2%</strong></td>
<td><strong>10.4%</strong></td>
<td><strong>12.2%</strong></td>
<td><strong>43.0%</strong></td>
<td><strong>5.1%</strong></td>
</tr>
</tbody>
</table>

- **B1** – **52%** of antibacterials prescribed for post-operative infection were for SSTBJ infections
- **B2** – Nearly one third of antibacterials prescribed for intervention related infections were for respiratory tract infections urinary (32%) showing a marked increase in the proportion recorded for 2008 of **12.9%**.
- **B3** – 107 antibacterials were prescribed for the treatment of *C. difficile*. **12.2%** of all antibacterials prescribed for HAI were prescribed for the treatment of *C. difficile*, an increase from the **8.6%** prescribed in 2008.
- **B4** – 164 of the 377 antibacterials prescribed for other HAI were for respiratory tract infections (43.5%) and 84 were for UTIs (22.3%).
- **B5** – Treatment for respiratory infections, urinary tract infections and SSTBJ infections accounted for **76%** of the antibacterials prescribed for ‘infection present on admission from another hospital’.

**Note:** The antibacterials prescribed for hospital acquired infections are shown in Table 11 in Appendix B. The most commonly prescribed antibacterials for this indication were:

- Metronidazole: 137 prescriptions - **15.6%** (16.6% in 2008)
- Co-amoxiclav: 95 prescriptions - **10.8%** (11.6% in 2008)
- Vancomycin: 83 prescriptions - **9.5%** (7.1% in 2008)
- Piperacillin/Tazobactam: 74 prescriptions - **8.4%** (4.7% in 2008)
The choice of antibacterials prescribed for HAI was large, especially for the following:

- **SSTBJ** infections 29 different antibacterials (27 in 2008 PPS)
- **RESP** infections 22 different antibacterials (20 in 2008 PPS)
- **Not Defined** infections 19 different antibacterials (18 in 2008 PPS)

The antibacterials prescribed for the sub-indications B1, B2, B3, B4 & B5 are shown in Table 12 in Appendix B.

**Sub-indication B3 (Clostridium difficile infection)**

81 patients were prescribed antibacterial/antibacterials for the treatment of hospital acquired *C. difficile* infection. Excluding patients with multi-indications (n=73):

- 36 patients were prescribed metronidazole monotherapy (49%)
- 24 were prescribed vancomycin monotherapy (33%)
- 12 were prescribed metronidazole & vancomycin (16%)
- 1 was prescribed metronidazole and rifampicin (1%).

Of the 8 patients with multi-indications metronidazole was included in the regimen for 5 patients, vancomycin was included in the regimen for 2 patients and metronidazole plus vancomycin was included in the regimen for 1 patient. **Figure 23** shows the regimens prescribed for all 81 patients.

![Figure 23](image-url)

**Figure 23**: Antibacterial regimens for patients with *C. difficile*
**Hospital Acquired RTI**

The antibacterials prescribed for the treatment of hospital acquired respiratory tract infections (HA-RTI) are shown in **Figure 24**.

---

**Figure 24**: Antibacterials prescribed for HA-RTI

Across Wales the most commonly prescribed antibacterials for HA-RTI were piperacillin/tazobactam 20% of all prescriptions (10% in 2008), clarithromycin 20% (26% in 2008) and amoxicillin 15% (14% in 2008). Excluding patients with multi-diagnoses, the pattern of prescribing varied widely with 36 different regimens including monotherapies and combinations being prescribed. The most common were (total number = 149 prescriptions):

- 19 prescriptions for piperacillin/tazobactam monotherapy (22%)
- 7 meropenem monotherapy (8%)
- 5 cefuroxime plus metronidazole (6%); ciprofloxacin monotherapy (6%)
- 5 co-amoxiclav monotherapy (6%); co-amoxiclav plus clarithromycin (6%)
**Dosing regimens for Hospital Acquired RTI**

**Piperacillin/tazobactam:** Figure 25 shows that 87% of patients diagnosed with a HA-RTI that were prescribed piperacillin/tazobactam were prescribed 4.5g parenteral pip/tazo TDS, and 11% 4.5g parenteral pip/tazo BD.

![Figure 25: Prescribed dosage for treatment of HA-RTI with pip/tazo](image)

**Co-amoxiclav:** Figure 26 shows that 53% of patients diagnosed with a HA-RTI that were prescribed co-amoxiclav were prescribed 0.625g oral co-amoxiclav TDS, and 36% were prescribed 1.2g parenteral co-amoxiclav TDS. These dosing rates are comparable to those for community acquired RTI.

![Figure 26: Prescribed dosage for treatment of HA-RTI with co-amoxiclav](image)

The co-amoxiclav dosing prescribed by individual hospitals for the treatment of HA-RTI is shown in **Table 13** in **Appendix B**.
**Hospital Acquired SSTBJ Infections**

The antibacterials prescribed for the treatment of hospital acquired skin, soft tissue, bone & joint infections (HA-SSTBJI) are shown in Figure 27.

**Figure 27:** Antibacterials prescribed for HA-SSTBJI

Flucloxacillin (27.7%), co-amoxiclav (9.9%) & metronidazole (9.4%) were the most commonly prescribed antibacterials, comprising 47% of prescriptions for HA-SSTBJI in total. Excluding patients with multi-diagnoses, the pattern of prescribing varied widely with 49 different regimens including monotherapies and combinations being prescribed (total number = 128 prescriptions):

- Flucloxacillin monotherapy (26 prescriptions)
- Co-amoxiclav monotherapy (14 prescriptions)
Hospital Acquired Urinary Tract Infections

The antibacterials prescribed for the treatment of hospital acquired urinary tract infections (HA-UTI) are shown in Figure 28. Trimethoprim (42%), ciprofloxacin (18%) and co-amoxiclav (12%) were the most commonly prescribed antibacterials, comprising 72% of prescriptions for HA-UTI in total.

Figure 28: Antibacterials prescribed for HA-UTI

Excluding patients with multi-diagnoses, the pattern of prescribing for HA-UTI showed some variation between hospitals with 14 different regimens mainly monotherapies but with some combination therapies being prescribed; the most common regimens were (total number = 113 prescriptions):

- Trimethoprim monotherapy (46 prescriptions)
- Ciprofloxacin monotherapy (20 prescriptions)
**SURGICAL PROPHYLAXIS (INDICATION C)**

The antibacterials prescribed for surgical prophylaxis (C) are shown in Table 8.

- 226 of the 6460 patients surveyed were prescribed antimicrobial/s for surgical prophylaxis (3.5%)
- Of the 1905 patients in the survey that were prescribed antibacterials, 226 (11.9%) were prescribed surgical prophylaxis (C).
- 22 different antibacterials were prescribed within this group.

**Table 8: Antibacterials prescribed by diagnosis group – indication C**

<table>
<thead>
<tr>
<th>Antibacterial Prophylaxis Diagnosis group</th>
<th>CNS</th>
<th>CVS</th>
<th>ENT</th>
<th>GI</th>
<th>GUOB</th>
<th>MIX</th>
<th>RES</th>
<th>SBJ</th>
<th>UTI</th>
<th>Total</th>
</tr>
</thead>
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<td>19</td>
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<td></td>
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<tr>
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<td>1</td>
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<td>1</td>
<td>33</td>
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<tr>
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<td></td>
<td>12</td>
<td>10</td>
<td>22</td>
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</tr>
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</tr>
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</tr>
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<td></td>
<td></td>
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<td></td>
</tr>
<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
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</tr>
<tr>
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<td>9</td>
<td>78</td>
<td>24</td>
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<td>5</td>
<td>113</td>
<td>26</td>
<td>280</td>
</tr>
</tbody>
</table>

The most commonly prescribed antibacterials for surgical prophylaxis were:

- Cefuroxime (39.3% compared with 35.2% in 2008)
- Co-amoxiclav (16.8% compared with 13.4% in 2008)
- Metronidazole (11.8% compared with 15.5% in 2008)
- 228 of the antibacterials prescribed for surgical prophylaxis were for IV administration (81.4% compared with 83.1% in 2008)
- 113 of the 280 antibacterials prescribed as surgical prophylaxes were for skin, soft tissue bone & joint (See Figure 29).
Figure 29: Antibacterials prescribed for indication C by diagnosis group

The PPS included three categories within surgical prophylaxis (C) based on the number of doses and duration of antibacterial prescribed:

- C1 – Single dose
- C2 – Multi-doses within one day
- C3 – > 1 day

The number of antibacterials prescribed for surgical prophylaxis and the proportion for more than one day duration (C3 %) is shown in Table 9.

Table 9: Antibacterials prescribed by sub– indication C1, C2 & C3

<table>
<thead>
<tr>
<th>Antibacterial</th>
<th>C1</th>
<th>C2</th>
<th>C3</th>
<th>C3% - 2009</th>
<th>C3% - 2008</th>
</tr>
</thead>
<tbody>
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<td>16.7</td>
<td></td>
<td>16.7</td>
</tr>
<tr>
<td>Co-amoxiclav</td>
<td>18</td>
<td>10</td>
<td>19</td>
<td>40.4</td>
<td>55.3</td>
</tr>
<tr>
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<td>66.7</td>
<td></td>
<td>66.7</td>
</tr>
<tr>
<td>Cefotaxime</td>
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<td>80.0</td>
<td></td>
<td>66.7</td>
</tr>
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<td>100</td>
</tr>
<tr>
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<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cefuroxime</td>
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<td>68</td>
<td>30</td>
<td>27.3</td>
<td>37.0</td>
</tr>
<tr>
<td>Ciprofloxacin</td>
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<td>77.8</td>
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<td>77.8</td>
</tr>
<tr>
<td>Clarithromycin</td>
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<td></td>
<td>100</td>
<td></td>
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<td>0</td>
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</tr>
<tr>
<td>Colistin</td>
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</tr>
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<td>Erythromycin</td>
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<td>100</td>
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<td>100</td>
</tr>
<tr>
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<td>2</td>
<td>20.0</td>
<td>90</td>
</tr>
<tr>
<td>Gentamicin</td>
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<td>4.5</td>
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<td>5.9</td>
</tr>
<tr>
<td>Metronidazole</td>
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<td>2</td>
<td>26</td>
<td>78.8</td>
<td>65.9</td>
</tr>
<tr>
<td>Penicillin V</td>
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<td></td>
<td>100</td>
</tr>
<tr>
<td>Piperacillin/Tazo</td>
<td>1</td>
<td></td>
<td>100</td>
<td></td>
<td>100</td>
</tr>
<tr>
<td>Teicoplanin</td>
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<td>5</td>
<td>3</td>
<td>33.3</td>
<td>72.7</td>
</tr>
<tr>
<td>Tobramycin</td>
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<td></td>
<td>100</td>
<td></td>
<td>100</td>
</tr>
<tr>
<td>Trimethoprim</td>
<td>4</td>
<td></td>
<td>100</td>
<td></td>
<td>80.0</td>
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<td>Vancomycin</td>
<td>3</td>
<td></td>
<td>100</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>All antibacterials</td>
<td>65</td>
<td>92</td>
<td>123</td>
<td>43.9%</td>
<td>48.2%</td>
</tr>
</tbody>
</table>
The proportion of patients receiving surgical prophylaxis for more than one day decreased from 48.2% [42.5, 54.0] in 2008 to 43.9% [38.2, 49.8] in 2009. Although the reduction in prescribing for more than one day is not statistically significant it hopefully shows movement in the right direction.

**Table 10** shows the diagnosis subgroups and the proportion of antibacterials that were prescribed for more than one day duration (C3):

- Excluding the subgroups with less than 20 antibacterials prescribed in total (Proph CNS, Proph ENT, and Proph RES & MIX), the proportion of prescribing for more than one day was statistically lower in Proph SBJ - 20.4% [14.0, 28.7] than any other subgroup.
- Prophylaxis for skin soft tissue bone & joint surgery was mainly prescribed for 24 hours (C2) – 62.8%
- The proportion of prescribing for more than one day was statistically higher in Proph GI - 71.8% [61.0, 81.6] than the other groups.

<table>
<thead>
<tr>
<th>Diagnosis subgroup</th>
<th>Indication C1</th>
<th>Indication C2</th>
<th>Indication C3</th>
<th>Proportion C3 [95% CIs]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proph CNS</td>
<td>1</td>
<td></td>
<td></td>
<td>0.0 [0.0, 79.3]</td>
</tr>
<tr>
<td>Proph CVS</td>
<td>5</td>
<td>6</td>
<td>11</td>
<td>50.0 [30.7, 69.3]</td>
</tr>
<tr>
<td>Proph ENT</td>
<td>1</td>
<td>8</td>
<td></td>
<td>88.9 [56.5, 98.0]</td>
</tr>
<tr>
<td>Proph GI</td>
<td>17</td>
<td>5</td>
<td>56</td>
<td>71.8 [61.0, 81.6]</td>
</tr>
<tr>
<td>Proph GyOb</td>
<td>13</td>
<td>6</td>
<td>5</td>
<td>20.8 [9.2, 40.5]</td>
</tr>
<tr>
<td>Proph RES</td>
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<td>4</td>
<td></td>
<td>80.0 [37.6, 96.4]</td>
</tr>
<tr>
<td>Proph SBJ</td>
<td>19</td>
<td>71</td>
<td>23</td>
<td>20.4 [14.0, 28.7]</td>
</tr>
<tr>
<td>Proph UT</td>
<td>11</td>
<td>1</td>
<td>14</td>
<td>53.8 [35.5, 71.2]</td>
</tr>
<tr>
<td>MIX</td>
<td></td>
<td></td>
<td>2</td>
<td>100 [34.2, 100]</td>
</tr>
<tr>
<td>All diagnosis - 2009</td>
<td>65</td>
<td>92</td>
<td>123</td>
<td>43.9% [38.2, 49.8]</td>
</tr>
<tr>
<td>All diagnosis - 2008</td>
<td>66</td>
<td>81</td>
<td>137</td>
<td>48.2% [42.5, 54.0]</td>
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</tbody>
</table>

The diagnosis subgroups & sub-indications at individual hospital level are shown in **Table 14** in Appendix B. The top four antibacterials prescribed as surgical prophylaxis (cefuroxime, metronidazole, co-amoxiclav & gentamicin) and the sub-indications are shown in **Table 15** in Appendix B.

Overall the proportion of prescribing of the top four antimicrobials for more than one day decreased from 41.2% [34.8, 47.9] in 2008 to 35.8% [29.7, 42.5] in 2009.
MEDICAL PROPHYLAXIS (INDICATION D)

The antibacterials prescribed for medical prophylaxis (D) are show in Table 9.

- 86 of the 6460 patients surveyed were prescribed antimicrobial/s for medical prophylaxis (1.3%)
- Of the 1905 patients in the survey that were prescribed antibacterials, 86 (4.5%) were prescribed medical prophylaxis (D).
- 23 different antibacterials were prescribed within this group.

Table 11: Antibacterials prescribed by diagnosis group – indication D

<table>
<thead>
<tr>
<th>Antibacterial</th>
<th>Prokinetic</th>
<th>CNS</th>
<th>CVS</th>
<th>GI</th>
<th>RES</th>
<th>SBJ</th>
<th>UT</th>
<th>UND</th>
<th>Total</th>
</tr>
</thead>
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<tr>
<td>Co-trimoxazole</td>
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<td>22</td>
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<td></td>
<td>23</td>
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<tr>
<td>Trimethoprim</td>
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<tr>
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<td>82</td>
<td>3</td>
<td>33</td>
<td>8</td>
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</table>

- Co-trimoxazole was the most commonly prescribed antibacterial for this group (14.6%)
- Trimethoprim long term therapy was used solely as prophylaxis for urinary tract infections.
- Penicillin V was largely prescribed as prophylaxis post-splenectomy.
- **52.2%** of the antibacterials in this group were prescribed for Proph RES and reflect the large number of cystic fibrosis patients in this group.
SPECIFIC DIAGNOSIS GROUPS

Bacteraemia

Antibacterials that were prescribed for bacteraemia are shown in Figure 30.

- 65 of the 6460 patients surveyed were prescribed antibacterials for the treatment of bacteraemia (1.0%)
- Of the 65 patients diagnosed with a bacteraemia:
  - 23 (35.4%) were classed as community acquired (Indication A)
  - 42 (64.6%) were classed as hospital acquired (Indication B)
- 20 different antibacterials were prescribed within this group.

![Antibacterials prescribed for bacteraemia (%)](image)

**Figure 30:** Antibacterials prescribed for bacteraemia (%)

Piperacillin/tazobactam (22%), vancomycin (20%), metronidazole (10%), and meropenem (8%) were the most commonly prescribed antibacterials comprising 60% of prescriptions for bacteraemias (97 antibacterials in total).

Excluding patients with multi-diagnoses, the pattern of prescribing varied widely with 29 different regimens including monotherapies and combinations being prescribed; the most common were:

- Piperacillin/tazobactam monotherapy (6 prescriptions)
- Vancomycin monotherapy (5 prescriptions)
**Pneumonia**

Antibacterials that were prescribed for pneumonia are shown in Figure 31.

- 237 of the 6460 patients surveyed were prescribed antibacterials for the treatment of pneumonia (3.7%)
- Of the 237 patients diagnosed with pneumonia:
  - 134 (56.5%) were classed as **Indication A**
  - 103 (43.5%) were classed as **Indication B**
- 27 different antibacterials were prescribed within this group

**Figure 31: Antibacterials prescribed for pneumonia (%)**

Clarithromycin (20%), co-amoxiclav (17%), and piperacillin/tazobactam (13%) were the most commonly prescribed antibacterials for pneumonia, comprising 50% of prescriptions (366 antibacterials in total).

Excluding patients with multi-diagnoses, the pattern of prescribing varied widely with **29 different regimens** including monotherapies and combinations being prescribed; the most common were:

- Co-amoxiclav plus clarithromycin (27 prescriptions)
- Piperacillin/tazobactam monotherapy (23 prescriptions)
- Amoxicillin plus clarithromycin (12 prescriptions)
**Pyelonephritis**

Antibacterials that were prescribed for the treatment of pyelonephritis are shown in Figure 32.

- 36 of the 6460 patients surveyed were prescribed antibacterials for the treatment of pyelonephritis (0.6%)
- Of the 36 patients diagnosed with pyelonephritis:
  - 24 (66.7%) were classed as **Indication A**
  - 12 (33.3%) were classed as **Indication B**
- 16 different antibacterials were prescribed within this group.

![Figure 32: Antibacterials prescribed for pyelonephritis (%)](image)

Ciprofloxacin (32%), co-amoxiclav (12%), trimethoprim (10%), & meropenem (10%) were the most commonly prescribed antibacterials, comprising 64% of prescriptions for pyelonephritis (28 antibacterials in total).

Excluding patients with multi-diagnoses **13 different regimens** predominantly monotherapies were prescribed and the most common were:

- Ciprofloxacin monotherapy (12 prescriptions)
- Co-amoxiclav monotherapy (4 prescriptions)
**SIRS**

Antibacterials that were prescribed for the treatment of systemic inflammatory response with no clear anatomical site (SIRS) are shown in **Figure 33**.

- 54 of the 6460 patients surveyed were prescribed antimicrobial/s for the treatment of SIRS (0.8%)
- Of the 54 patients diagnosed with SIRS:
  - 39 (56.4%) were classed as **Indication A**
  - 15 (28.2%) were classed as **Indication B**
- 19 different antibacterials were prescribed within this group

![Figure 33: Antibacterials prescribed for SIRS (%)](image)

Piperacillin/tazobactam (11%), meropenem (10%), gentamicin (10%), amoxicillin (9%), ciprofloxacin (9%), and metronidazole (9%) were the most commonly prescribed antibacterials, comprising 58% of prescriptions for SIRS (80 antibacterials in total).

Excluding patients with multi-diagnoses, the pattern of prescribing for SIRS varied widely with **28 different regimens** including monotherapies and combinations being prescribed; the most common were:

- Ciprofloxacin monotherapy (6 prescriptions)
- Amoxicillin plus cefotaxime (4 prescriptions)
**UND**

Antibacterials that were prescribed for the treatment of infection from an undefined site with no systemic inflammation (UND) are shown in Figure 34.

- 17 of the 6460 patients surveyed were prescribed antimicrobial/s for the treatment of UND (0.3%)
- Of the 17 patients diagnosed with UND:
  - 7 (41.2%) were classed as *Indication A*
  - 3 (17.6%) were classed as *Indication B*
  - 7 (41.2%) were classed as *Indication D*
- 13 different antibacterials were prescribed within this group

![Figure 34: Antibacterials prescribed for UND (%)](image)

The numbers in this group were too small to analyse.
ANTIFUNGALS, ANTIVIRALS & TOPICAL ANTIMICROBIALS

The antifungal, antiviral and topical antimicrobial prescribing recorded in the 2009 PPS are shown in Table 10; as previously stated it is unclear if this is a complete record of prescribing for these antimicrobial drug groups or if some hospitals selectively audited systemic antibacterial prescribing only. 42.2% of prescribing for this group was recorded in UHW.

Table 10: Antifungal, antiviral & topical antimicrobial prescribed by indication and route of administration.

<table>
<thead>
<tr>
<th>Antimicrobial</th>
<th>Route</th>
<th>Indication</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
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</thead>
<tbody>
<tr>
<td>Abacavir</td>
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</tr>
<tr>
<td>Aciclovir</td>
<td>Oral, Parenteral &amp; Topical</td>
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<td>8</td>
<td>17</td>
<td></td>
<td></td>
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<tr>
<td>Amphotericin</td>
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<tr>
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<td>6</td>
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<tr>
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<td>Oral &amp; Parenteral</td>
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<tr>
<td>Nystatin</td>
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<tr>
<td>Voriconazole</td>
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</tbody>
</table>

All antifungals, antivirals & topical agents 36 57 4 57

Amazingly these 154 antimicrobials were included in 86 different regimens and only 28 were monotherapies:

- Fluconazole (6 prescriptions)
- Aciclovir & Chloramphenicol (5 prescriptions each)
- Nystatin (4 prescriptions)
- Clotrimazole (3 prescriptions)
- Oseltamivir (2 prescriptions)
- Miconazole, mupirocin, Sofradex and voriconazole (1 prescription)
# APPENDIX A

## Wales Point Prevalence Survey 2009

**Patient Form (Please fill in one form per patient)**

<table>
<thead>
<tr>
<th>Patient Identifier (Hospital Number)</th>
<th>Survey Number</th>
<th>Age</th>
<th>DOB</th>
<th>Sex</th>
<th>Hospital</th>
<th>Ward</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

*Please enter the patient's hospital number to allow local linkage to patient records for more detailed audit if required. NB this identifier will not be entered onto the electronic database and is for internal use only.*

*A unique but non-identifiable number for each patient entered in the survey by this hospital; it is suggested that consecutive numbers are used. This number will be used in the electronic database and will be used in any communications regarding individual data.*

### Essential Fields

<table>
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<tr>
<th>Drug</th>
<th>Unit Dose</th>
<th>Doses per day</th>
<th>Route</th>
<th>Diagnosis Site</th>
<th>Diagnosis Code</th>
<th>Indication</th>
<th>Reason in notes (Yes/No)</th>
<th>Day of Therapy</th>
</tr>
</thead>
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<td>P</td>
<td>SSTBJ</td>
<td>Proph SBJ</td>
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</tr>
</tbody>
</table>

1. Dose per administration in grams: for combination products record the total dose prescribed (e.g. co-amoxiclav 1.2 G; co-trimoxazole 0.96 G).
2. Provide fractions of doses if necessary, e.g. every 16h = 1.5 doses per day, every 36h = 0.67 doses per day, every 48h = 0.5 doses per day.
4. Diagnosis – please enter both diagnosis site and diagnosis code as shown in grey shaded area of table.
5. Indication – please enter indication code.
6. Day of therapy – please enter the day as a numeric (e.g. 7), or ‘Stat’ for stat doses, or ‘LT’ (Long term) for lifelong prophylaxis (e.g. penicillin for postsplenectomy or nitrofurantoin prophylaxis against recurrent UTI).
### Table 1: Ward Information

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<th>Hospital Code</th>
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Key Table 1: No. AMx – number of antimicrobials prescribed; No. ABx – number of antibacterials; %ABx – proportion of antibacterials prescribed.

### Table 2: Gender of patients prescribed antimicrobials

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Note: The gender of one patient was recorded as unknown (total n=1905).
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Note: Across Wales 44.5% of all patients prescribed antimicrobials were age 75 years and above.

Hospital Codes: A - Bronglais; B - Princess of Wales; C - Royal Glamorgan; D - Royal Gwent; E - Morriston; F - University Hospital of Wales; G - Withybush; H - Wrexham Maelor; H2 - Deeside Community; (H* - Wrexham Maelor & Deeside Community hospitals); J - West Wales General; K - Ysbyty Gwynedd; L - Ysbyty Glan Clwyd; M - Nevill Hall; N - Prince Charles; N2 - St Tydfil's; N3 - Aberdare; (N* - Prince Charles, St Tydfil's & Aberdare hospitals); P - Llandough; Q - Velindre; R - Prince Philip; S - Singleton; T - Neath Port Talbot; U - Caerphilly Miners; W - West Wing; Z - All Hospitals.

Table 4: Proportion of Oral/Parenteral prescribing by specialty

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Key table 4: O - oral; P - parenteral;
Table 5: Indication for antimicrobial prescription at patient level

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Key Table 5: Indication A – community acquired infection; B – hospital acquired infection; C – surgical prophylaxis; D – medical prophylaxis; U – unknown indications

Key to Hospital Codes: A - Bronglais; B - Princess of Wales; C - Royal Glamorgan; D - Royal Gwent; E - Morriston; F - University Hospital of Wales; G - Withybush; H* - Wrexham Maelor and Deeside Community Hospital; J - West Wales General; K - Ysbyty Gwynedd; L - Ysbyty Glan Clwyd; M - Nevill Hall; N* - Prince Charles, St Tydfil’s and Aberdare hospitals; P - Llandough; Q - Velindre; R - Prince Philip; S - Singleton; T - Neath Port Talbot; U - Caerphilly Miners; W - West Wing; Z - All Hospitals.

Note: For the majority of hospitals across Wales patients with community acquired infections (indication A) were the predominant group for which an antimicrobial/s was prescribed. However for UHW (F), Velindre (Q) and West Wing (W) patients with hospital acquired infection (Indication B) were the predominant group.
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Key Table 6: Indication: A – community acquired infection; B – hospital acquired infection; C – surgical prophylaxis; D – medical prophylaxis; U&Mix – unknown and mixed indications; N/A – not applicable.

Key to Hospital Codes: A - Bronglais; B - Princess of Wales; C - Royal Glamorgan; D - Royal Gwent; E - Morriston; F - University Hospital of Wales; G - Withybush; H* - Wrexham Maelor and Deeside Community Hospital; J - West Wales General; K - Ysbyty Gwynedd; L - Ysbyty Glan Clwyd; M - Nevill Hall; N* - Prince Charles, St Tydfil's and Aberdare hospitals; P - Llandough; Q - Velindre; R - Prince Philip; S - Singleton; T - Neath Port Talbot; U - Caerphilly Miners; W - West Wing.

Note: Bronglais hospital (A) and Ysbyty Glan Clwyd (L) did not take part in the 2008 PPS.
### Table 7: Reason for antimicrobial prescription recoded in patient notes

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<th>Indication C</th>
<th>Indication D</th>
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Proportion: 89% 11% 0.3% 87% 12% 0.3% 56% 44% 69% 31% 20% 40% 40% 88.9% 10.8% 0.3%

**Key Table 7:** Indication A – community acquired infection; B – hospital acquired infection; C – surgical prophylaxis; D – medical prophylaxis; Unk. – Unknown

**Key to Hospital Codes:** A - Bronglais; B - Princess of Wales; C - Royal Glamorgan; D - Royal Gwent; E - Morriston; F - University Hospital of Wales; G - Withybush; H* - Wrexham Maelor and Deeside Community Hospital; J - West Wales General; K - Ysbyty Gwynedd; L - Ysbyty Glan Clwyd; M - Nevill Hall; N* - Prince Charles, St Tydfil's and Aberdare hospitals; P - Llandough; Q - Velindre; R - Prince Philip; S - Singleton; T - Neath Port Talbot; U - Caerphilly Miners; W - West Wing; Z - All Hospitals.

### Table 8: Top 10 prescribing

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<th>CXM</th>
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<th>CIP</th>
<th>FLU</th>
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Proportion: 89% 11% 0.3% 87% 12% 0.3% 56% 44% 69% 31% 20% 40% 40% 88.9% 10.8% 0.3%

**Key Table 8:** AUG - co-amoxiclav; MET - metronidazole; CXM - cefuroxime; CLA - clarithromycin; CIP - ciprofloxacin; FLU - flucloxacillin; AMO - amoxicillin; TRI - trimethoprim; PIP - piperacillin/tazobactam; VAN - vancomycin.
## Table 9: Number of antibacterials prescribed per patient by indication

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**Key table 9:** A – community acquired infection; B – hospital acquired infection; C – surgical prophylaxis; D – medical prophylaxis; 1 – monotherapy; 2 – two antibacterials prescribed per patient; 3+ – three or more antibacterials prescribed per patient.

**Key to Hospital Codes:** A - Bronglais; B - Princess of Wales; C - Royal Glamorgan; D - Royal Gwent; E - Morriston; F - University Hospital of Wales; G - Withybush; H* - Wrexham Maelor and Deeside Community Hospital; J - West Wales General; K - Ysbyty Gwynedd; L - Ysbyty Glan Clwyd; M - Nevill Hall; N* - Prince Charles, St Tydfil’s and Aberdare hospitals; P - Llandough; Q - Velindre; R - Prince Philip; S - Singleton; T - Neath Port Talbot; U - Caerphilly Miners; W - West Wing; Z - All Hospitals.

**Note:** Antifungals & antivirals are not included in the data set.
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Key Table 10: A - Bronglais; B - Princess of Wales; C - Royal Glamorgan; D - Royal Gwent; E - Morriston; F - University Hospital of Wales; G - Withybush; H - Wrexham Maelor; J - West Wales General; K - Ysbyty Gwynedd; L - Ysbyty Glan Clwyd; M - Nevill Hall; N - Prince Charles; P - Llandough; Q - Velindre; R - Prince Philip; S - Singleton; T - Neath Port Talbot; U - Caerphilly Miners.

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**Key Table 12:** B1 – Post-operative infection; B2 – Other intervention related infections; B3 – C. difficile associated diarrhoea; B4 – Other hospital acquired infection; B5 – Infection present on admission from another hospital

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Table 14: Surgical prophylaxis by diagnosis code and duration of treatment C1, C2 & C3

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GLOSSARY

Indications
A
  Community Acquired Infection
B
  Hospital Acquired Infection
    ▪ B1 – Post-operative infection
    ▪ B2 – Other intervention related infections
    ▪ B3 – C. difficile associated diarrhoea
    ▪ B4 – Other hospital acquired infection
    ▪ B5 – Infection present on admission from another hospital
C
  Surgical Prophylaxis
    ▪ C1 – Single dose
    ▪ C2 – 1 day
    ▪ C3 – > 1 day
D
  Medical Prophylaxis

Diagnosis Groups
CNS  Central nervous system
CVS  Cardiovascular system
EYE  Eye
ENT  Ear, nose, throat, mouth or larynx
GI   Gastrointestinal tract including liver and biliary tree
GUOB  Genitourinary tract
N.D.  No clear anatomical site
Not Defined  No clear anatomical site
RESP  Respiratory tract
SSTBJ  Skin, soft tissue, bone and joint
UTI  Urinary tract
MIX  More than one diagnosis group e.g. RESP & UTI.

Diagnosis Codes
CNS/CNS  Infections of the Central Nervous System
CNS/Proph CNS  Prophylactic use for CNS
CVS/CVS  Cardiovascular infections: endocarditis, vascular graft
CVS/Proph CVS  Cardiac or vascular surgery, endocarditis prophylaxis
EYE/EYE  Endophthalmitis
EYE/Proph Eye  Prophylaxis for eye operations
ENT/ENT  Infections of ear, mouth, nose, throat or larynx
ENT/Proph ENT  Prophylaxis for Ear, Nose or Throat (surgery or medical)
GI/GI  GI infections (salmonellosis, antibiotic associated diarrhoea)
GI/IA  Intra-abdominal sepsis including hepatobiliary
GI/Proph GI  Surgery of the GI tract, liver or biliary tree, GI prophylaxis in Neutropenic patients or hepatic failure
GUOB/GUM  Prostatitis, epididymo-orchitis, STD in men
GUOB/OBGY  Obstetric or gynaecological infections, STD in women
GUOB/Proph GyOb  Prophylaxis for obstetric or gynaecological surgery
Not Defined/BAC  Bacteraemia (not endocarditis) with no clear anatomical site
Not Defined/SIRS  Systemic inflammatory response with no clear anatomic site
Not Defined/UND  Completely un-defined site with no systemic inflammation
**RESP/Bron**  
Acute bronchitis, exacerbations of chronic bronchitis, COPD or COAD, and any other respiratory tract infections other than pneumonia

**RESP/Pneu**  
Pneumonia

**RESP/Proph RES**  
Pulmonary surgery, prophylaxis for respiratory pathogens

**SSTBJ/SST**  
Cellulitis, wound, deep soft tissue not involving bone

**SSTBJ/BJ**  
Septic arthritis (including prosthetic joint), osteomyelitis

**SSTBJ/Proph SBJ**  
Prophylaxis for plastic or orthopaedic surgery (bone or joint)

**UTI/Cys**  
Lower UTI

**UTI/Pye**  
Upper UTI

**UTI/Proph UT**  
Prophylaxis for urological surgery, recurrent UTI

### General Acronyms

- **ATC**  
  Anatomical Therapeutic Chemical (ATC) classification

- **BD**  
  Twice a day

- **CA**  
  Community Acquired

- **CAI**  
  Community Acquired Infection

- **CAP**  
  Community Acquired Pneumonia

- **CDAD**  
  Clostridium difficile-associated disease

- **CF**  
  Cystic Fibrosis

- **CI**  
  Confidence Interval (95% CI)

- **HA**  
  Hospital Acquired

- **HAI**  
  Hospital Acquired Infection

- **ICU**  
  Intensive Care Unit

- **O**  
  Oral

- **OD**  
  Once a day

- **P**  
  Parenteral

- **PPS**  
  Point Prevalence Survey

- **QDS**  
  Four times a day

- **Med**  
  Medicine

- **RTI**  
  Respiratory Tract Infection

- **SCBU**  
  Special Care Baby Unit

- **SSBJI**  
  Skin, Soft issue, Bone & Joint Infections

- **T**  
  Topical

- **TDS**  
  Three times a day

- **UTI**  
  Urinary Tract Infection

### ACKNOWLEDGEMENTS

We would like to acknowledge the hard work and dedication of the antimicrobial pharmacists and ward pharmacists at all of the hospitals that took part in the PPS; and to thank the Chief Pharmacists for their support in carrying out this surveillance study.