Managing Common Infections

Bites – Animal and Human: antimicrobial prescribing

Stakeholder comments table

06/11/2019 – 03/12/2019

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National Minor Illness Centre	Visual summary and draft guideline	Antimicrobial prescribing section	'In pregnancy' sections	You recommend azithromycin in pregnancy. Other recent NICE antimicrobial guidelines (eg acute cough, sore throat) have stated that erythromycin is the preferred macrolide in pregnancy because of an observational study (Muanda, Sheehy and Bernard, 2017) linking azithromycin and clarithromycin to miscarriage. Has the evidence base changed?	Thank you for your comment. Azithromycin was originally recommended over other macrolides, such as erythromycin, in pregnancy because it has greater activity against Pasturella (which is a particular concern in pregnancy). Following stakeholder comments the committee discussed that azithromycin may also not have enough activity against Pasturella, and that for the small number of pregnant women who will be unable to take co-amoxiclav specialist advice should be sought for a suitable individualised antibiotic choice.
National Minor Illness Centre	Visual Summary	Uninfected bites section		I found the advice on uninfected bites in the visual summary very difficult to follow. It would help if you could colour code human and animal bites differently, and label the three different types of risk more simply (e.g. 'bite, site and patient')	Thank you for your comment. The visual summary has been reworked for clarity based on restructured recommendations in the guideline that are easier to follow. It now includes a table for easier implementation of the recommendations. The table is split into human, cat and dog (or other traditional pet) bite, with unbroken skin, broken skin with no bleeding and broken skin with bleeding.
Health and Social Care Board NI	Visual Summary		Uninfected bites section	Visually confusing between animal/human and offer/consider situations Suggestion would be to visually separate human and animals e.g. by breaking up the flow of the bullets with first two headed 'Human Bites' and last two bullet headed 'Animal Bites'	Thank you for your comment. The visual summary has been reworked for clarity based on restructured recommendations in the guideline that are easier to follow. It now includes a table for easier implementation of the recommendations. The table is split into human, cat and dog (or other traditional pet)

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					bite, with unbroken skin, broken skin with no bleeding and broken skin with bleeding.
Health and Social Care Board NI	Guideline	2	17, and Page 3 Line 5	Suggest sub headings for 'Human Bites' and 'Animal Bites' to aid visual differentiation	Thank you for your comment. The recommendations on antibiotic prophylaxis have been restructured for clarity based on when to not offer, offer, or consider antibiotics for human, cat and dog (or other traditional pet) bites, as subheadings.
Health and Social Care Board NI	Guideline and Visual Summary	6	Table 1	There are a number of dose ranges and duration ranges within this table. Clarification on when a lower or higher dose should be considered is not provided. In practice prescribers do not find this helpful and prefer to be provided with a definite dose and definite duration. Practically having one dose and duration also simplifies processes e.g. in PGDS, for prepacks of medications in EDs and GP Out of Hours services, for producing smartphone formulary apps. The evidence review does not seem to provide rationale for the selection of ranges as opposed to definite doses. Previous PHE guidance had some dose ranges but not to the degree of proposed NICE guidance. It would be very helpful if expert opinion could arrive at one dose and one duration in each drug/situation outlined. With regard to footnote 3 in particular and 'longer course may be needed' this is ambiguous – does this mean 7 days should be selected as the higher end of the range 5- 7 days, or does this mean a longer course beyond 7 days? If it is the former then 'up to 7 days may be required in…' may be better form of words. If it is the latter should specify this- maybe following clinical review at 7 days.	Thank you for your comment. Where possible the committee give a dose rather than a range because they understand this is more helpful, particularly for prepacks etc. However, for some antibiotics it is appropriate to give a range to allow for clinical judgement as to the dose needed for the severity of the bite. This reflects the licensed doses of certain antibiotics, where increased doses can be given for severe infections. Bites can vary in their severity from more superficial wounds to those with significant tissue damage. For duration, the committee discussed stakeholder comments and agreed that a 5-day course is appropriate for most people with a human or animal bite. They clarified that course length can be increased to 7 days (with review) based on clinical assessment of the wound, for example if it has resulted in significant tissue destruction or has penetrated bone, joint, tendons or vascular structures.
British Infection Association	Visual Summary	General	General	It would be sensible to also include tetanus/rabies mention in this visual summary as important not to miss and it is unlikely the full	Thank you for your comment. Assess the risk of tetanus, rabies or bloodborne viral infection has been added to the visual summary.

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				guideline will be read in e.g. A & E or GP practice.	
British Infection Association	Draft Guideline	2	16	This line should include mention of hand bites etc. as someone may fail to read to the next line and be falsely reassured.	Thank you for your comment. The recommendations on antibiotic prophylaxis have been restructured for clarity based on when to not offer, offer, or consider antibiotics for human, cat and dog (or other traditional pet) bites.
British Infection Association	Visual summary & draft guideline	General	General	The advice not to use prophylaxis if the skin is broken but there is no bleeding seems without evidence when compared with the evidence summary, particularly as those with poor perfusion of the area will be at higher risk. It would be more sensible to group all those in whom the skin is broken together.	Thank you for your comment. The recommendations on antibiotic prophylaxis have been restructured for clarity based on when to not offer, offer, or consider antibiotics for human, cat and dog (or other traditional pet) bites. The recommendations have also been clarified into situations where bites have: - not broken the skin, - broken the skin and drawn blood (to signify the epidermis has been breached), and - broken the skin but not drawn blood (to signify the epidermis has not been breached).
British Infection Association	Visual summary & draft guideline	General	General	Although this document will raise awareness which is helpful our members were particularly concerned that patients may rarely seek medical advice for bites as they may not realise the risks. Once they do seek advice the stratification of risk by part of body or bleeding or not may impede general communication of the risk of bites. In particular it is important to highlight the risks to those who are immunosuppressed. This is included in both documents but could be highlighted more to ensure it is not missed.	Thank you for your comment. The committee agreed that highlighting the risks to those at potentially greater risk from human and animal bites is important; but agreed that the references made in recommendation 1.1.5 and 1.1.11 was adequate and have made no additional changes. These recommendations in the guideline refer to people at risk of a serious wound infection because of co-morbidities (such as diabetes, immunosuppression, asplenia, or decompensated liver disease). This information is also in the visual summary.
British Infection Association	Visual summary & draft guideline	General	General	A number of readers found the guideline difficult to read and a suggestion was made that it could be made simpler to simply list: 1. Bites with unbroken skin requiring prophylaxis (and which they were) and 2. Bites with broken skin that do	Thank you for your comment. The recommendations on antibiotic prophylaxis have been restructured for clarity based on when to not offer, offer or consider antibiotics

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				not require prophylaxis. Then outside those circumstances broken skin would mean prophylaxis and unbroken skin no prophylaxis. This could be clearer it was felt on the visual summary as a flow chart of selecting options.	for human, cat, and dog (or other traditional pet) bites. The recommendations have also been clarified into situations where bites have: - not broken the skin, - broken the skin and drawn blood (to signify the epidermis has been breached), and - broken the skin but not drawn blood (to signify the epidermis has not been breached).
British Infection Association	Visual summary & draft guideline	General	General	In general we support this guideline.	Thank you and we welcome the British Infection Associations contribution.
British Infection Association	Visual summary & draft guideline	General	General	We were unable to find mention of wound debridement which can be critical.	Thank you for your comment. The committee agreed to expand recommendation 1.1.1 which makes specific reference to 'managing the wound' to manage the wound with irrigation and debridement as necessary'. This is also included in the rationale section which refers to NICE clinical knowledge summaries on human and animal bites, where further detail regarding the management of the wound is given. This guidance focuses on antimicrobial prescribing for human and animal bites and did not consider the evidence-base for debridement which is out of scope.
Royal College of General Practitioners	Guideline	1		Can the committee consider adding veterinary clinics here as a potential user of the guidance? Domestic / exotic animals may bite and if the animal is injured present to veterinary clinics. It is essential the vets know to send the humans onto see a clinician to treat the bite.	Thank you for your comment. The committee agreed with your comment and have added reference to veterinary professionals as a group for whom the guideline may be relevant for.
Royal College of General Practitioners	Guideline	2	10	Can the committee consider adding a definition to exotic animal in this part of the guideline for clarification as is done on page 10: line 9 e.g. A rare or unusual animal pet that is unusual to keep, or defined as a wild species (snake, lizard, monkey or bat)	Thank you for your comment. The committee discussed the definition of exotic animal and this is given in the rationale as being 'such as snakes, lizards, monkeys or bats'. It is impossible to give a definitive list of animals here and the committee agreed that the rationale should also state that healthcare professionals may also wish to seek specialist

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					advice for other domestic animal bites (including farm animal bites) that they are not familiar with.
Royal College of General Practitioners	Guideline	3	3	Can the committee explain the rationale for using prophylactic antibiotics without a breach in the skin or bleeding for human bites with the comorbid diseases listed? Current antibiotic guidelines are trying to reduce the use of antibiotics. For example, even in valvular heart disease the most recent dental guidelines do not require prophylactic antibiotics for invasive procedures. The rationale does not explain this	Thank you for your comment. The recommendations on antibiotic prophylaxis have been restructured for clarity based on when to not offer, offer, or consider antibiotics for human, cat and dog (or other traditional pet) bites. The recommendations have also been clarified into situations where bites have: - not broken the skin, - broken the skin and drawn blood (to signify the epidermis has been breached), and - broken the skin but not drawn blood (to signify the epidermis has not been breached). Following stakeholder comments the committee discussed and agreed that for human bites that have not broken the skin, no antibiotic prophylaxis is needed. For human bites that have only caused a superficial wound, i.e. they have broken the skin but not drawn blood, antibiotics prophylaxis is not routinely needed because they are low risk due to the epidermis not being breached. However, antibiotics may be considered for a human bite if it involves a high-risk area or if the person is at risk of a serious wound infection because of co-morbidities. If wounds do become infected in these areas or in these people, then more serious complications can occur, particularly from a human bite which is considered to be at a higher risk of infection due to oral bacteria within the human mouth.
Royal College of General Practitioners	Guideline	3	4	Can the committee consider defining "very young". Is this an infant less than 1 year of age, a child under 5, a child under 16?	Thank you for your comment. Following stakeholder comments the committee

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					discussed and agreed to remove 'very young' from the recommendation.
Royal College of General Practitioners	Guideline	3	22	Can the committee explain the rational of using prophylactic antibiotics without a breach in the skin or bleeding for human bites with the comorbid diseases listed without evidence? Current antibiotic guidelines are trying to reduce the use of antibiotics. For example, even in valvular heart disease the most recent dental guidelines do not require prophylactic antibiotics for invasive procedures.	Thank you for your comment. The recommendations on antibiotic prophylaxis have been restructured for clarity based on when to not offer, offer, or consider antibiotics for human, cat and dog (or other traditional pet) bites. The recommendations have also been clarified into situations where bites have: - not broken the skin, - broken the skin and drawn blood (to signify the epidermis has been breached), and - broken the skin but not drawn blood (to signify the epidermis has not been breached). Following stakeholder comments the committee discussed and agreed that for human bites that have not broken the skin, no antibiotic prophylaxis is needed. For human bites that have only caused a superficial wound, i.e. they have broken the skin but not drawn blood, antibiotics prophylaxis is not routinely needed because they are low risk due to the epidermis not being breached. However, antibiotics may be considered for a human bite if it involves a high-risk area or if the person is at risk of a serious wound infection because of co-morbidities. If wounds do become infected in these areas or in these people, then more serious complications can occur, particularly from a human bite which is considered to be at a higher risk of infection due to oral bacteria within the human mouth.
Royal College of General Practitioners	Guideline	3	23	Can the committee consider defining "very young"? Is this an infant less than 1 year of age, a child under 5, a child under 16?	Thank you for your comment. Following stakeholder comments the committee discussed and agreed to remove 'very young' from the recommendation.

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Royal College of General Practitioners	Guideline	3	26	Can the committee clarify if this is purulent discharge only? Serous discharge from a wound is unlikely to show growth	Thank you for your comment. The committee discussed your comment and because certain bacteria associated with a human or animal bite, for example Eikenella, may not form pus, all infected bites with discharge should be swabbed regardless of purulence.
Royal College of General Practitioners	Guideline	4	9	Can the committee use 24-48 hours rather than 1-2 days to ensure patients are seen in a timely manner for follow up.	Thank you for your comment. The committee has amended the recommendation in line with your comment.
Royal College of General Practitioners	Guideline	4	13	Can the committee use 24-48 hours rather than 1-2 days to ensure patients are seen in a timely manner for follow up.	Thank you for your comment. The committee has amended the recommendation in line with your comment.
Royal College of General Practitioners	Guideline	9	2	Can the committee add ascending lymphangitis to the list of serious illness signs	Thank you for your comment. Lymphangitis is one of the conditions outlined in recommendation 1.1.13 where referral can be considered or specialist advice sought and has not therefore been added to recommendation 1.1.12.
Royal College of General Practitioners	Guideline	9	14	Many ambulatory care units use IM antibiotics. So can the phase be changed to IM/IV antibiotics in the community	Thank you for your comment. The committee discussed your comment and have amended the bullet point within recommendation 1.1.13 to refer to parenteral antibiotics., which would cover IM or IV use.
Royal College of General Practitioners	Guideline	Tables 1 & 2		The ranges of dosing for antibiotics in each section is not helpful in primary care. The rationale for this appears to be based on "experience" but the shortest effective course best. (Page 15, line 28). Can the committee give specific recommendations? E.g. Coamoxiclav 500/125 mg for 5 days (extending to 7 days if …….) which will then be consistent with other guidance on primary care such as the pneumonia guidelines, rather than "5-7 days for treatment". The aim is to reduce antibiotic prescribing overall and leaving guidelines open to interpretation will mean most people stick to the standard pack size of 7 days of treatment. No evidence is cited on antibiotic length in the guideline	Thank you for your comment. Where possible the committee give a dose rather than a range because they understand this is more helpful, particularly for primary care. However, for some antibiotics it is appropriate to give a range to allow for clinical judgement as to the dose needed for the severity of the bite. This reflects the licensed doses of certain antibiotics, where increased doses can be given for severe infections. Bites can vary in their severity from more superficial wounds to those with significant tissue damage. For duration, the committee discussed stakeholder comments and agreed that a 5-day course is appropriate for most people with a human or animal bite. They clarified that

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					course length can be increased to 7 days (with review) based on clinical assessment of the wound, for example if it has resulted in significant tissue destruction or has penetrated bone, joint, tendons or vascular structures. No evidence was found for antibiotic duration.
Royal College of General Practitioners	Guideline	13	18	Can the committee use 24-48 hours rather than 1-2 days to ensure patients are seen in a timely manner for follow up.	Thank you for your comment. The committee has amended the recommendation in line with your comment.
Royal College of General Practitioners	Visual Summary	Left column in grey	People at risk of serious wound infection	Can the committee consider clarifying "very young" e.g. <1 month, < 1 year, < 5 years? Can the committee consider whether the full list of comorbidities is required here. E.g. heart valve disease no longer requires prophylactic antibiotics for dental treatment. Perhaps "People with severe comorbidities putting them at risk of infection" could be considered an alternative. If you are going to list the specific comorbidities others need to be considered e.g. peripheral vascular disease with distal bites on the foot/leg	Thank you for your comment. Following stakeholder comments the committee discussed and agreed to remove 'very young' from the recommendation. For comorbidities, a definitive list cannot be given, and the recommendation has been amended to say co-morbidities such as diabetes, immunosuppression, asplenia, or decompensated liver disease.
Royal College of General Practitioners	Visual Summary	Left column in grey	Micro-biological sampling	Take a swab for microbiological testing if there is "purulent "discharge rather than just "discharge"	Thank you for your comment. The committee discussed your comment and because certain bacteria associated with a human or animal bite, for example Eikenella, may not form pus, all infected bites with discharge should be swabbed regardless of purulence.
Royal College of General Practitioners	Visual Summary	White box on right	Give advice ….. and Reassess	Can the committee use 24-48 hours in both boxes rather than 1-2 days.	Thank you for your comment. The committee has amended the recommendation in line with your comment.
Royal College of General Practitioners	Visual Summary	White box on right	Reassess	Can the committee put a separate bullet point for Has severe pain out of proportion to the infection. This is a specific symptom in its own right and needs appropriate signposting. If left as an ending to the point on becoming systemically unwell it may be missed	Thank you for your comment. This has not been amended. It reflects the recommendation where this is also in one bullet point.
Royal College of General Practitioners	Visual Summary	Bark blue box	"uninfected bites"	Can the committee consider increasing the clarity by using headings of human bites and animal bites separately? Presently, the visual summary is difficult to navigate and may be confusing	Thank you for your comment. The visual summary has been reworked for clarity based on restructured recommendations in the guideline that are easier to follow. It now includes a table for easier implementation of

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				E.g. Human bites • Offer antibiotic prophylaxis if the skin is broken and bleeding or are in high risk areas • Consider antibiotic prophylaxis without broken skin and bleeding if the patient is at high risk of infection Animal bites • Offer antibiotic prophylaxis if the skin is broken and bleeding or are in high risk areas • Consider antibiotic prophylaxis without broken skin and bleeding if the patient is at high risk of infection	the recommendations. The table is split into human, cat and dog (or other traditional pet) bite, with unbroken skin, broken skin with no bleeding and broken skin with bleeding.
Royal Pharmaceutical Society	Guideline	General	General	We are grateful for the opportunity to respond to this consultation. Overall this guideline reflects the current clinical practice and the choice of agents seems reasonable.	Thank you and we welcome the Royal Pharmaceutical Society's contributions.
Royal Pharmaceutical Society	Guideline	General	General	The course durations for treatment are indicated as 5-7 days. A specific course duration would be helpful so we suggest choosing either 5 OR 7 days, preferably 5 days with an indication that a longer course may be needed based on clinical assessment of the wound. There is currently no evidence to support the choice of course length for human or animal bites so this would be in line with the move to shorter courses for most conditions since longer courses have higher risk of antibiotic resistance.	Thank you for your comment. The committee discussed your comment and agreed that a 5-day course is appropriate for most people with a human or animal bite. They clarified that course length can be increased to 7 days (with review) based on clinical assessment of the wound, for example if it has resulted in significant tissue destruction or has penetrated bone, joint, tendons or vascular structures. No evidence was found for antibiotic duration.
Aneurin Bevan University Health Board	Guideline	2	5	Could the information about assessment of risk of tetanus, rabies and bloodborne viral infections please be included in the assessment table on the visual summary document	Thank you for your comment. Assess the risk of tetanus, rabies or bloodborne viral infection' has been added to the visual summary.
Scottish Antimicrobial Prescribing Group	Visual Summary	1		Surgical assessment/wound toilet for deep or penetrating wounds and particularly if penetrating tendons should be mentioned.	Thank you for your comment. Recommendation 1.1.1 has been expanded to say, 'manage the wound with irrigation and debridement as necessary'. And this has been added to the visual summary. This is also included in the rationale section which refers to

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					NICE clinical knowledge summaries on human and animal bites, where further detail regarding the management of the wound is given. This guidance focuses on antimicrobial prescribing for human and animal bites and did not consider the evidence-base for surgical assessment which is out of scope.
Scottish Antimicrobial Prescribing Group	Visual Summary	2		Penicillin allergy choices • In penicillin allergy, clarithromycin is recommended for human bites in children under 12 years, however, clarithromycin has no activity against Eikenella which is found in the human mouth. Therefore recommend azithromycin instead of clarithromycin for this indication. • For penicillin allergy IV treatment Macrolide + Metronidazole preferred to the 3rd generation cephalosporins	Thank you for your comment. Following stakeholder comments the committee discussed the use of macrolides, such as erythromycin or azithromycin, in children under 12 years who cannot take co-amoxiclav. They agreed that macrolides do not have sufficient activity against the range of pathogens that could be present and agreed to recommend co-trimoxazole in this situation because this also does have good activity against the range of likely pathogens. They disagreed that macrolides were preferred to third generation cephalosporins if IV treatment was needed and these recommendations were not changed.
Scottish Antimicrobial Prescribing Group	Visual Summary	2		Suggest specify duration rather than 5 - 7 days. In line with current practice suggest 5 days rather than 7 or could suggest 5 days but 7 days if severe infection	Thank you for your comment. The committee discussed your comment and agreed that a 5-day course is appropriate for most people with a human or animal bite. They clarified that course length can be increased to 7 days (with review) based on clinical assessment of the wound, for example if it has resulted in significant tissue destruction or has penetrated bone, joint, tendons or vascular structures. No evidence was found for antibiotic duration.
Scottish Antimicrobial Prescribing Group	Visual Summary	2		Suggest dosage of co-amoxiclav should be 625mg	Thank you for your comment. The committee discussed your comment and whilst appreciating the practical implication of a specific dose the committee highlighted that recommending 250/125 or 500/125 mg is appropriate to allow for clinical judgement as to the dose needed for the severity of the bite. This reflects the licensed doses of certain antibiotics, where increased doses can be

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					given for severe infections. Bites can vary in their severity from more superficial wounds to those with significant tissue damage.
Scottish Antimicrobial Prescribing Group	Visual Summary	2		The choice of two dosages for both co-amoxiclav and doxycline with no context is confusing – should this be based on size of patient or severity of bite?	Thank you for your comment. Where possible the committee give a dose rather than a range because they understand this is more helpful. However, for some antibiotics, such as co-amoxiclav and doxycycline, it is appropriate to give a range to allow for clinical judgement as to the dose needed for the severity of the bite. This reflects the licensed doses, where increased doses can be given for severe infections. Bites can vary in their severity from more superficial wounds to those with significant tissue damage.
Scottish Antimicrobial Prescribing Group	Visual Summary	2		The prophylactic box is a bit confusing. Might be easier if they split it into human and animal.	Thank you for your comment. The visual summary has been restructured for clarity based on restructured recommendations in the guideline that are easier to follow. It now includes a table for easier implementation of the recommendations. The table is split into human, cat and dog (or other traditional pet) bite, with unbroken skin, broken skin with no bleeding and broken skin with bleeding.
Scottish Antimicrobial Prescribing Group	Visual Summary	2		Questions 1 and 2 As detailed in comments above it is not helpful for clinicians to be given a range of doses and durations without clear guidance on which to choose. This is particularly important for the increasing numbers of non-medical prescribers (nurses, pharmacists).	Thank you for your comment. Where possible the committee give a dose rather than a range because they understand this is more helpful, particularly for non-medical prescribers. However, for some antibiotics it is appropriate to give a range to allow for clinical judgement as to the dose needed for the severity of the bite. This reflects the licensed doses for certain antibiotics, where increased doses can be given for severe infections. Bites can vary in their severity from more superficial wounds to those with significant tissue damage.
Scottish Antimicrobial Prescribing Group	Visual Summary	2		If the evidence is not clear in this area then perhaps add something about as per local guidelines.	Thank you for your comment. The remit of antimicrobial prescribing guidelines is to give national guidance on antibiotic recommendations.

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British Society for Antimicrobial Chemotherapy	NICE Guideline	3	1.1.6	We are concerned that this recommendation implies that the face or genitals has a higher risk of infection than limbs. In fact, the face has the lowest infection rate – [bleeds so well.]	Thank you for your comment. The committee discussed this and agreed that both face and genitals should stay in the list of high-risk areas. The face may have a lower infection rate because it bleeds so well but it remains a high risk area because of the implications of scarring if an infection and complications do occur.
British Society for Antimicrobial Chemotherapy	NICE Guideline	3	1.1.7	Being bitten 'near 'a prosthetic joint is irrelevant- unless penetration of the joint. It's the bacteraemia that causes infection - hence no evidence that a bite near a prosthetic knee will infect the knee more so than a hip for example.	Thank you for your comment. The committee discussed your comment and agreed that penetrating the joint is the important risk factor. They agreed to remove 'near a prosthetic joint implant' from the recommendation.
British Society for Antimicrobial Chemotherapy	NICE Guideline	4	1.1.7	There is no mention of wound debridement or irrigation or cleansing.	Thank you for your comment. The committee agreed to expand recommendation 1.1.1 which makes specific reference to 'managing the wound' to manage the wound with irrigation and debridement as necessary'. This is also included in the rationale section which refers to NICE clinical knowledge summaries on human and animal bites, where further detail regarding the management of the wound is given.
British Society for Antimicrobial Chemotherapy	NICE Guideline	5	1.1.13	Why lymphadenopathy? (Surely only cat scratch disease and no need for referral urgently as usually self-limiting). Presume mean Lymphangiitis	Thank you for your comment. The recommendation originally made reference to lymphadenopathy after a cat bite. Following committee discussion the committee agreed this is usually self-limiting and removed it from recommendation 1.1.17. Lymphangitis is one of the conditions outlined in recommendation 1.1.18 where referral can be considered or specialist advice sought and has not therefore been added to recommendation 1.1.17.
British Society for Antimicrobial Chemotherapy	NICE Guideline	7	Table	What is the actual rationale for preference of clarithromycin over azithromycin in children? Azithromycin has a better MIC cf clarithromycin for most organisms that actually cause infection after human bites, including Eikenella and is od not bd so better compliance.	Thank you for your comment. Following stakeholder comments the committee discussed the use of macrolides, such as erythromycin or azithromycin, in children under 12 years who cannot take co-amoxiclav. They agreed that macrolides do not have sufficient activity against the range of pathogens that could be present and agreed to recommend

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					co-trimoxazole in this situation because this does have good activity against the range of likely pathogens.
British Society for Antimicrobial Chemotherapy	NICE Guideline			There is no mention of syphilis transmission, cat scratch disease.	Thank you for your comment. The committee considered your comment and were of the opinion that syphilis transmission is not a concern in this area and have not amended the guideline. A referral recommendation originally made reference to lymphadenopathy after a cat bite. However, following committee discussion the committee agreed this is usually self-limiting and removed it from recommendation 1.1.17.
British Society for Antimicrobial Chemotherapy	NICE Evidence Review	9	Re 1.1.1 to 1.1 112	Cannot extrapolate guidance to all farm animals-pig Pasteurellae are becoming more resistant generally, although most UK strains sensate to co-amoxiclav. However Flavobacterium IIb 3 and mycoplasma are resistant to Co-amoxiclav so specialist advice should be sought for pig bites as well.	Thank you for your comment. The committee discussed your comment and agreed that it is important to consider what animal has caused the bite because the spectrum of bacteria involved may be different. The committee agreed that a list of animals and the variation of bacteria causing an infection cannot be captured usefully in a comprehensive list and agreed to add to the rationale that healthcare professionals may wish to seek specialist advice for any other domestic animal bites (including farm animal bites) that they are not familiar with.
Royal College of Nursing	General	General	General	The Royal College of Nursing (RCN) welcomes the opportunity to comment on the NICE guidelines: Human and animal bites: antimicrobial prescribing. The RCN invited members with expertise and experience of this clinical area to review the draft documents on their behalf. The comments below reflect the views of RCN's reviewers.	Thank you and we welcome the Royal College of Nursing's contribution.
Royal College of Nursing	General	General	General	The document seems comprehensive.	Thank you for your comment
Royal College of Nursing	Questions			Are there any recommendations that will be a significant change to practice or will be difficult to implement?	Thank you for your comment

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				At this stage, our reviewers could not foresee any reasons why these guidelines would be difficult to implement. The visual summery is a useful resource, which offers clear accessible guidance on appropriate antimicrobial prescribing.	
The Challenging Behaviour Foundation	General	General	General	General: The Challenging Behaviour Foundation is a charity which works to improve the lives of children, young people and adults with severe learning disabilities whose behaviours challenge and their families. Challenging behaviour can include biting.	Thank you for your comment and we welcome The Challenging Behaviour Foundation's comments
The Challenging Behaviour Foundation	Draft Guideline	2	7	The guidelines suggest referring to NICE guidelines on child maltreatment and child abuse and neglect. However, children, young people, and adults with severe learning disabilities whose behaviour challenges represent another group at high risk of safeguarding issues linked to bites and, therefore, relevant guidelines for this group need to be referred to.	Thank you for your comment. The committee discussed your comment and agreed to amend recommendation 1.1.1 to say 'Be aware of potential safeguarding issues in vulnerable adults and children, for example as outlined in the NICE guideline on child maltreatment, challenging behaviour and learning disabilities, and domestic violence and abuse.'
The Challenging Behaviour Foundation	Draft Guideline	4	12	Assessment/ reassessment of pain: In the draft guidance, reassessment of the bite depends on a person becoming unwell or experiencing severe pain. People with severe learning disabilities may have difficulty communicating their needs. Therefore, once a bite has been identified special efforts need to be made to monitor any signs of infection and identify any change in levels of pain being experienced as the individual may not be able to express these. This monitoring process for individuals who have difficulty communicating needs to be clearly communicated to all those individuals supporting the child, young person or adult to ensure that important changes or developments are not missed after a change-over in staff or shifts.	Thank you for your comment. The committee agreed with your comment and this issue has been captured in the EIA. The rationale for the assessment section has also been updated remind healthcare professionals that reassessment is also an opportunity to reconsider potential safeguarding issues for vulnerable adults or children. A new recommendation has also been added to 'Be aware that people who have difficulty communicating may have non-verbal signs of pain, such as a change in behaviour.'
The Challenging Behaviour Foundation	Draft Guideline	5	6	It may be more likely that specialist advice is required for children, young people and adults with learning disabilities.	Thank you for your comment. The committee agreed with your comment and this issue has been captured in the EIA. Recommendation

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				Reasonable adjustments may need to be made to enable people with severe learning disabilities who have been bitten to take prescribed antibiotics. This should be recognised in the guidance to prevent any unnecessary delay when an incident occurs.	1.1.1 has been amended to say 'Be aware of potential safeguarding issues in vulnerable adults and children, for example as outlined in the NICE guideline on child maltreatment, challenging behaviour and learning disabilities, and domestic violence and abuse.'
The Challenging Behaviour Foundation	Draft Guideline	13	5	Despite the lack of evidence around human bites, the committee should consider that this risk is higher amongst individuals with learning disabilities whose behaviour challenges, particularly where biting is one of these behaviours. The increased risk for families, staff and other vulnerable individuals who interact with this group should be taken into consideration by the committee.	Thank you for your comment. The committee agreed with your comment and this issue has been captured in the EIA. Recommendation 1.1.1 has been amended to say 'Be aware of potential safeguarding issues in vulnerable adults and children, for example as outlined in the NICE guideline on child maltreatment, challenging behaviour and learning disabilities, and domestic violence and abuse.'
The Challenging Behaviour Foundation	Draft Guideline	13	5	Safeguarding The needs of people with learning disabilities whose behaviours challenge if they are bitten should be taken into account as they are a high-risk group due to the fact that they: - Live in places or with people they don't like, often a long way from their family home. - Can be in settings alongside other vulnerable individuals - Cannot always communicate their needs and therefore indicate either that they have received a bite or that the bite is causing discomfort and may be infected. For this reason, if a child, young person or adult with severe learning disabilities sustains a bite, or it is suspected that they have sustained a bite, measures should be put in place to monitor this individual and safeguard from further biting. Therefore, it is important that the relevant safeguarding guidelines for children, young people and adults are referred to and not merely limited to children as the guidance has previously implied on page 2, line 7.	Thank you for your comment. The committee agreed with your comment and this issue has been captured in the EIA. Recommendation 1.1.1 has been amended to say 'Be aware of potential safeguarding issues in vulnerable adults and children, for example as outlined in the NICE guideline on child maltreatment, challenging behaviour and learning disabilities, and domestic violence and abuse.'

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The Challenging Behaviour Foundation	Draft Guideline	14	5	Families in contact with the CBF have reported how their loved ones have been denied or administered insufficient care and assessments due to a lack of reasonable adjustments. Therefore, it is very important that when an individual with learning disabilities whose behaviour challenges is suspected to have received a bite, that the necessary reasonable adjustments are made and care plans are followed so that this person has access to the same level of medical care as anyone else. This will also include talking to family carers to help understand methods of communication used by the individual and an awareness that behaviour is a form of communication; therefore, pain can lead to increased instances and severity of behaviours that challenge. We know from the families we support at The challenging Behaviour Foundation that individuals with learning disabilities whose behaviour challenges who have not been able to verbally indicate health related discomfort have received poor care in hospital. In some cases, neglect by hospital staff has led to serious medical complications- please see Thomas Rawnsley's case (https://www.mencap.org.uk/blog/happy-21st-birthday-thomas-rest-peace-my-son)	Thank you for your comment. The committee agreed with your comment and this issue has been captured in the EIA. Recommendation 1.1.1 has been amended to say, 'Be aware of potential safeguarding issues in vulnerable adults and children, for example as outlined in the NICE guideline on child maltreatment, challenging behaviour and learning disabilities, and domestic violence and abuse.' A new recommendation has also been added to 'Be aware that people who have difficulty communicating may have non-verbal signs of pain, such as a change in behaviour.'
The Challenging Behaviour Foundation	Draft Guideline	10	15	It is essential that family carers and existing care plans are consulted when deciding what, how and when medication will be administered. It is also important that families are consulted when there is any change in medication administered for treating a bite. There has recently been an instance of a young man with autism who died when inappropriate medication was administered, despite his family's warnings that he had not reacted well to it in the past-please see Oliver McGowan's case	Thank you for your comment. The committee agreed with your comment and this issue has been captured in the EIA. Recommendation 1.1.1 has been amended to say 'Be aware of potential safeguarding issues in vulnerable adults and children, for example as outlined in the NICE guideline on child maltreatment, challenging behaviour and learning disabilities, and domestic violence and abuse.'

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				(https://www.independent.co.uk/news/health/oliver-mcgowan-death-autistic-anti-psychotic-medication-nhs-training-a9184686.html)	
Royal College of Paediatrics and Child Health	General	General	General	The reviewer is happy with this consultation document.	Thank you and we welcome the Royal College of Paediatrics and Child Health contributions.
Royal College of Paediatrics and Child Health	Guideline	2-3	Recommendation 1.1.4 and 1.1.5 and 1.1.6 and 1.1.7	Could the wording be made clearer to differentiate between human and animal bites? The reviewer read these as the same things for quite some time before realising it was human and animal.	Thank you for your comment. The guideline has been restructured for clarity. The recommendations on antibiotic prophylaxis have been restructured for clarity based on when to not offer, offer, or consider antibiotics for human, cat and dog (or other traditional pet) bites; with subheadings.
Royal College of Paediatrics and Child Health	General	General	General	The reviewer was surprised that there is no mention of irrigating or washing out bites with tap water or saline. This would be considered standard practice amongst emergency department practitioners.	Thank you for your comment. Recommendation 1.1.1 has been expanded to say, 'manage the wound with irrigation and debridement as necessary'. This is also included in the rationale section which refers to NICE clinical knowledge summaries on human and animal bites, where further detail regarding the management of the wound is given.
Royal College of Paediatrics and Child Health	General	General	General	Is there any scope to mention wound closure or that wound closure is not routinely recommended unless it is on the face or extensive? (probably anecdotal evidence only)	Thank you for your comment. Recommendation 1.1.1 makes specific reference to 'managing the wound' which is expanded on in the rationale section and refers to NICE clinical knowledge summaries on human and animal bites which provides further detail regarding the management of the wound including the consideration of wound closure. This guidance focuses on antimicrobial prescribing for human and animal bites and did not consider the evidence-base for wound closure because it is out of scope.