

## Managing Common Infections

### Otitis media (acute): antimicrobial prescribing [NG91 update]

Stakeholder comments table

30/11/2021 – 14/12/2021

ID	Organisation name	Document	Page no.	Line no.	Comments	Developer's response
01	NHS England and NHS Improvement South West Region	Guideline	General	General	We welcome the inclusion of the option to use ear drops containing an anaesthetic and an analgesic for pain if an immediate antibiotic is not given, and there is no ear drum perforation or otorrhoea	Thank you for your comment to support the recommendation.
02	NHS England and NHS Improvement South West Region	Guideline	Visual summary		It would be helpful to also include the content placed in the Right hand column 'Non-antimicrobial treatments' in the Box in the centre 'Offer regular doses of paracetamol or ibuprofen for pain • Consider no antibiotic or a back-up antibiotic Prescription' to strengthen both the pain management offer and emphasise the place in management pathway ie when immediate antibiotic is not given.	Thank you for your comment. The visual summary has been amended to include the content suggested.
03	NHS England and NHS Improvement South West Region	Guideline	General	General	Concern this recommendation may result in use of both antibiotics and anaesthetic analgesic ear drops without effective implementation. NICE and PrescQIPP produced a useful resource to support the implementation of the NICE Impetigo: antimicrobial prescribing guideline recommendation for use of hydrogen peroxide 1% cream. It may be helpful to do similar for this new guideline content.	<p>Thank you for your comment. The committee agreed that the guideline is clear that ear drops containing an anaesthetic and an analgesic are recommended for children and young people who are not given immediate antibiotics.</p> <p>The committee recognised the importance of supporting implementation of the new recommendation, including the use of implementation support materials. Local health organisations, health and social care practitioners and other stakeholders will need to work collaboratively to ensure that treatment is available and supplied in the most appropriate way to make best use of available resources. At the time of publication the only preparation available (Otigo) is a prescription only medicine.</p> <p>NICE has worked with the NHS England AMR and procurement teams to increase awareness of this change and to help local implementation.</p>

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04	NHS England and NHS Improvement South West Region	Guideline	2	23 1.1.5	Note BNF content that limits use to children aged 3+Years. It would be useful to align recommendations between BNF and NICE guidance. accessed 07/12/2021 states: 'In children aged 3 years and over who do not have a perforated eardrum, pain can be relieved with anaesthetic ear drops in addition to oral analgesics [unlicensed use]' <a href="https://bnf.nice.org.uk/treatment-summary/ear.html">https://bnf.nice.org.uk/treatment-summary/ear.html</a>	Thank you for your comment. There is now a licensed ear drop preparation, which can be used in children of all ages. We will liaise with the BNF to ensure the content of this BNF treatment summary is aligned with the NICE guideline.
05	NHS England and NHS Improvement South West Region	Guideline	9	4	Note the limited evidence for impact of anaesthetic analgesic ear drops on pain and antibiotic use, and the recommendation (Hay et al. 2019) make that 'The observed reduction in antibiotic consumption following the prescription of ear drops requires replication in a larger study. Future work should establish if the effect of ear drops is due to pain relief'. Will NICE make a research recommendation?	Thank you for your comment. The committee felt able to make a recommendation based on the available evidence (a Cochrane review of 2 RCTs and a further RCT [Hay et al. 2019] included in this update). While further research may be helpful, given other priorities the committee did not want to make a specific research recommendation.
06	UK Clinical Pharmacy Association (UKCPA) Infection Committee	Guideline Section 1.1.7	2		Need to also take into account history of immunosuppression and if there has been a history of recurrent acute otitis media as this will change management.	Thank you for your comment. This is out of scope for this partial update which only covers ear drops containing an anaesthetic and an analgesic.
07	UK Clinical Pharmacy Association (UKCPA) Infection Committee	Guideline Section 1.2	7		Why are there recommendations for pregnant pts (see table 1) when the guideline is intended for children? This is a little bit confusing and if pregnancy is to be included it need to be specified under 'who is it for?' on page 2.	Thank you for your comment. The guideline is for children and young people under 18 years.
08	UK Clinical Pharmacy Association (UKCPA) Infection Committee	Guideline Section 1.2	7		Second line therapy is co-amoxiclav i.e if unresponsive to amoxicillin. These patients are more likely to be at increased risk of beta-lactam resistance i.e amox resistant H influenzae. Therefore should we not be aiming for the higher end of the dosing range when using co-amoxiclav?	Thank you for your comment. This is out of scope for this partial update which only covers ear drops containing an anaesthetic and an analgesic.
09	British Infection Association	Guideline			We support the addition of 1.1.5 in the guideline.	Thank you for your comment to support the recommendation.
10	British Infection Association	Guideline			It would be helpful when durations are cited if indications for longer durations are included- though this maybe outside scope of this particular consultation.	Thank you for your comment. This is out of scope for this partial update which only covers ear drops containing an anaesthetic and an analgesic.
11	British Infection Association	Guideline			The table (1) of antibiotics is not a table of oral antibiotics specifically so ear drop antibiotics may be appropriate to be added here or the legend of table 1 should specify oral.	Thank you for your comment. Ear drops containing an antibiotic are out of scope for this partial update, which

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						only covers ear drops containing an anaesthetic and an analgesic.
12	Royal College of Paediatrics and Child Health	Visual summary	1		The guideline could be clearer in terms of what the difference is between the pathways for those with [perforation or <2 with bilat infection] versus those without – e.g., perhaps bullet points or numbers for the 2 or 3 different options in the next box.	Thank you for your comment. This is out of scope for this partial update which only covers ear drops containing an anaesthetic and an analgesic.
13	Royal College of Paediatrics and Child Health	Visual summary	2		Please include suggestions for topical analgesic/anaesthetic drops prescriptions otherwise users will not know how to find these in their formulary. It would also be worth checking whether these are commonly stocked in community/hospital pharmacies or whether they can be bought over the counter.	<p>Thank you for your comment. The committee agreed that health professionals are not familiar with ear drops containing an anaesthetic and an analgesic for treating pain in people with acute otitis media. They recognised that the new recommendation is a change in practice. While antimicrobial prescribing guidelines usually give detailed prescribing information for antimicrobials only, on this occasion the committee agreed that this should also be given for ear drops containing an anaesthetic and an analgesic (see table 1). The committee felt that this would improve adoption of the new recommendation into practice, with the aim of reducing inappropriate antibiotic use.</p> <p>Local health organisations, health and social care practitioners and other stakeholders will need to work collaboratively to ensure that treatment is available and supplied in the most appropriate way to make best use of available resources. At the time of publication the only preparation available (Otigo) is a prescription only medicine.</p> <p>NICE has worked with the NHSE AMR and procurement teams to increase awareness of this change and to help local implementation.</p>
14	Royal College of Paediatrics and Child Health	Guideline	Section 1.1. 4	2	The reviewer is delighted to support the use of analgesia for pain management in children with AOM, and note the additional benefit of reducing the families search for antibiotics if pain is well managed.	Thank you for your comment and support for the guideline.
15	Royal College of Paediatrics and Child Health	Guideline	General	General	Whilst this may be beyond the scope of the NICE guidance, the reviewer would recommend that NICE guidance includes information that health care professionals should be aware that OME (otitis media with effusion) can develop from AOM (acute otitis media) in some cases.	Thank you for your comment. This is out of scope for this partial update which only covers ear drops containing an anaesthetic and an analgesic. However, there is a separate <a href="#">guideline on otitis media with effusion</a> (CG60) which is <a href="#">currently being updated</a> (expected publication

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					Reference Mahmood Bhutta 'Epidemiology and pathogenesis of otitis media: construction of a phenotype landscape' <i>Audiol Neurotol</i> 2014;19:210-223 DOI 10.1159/000358549	2023). This will address risk factors for developing the condition.
16	Royal College of Paediatrics and Child Health	Guideline	General	General	The reviewer is happy with this draft guideline.	Thank you for your comment and support for the guideline.
17	UK Health Security Agency	Visual summary	General		Evidence on antibiotics on the right-side column: would add that antibiotics may help shorten the duration of pain by xx hours + specify number needed to treat	Thank you for your comment. This is out of scope for this partial update which only covers ear drops containing an anaesthetic and an analgesic. Unfortunately, it is not possible to fit the suggested information into the visual summary due to the limited space available. The visual summary is published in a consistent format for all NICE antimicrobial prescribing guidelines and includes a summary of all recommendations. This format has been very well received by users.
18	UK Health Security Agency	Visual summary	General		Would clarify that otitis media with effusion (serous otitis media) is different from acute otitis media and does not improve with antibiotics	Thank you for your comment. This is out of scope for this partial update which only covers ear drops containing an anaesthetic and an analgesic. However, there is a separate <a href="#">guideline on otitis media with effusion</a> (CG60) which is <a href="#">currently being updated</a> (expected publication 2023). This will address the use of antibiotics for this condition.
19	UK Health Security Agency	Guideline	General		Reads well and the overall approach (avoiding antibiotics in most children) seems sensible	Thank you for your comment and support for the guideline.
20	UK Health Security Agency	Guideline	General		Suggest making it clearer in the text that the "standard" treatment is analgesia only; antibiotics to be given by exception.	Thank you for your comment. This is out of scope for this partial update which only covers ear drops containing an anaesthetic and an analgesic.
21	UK Health Security Agency	Guideline	Overview		Would add that antibiotics may help shorten the duration of pain by xx hours + specify number needed to treat; would clarify that otitis media with effusion (serous otitis media) is different from acute otitis media and does not improve with antibiotics	Thank you for your comment. This is out of scope for this partial update which only covers ear drops containing an anaesthetic and an analgesic. However, there is a separate <a href="#">guideline on otitis media with effusion</a> (CG60) which is <a href="#">currently being updated</a> (expected publication 2023). This will address the use of antibiotics for this condition.
22	UK Health Security Agency	Guideline	1.1.1		Would clarify that most (?80%) episodes of acute otitis media improve without antibiotics, whether the aetiology is viral or bacterial.	Thank you for your comment. This is out of scope for this partial update which only covers ear drops containing an anaesthetic and an analgesic. However, this content is included in the Background section of the evidence review.

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23	UK Health Security Agency	Guideline	Table 1		I have not reviewed doses, please ensure they are consistent with BNFc	Thank you for your comment. This is out of scope for this partial update which only covers ear drops containing an anaesthetic and an analgesic. The BNF content on antibiotic doses is aligned with the NICE guidance on acute otitis media
24	UK Health Security Agency	Guideline	Table 1		How is penicillin intolerance defined? Clarithromycin efficacy is not comparable to amoxicillin, and has considerable adverse events. Would clarify "anaphylaxis to penicillin"	Thank you for your comment. This is out of scope for this partial update which only covers ear drops containing an anaesthetic and an analgesic.
25	UK Health Security Agency	Guideline	antibiotic course length	Lines 1-3	Would edit "short course" (48h-7days) to "standard course" or similar wording, otherwise this may set the expectation that 3-5 days (e.g. in community-acquired pneumonia, where this is effective) constitute a "short" or "insufficient" course. Or could remove the qualifier and rephrase "a course of antibiotics of duration between 48h and 7 days"	Thank you for your comment. This is out of scope for this partial update which only covers ear drops containing an anaesthetic and an analgesic.
26	UK Health Security Agency	Evidence review			Did not review fully due to time constraints; many thanks for your diligence	Thank you, we appreciate the time you have taken to provide comments.