

Press release: Research reveals levels of inappropriate prescriptions in England

This implies that antibiotic prescribing nationally should be reduced by 10% by 2020, in accordance with the national ambition to cut levels of inappropriate prescribing in half. These data are published in 5 articles in a supplement to the Journal of Antimicrobial Chemotherapy.

Professor Paul Cosford, PHE Medical Director said:

Antibiotics are critical to modern medicine, saving millions of lives since the 1940s when they were first introduced. Using antibiotics when you don't need them threatens their long term effectiveness and we all have a part to play to ensure they continue to help us, our families and communities in the future.

This publication highlights the role GPs can play and I urge all practices to look at ways they can reduce their inappropriate prescribing levels to help make sure the antibiotics that save lives today can save lives tomorrow.

Health Secretary, Jeremy Hunt said:

Drug-resistant infections are one of the biggest threats to modern medicine and inappropriate prescribing of antibiotics is only exacerbating this problem.

We are leading the world in our response. Since 2012, antibiotics prescribing in England is down by 5% and we've invested more than £615 million at home and abroad in research, development and surveillance. But we need to go further and faster otherwise we risk a world where superbugs kill more people a year than cancer and routine operations become too dangerous.

Antibiotics are important for treating serious bacterial infections, but their effectiveness is threatened by antibacterial resistance. Antibiotics are unique among drugs as the more they are used, the less effective they become and over time resistance develops. In response to this, the UK government set an ambition to reduce inappropriate antibiotic prescribing by 50% by 2020. This work seeks to quantify the amount of current antibiotic prescribing that is inappropriate.

The research found that the majority of antibiotic prescriptions in English primary care were for infections of the respiratory and urinary tracts.

However, in almost a third of all prescriptions, no clinical reason was documented. Antibiotic prescribing rates varied substantially between GP practices, nonetheless, there is scope for all practices across the country to reduce their rates of prescribing.

For most conditions, substantially higher proportions of GP consultations resulted in an antibiotic prescription than is appropriate according to expert opinion. An antibiotic was prescribed in 41% of all uncomplicated acute cough consultations when experts advocated 10%, as well as:

- bronchitis (actual: 82% versus ideal: 13%)
- sore throat (actual: 59% versus ideal: 13%)
- rhinosinusitis (actual: 88% versus ideal: 11%)
- acute otitis media in 2 to 18 year olds (actual: 92% versus ideal: 17%)

This work demonstrates the existence of substantial inappropriate antibiotic prescribing and poor diagnostic coding in English primary care. Better diagnostic coding, more precise prescribing guidelines, and a deeper understanding of appropriate long-term uses of antibiotics would allow identification of further reduction potentials.

Read the supplement [Appropriateness of antibiotic prescribing in English primary care](#).

Contact [Daniel Luzer](#) to request a copy of the journal supplement.

This work was resourced by Public Health England (PHE).

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[Press release: UK Public Health Rapid Support Team deploys to Nigeria](#)

The UK Public Health Rapid Support Team (UK-PHRST), a joint run effort of Public Health England and the London School of Hygiene & Tropical Medicine, is deploying to Nigeria to help control an outbreak of Lassa fever.

Nigeria is currently experiencing an unusually severe epidemic of Lassa fever – a viral haemorrhagic illness that is normally present in the country but on a lower scale. The outbreak is most prevalent in the southern Nigerian states of Edo, Ondo and Ebonyi.

Given the size of the current outbreak and the risk of further spread locally, the government of Nigeria has requested support from the UK-PHRST team.

The UK-PHRST team deployment includes an expert in patient management, 2 epidemiologists (experts in tracking outbreaks) and a logistician.

The UK-PHRST will provide technical and analytical support for the public health response to control this outbreak, and will also assist with important research on Lassa fever that can provide insight for controlling the disease in the future.

The team will be working alongside the Nigerian Centre for Disease Control, the World Health Organisation (WHO), and other experts in outbreak control to support the Nigerian government's response.

Professor Daniel Bausch, Director of the UK-PHRST said:

The Lassa fever situation in Nigeria has been worsening and now requires an escalated level of response in order to help the Nigerian government slow transmission and save lives.

We are proud to be assisting the government of Nigeria by offering specialist support that will benefit the country both in the immediate and long term.

Public Health Minister Steve Brine MP, said:

Viruses like Lassa fever do not respect borders – and it is only right that we share our expertise with countries facing serious outbreaks around the world.

Our invaluable Rapid Support Team will provide help on the ground in Nigeria to manage the spread of the virus, and grow the country's ability to protect itself from other dangerous diseases.

Humans usually become infected with Lassa virus from exposure to urine or faeces of infected rodents that are unique to Africa. The virus may also be spread between humans through direct contact with the blood, urine, faeces, or other bodily secretions of an infected person, though this tends to be less common. Typical symptoms include fever, sore throat, headache, abdominal pain and diarrhoea, with bleeding and shock in severe cases. The public health risk to the UK is low.

The UK-PHRST is funded by the UK government. It continually monitors infectious diseases and other hazards globally, identifying situations where the deployment of specialist expertise could prevent these threats from turning into a global outbreak. It also conducts outbreak-related research and focuses on building in-country capacity to prevent outbreaks with overseas partners.

Background

For latest case numbers of Lassa fever in Nigeria, please refer to the [Nigeria Centre for Disease Control's weekly reports](#).

UK-PHRST

UK-PHRST consists of public health experts, scientists, academics and clinicians ready to respond to urgent requests from countries around the world within 48 hours to support them in preventing local disease outbreaks from becoming global epidemics.

Informed by surveillance data, the UK-PHRST deploys on behalf of UK government in response to requests from low- and middle-income countries, as well as with the WHO and the Global Outbreak Alert and Response Network (GOARN).

The UK-PHRST has previously deployed members to Ethiopia (outbreak of acute watery diarrhoea), Nigeria (meningitis outbreak), Sierra Leone (water-borne disease/cholera risk), Madagascar (plague outbreak) and Bangladesh (diphtheria outbreak).

The core team consists of:

- epidemiologists (experts in tracking and understanding disease transmission)
- microbiologists (diagnosing the cause of an outbreak)
- clinical researchers (developing the best patient management practices)
- social scientists (community engagement during outbreaks)
- data scientists (managing data and modelling outbreak trajectories)
- infection prevention and control experts (advising on preventing transmission)
- logisticians

The UK-PHRST consortium of research institutions includes the University of Oxford and King's College London as academic partners.

Public Health England

[Public Health England](#) exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and providing specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct organisation with operational autonomy. We provide government, local government, the NHS,

Parliament, industry and the public with evidence-based professional, scientific expertise and support. Follow us on Twitter: [@PHE_uk](#) and Facebook: www.facebook.com/PublicHealthEngland.

London School of Hygiene & Tropical Medicine

The [London School of Hygiene & Tropical Medicine](#) is a world-leading centre for research and postgraduate education in public and global health, with more than 4,000 students and 1,000 staff working in over 100 countries. The school is one of the highest-rated research institutions in the UK, is among the world's leading schools in public and global health, and was named University of the Year in the Times Higher Education Awards 2016. Our mission is to improve health and health equity in the UK and worldwide; working in partnership to achieve excellence in public and global health research, education and translation of knowledge into policy and practice.

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[Press release: Aquilon Medical Nebulisers: people urged to stop use immediately](#)

Following withdrawal of CE certification for the Aquilon series of nebulisers, the manufacturer has continued to place the nebulisers on the market. We have issued a [Medical Device Alert](#) today to all relevant healthcare professionals.

The affected nebulisers and packaging do have a CE mark placed on them, however this has not been obtained through appropriate regulatory oversight and therefore, their safety cannot be assured.

A medical device cannot be marketed in Europe without carrying a CE mark. It is applied by the manufacturer and means that the device meets the relevant regulatory requirements and, when used as intended, works properly and is

acceptably safe.

This issue affects Aquilon2, Aquilon, Aquilon+ and Aquilon Pro series medical nebulisers manufactured since 01 April 2015. MHRA believes that more than 8,000 Aquilon nebulisers, which have been on the market since 2015 are affected in the UK.

If there is suspicion that a nebuliser is affected, people are advised to stop using immediately, dispose of the device and to use an alternative nebuliser where available. It is advisable that you speak to your healthcare professional or GP who can help you find out if your device is affected, give you advice on how to dispose of it and provide a replacement.

John Wilkinson, MHRA's Director of Medical Devices said:

We have been made aware that the manufacturer has continued to sell nebulisers even after their CE certification was withdrawn. We cannot guarantee they have been manufactured to an appropriate standard.

These devices deliver potential life-saving treatment and it is vital they operate correctly when needed.

We are taking action, as a matter of priority, to make sure people are aware the CE mark has been withdrawn and that these devices should not be used and should be disposed of.

Patient safety is our highest priority and we urge anyone with questions to speak to a healthcare professional as soon as possible.

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Press release: Public can expect ‘gold standard’ protection against flu next year

The new guidance is based on recently published expert advice and will ensure the most vulnerable people get the best available protection next season.

From the clinical evidence available to GP practices and community pharmacists from the Joint Committee on Vaccination and Immunisation (JCVI) and the Green book since October it is clear that people aged 18 to 64 and at risk should get the quadrivalent vaccine which provides protection against 2 strains of influenza A and 2 strains of influenza B for the 2018 to 2019 winter season.

This will mean that pregnant women and other people in risk groups such as those with asthma and chronic obstructive pulmonary disease (COPD) will receive the quadrivalent vaccine protecting them against four strains of flu. Children, who are considered ‘super-spreaders’ and are generally more susceptible to flu B, will continue to receive the nasal spray quadrivalent vaccine.

Meanwhile, people aged 65 and over will be offered the newly-licensed adjuvanted trivalent vaccine, an enhanced form of the vaccine given to this age group in 2017 to 2018, which is designed to boost an immune response improving the effectiveness of the vaccine in this older age group. This was not available for the 2017 to 2018 season.

Given the evidence, use of these more effective vaccines in the 2018 to 2019 season is clearly in the best interests of patients, particularly given the association of flu with increased mortality.

The letter sent from NHS England and Public Health England (PHE) advises GPs and community pharmacy contractors to review all orders for the 2018 to 2019 season and ensure these are in line with suppliers who have extended the deadline for orders until the end of March.

It is estimated that flu causes around 8,000 deaths people each year. For the week ending 14 January 2018, there were a 289 reported intensive care

admissions due to flu thought to be the peak of this year's season. However, figures show over one and a half million more people got their free vaccination this year compared to last.

Dr Arvind Madan, GP and NHS England Director of Primary Care, said:

Flu can have serious health implications, particularly for the most vulnerable people, as well as having a significant impact on NHS services.

The evidence is clear so the NHS is going further to advise gold standard protection is provided. Importantly, the public ineligible groups can also play their part by getting their free vaccination again next year.

Professor Paul Cosford, PHE Medical Director said:

Vaccination is one of the best public health interventions we have available to us, saving thousands of lives every year. We already have one of the best flu vaccination programmes in the world and making these vaccines available next season should offer greater protection than ever before. We urge everyone eligible to take up the offer of flu vaccination.

Suppliers have also confirmed that there will be enough adjuvanted trivalent vaccine and quadrivalent influenza vaccine to meet demand. If GP practices and pharmacists encounter difficulties in placing or amending orders they have been advised to contact their local NHS England team.

Background

For further information please contact the NHS England media team on nhsengland.media@nhs.net or 01138 250958 / 01138 250959.

- The adjuvanted trivalent vaccine (aTIV) for all 65s and over. Given aTIV was only licensed for use in the UK in August 2017, long after orders were placed, this was not an option for the 2017 to 2018 season. However, the JCVI has now provided its advice given the receipt of its UK license
- The quadrivalent vaccine (QIV) for 18 years to under 65s at risk. In light of an independent cost-effectiveness study into QIV undertaken by PHE and considered by JCVI, the Green Book was updated in October 2017 to provide the advice that QIV is the best option for 18 to 65 at-risk groups in 2018 to 2019

About NHS England

NHS England leads the National Health Service in England – setting the

priorities and direction, encouraging and informing the national debate to improve health and care.

The NHS in England deals with over 1 million patients every 36 hours and employs more than 1.5 million people, putting it in the top 5 of the world's largest workforces. NHS England shares out more than £100 billion in funds and holds organisations to account for spending this money effectively for patients and efficiently for the taxpayer. It strongly believes in health and high quality care for all, now and for future generations.

Press release: Local authorities should offer NHS Health Check to all eligible

Speaking at Public Health England 's Cardiovascular Disease (CVD) Prevention Conference today (Thursday 8 February 2018), Chief Executive Duncan Selbie has called on local authorities to ensure that all local residents eligible for a free NHS Health Check get an invite – to help tackle the one in four premature deaths in the country caused by CVD.

The NHS Health Check is free for all adults in England aged 40 to 74, who have not yet developed CVD. It's one of the largest health prevention programmes in the world, helping to detect and prevent early signs of cardiovascular diseases such as high blood pressure, heart disease, kidney disease, type 2 diabetes and dementia.

CVD is a leading cause of disability and death in the UK, affecting around 7 million people and being responsible for 26% of all deaths in England – estimated to cost the NHS around £9 billion a year.

Duncan Selbie, chief executive of Public Health England, said:

Since 2013, over 6.1 million people have taken an NHS Health Check. The programme is a cornerstone in England for the prevention of conditions such as CVD, which causes one in four premature deaths and places a huge strain on individuals, families and our healthcare system. We also know that it is the same risk factors causing many cancers and other preventable illnesses, so this is a hugely important programme.

The NHS Health Check has had much success and has the potential to prevent many thousands of premature deaths and ill health in England, but there is still much to be done. Every local authority in the country is required by law to ensure that all eligible

people in their area are offered a check every 5 years. We must work together to increase numbers taking up the offer, in particular targeting our efforts to those at greatest risk.

There is good evidence that the programme is successful in identifying those at high risk of cardiovascular disease, but we also need to follow up with effective care and support for them.

The Conference, with over 500 health professionals expected to attend, including GPs and NHS Health Check providers, will focus on a number of ways that CVD risk can be reduced, including:

- ensuring equity and reducing inequality through CVD prevention programmes
- highlighting the importance of health care professionals in delivering behaviour change messaging for CVD risk reduction
- learning from a range of international CVD prevention projects

PHE has also recently published two documents focusing on CVD prevention:

- [Size of the Prize](#) provides region-specific statistics on the opportunity to prevent many thousands of heart attacks and strokes by improving the follow-up care given to those found to be at risk following an NHS Health Check
- the [stocktake and action plan](#) sets out how to further improve the impact of the programme over the next 5 years

Background

1. PHE's [CVD Prevention Conference 2018](#) is taking place on 8 February at the Kia Oval, Surrey Cricket Club in London
2. View national [comparison data on NHS Health Check uptake](#)
3. The [Heart Age Test](#) is an innovative online tool to check your risk of having a heart attack or stroke – it tells you your heart age compared to your real age, explains why it's important to know your blood pressure and cholesterol numbers and gives advice on how to reduce your heart age. The tool is a collaboration between PHE, NHS Choices, UCL and the British Heart Foundation.

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