SKIN AND SOFT TISSUE INFECTIONS

Eczema - treatment of suspected secondary bacterial infection

- **Background:**
  - Symptoms and signs of bacterial secondary infection can include – weeping, pustules, crusts, no treatment response, rapidly worsening eczema, fever and malaise.
  - **Not all eczema flares are caused by bacterial infection, even if crusts and weeping are present.**
  - Eczema is often colonised with bacteria but may not be clinically infected.
  - Eczema can also be infected with herpes simplex virus (eczema herpeticum).
- Continue to manage underlying eczema and flare-ups with treatments including emollients and corticosteroids, whether antibiotics are given or not.
- **For people who are <u>not systemically ill</u>, do not routinely offer either a topical or oral antibiotic:**
  - Evidence suggests a limited benefit with antibiotics.
  - Consider the risk of antimicrobial resistance.
  - Consider the extent and severity of signs and symptoms and risk of complications.
- **If antibiotic offered to people who are not systemically unwell take into account:**
  - Extent and severity (topical may be more appropriate for localised infection).
  - Adverse effects.
  - Previous use of topical antibiotics as antimicrobial resistance can develop rapidly with repeated use.
- **For systemically unwell people, offer an oral antibiotic.**
- Refer to the hospital if symptoms/signs of more serious illness such as necrotising fasciitis or sepsis.

Treatment	Antibiotic[1]	Dosage[2]	Duration
First choice			
First-choice topical if a topical antibiotic is appropriate	Fusidic acid 2%	• Apply three times a day • For localised infections only • Extended or recurrent use may increase the risk of developing antimicrobial resistance.	5 to 7 days
First-choice oral if an oral antibiotic is appropriate	Flucloxacillin	• 1 month to 1 year: 62.5 mg to 125 mg four times a day • 2 to 9 years: 125 mg to 250 mg four times a day • 10 to 17 years: 250 mg to 500 mg four times a day or • Adult: 500mg four times a day	5 to 7 days
Alternative first choice if penicillin allergy or intolerance			

	Clarithromycin	• 1 month to 11 years:
		  • Under 8kg: 7.5mg/kg twice a day
		  • 8 to 11kg: 62.5mg twice a day
		  • 12 to 19kg: 125mg twice a day
		  • 20 to 29kg 187.5mg twice a day
		  • 30 to 40kg: 250mg twice a day
		• 12 to 17 years: 250mg twice a day (the dosage can be increased to 500mg twice a day for severe infection)
		• Adult: 250mg twice a day (the dosage can be increased to 500mg twice a day for severe infection)
			5 to 7 days

Preferred in young women who are pregnant	Erythromycin	• 8 to 17 years: 250mg to 500mg four times a day • Adult: 250mg to 500mg four times a day	5 to 7 days
If methicillin-resistant Staphylococcus aureus is suspected or confirmed			
Consult local microbiologist			

[1] See BNF for appropriate use and dosing in specific populations, for example, hepatic impairment or renal impairment, and in pregnancy and breastfeeding.
[2] The age bands apply to children of average size, and, in practice, the prescriber will use age bands in conjunction with other factors such as the severity of the condition and the child's size in relation to the average size of children of the same age. Doses given are by mouth using immediate-release medicines unless otherwise stated. See BNF for Children

- **Supplemental information:** Guidance for the assessment and management of lower limb inflammation (red legs)

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Version	Author(s)	Date	Changes
2.1	Nichola Butcher – Med Op Pharmacist	11/05/2021	Review of NICE guideline NG190
2.2	Shary Walker – Interface Pharmacist	07/07/2021	Erythromycin preference for pregnancy
2.3		18/11/2022	Supplemental information link (red legs) added