Fluoroquinolone (FQ) Usage

Purpose

This document aims to inform primary care clinicians on the current **use of oral fluoroquinolones** (FQs) for specific indications by hospitals in the Cambridgeshire & Peterborough ICS.

Background

In January 2024, the MHRA published guidance restricting the use of fluoroquinolones due to safety concerns. These antibiotics are still indicated for specific infections and used by hospitals in our area. Hospitals regularly audit usage of FQs and other antibiotics, as per hospital policies. All patients requiring these antibiotics should be counselled appropriately and given a patient information leaflet.

Primary Care Guidance

In primary care, FQs are still indicated as first-line treatment ONLY for **acute prostatitis** and for **confirmed** *M.genitalium* associated with Pelvic Inflammatory Disease (PID).

Other indications where the use of FQs might be considered are:

- Acute pyelonephritis - **only** in non-pregnant women and men, if other antibiotics are unsuitable.
- Catheter-associated Urinary Tract Infections (UTIs) - **only** in non-pregnant women and men, if other antibiotics are unsuitable.
- Gonorrhoea - **only** if known to be sensitive and if other antibiotics are unsuitable
- *H. pylori* treatment - In combination with other antibiotics, **only** if tetracycline cannot be used
- Epididymitis - **only** if no other suitable alternative antibiotic can be used
- Hospital-Acquired Pneumonia (HAP) - **only** under Microbiology advice.

Our primary care guidance follows NICE/CKS current guidance.

Please follow the appropriate Management of Infections chapter in our formulary. Access Local Pathways and Guidelines > Antimicrobials. Further information on Antimicrobial Stewardship and Antimicrobial Stewardship Newsletters (includes information on fluoroquinolones) can be found on our website.

Hospital Guidelines (CUH, NWAFT and RPH)

Indication of use *(Length of Treatment)*:

- Second line for most indications requiring Gram-negative cover with documented severe penicillin allergy where gentamicin or co-trimoxazole is not suitable (*5 days, longer if slow to improve or collections present*) - CUH/NWAFT.
- Surgical prophylaxis requiring Gram-negative cover with documented severe penicillin allergy where gentamicin not suitable - hospital only prescribing - CUH.
- Prophylaxis in neutropenic cancer patients - hospital only prescribing - CUH.
- Community-based Oral & Parenteral Antibiotic Therapy (COpAT) for bone and join infections based on laboratory results (*4 weeks*) – hospital only prescribing - CUH.
- Spontaneous bacterial peritonitis (SBP) prophylaxis when co-trimoxazole and/or rifaximin is not suitable - CUH & NWAFT.
- Infective exacerbation in bronchiectasis (10-14 days) - NWAFT.
- Foot infections in diabetes (7 days, may be extended depending on clinical assessment and severity) - NWAFT.
- Pyelonephritis (7 - 10 days) - NWAFT.
- Infective exacerbation in bronchiectasis and patients with Cystic Fibrosis *(10-14 days)* - RPH.
- Deep and organ space surgical site infections *(2-4 weeks)* - RPH.
- Empyema *(2-4 weeks)* - RPH.
- Acute prostatitis *(14 days)* - RPH, NWAFT and CUH.

Organisms:

- *Pseudomonas aeruginosa*
- *Legionella* spp
- Non-tuberculous Mycobacteria
- Atypical pneumonia
- Tuberculosis (TB) including Multi-drug Resistant (MDR)
- *Enterobacterales* spp (where beta-lactam and co-trimoxazole resistant)

Document Ratification Details

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