

Messaging accompanying issue 23 of green/red reports

March 2025

Positive reduction in red antibiotics in comparison to other EU countries

Your efforts in improving the safety and appropriateness of antibiotic prescribing are having great impact. In a recent European report, Ireland was one of only two countries with a very welcome statistically significant decreasing trend in the proportion of red (broad spectrum) antibiotics used in the community setting.

Call for action to reduce use of antibiotics for children

However, the overall volume of antibiotic prescribing in the community setting in Ireland is higher than the EU average. An area where there is potential to reduce inappropriate antibiotic prescribing is the treatment of common childhood infections.

Upper respiratory infections are common among pre-school aged children (up to 10–12 per year) but become less common as children get older. There is a high rate of antibiotic prescribing for children aged 0–6 years, as shown in the GMS antibiotic prescriptions data in this report. The majority of respiratory infections in children are caused by viruses, and antibiotic therapy provides no benefit. Many other childhood infections (e.g. tonsillitis, acute otitis media), even when bacteria are involved are self-limiting and antibiotics are more likely to cause harm than provide benefit.

Children are more likely than adults to experience side effects from antibiotics. Studies show that children, especially infants and young children, have a higher risk of developing allergic reactions and gastrointestinal disturbances. Furthermore, repeated antibiotic exposure in young children changes the microbiome. Alterations in the microbiome are associated with obesity, asthma and type 1 diabetes.

Tips to reduce unnecessary antibiotic prescribing in young children

- ✓ Signpost parents to the [HSE Common Conditions webpage](#) for advice on management of high temperature in children, signs of dehydration etc.
- ✓ Advise on use of paracetamol or ibuprofen to manage pain and distress associated with infection and fever in children. Weight-based dosing tables are available on the ['Prescribing for children' webpage on antibioticprescribing.ie](#)
- ✓ Use the [Respiratory infection information leaflet \(including self-care and safety-netting advice\)](#) during consultations where there is no immediate need for an antibiotic.
There is one copy included with this report.
Scan the QR code to print additional copies.



See antibioticprescribing.ie for up-to-date treatment recommendations, which include paediatric dosing, where clinically appropriate.

- Most cases of **otitis media**, **sore throat**, **sinusitis**, and **bronchitis** are self-limiting and do not routinely need antibiotics
- **Acute cough / bronchitis guidance updated Sept 2024**
 - Acute cough in children is mainly caused by a self-limiting viral upper respiratory tract infection and resolves without antibiotics within 3–4 weeks
 - Recent feedback from Galway GP Dr Peter Sloane: *“As somebody who cares about antibiotic prescribing and who doesn't prescribe them widely, this updated acute cough guidance has empowered me to reduce my antibiotic prescribing through the floor.”*