

## **Reducing Standby Antibiotics for Traveller's Diarrhoea in NHS Lothian Travel Clinics**

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### Background

Standby antibiotics for traveller's diarrhoea (TD) should be prescribed selectively, as unnecessary use contributes to antimicrobial resistance. We assessed long-term trends in antibiotic prescribing for TD within a UK travel medicine service.

### Materials and Methods

A retrospective service evaluation was undertaken in NHS Lothian travel clinics from 2011 to 2025. Annual numbers of travellers seen, azithromycin and ciprofloxacin prescriptions, and total antibiotic prescriptions per traveller were analysed. The service was closed during 2021 due to the COVID-19 pandemic. From 2022, clinic capacity expanded substantially following the Scottish Vaccination Transformation Programme, coinciding with implementation of multiple antimicrobial stewardship interventions. These included prescriber education, review of patient group directions (PGDs), withdrawal of ciprofloxacin PGDs following national safety guidance, adoption of azithromycin as the preferred agent when antibiotics were indicated, and enhanced patient counselling supported by written information.

### Results

Between 2011 and 2019, antibiotic prescribing rates for TD were consistently high (0.16–0.30 prescriptions per traveller), with ciprofloxacin predominating. Following service reopening and stewardship implementation in 2022, prescribing declined markedly despite increased clinic activity. Total antibiotic prescriptions per traveller fell from 0.15 in 2020 to 0.03 in 2022, 0.018 in 2023, 0.008 in 2024, and 0.001 in 2025. Ciprofloxacin prescribing ceased by 2024.

### Conclusion

A substantial and sustained reduction in standby antibiotic prescribing for TD was achieved through a multifaceted antimicrobial stewardship approach, even during rapid service expansion, demonstrating the value of coordinated education, policy change, and antimicrobial leadership in travel medicine services.