European Antibiotic Awareness Day Webinar for pharmacists

Empowering self-care. Optimising antibiotic use.

10th November 2026

Introduction – Ellen Martin, Senior Pharmacist AMRIC

This webinar is being recorded by AMRIC/IIOP

Attendees are asked not to use AI generated minutes or recording during the webinar

RESIST
Antimicrobial Resistance & Infection Control Programme

Pharmacist Antimicrobial Stewardship Network

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IRISH INSTITUTE OF PHARMACY

Welcome

Pharmacist Antimicrobial Stewardship Network (RESIST)

390

Pharmacist members

Mission statement: To support pharmacists across all sectors to work towards the common goal of promoting responsible use of antimicrobials in all patients and limiting the emergence of antimicrobial resistance.

PAMS-net working group – 26 pharmacists





Pharmacists working across hospital, community and national healthcare settings, pictured at the All-Ireland AMS Conference 2026.

Help us grow PAMS-net to 500 members by EAAD 2026

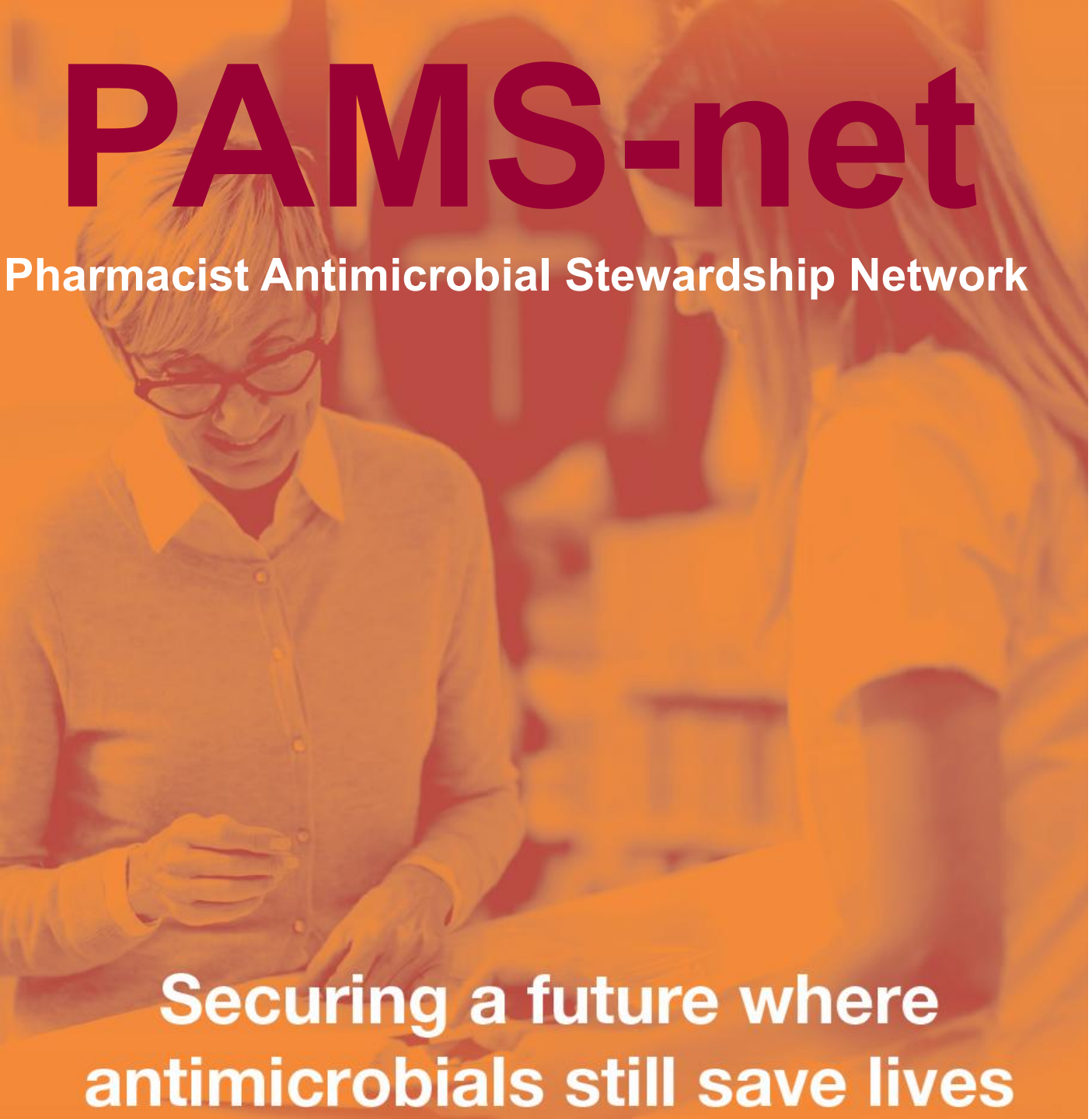
Background

- A recent survey of 184 community pharmacists found that 76% of respondents were unaware of PAMS-net. While this survey focused on the community pharmacy setting, it is likely that awareness levels are similarly low beyond specialist antimicrobial stewardship areas in hospital practice.
- PAMS-net currently has 390 members, demonstrating a strong foundation.
- However, there is a significant opportunity to expand our reach and connect with many more pharmacists who could benefit from the network.



Target:

Through a coordinated and collective effort, could we increase PAMS-net membership from 390 to 500 members by European Antibiotic Awareness Day (EAAD), 18th November 2026?



Why Join?

- ✅ Free to join and open to all pharmacists
- 🎓 Access regular educational events and learning
- 📧 Get updates & resources direct to your inbox
- 💬 Connect with peers on the online discussion forum and share learning with pharmacists across all settings
- 📚 Contributes towards an IIOP CPD cycle

EAAD AMRIC focus- Empowering patient self care and appropriate management of RTI

Antimicrobial use is a key driver for antimicrobial resistance (AMR)

Antibiotic use in Ireland is above EU average
(ESAC-Net)

Target for Ireland:

Reduce antimicrobial consumption by 27% by 2030 (from 2019)
(EU Council)

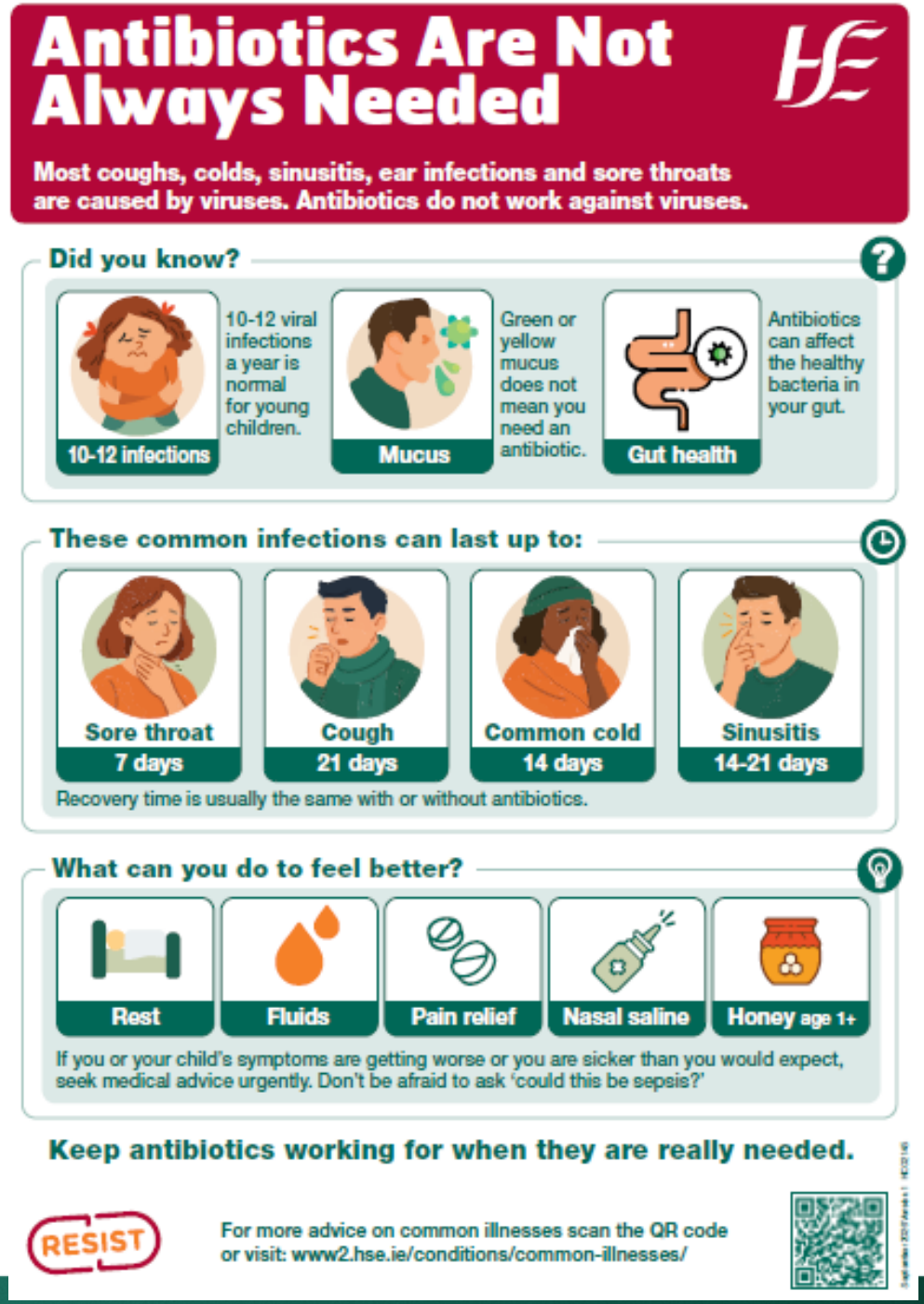
65% antibiotic prescriptions in general practice are for RTIs
(Murphy M et al. 2012)

Nearly 50% of antibiotic prescriptions for RTIs in ambulatory care are unnecessary
(Fleming-Dutra 2016)

European Antibiotic Awareness Day 2026

- **EAAD letter and copy of patient facing poster** to each community pharmacy and GP surgery
- **Bugs & Drugs Quizzes for acute and community setting**
- **RESIST event pack** to support local EAAD campaigns in community and hospital settings
- **EU Presidency AMR event** 29th November - AMRIC participation
- **EAAD Partner pack** to assist in communications and engagement (will be posted on PAMS-net discussion forum)

RESIST
Antimicrobial Resistance & Infection Control Programme



Exploring Community Pharmacists' Views and Experiences of Antimicrobial Prescribing and Stewardship: a survey in Ireland.

Ellen Martin, Mary Eva Regan, Marie Philbin, Ellen Melia, Aoife Fleming. (HSE AMRIC, UCC, ATU)

UCC
Coláiste na hOllscoile Corcaigh
University College Cork, Ireland

Methods & participants

- Electronic survey of registered community pharmacists. April 2026.
- Descriptive analysis & thematic analysis of open data.
- 184 pharmacists. 66% female.

"Empower us to lead the way, on equal footing"

"Without having the indication for antibiotic scripts it's very difficult to know if it's prescribed within the guidelines"

Current AMS role

- AMS knowledge: 3.5/5
- AMS confidence: 3.35/5
- **93%** AMS important to their role
- **92%** Interest in greater involvement in AMS initiatives.
- **89%** agreed community pharmacists have an active role in optimising use of antibiotics
- **24%** iNAP3 2026-2030 awareness
- Guideline awareness high but variation in frequency of referral to them day to day

AMS awareness & activity

- Frequent AMS activities include: promotion of vaccination, safe disposal of antibiotics, contacting prescriber in case of allergy, interactions, incorrect dose and frequency
- **93%** always/most of the time recommend OTC treatment/self care to patients when appropriate to manage symptoms of infection when antibiotics are not required (e.g. for viral and self-limiting infections)
- 20% never contact the prescriber if the **choice** of antibiotic outside guidelines
- AMS role influenced by time, resources, interprofessional relationships

Areas to build on

- Strong support for community pharmacist **role expansion** in AMS and antibiotic education
- **90.6%** of respondents agreed/strongly agreed use of RTI checklist to support the management of suspected uRTIs without a prescription
- Incentivisation of AMS role
- Increased **collaboration** between community pharmacist and GPs.
- Address **OOH & Online** prescribing
- Address **co-amoxiclav** prescribing
- Digital Integration



A Simple Solution to the Common Cold: It's been under our noses

Dr Scott Walkin

Mayo GP

Assistant Scheme Director, Sligo GP Training

GP Trainer, Western GP Training

Clinical Lead Antimicrobial Resistance and Infection Control

October, 2026

Declarations of Interest

- *No income receivable from:*
  - *Pharmaceutical manufacturers*
  - *Vaccine manufacturers*
  - *Medical device companies*

A simple solution to the common cold

When antibiotics are not the answer,
patients still need an answer.

Evidence

Access

Technique + referral

Isotonic nasal saline: what does the evidence show?

Immune Defence trial • adults with comorbidity and/or recurrent RTIs

≈20% **fewer illness days**

IRR 0.81 at 6 months
17% relative reduction at 12 months

≈30% **lower antibiotic use***

Saline IRR 0.69
in the 6-month analysis

20–30% **fewer days lost***

work / usual activities
IRR 0.72 for saline at 6 months

↓ **intention to consult**

Lower intention to consult at 12 months;
fewer practice visits and antibiotic courses

Little P, et al. Lancet Respir Med. 2024;12(8):619-632. doi:10.1016/S2213-2600(24)00140-1.
Little P, et al. Br J Gen Pract. 2026;76(768). doi:10.3399/BJGP.2025.0269.

*Relative reductions. Work/activity and ~30% antibiotic estimates refer to the 6-month analysis. Little P, et al. Lancet Respir Med. 2024;12:619–632. Little P, et al. Br J Gen Pract. 2026;76:e572–e582.

Make it easy for patients

Stock it. Distinguish it. Recommend it.

Stock plain isotonic saline

OTC

low risk

simple self-care option

Differentiate from decongestants

not a medicated spray

help patients choose the right product

Offer it early

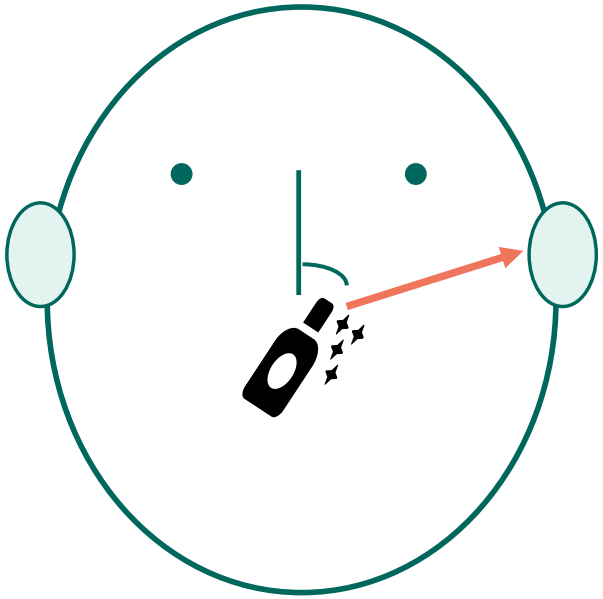
first few days of symptoms

supports self-care + stewardship

Community pharmacy is often the first place patients ask for help.

Technique matters

Head upright • nozzle just inside • aim slightly outwards



Aim towards the same-side ear

Do not aim towards the septum.
Do not snort the spray forcefully

1 **AIM OUT** — Nozzle just inside the nostril; angle laterally.

2 **SPRAY** — Press the pump fully while breathing normally.

3 **GENTLE SNIFF** — Afterwards — just enough to keep the saline in the nose.

Clean the nozzle • replace the cap • do not share

When should the pharmacist advise GP review?

Refer because of the patient — not because of the colour of the mucus.

Severe, worsening or atypical illness

Shortness of breath or chest pain

Coughing up blood

Symptoms not following the expected course

Cough lasting > 3 weeks

? Pregnancy, older age or comorbidity

Immunocompromise

Pharmacist concern / patient concern

Think Sepsis

Confusion

Drowsiness/sleepiness

Blue lips

Chills/rigors/shivering

Impending doom

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Introduction – Mary Kelly, Chief II Pharmacist, AMRIC

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BUGS & DRUGS

The **oral route** is preferential for many reasons when managing hospital patients with infections.

The consumables required to administer one day (3 doses) of IV co-amoxiclav is equivalent to:

A	Driving a petrol car 5km
B	Driving a petrol car 1km
C	An average household not recycling for one week



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A EUROPEAN HEALTH INITIATIVE



BUGS & DRUGS

Dolly, 73, has been admitted from a local nursing home with a 3 day history of cough, shortness of breath and malaise. She is not confused and her blood pressure is normal. She has had 2 doses of amoxicillin orally in the nursing home. Her chest X-ray shows signs of consolidation indicating she has a pneumonia. Her CRB-65 score is 2.

Which of the following would be next steps?

A. Dolly should be started on piperacillin-tazobactam
B. Dolly should be started on co-amoxiclav and clarithromycin
C. Dolly should continue treatment with amoxicillin and a seasonal respiratory viral screen should be done.



HSE

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🫁 Pneumonia presenting within 5 days of hospital admission should generally be treated as CAP.

🏠 Pneumonia in nursing home/residential care residents should usually be managed as CAP unless specific risk factors for resistant organisms are present.

💊 Piperacillin-tazobactam offers no advantage over amoxicillin for treatment of *Streptococcus pneumoniae*, a major cause of CAP.

💊 Piperacillin-tazobactam is NOT indicated for treatment of community acquired pneumonia (CAP).

💊 No simple oral switch committing patient to 5-7 days of IV antimicrobials, increased line infections, reduced mobility, increased clinician time, increased waste.

EUROPEAN ANTIBIOTIC AWARENESS DAY
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Answer: C



A. Piperacillin-tazobactam is NOT indicated for treatment of community acquired pneumonia (CAP). Pneumonia in residents of residential care facilities should be treated as CAP in accordance with HSE AMRIC pneumonia in residential care facilities guideline.

B. Co-amoxiclav and clarithromycin are not first line treatment for a patient presenting with pneumonia from a residential care facility with a CRB-65 score of 2.

C. Amoxicillin is first line treatment for a pneumonia in a patient from a residential care facility with a CRB-65 score of 2. Dolly has only had 2 doses of amoxicillin so this course should be continued in hospital. Viral respiratory illness should be considered, including RSV, COVID-19 and influenza, in the differential diagnosis in a patient presenting with a cough. If the infection is viral, antibiotics should be stopped as they provide no benefit and increase her risk of *C. difficile* infection and other adverse effects.

View **Piperacillin-tazobactam NOT for community acquired pneumonia Position Statement** on antibioticprescribing.ie

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Links to resources

Resources available on antibioticprescribing.ie

- Piperacillin-tazobactam NOT for community acquired pneumonia Position Statement
- AMRIC IV to oral switch toolkit
- Respiratory tract infection – antibiotic prescribing guidance for community setting

IIOP/AMRIC eLearning module “Antimicrobial Stewardship for Community Pharmacists” available under courses and events on the IIOP website. The module has been specifically designed to equip you, a community pharmacist, with the knowledge and tools to optimise antibiotic use for the general public and your patients.

Links to resources

Bugs & Drugs Quizzes for acute and community setting

A recent newspaper article with contributions by one of our GP colleagues – Dr Scott Walkin

10 minute microlearning videos for community pharmacists from HSE AMRIC – single click access to CPD for flexible and quick learning:

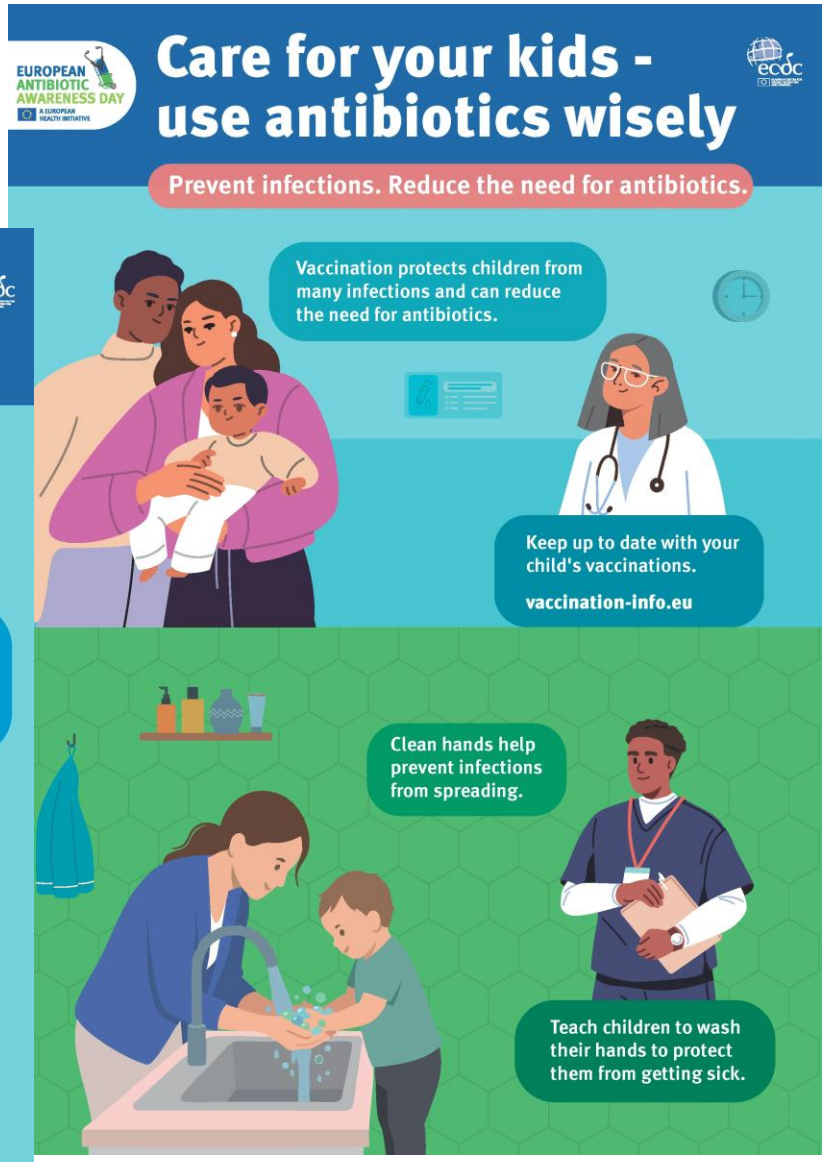
- Viral and self-limiting respiratory tract infections https://www.youtube.com/watch?v=E5v400Sks8U
- GREEN and RED antibiotics https://www.youtube.com/watch?v=2Il-FIVCi2Y
- Safety profile of fluoroquinolone antibiotics https://www.youtube.com/watch?v=Q7XPCD45ELo
- Recurrent urinary tract infection https://www.youtube.com/watch?v=AkBswvHq80s
- Childhood infections https://www.youtube.com/watch?v=Xifx6a7D4IA

Links to resources

[ECDC EAAD resources](#)

- Posters
- Brochures
- Social media campaign





PAMS-net

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Scan QR code or click to join network:
https://iiop.ie/news/pharmacist-antimicrobial-stewardship-network-pams-net

Links to resources

IIOP ePortfolio Sample Cycles - including cycle 5 on Antimicrobial Stewardship and attending an EAAD webinar.

https://iiop.ie/sites/default/files/2026-06/20260518_Sample%20Cycles_v1.pdf

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LEADING PRACTICE • ADVANCING STANDARDS

SAMPLE CYCLE 5

Cycle title: Antimicrobial Stewardship

Pharmacist: Eimear

Cycle created on: 2 February 2026

Action	**What action you actually took to address the area you identified for development. Anything you did additionally/differently to what you had planned?** I watched the webinar 'Let's talk antimicrobial stewardship in advance of European Antibiotics Awareness Day' offered as part of the IIOP 'In Conversation With…' webinar series. It has been a long time since I undertook any additional learning on the topic of antimicrobial stewardship and I realise it is a significant public health issue that affects my patients. **Which of the following best describes the formality of the activity(s) you undertook?** ☑ Learning which is structured, but not accredited **What learning resources did you use?**