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## NZAO feedback on Te Whata Kura - National Antibiotic Guideline

### Introduction

The New Zealand Association of Optometrists (NZAO) appreciates the opportunity to provide feedback on the second consultation for the National Antibiotic Guideline. We acknowledge the importance of antimicrobial stewardship and support the development of a resource that is clinically relevant, accessible, and reflective of multidisciplinary care.

### General observations

- The guidelines are accessible via common web browsers and a mobile app.
- Both interfaces are user-friendly and allow quick access to specific conditions and treatments.
- The **ophthalmology section appears limited**, with a focus on hospital-based guidance, and does not fully reflect the range of conditions managed in primary care and optometry settings.

## Clinical feedback

### Structural and terminology issues

- There is **uncertainty about the guideline's intended purpose**, whether it is strictly an antimicrobial prescribing guide or a broader therapeutic guideline.
- The inclusion of diagnostic decision trees (e.g. for conjunctivitis) suggests a therapeutic approach, yet this is inconsistently applied across conditions.
- Eye conditions are currently listed under "**Ophthalmology**", unlike other systems which use anatomical terms (e.g. "Genitourinary", "Central Nervous System").
- This implies that eye conditions are the domain of ophthalmologists, overlooking the role of **optometrists and primary care providers**.

### Specific clinical areas

- **Corneal Abrasions**
  - Prophylactic antibiotics may not always be necessary.
  - Treatment should consider the injury source (e.g. sterile vs contaminated).
  - Suggest adding dropdown filters for injury types.
  - Clear guidance needed for contact lens wearers.
- **Blepharitis**

- Baby shampoo is outdated and should be removed.
- Emphasise eyelid (not eyelash) cleansing.
- Warm compresses and lid massage are appropriate for MGD, but not necessarily for blepharitis.
- Posterior Blepharitis is often treated with [Doxycycline/Azithromycin Oral Medicine Guidelines Blepharitis \(v3\) \(November 2022\).pdf](#)
- **Keratitis**
  - Not currently included in the guidelines.
  - Should include marginal and infective keratitis, especially for contact lens wearers.
  - Viral keratitis may not require antibiotics unless lesions are significant.
- **Conjunctivitis**
  - Contradictory advice: Non-Purulent Conjunctivitis states causes other than bacterial conjunctivitis but then lists 3 bacteria as common causes
  - Non-purulent conjunctivitis could give more guidance on other causes i.e allergic and Viral
- **Styes and Oral Antibiotics**
  - Brief research indicates antibiotics unlikely to significantly improve hordeolum/chalazia
  - No current recommendation for persistent styes.
  - Consider including guidance for non-responsive or chronic cases.

## Patient portal and public access

- The patient-facing interface currently appears identical to the clinician version but provides no diagnostic information which could lead to patient expectations about particular treatments being raised.
- Despite the current disclaimer it must be assumed public will use this as a reference so there is a need for clear instructions to be provided
- We are supportive of public access and we understand there may be plans for a separate public-facing website (<https://www.antibioticconservation.auckland.ac.nz/patient-care>). In our view a central reputable public access point for up-to-date health information which includes both symptoms and treatments would be the most useful solution.

## Recommendations for improvement

### Content management system

- Clarify the scope and apply a consistent structure. If a therapeutic model is intended, consider aligning with the Australian Therapeutic Guidelines (<https://www.tg.org.au>).
- Use consistent anatomical terminology such as “**Eye & Orbit**” or “**Ocular**” to better reflect the multidisciplinary nature of eye care.
- The filter function is helpful but could benefit from more granular dropdown options.
- The number of clicks required to access antibiotic recommendations is reasonable but could be further streamlined.
- While updates are automatic, a **clear notification system** for content changes is recommended to support timely clinical review.

### General

- Some treatments appear outdated or misaligned with current practice

- needs to be greater balance between clinician discretion and high-level decision trees
- The current format includes diagnostic decision-trees which suggests therapeutic guideline functionality rather than purely antimicrobial as in checking for purulent discharge in conjunctivitis. This is inconsistent given there is no similar decision tree for differentiating periorbital versus orbital cellulitis in primary care, a clinically crucial distinction that significantly impacts antimicrobial choice and urgency of care.
- This current hybrid approach may lead to confusion and inconsistent clinical application; there needs to be greater balance between clinician discretion and high-level decision trees.
- There is further discrepancy in the titles used for launch buttons in that eye conditions are exclusively titled by the specialist designation, ophthalmology while all other organ systems use anatomical terms.

## Summary

The guideline is a valuable initiative, but improvements are needed to ensure it reflects contemporary practice, supports multidisciplinary care, and provides clarity for both clinicians and patients.

Ngā mihi nui,

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*Disclaimer: The views expressed here represent the collective perspective and are provided for the purpose of contributing to the consultation process. They do not necessarily reflect the views of every individual member. Members are encouraged to review the consultation materials independently and form their own.*