

**EIS Conference 2014**  
**April 28-May 1, 2014**

**Select Abstract:**

***Outpatient Antibiotic Prescribing for Children — United States, 2011***

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**Background:** In the United States, at least two million people develop severe infections caused by antimicrobial-resistant pathogens every year, and more than 23,000 die as a direct result. The inappropriate use of antibiotics is the largest modifiable contributor to antibiotic resistance. We sought to describe the use of antibiotics in children according to provider specialty and geography.

**Methods:** The number of oral antibiotic prescriptions dispensed to persons < 20 years of age was extracted from 2011 IMS Health© Xponent® data, which represent all outpatient antibiotics prescribed in the U.S. Prescribing rates were calculated using census data for denominators.

**Results:** In 2011, 73.7 million courses of antibiotics, or 885 prescriptions per 1,000 persons < 20 years of age, were dispensed; the prescribing rate was highest for patients 0–2 years (1,267 per 1,000 persons). The most common categories prescribed were penicillins and macrolides; amoxicillin was the most common individual antibiotic (33.7% of total), followed by azithromycin (20.6%). Azithromycin accounted for 28.3% of prescriptions written by family practitioners, compared to only 20.0% of prescriptions written by pediatricians. Pediatricians prescribed 362 courses per 1,000 persons and family practitioners prescribed 154 per 1,000 persons, accounting for 58.3% of pediatric antibiotic prescriptions. Prescription rates varied by census region (lowest, 638 vs. highest, 1,027 per 1,000 persons in the West and South, respectively) and state (lowest, 339 vs. highest, 1,482 per 1,000 persons in Alaska and Kentucky, respectively).

**Conclusions:** Antibiotic prescribing practices vary markedly according to provider specialty and geography, suggesting an opportunity for targeted interventions to reduce use. The common use of azithromycin among family practitioners and overall high prescription rates in the South are potential areas for improvement.

**Keywords:** anti-bacterial agents, drug resistance, bacterial, pediatrics