NPS MEDICINEWISE

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19 February 2013

Christine McDonald
Secretary
Senate Finance and Public Administration Committees
Parliament House
PO Box 6100
Canberra ACT 2600
By email - fpa.sen@aph.gov.au

Re: Inquiry into the progress in the implementation of the recommendations of the 1999 Joint Expert Technical Advisory Committee on Antibiotic Resistance (JETACAR)

Dear Ms McDonald

NPS MedicineWise appreciates the opportunity to provide input into the Committee's inquiry into the implementation of the 1999 JETACAR recommendations. The overuse and misuse of antibiotics is recognised globally as a significant and serious threat to human health into the future.

Antibiotic resistance is a multifaceted issue which requires coordinated action on a number of fronts to ensure its impact is halted or reversed. Antimicrobial resistance is an increasing public health issue – the spread of resistance is influenced by human migration, travel and tourism, as well as agricultural and animal husbandry practices, but most importantly by inappropriate prescribing.

Illnesses caused by antibiotic resistant bacteria are more difficult to treat and often result in complications and even death. Patients stay infectious for longer, which increases the risk of spreading resistant bacteria. Antibiotics act on normal bacterial flora, which enables colonisation with resistant bacteria that can be carried and cause infection later. Treatment may require second or third-line antibiotics, which are more expensive and may be more toxic, causing serious adverse effects. This potentially leads us to world wide crisis where antibiotics are no longer effective.

Australia is a world leader in the overuse of antibiotics – our health system must address the number of inappropriate or unnecessary antibiotic prescriptions. Every unnecessary antibiotic prescribed contributes to resistance – there needs to be a consistent and concerted effort to ensure practitioners better adhere to best practice guidelines for these medicines.

In concert with programs aimed at prescribers, consumer education is paramount to reducing the overall demand for antibiotics. Recent NPS research found approximately 1 in 5 Australians still expect to receive antibiotics when they visit their GP with a cough or cold. This number increased to 76% - 3 in 4 people – if they had an ear, nose, throat or chest infection, with 53% stating they would ask for a prescription if one was not supplied by the GP. Consumers need to understand how antibiotics work,

which conditions they don't work for, and have a broader understanding of the impact their treatment choices will have on the future of available effective treatments for life threatening infections.

Furthermore with only one new antibiotic currently in the FDA approval pipeline, and with no new classes of agents having been discovered in the past 20 years, government support may be needed to provide to develop new and innovative treatments for resistant bacterial infections. There is currently little financial impotence for the medicines industry to invest in the development of new antimicrobial agents as they are of low return and may have a shorter life span due to the development of resistance.

Providing better data on antibiotic resistance to health professionals, consumers, industry and government is also important. This will better inform decisions made about whether antibiotics are an appropriate choice for treatment for both health professionals and consumers. As well as consistently highlighting to government the importance of regulation and awareness. Moreover it may bring to the attention of industry the importance of investing in new antibiotic agents for the future of public health.

NPS MedicineWise has been involved has been involved in consumer awareness campaigns in 2004 (Common colds need common sense) and more recently in 2012 (Resistance fighter). We also provide health professionals with a range of educational resources on antibiotic resistance.

We recommend the following:

1. **Develop and implement a comprehensive national action plan for fighting antimicrobial resistance in Australia, taking into consideration the multiple sources which contribute to its development and spread.**

   Recommendations from JETACAR included the development of a coordinated antibiotic resistant management plan; however progress was stagnated when the committee and subsequent groups were disbanded. Responsibility for the development and implementation of this plan should be led by a group similar to the Expert Advisory Group on Antibiotics (EAGAR), with members from the Commonwealth Department of Health and Ageing and the Commonwealth Department of Agriculture, Fisheries and Forestry, State and Territory Governments and recognised experts from the community. It has been acknowledged that the importance of antibiotic resistance due to prophylactic use of antibiotics in food-producing animals needs a harmonised approach by all states and territories however action on this is at a stand still.

   The recent announcement of the high level committee to oversee AMR is welcomed. However there are strong similarities between this committee and the former EAGAR, we believe this committee should also include representation from states and territories. As well as a subcommittee for further consultation with consumer, academic and industry representatives.

2. **Implement a nationwide antimicrobial surveillance program, providing data to health professionals, policy makers and consumers where appropriate on the type and incidence of resistant bacteria in their local area/population.**

   Prescribing habits should be routinely monitored by standard drug utilisation analysis. A nationwide surveillance plan should include the collection, analysis and dissemination of drug susceptibility data to help detect patterns of drug resistance, monitoring anti-microbial drug use to improve prescribing and extending surveillance measures to the agricultural setting.

In Australia the prevalence of antibiotic-resistant bacteria in hospital, nursing home and community settings is on the rise. This may potentially affect surgery, intensive care, organ transplantation, neonatology and cancer services. Containing antibiotic resistance is essential to prevent a return to the pre-antibiotics era; it benefits the entire continuum of care from primary care to hospitals and aged care facilities. There should also be a focus on hospital surveillance to facilitate earlier detection of hospital-acquired resistant infections and better management of infection control procedures.

3. **Consider providing additional research and development funding to develop new treatments for antibiotic-resistant infections.**

The Infectious Diseases Society of America has proposed the creation of a global research and development enterprise focused on developing ten new, safe and effective antibiotics by 2020. Australia should provide funding and support for this imperative initiative.

Further investigation is also warranted into the addition of newer antibiotics on hospital formularies and the clinical criteria for new antibiotic usage. Perhaps a regulated access scheme similar to the TGA's access scheme for unapproved products will help to delay resistance.

4. **Commitment to continuing education to ensure prescribers adhere closely to the recommended antibiotics guidelines and consumers on the dangers of antibiotic resistance and the actions they can take to reduce the development and spread.**

Previous antibiotic campaigns to address unnecessary antibiotic prescribing and raise consumer awareness regarding the dangers of antibiotic resistance have been shown to reduce antibiotic prescribing rates, particularly for upper respiratory tract infections.

Continuing to invest in consumer and prescriber education is likely to lead to further reductions in prescribing rates, subsequently reducing the development and spread of antibiotic resistance. A sustained and consistently funded campaign is needed to ensure unnecessary prescribing rates decline and a consumer pressure on prescribers is alleviated. Previous NPS research has shown during and immediately after an antibiotic campaign has been run prescribing rates decline, however once the campaign is out of mind antibiotic prescribing starts to increase. An investment needs to be made in longer funded campaigns to achieve adequate population exposure.

NPS MedicineWise would be happy to discuss this submission further and we would also welcome the opportunity to address the committee in person.

Yours sincerely

Lynn Weekes
CEO