



On 25 March 2010, CPME Executive Committee adopted the document “CPME comments to the Staff Working Paper of the Services of the Commission on Antimicrobial Resistance” (CPME 2010/029 Final EN)

CPME comments to the Staff Working Paper of the Services of the Commission on Antimicrobial Resistance SANCO/6876/2009r6

Antimicrobial resistance (AMR) is increasing world-wide and has become a severe threat to human health. Infections due to resistant bacteria contribute substantially to morbidity and mortality, lead to increased costs and hence are a considerable burden for the health care system. AMR limits therapeutic options and renders, at worst case, infections untreatable. It is estimated that in the EU about 25,000 patients each year die from resistant infections. Moreover pharmaceutical companies invest less than in the decades before in the development of new antimicrobials that could overcome AMR. Therefore, it is mandatory to maintain the activity of the already existing drugs by taking all efforts to curb the development of AMR or even better to reduce its prevalence.

Driving forces for the evolution of resistant bacteria are the selective pressure exerted by the excessive and uncritical use of antimicrobials and the transmission of resistant organisms in the community and in health care institutions. Furthermore, spread of AMR is promoted by international travel and migration.

It must be noted that antimicrobials are not only overused in humans but also in animals. A considerable amount of the global production of antimicrobials is used in veterinary medicine and as growth promoters for breeding animals. Resistant bacteria can spread from animals to humans thus increasing the overall risk of AMR. Since the 1990s the challenge posed by AMR is given high priority by WHO and EU.

Coherent with this policy the staff working paper of the Commission on AMR at hand deals with this important problem and provides an overview of ongoing EU activities as well as initiating a discussion process to identify possible areas for further action related to AMR such as harmonization of methodologies to assess good quality of surveillance and the importance of continuous information and communication.

CPME therefore welcomes this staff working document as an important document which stimulates discussion in this field while at the same time giving guidance where and how to develop further activities. From our point of view, action against the rapidly evolving AMR should be given high priority by the health authorities in all countries.

From the view of the medical profession this paper should also be used as a basis for discussion to identify the specific function of the European physicians both in practice and in health care institutions. It is highly desirable that European doctors take the opportunity to play an active role as a spearhead in containing AMR rather than to leave the field to non-medical professions. By their education and training as well as by their professional experience physicians are predisposed to propose measures and evaluate intended concepts. It seems mandatory that all activities on containing AMR are assessed with regard to their impact on the concrete patient situation and not only in terms of achieving an abstract goal. Thus, doctors should play a key role in designing and guiding the processes aiming at containing AMR. This refers particularly to all measures that may have direct therapeutic implications.

CPME would also like to explicitly comment on the area of health care associated infections (HCAIs). It is widely acknowledged that complacency, poor prescribing practice and the misuse of antimicrobials are major factors in the emergence of antimicrobial resistance. One key area of action in the prevention and control of antimicrobial resistance is the development of strategies that promote optimal antimicrobial prescribing. These must be implemented with local consultation as prescribing policies must be governed by information about local trends in resistance and sensitivities. Optimal antimicrobial prescribing also requires close collaboration between clinical pharmacists, medical microbiologists and infectious disease physicians.

The prevention and control of antimicrobial resistance also requires continual monitoring and assessment of those measures and intervention strategies that aim to reduce infection. In health care settings this will include hand hygiene. Surveillance systems that monitor the occurrence of infection can also identify risks of antimicrobial resistance, evaluate the effectiveness of interventions, identify areas for further investigations or research, reinforce good behaviours and target preventative measures. Scientific and clinical research are also required to develop better methods of preventing and controlling antimicrobial resistance. Evaluation of the effectiveness of educational and behavioural interventions designed to change prescribing behaviour is a key area for further research.

Finally, CPME would like to encourage the European Commission to prepare a specific proposal on how the increase of antimicrobial resistance can be prevented.