

DOCTORS WARNED ON SUPERBUG THREAT

Crackdown on abuse of antibiotics

EXCLUSIVE

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Doctors could be prevented from prescribing repeats of antibiotics as authorities consider radical plans to contain the dangerous spread of superbugs through hospitals, aged-care homes and the wider community.

With limited progress so far on containing the threat, health professionals has been put on notice that government intervention is now likely — and may extend to the fields of agriculture and environment.

Federal departments reviewing Australia's five-year antimicrobial resistance strategy have conceded the problem is so great they need a 20-year vision, with shorter action plans tied to government budget cycles.

Those action plans would be used to get tough when it was necessary.

Antibiotic-resistant bacteria, or superbugs, make infections harder if not impossible to treat.

The Australian has learned the federal Department of Health is considering changes to prescrib-

ing rules for antibiotics that may restrict or remove doctors' ability to prescribe repeats.

The move comes after data revealed about 50 per cent of prescriptions were issued with repeats, raising the risk that antibiotics — even those prescribed correctly — were being misused.

A report from the Antimicrobial Use and Resistance in Australia surveillance system has also warned inappropriate prescribing by GPs was not falling fast enough, while improvement in hospitals had stalled.

It revealed aged-care homes had become hotbeds for superbugs.

That prompted leading expert John Turnidge from the Australian Commission on Safety and Quality in Health Care to declare "a lot of strange practices have built up in aged-care facilities over many years".

Several superbugs currently pose a threat, with *E. coli* building resistance to frontline antibiotics and *Salmonella*, *Neisseria gonorrhoeae* and *Neisseria meningitidis* now increasingly resistant.

A departmental spokeswoman said yesterday a report on the issue was expected to be considered by the Pharmaceutical

Benefits Advisory Committee this year.

A consultation paper for the next antimicrobial resistance strategy has emphasised the need for better prescribing practices outside hospitals, with doctors expected to follow guidelines enforced by electronic prescribing systems.

"Many of the strategies used in hospital antimicrobial stewardship programs are not transferable to community health settings, including residential aged care," the paper states.

The next strategy will go to the Council of Australian Governments for approval, however the federal government has already ordered reviews of regulations that could be used to slow the spread of superbugs.

"There is a need to map the current regulatory framework against the antimicrobial supply chain and antimicrobial use (and superbug) trends in human and animal health to identify areas where regulation could be applied or streamlined to support efforts to reduce antimicrobial resistance," the paper states.

In March, the government rejected a parliamentary committee's call for an independent body

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or national centre to take control of the issue, instead vowing to lead the national co-ordination of such efforts.

There has also been work on a national multi-drug resistant organisms outbreak response network in an attempt to swiftly contain outbreaks.

The surveillance system is expected to eventually extend to animals.

The paper suggests that "in addition to the work to manage the use of antimicrobials directly in agriculture, aquaculture and human health, the entry of antimicrobials into the environment from other sources, such as from sewage treatment plants into water ways, should also be considered and risk proportionate measures developed".

E. coli is building resistance to frontline antibiotics while the superbug methicillin-resistant *Staphylococcus aureus* (MRSA) is spreading fast, particularly in remote and indigenous communities.

While various campaigns have improved prescribing practices, experts are worried the progress in hospitals has plateaued — about a quarter of antibiotic use is inappropriate.

"The absence of the strong, accreditation driver (which accelerated change in the hospital sector) and the economics of primary care are significant barriers," the paper said.

Of particular concern is the evolution of *Staphylococcus aureus* and its geographic shift.