



SUNDHEDSSTYRELSEN

Antimikrobiel resistens - Danmark i førertrøjen?



6. Juni 2019

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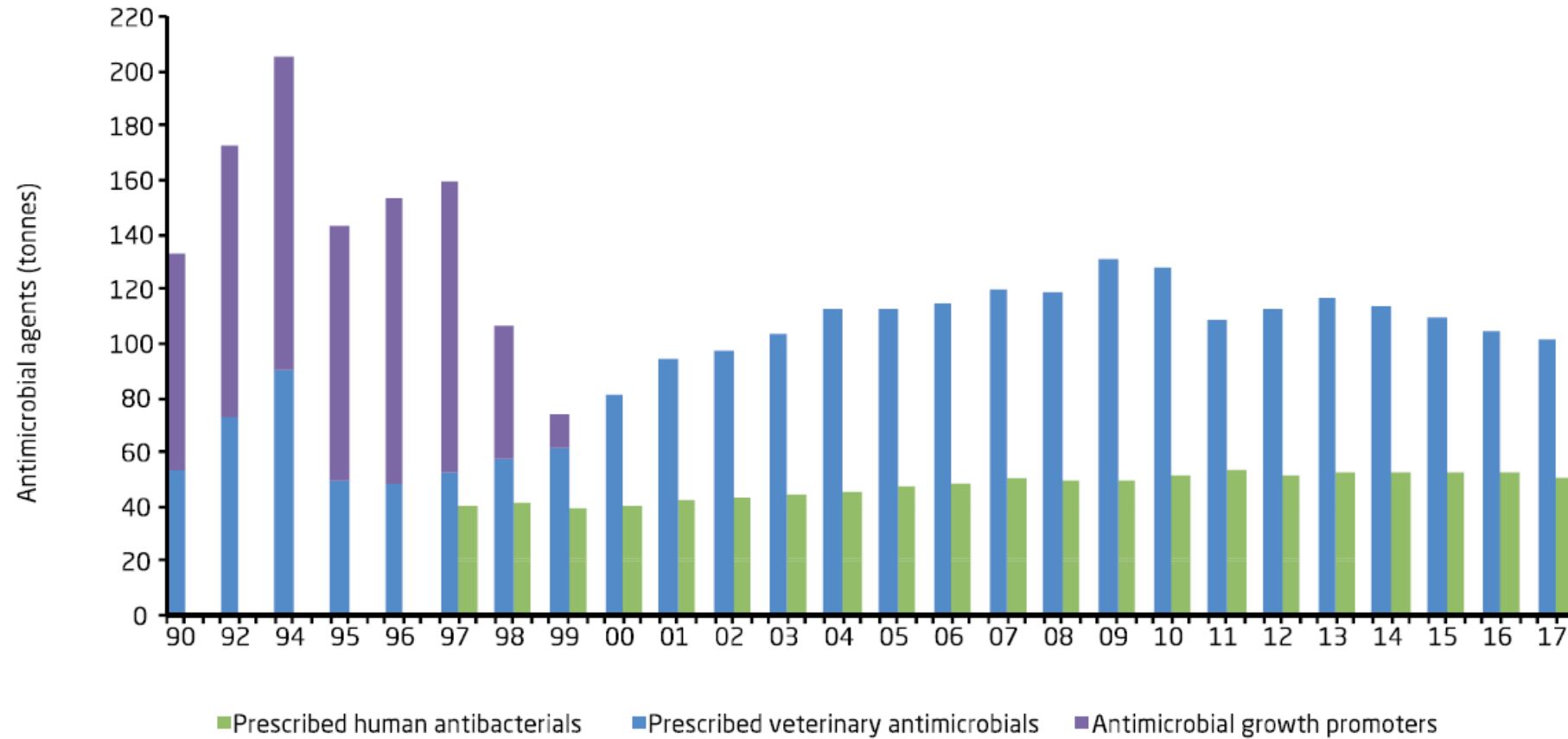
AMR er fortsat en trussel mod sundheden

–WHO anslår 10 mio døde/år i 2025


One Health tilgang

Figure 4.1 Prescribed antimicrobial agents for humans, and for all animal species, Denmark


DANMAP 2017



Internationalt



**GLOBAL ACTION PLAN
ON ANTIMICROBIAL
RESISTANCE**



**World Health
Organization**

**World Health
Organization**
REGIONAL OFFICE FOR
Europe

Regional Committee for Europe
Sixty-first session
Baku, Azerbaijan, 12–15 September 2011
Provisional agenda item 6(e)

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**European strategic action plan on
antibiotic resistance**

The strategic action plan on antibiotic resistance is submitted to the Regional Committee for approval, building on the momentum created by World Health Day in 2011: "No action today, no cures tomorrow". The use, but especially the overuse, misuse and underuse, of antimicrobial agents often leads to the adaptation of micro-organisms through mutation, genetic recombination and selection, so that resistant strains may become the predominant organism in the community, health care settings or the environment. In the WHO European Region, the development of antibiotic resistance is also complicating the treatment of a large range of common infections in ambulatory care, such as respiratory and urinary tract infections, sexually transmitted infections or food- and waterborne infections. In some countries, the use of antibiotics in the veterinary, food animal production and agriculture sectors exceeds their use in humans and further adds to the emergence of resistant bacteria, which can easily spread between people, animals, products and the environment.

In 29 countries of the Region, an estimated 25 000 people die every year because of infections related to antibiotic resistance, most of them contracted in health care settings. They give rise to considerable health costs as a result of longer hospital stays and more expensive treatment, as well as direct and indirect costs to society. Moreover, bacterial multidrug resistance is increasingly threatening the outcome of many common medical interventions and diagnostic procedures that until recently were considered safe or low-risk.

Although microbial resistance to other antimicrobial agents such as antiparasitic and antiviral drugs is occurring and is important, the focus on antibiotic resistance in the European Region is justified by its extensive prevalence and especially its rapid development against a number of last-resort antibiotics used to treat life-threatening infections in health care settings, a situation that may soon lead to potentially untreatable infections.

A number of key strategic actions are proposed to mitigate, prevent and control antibiotic resistance. These include promoting national coordination to implement national strategic plans of action and develop regulatory functions and guidance; promoting the prudent use of antibiotics across many sectors; strengthening surveillance systems to monitor the use of antibiotics and resistant bacteria; and creating awareness of the prudent use of antibiotics and the fact that new antibiotic drugs are not coming onto the market soon.

The resistance developed by mycobacteria, such as is seen in multidrug- and extensively drug-resistant tuberculosis (MDR-TB), is presented in a separate strategy paper, using similar concepts integrated within the tuberculosis control programme.

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Romanian Presidency of the Council of the European Union

Joint meeting of the EU Chief Medical, Chief Nursing and Chief Dental Officers

21st – 22nd of March 2019, Parliament Palace, Bucharest, Romania

SESSION BRIEF

PARALLEL SESSION 1

Patient safety: AMR and associated infections

ICARS

- ICARS will be an independent international interdisciplinary research and knowledge centre with a particular focus on the practical challenge that antimicrobial drug resistance (AMR) poses in low- and middle-income countries.
- ICARS will as an independent global centre will be hosted by Denmark
- ICARS will act in a One Health approach including human- and animal health as well as the environment.

ICARS
International Centre for Antimicrobial Resistance Solutions

ICARS is a novel international independent AMR centre with focus on implementation and solution research on AMR. ICARS will operate globally from the hub in Copenhagen, Denmark. ICARS is in its early planning stage and will develop its form and structure during 2020 in partnership with:

- Countries
- Funding agencies
- International organisations
- NGOs

ICARS has made a Memorandum of Understanding with OIE on collaboration on AMR solutions.

Mission:
ICARS will act as an independent global knowledge node for generating, aggregating and disseminating evidence on antimicrobial drug resistance and support the development of feasible context-specific solutions for its containment.

ICARS:

- Focus on implementation research and solutions on AMR
- Serve as an international independent multi- and interdisciplinary research centre
- Have focus on low and middle income countries (LMIC)
- Serve as One Health approach cutting across human, food production and the environment
- Will ensure strong participation of collaborating countries and communities
- Conduct or commission implementation research to both AMR-specific and AMR-sensitive interventions
- Will be in close contact with WHO, FAO, OIE, UNEP, country specific research programmes, NGOs and research institutions to avoid duplication of research
- Will be a learning organisation and will evaluate processes and impact of interventions

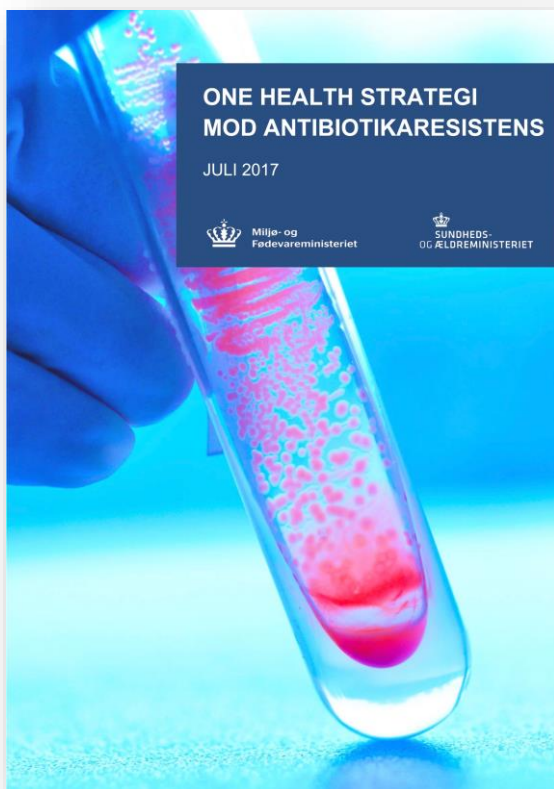
From Evidence to Action

Synthesis
Evidence
New Steps

Translation of policies, plans & data
↓
Action
↓
Daily Practice
↓
AMR ↓
↓
Better health

Contact Information:
Website: www.ICARS-GLOBAL.org

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5 målsætninger for reduktion af antibiotikaforbrug og forebyggesle af resistens i forhold til mennesker og dyr.

I	Et ansvarligt antibiotikaforbrug skal reducere resistensudviklingen	1
II	Større indsats i forhold til forebyggelse af infektioner og fremme af alternativer til antibiotika	2
III	Mere viden for at styrke målrettede indsatser	3
IV	Information og rådgivning om resistens og smitteveje	4
V	Et stærkt internationalt samarbejde om at begrænse udviklingen af antibiotikaresistens	5

1. Reduceret antibiotikaforbrug til dyr skal reducere resistensforekomsten i dansk kød
2. Fokus på forebyggelse af infektioner hos produktionsdyr
3. Viden skal målrette indsatser
4. Information og rådgivning om resistens og smitteveje
5. Stærkt internationalt samarbejde

Fødevarestyrelsens handlingsplan
mod
antibiotikaresistens

2017



Mål 1: Antallet af indløste recepter på antibiotika bør reduceres

Antallet af indløste recepter på antibiotika i primærsektoren bør reduceres fra 460 recepter/1000 indbyggere/år i 2016 til 350 recepter/1000 indbyggere/år i 2020.

Mål 2: Der bør ske et skift i forbruget af bredspektrede til smalspektrede antibiotika

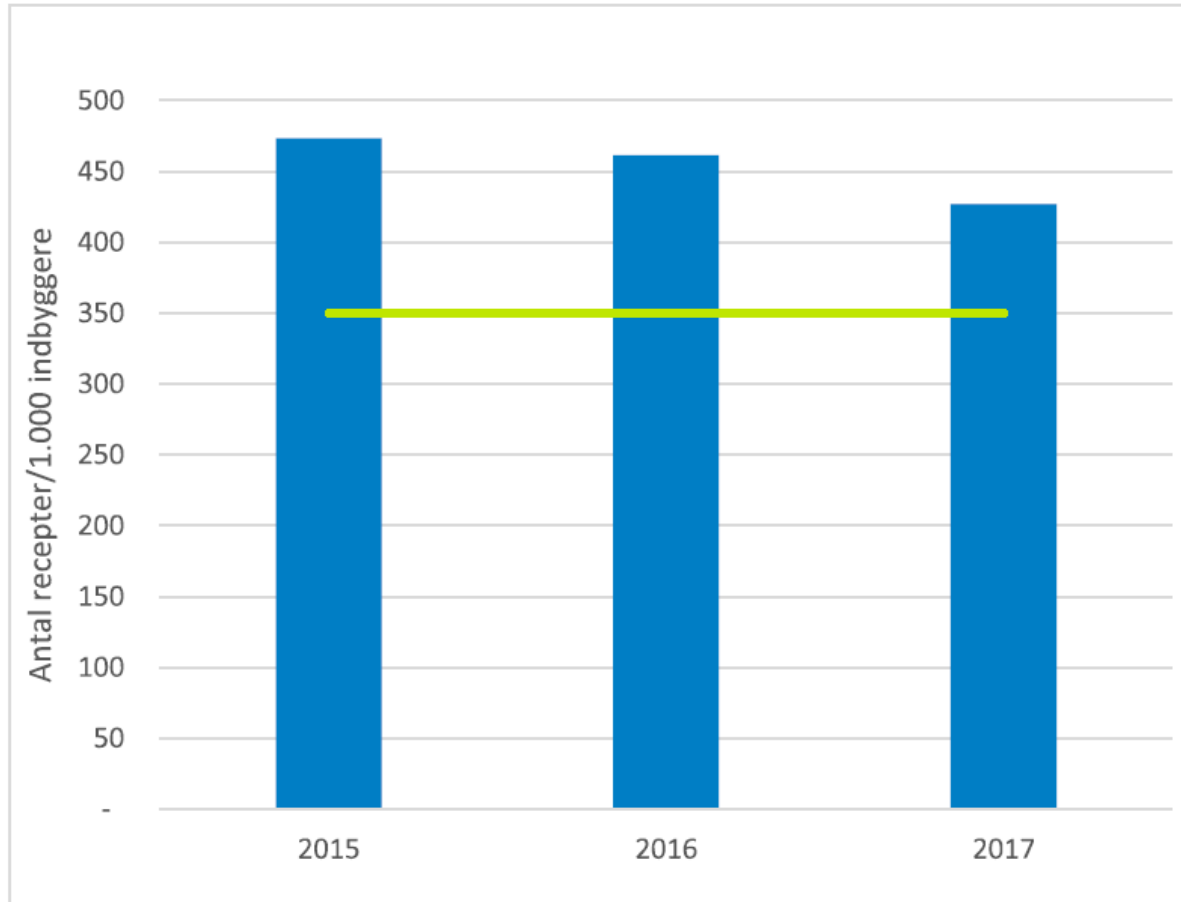
Der bør i højere grad behandles med mere smalspektrede antibiotika. Penicillin V bør således stige fra ca. 31 % i 2016 til i 2020 at udgøre 36 % af det samlede antibiotikaforbrug i primærsektoren målt i antal recepter/1000 indbyggere.

Mål 3: Forbruget af de antibiotika, som er kritisk vigtige for behandlingen af infektioner, bør reduceres

Forbruget af de kritisk vigtige antibiotika bør reduceres med 10 % i 2020 målt i DDD/100 sengedage for indlagte patienter på hospitalerne sammenlignet med forbruget i 2016.

Mål 1

Figur 2. Status på mål 1 - Udviklingen i antallet af indløste recepter på antibiotika i primærsektoren (2015-2017).



Kilde: Lægemiddelstatistikregisteret, Sundhedsdatastyrelsen

Mål 2

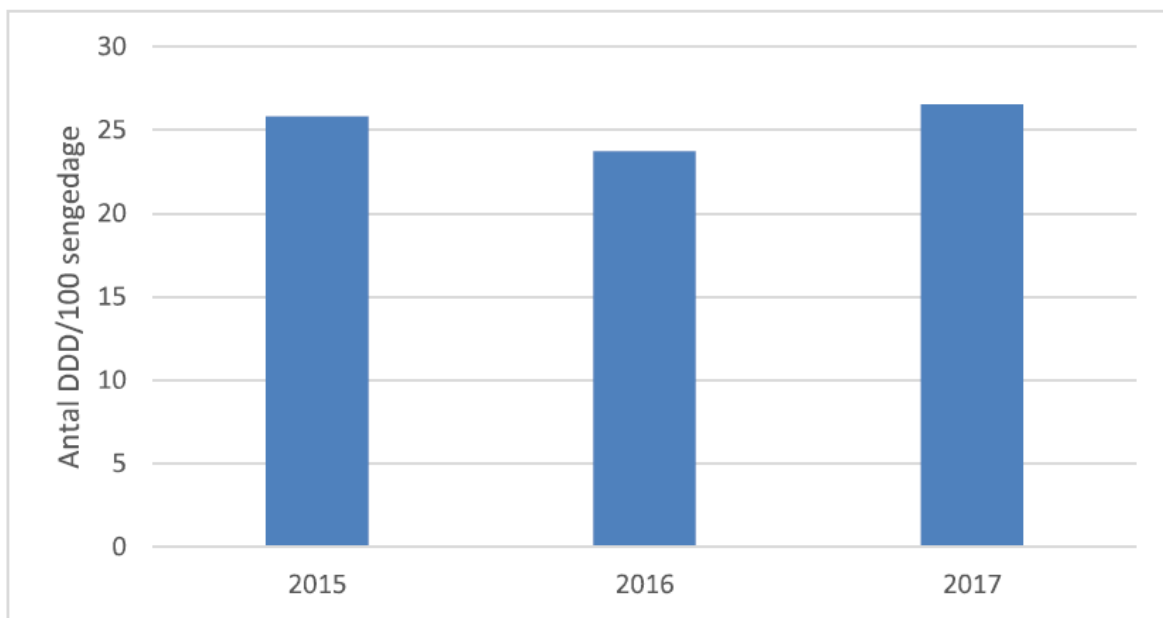
Tabel 1. Udviklingen i andelen af penicillin V (2015-2017)

År	Al antibiotika	Penicillin V	Andel (%) af Penicillin V
2015	473	151	32
2016	462	145	31
2017	427	136	32

Kilde: Lægemiddelstatistikregisteret, Sundhedsdatastyrelsen

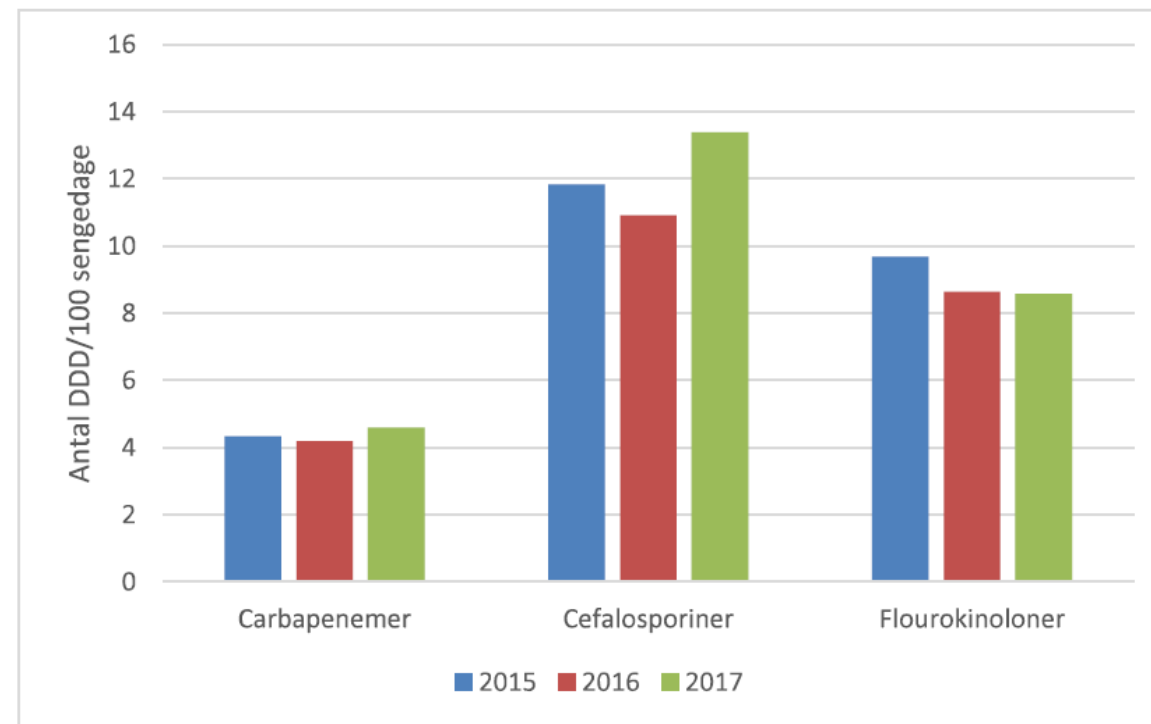
Mål 3

Figur 3. Status på mål 3 - Udviklingen i forbruget af de kritisk vigtige antibiotika, DDD/100 sengedage (2015-2017)



Kilde: Lægemiddelstatistikregisteret og Landspatientregisteret, Sundhedsdatastyrelsen

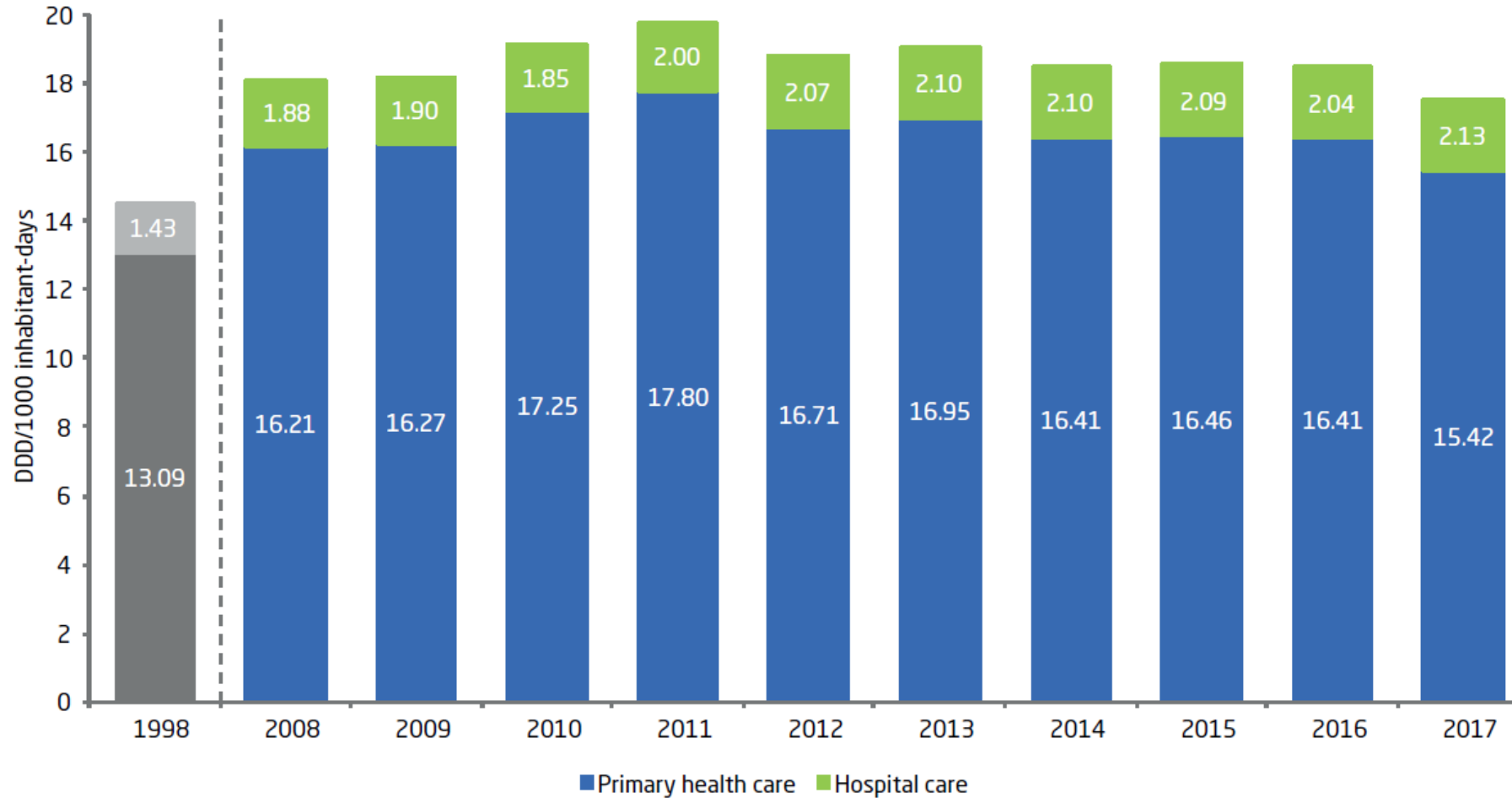
Figur 4. Forbruget af de kritisk vigtige antibiotika hver for sig, DDD/100 sengedage (2015-2017)



Kilde: Lægemiddelstatistikregisteret og Landspatientregisteret, Sundhedsdatastyrelsen

Primær vs sekundær sektor

Figure 5.1 Total consumption of systemic antimicrobial agents in humans in primary health care vs. hospital care, (DDD), Denmark
DANMAP 2017



LKT antibiotika

Overordnet mål med projektet

Målet er at fremme rationel anvendelse af antibiotika i hospitalssektoren mhp. at optimere det kliniske behandlingsresultat for både nuværende og fremtidige patienter og samtidig minimere utilsigtede konsekvenser af antibiotikabehandling.

Mål 1: Reduktion af det samlede antibiotikaforbrug

Det samlede forbrug af antibiotika skal reduceres inden 1.7.2019 målt i estimerede behandlingsdøgn ud fra indkøbsdata (aDDD)/100 sengedage for indlagte patienter sammenlignet med forbruget i 2015/2016.

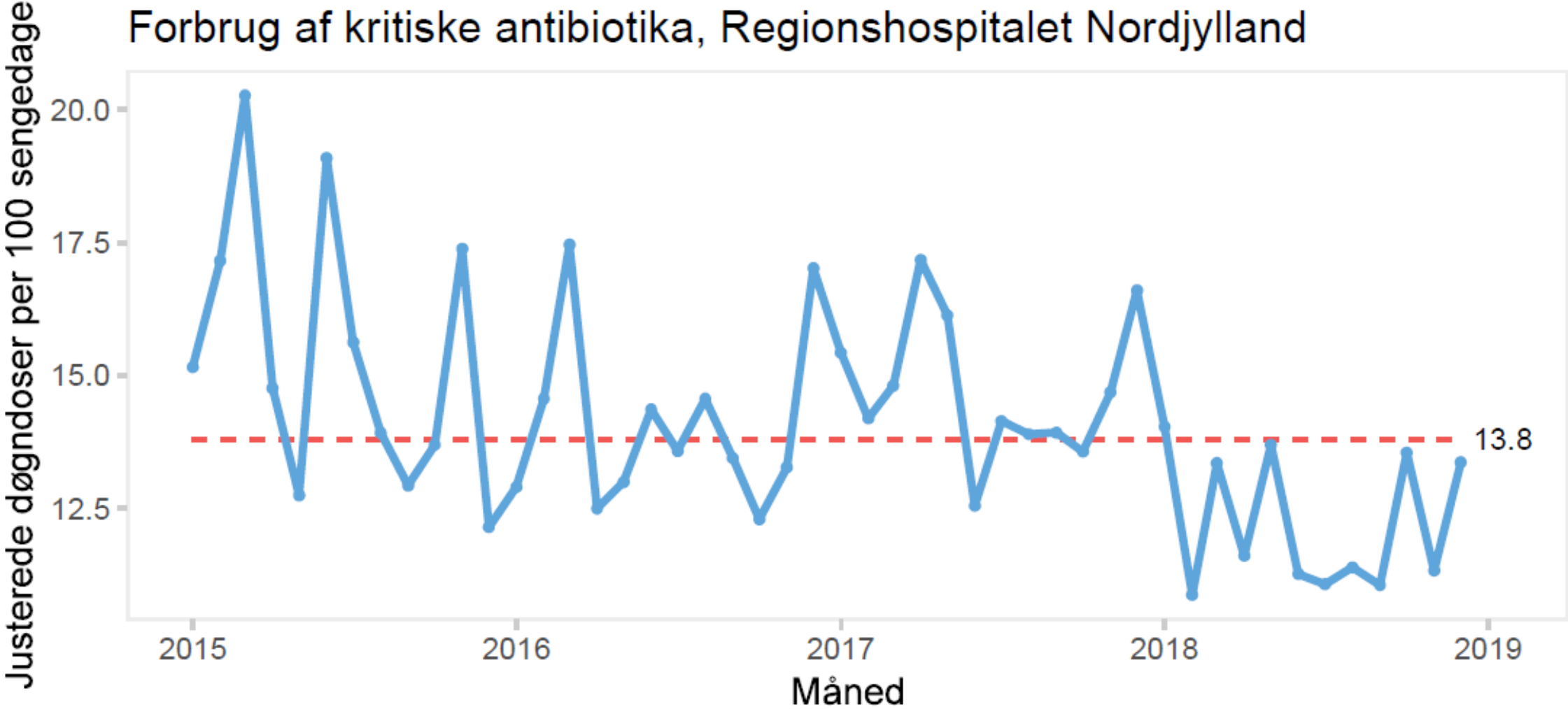
Mål 2: Reduktion af forbruget af kritisk vigtige antibiotika

Forbruget af de kritisk vigtige antibiotika (carbapenemer, fluroquinoloner og cefalosporiner) skal reduceres inden 1.7.2019 målt i estimerede behandlingsdøgn ud fra indkøbsdata (aDDD)/100 sengedage for indlagte patienter sammenlignet med forbruget i 2015/2016.

Mål 3: Uændret eller faldende 30-dages mortalitet efter bakteræmi

Ulempeindikator: 30-dages mortalitet efter bakteræmi skal fastholdes uændret eller være faldende i projektperioden.

Forbrug af kritiske antibiotika, Regionshospitalet Nordjylland



Justerede døgndoser per 100 sengedage

Forbrug af kritiske antibiotika, Sjælland

