

## WHO Calls Antibiotic Resistance 'Serious, Worldwide Threat'

Geneva - A new report by WHO — its first to look at antimicrobial resistance, including [antibiotic resistance](#) [1], globally-reveals that this serious threat is no longer a prediction for the future, it is happening right now in every region of the world and has the potential to affect anyone, of any age, in any country. Antibiotic resistance—when bacteria change so antibiotics no longer work in people who need them to treat infections—is now a major threat to public health.

“Without urgent, coordinated action by many stakeholders, the world is headed for a post-antibiotic era, in which common infections and minor injuries which have been treatable for decades can once again kill,” says Dr Keiji Fukuda, WHO’s Assistant Director-General for Health Security. “Effective antibiotics have been one of the pillars allowing us to live longer, live healthier, and benefit from modern medicine. Unless we take significant actions to improve efforts to prevent infections and also change how we produce, prescribe and use antibiotics, the world will lose more and more of these global public health goods and the implications will be devastating.”

### Key findings of the report

The report, "[Antimicrobial resistance: global report on surveillance](#) [2]," notes that resistance is occurring across many different infectious agents but the report focuses on antibiotic resistance in seven different bacteria responsible for common, serious diseases such as bloodstream infections (sepsis), diarrhoea, pneumonia, urinary tract infections and gonorrhoea. The results are cause for high concern, documenting resistance to antibiotics, especially “last resort” antibiotics, in all regions of the world.

Key findings from the report include:

- Resistance to the treatment of last resort for life-threatening infections caused by a common intestinal bacteria, *Klebsiella*

pneumoniae-carbapenem antibiotics-has spread to all regions of the world. K. pneumoniae is a major cause of hospital-acquired infections such as pneumonia, bloodstream infections, infections in newborns and intensive-care unit patients. In some countries, because of resistance, carbapenem antibiotics would not work in more than half of people treated for K. pneumoniae infections.

- Resistance to one of the most widely used antibacterial medicines for the treatment of urinary tract infections caused by E. coli-fluoroquinolones-is very widespread. In the 1980s, when these drugs were first introduced, resistance was virtually zero. Today, there are countries in many parts of the world where this treatment is now ineffective in more than half of patients.
- Treatment failure to the last resort of treatment for gonorrhoea-third generation cephalosporins-has been confirmed in Austria, Australia, Canada, France, Japan, Norway, Slovenia, South Africa, Sweden and the United Kingdom. More than 1 million people are infected with gonorrhoea around the world every day.
- Antibiotic resistance causes people to be sick for longer and increases the risk of death. For example, people with MRSA (methicillin-resistant Staphylococcus aureus) are estimated to be 64% more likely to die than people with a non-resistant form of the infection. Resistance also increases the cost of health care with lengthier stays in hospital and more intensive care required.

### Ways to fight antibiotic resistance

The report reveals that key tools to tackle antibiotic resistance-such as basic systems to track and monitor the problem-show gaps or do not exist in many countries. While some countries have taken important steps in addressing the problem, every country and individual needs to do more.

Other important actions include preventing infections from happening in the first place-through better hygiene, access to clean water, infection control in health-care facilities, and vaccination-to reduce the need for antibiotics. WHO is also calling attention to the need to develop new diagnostics, antibiotics and other tools to allow healthcare professionals to stay ahead of emerging resistance.

This report is kick-starting a global effort led by WHO to address drug resistance. This will involve the development of tools and standards and improved collaboration around the world to track drug resistance, measure its health and economic impacts, and design targeted solutions.

## How to tackle resistance

People can help tackle resistance by:

- using antibiotics only when prescribed by a doctor;
- completing the full prescription, even if they feel better;
- never sharing antibiotics with others or using leftover prescriptions.

Health workers and pharmacists can help tackle resistance by:

- enhancing infection prevention and control;
- only prescribing and dispensing antibiotics when they are truly needed;
- prescribing and dispensing the right antibiotic(s) to treat the illness.

Policymakers can help tackle resistance by:

- strengthening resistance tracking and laboratory capacity;
- regulating and promoting appropriate use of medicines.

Policymakers and industry can help tackle resistance by:

- fostering innovation and research and development of new tools;
- promoting cooperation and information sharing among all stakeholders.

## **WHO Calls Antibiotic Resistance 'Serious, Worldwide Threat'**

Published on Food Manufacturing (<http://www.foodmanufacturing.com>)

---

The report—which also includes information on resistance to medicines for treating other infections such as HIV, malaria, tuberculosis and influenza—provides the most comprehensive picture of drug resistance to date, incorporating data from 114 countries.

### **Source URL (retrieved on 04/21/2015 - 8:05am):**

<http://www.foodmanufacturing.com/news/2014/05/who-calls-antibiotic-resistance-serious-worldwide-threat>

### **Links:**

[1] <http://www.foodmanufacturing.com/news/2014/03/fda-25-drug-companies-phase-out-animal-antibiotics>

[2] [http://apps.who.int/iris/bitstream/10665/112647/1/WHO\\_HSE\\_PED\\_AIP\\_2014.2\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/112647/1/WHO_HSE_PED_AIP_2014.2_eng.pdf?ua=1)