Learning from COVID-19 to tackle the silent pandemic of antibiotic resistance

Speakers:
• Dr Manica Balasegaram, Executive Director, GARDP
• Dr Joanne Liu, Associate clinical Professor, University of Montreal & former International President of Médecins Sans Frontières
• Dr Marc Mendelson, Professor of Infectious Diseases and Head of the Division of Infectious Diseases & HIV Medicine at Groote Schuur Hospital, University of Cape Town

Moderator: Claire Doole
4 March 2021
How to submit your questions

The presentation will be followed by an interactive Q&A session.

Please submit your questions via the ‘questions’ window. We will review all questions and respond to as many as possible after the presentation.

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Learning from COVID-19 to tackle the silent pandemic of antibiotic resistance

Marc Mendelson
Groote Schuur Hospital
University of Cape Town
Inappropriate antibiotic prescribing

80.6% inpatients received antibiotics

Pooled prevalence
7% patients had bacterial co-infection

doi: 10.1016/j.jinf.2020.05.046.

ISARIC Clinical Data Report 10 Feb 2021
https://doi.org/10.1101/2020.07.17.20155218
Rapid diagnosis allows directed treatment
First Case of COVID-19 Announced – An Update

5 March 2020

The Minister of Health, on 05 March 2020, made an official announcement of a locally confirmed COVID-19 case in South Africa. The case is a 38-year-old man from KwaZulu-Natal who travelled to Italy. The National Institute for Communicable Diseases (NICD), a division of the National Health Laboratory Service, wishes to clarify that the COVID-19 indicates the strength of our surveillance and South Africa’s health systems to be able to detect and rapidly identify cases.

The case has been isolated and containment measures are ongoing including the monitoring of contacts. It is important to note that the identification of a single imported case in a traveller from an area with widespread community transmission does not mean that COVID-19 is currently spreading in South African communities. The risk to the general community of acquiring COVID-19 remains low.

Acinetobacter baumannii complex (ACIBC)

Comments

Tissue, right knee.

Antibiotic/Culture: ACIBC

<table>
<thead>
<tr>
<th>Antibiotic/Culture</th>
<th>ACIBC</th>
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<tbody>
<tr>
<td>Trimethoprim-sulfamethoxazole</td>
<td>R</td>
</tr>
<tr>
<td>Ciprofloxacin</td>
<td>R</td>
</tr>
<tr>
<td>Ceftazidime</td>
<td>R</td>
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<td>Cefepime</td>
<td>R</td>
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<td>Gentamicin</td>
<td>R</td>
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<td>Tobramycin</td>
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<td>Amikacin</td>
<td>R</td>
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<td>Piperacillin/tazobactam</td>
<td>R</td>
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<td>Imipenem</td>
<td>R</td>
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<tr>
<td>Meropenem</td>
<td>R</td>
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<tr>
<td>Tigecycline</td>
<td>I</td>
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</tbody>
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S = Sensitive; I = Intermediate; R = Resistant.

Organism: Acinetobacter baumannii complex
Antibiotic: Colistin
MIC: >64 ug/mL
MIC Interpretation: Resistant
Assured access to ‘old’ medicines
Compliance with IPC in healthcare workers during COVID-19 was driven largely by fear for the ‘self’
10 million deaths per year from AMR infections by 2050

https://amr-review.org
2.5 million deaths from COVID-19 in the first 15 months
The face of AMR
Applying early lessons from COVID-19 to AMR

4 March 2021

Dr. Joanne Liu
Associate clinical Professor, University of Montreal & former International President of Médecins Sans Frontières
Interim findings of the Independent Panel Report

- Pandemic preparedness at the global and national level was inadequate.
- There was a cascade of early failings in the global and national responses to COVID-19.
- The international system for detection, alert, and response has the trappings of an analog system in a digital age.
Interim findings of the Independent Panel Report

- The pandemic has laid bare and exacerbated inequalities both within and between nations.

- There are major weaknesses in global supply chains including the absence of frameworks to ensure equitable access to critical equipment.

- While the ACT-Accelerator was quickly launched, there is a risk (and now an actual reality) of a two-tier system of access to medical countermeasures.
Seizing the opportunity

- Knowledge can be a common good that translates into life-saving technologies. Yet ‘traditional’ market incentives were neither sufficient nor appropriate to develop medical countermeasures.

- To generate such knowledge and translate it into COVID-19 countermeasures, governments have invested over 90 billion Euros.

- There is a unique opportunity to reset and improve upon our collective approach in preparation and response to other pandemic threats.
The pandemic of drug-resistant infections

- The response to AMR is already built upon a ‘One Health’ approach, which can be a model and guide to overall pandemic preparedness.

- Governments should also consider a ‘One World’ approach that brings together all countries to develop a long-term response including appropriate tools for diverse contexts. Low- and middle-income countries (LMICs) are partners, not recipients.

- Governments must find a way to improve preparedness and response to a fast-moving pandemic whose impacts are often felt or acknowledged slowly.
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