Editorial

Antimicrobial Policy

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We are faced with an increasing problem posed by overuse of mostly ineffective antimicrobials and subsequent emergence of drug resistant bacteria (1-6). Since control of antibiotic prescribing is a crucial part of the strategy to limit the development of resistance, the Minister of Health for Khartoum State appointed a committee in order to formulate a policy to control the use of antimicrobials and to promote antimicrobial stewardship in the State of Khartoum. However, the Committee was faced with several challenges, habitual overuse of antimicrobials by prescribers and the public (1-3), deficient antimicrobial formulary (7), a non presented antimicrobial resistance rate (4-6), scarcity of reliable microbiology service and finally unawareness of most prescribers of the true situation.

Principles of antimicrobial stewardship were first laid down (8). These included decision to start antimicrobial therapy, selection of the antimicrobial, the dose, route of administration and duration of therapy as well as principles of surgical prophylaxis. Infection prevention and control, was combined with antimicrobial stewardship to limit the emergence and transmission of multi-drug-resistant pathogens. The policy was tailored for inpatients. Antimicrobials were thus divided into four categories based on route of administration, spectrum of activity, antimicrobial efficacy, cost and development of resistance. The right to prescribe an antibiotic from any of the four categories depends on the position and the experience of the prescriber, culture report or microbiology advice. All antibiotics are issued only through the pharmacy that will then issue an antibiotic for a limited period of time as per the policy. Antimicrobial therapy including indication for treatment, dose, route and duration of treatment shall be recorded in the patient’s notes. This will be revised and approved by the head of unit. Similarly all data, as above shall be recorded in the treatment sheet. The therapeutic committee must see that the policy is implemented and should regularly audit consumption of antimicrobial agents and development of resistance in the hospital.

In order to implement the antimicrobial policy, the committee members held several meetings with prescribers in major Khartoum hospitals, explaining the policy and highlighting the challenges including the deficient antimicrobial formulary (7), scarcity of reliable microbiology service and unawareness among prescribers. The meetings were fruitful. Participants made useful comments and suggestions.
Accordingly, plans have been set to upgrade efforts to revise the present formulary, limit the use of antimicrobials, known to cause collateral damage (9) and to start an educational programme on antimicrobial stewardship among medical practitioners and pharmacists. Microbiology technologists from different hospitals are being trained on antimicrobial susceptibility testing. Although we are slowly moving towards implementation, we are faced with hurdles that may delay our progress. However, with the determination of the committee, the support of the medical professionals and understanding of all stakeholders we shall achieve our objectives.

References