



Stop AMR Global Media Monitor

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Pharmaceutical strategy must address antimicrobial resistance, MEPs

Thirty European Parliament lawmakers have written to Health Commissioner Stella Kyriakides calling for the EU pharmaceutical strategy to integrate the development of, and access to, affordable and quality antimicrobials in a sustainable environment.

The letter provides recommendations on how antimicrobial resistance (AMR) should be tackled in the upcoming EU pharmaceutical Strategy. The strategy, expected to be adopted by the end of the year, aims to create a future-proof pharmaceutical regulatory framework which addresses long-standing health challenges, many of which have been exacerbated by the COVID-19 crisis.

"AMR is a key area where European citizens rightly expect firm European action," the letter stated. "As it cannot be tackled efficiently at national level, we call for the Pharmaceutical Strategy to be a stepping stone to an ambitious regulation that would address human, animal, and environmental health in a 'One Health' approach and include non-pharmaceutical aspects such as monitoring and surveillance, infection prevention and control, and access to rapid and affordable diagnostic tools."

Source: [Euractiv](#), 6 October 2020
MEP Interest Group on AMR [letter](#), 6 October 2020

Parental self-medication with antibiotics for children promotes antibiotic over-prescribing in clinical settings in China

Self-medication with antibiotics (SMA) is one of the most dangerous inappropriate antibiotic use behaviors. A

cross-sectional study of a total of 9526 parents with children aged 0-13 were investigated in three provinces in China (2017-2018). The study aimed to investigate the impact of parental SMA for children before a consultation on their doctor's subsequent antibiotic prescribing behavior.

Results found that one-third of the studied children had parental SMA before their consultation and 83.9% of them were subsequently prescribed antibiotics by doctors. Moreover, children with parental SMA were more likely to be prescribed antibiotics by doctors. Conclusions from this study are that tailored health education for parents is required in both community and clinical settings to discourage parental SMA for children and doctors should not prescribe unnecessary antibiotics to reinforce parents' SMA behaviors.

Source: [Antimicrobial Resistance & Infection Control](#), September 2020

PASTEUR Act Will Build Antibiotic Arsenal, Protect Existing Medicines

According to the Center for Disease Control in the US, at least 2.8 million people in the U.S. suffer from antibiotic resistance annually, and at least 35,000 die. Most large pharmaceutical companies have abandoned antibiotic research and development, and the small companies that remain are struggling to stay afloat.

The recent Bill called the PASTEUR Act will support the development of new antibiotics and promote appropriate use of existing ones, helping to limit the increase and spread of resistant infections. Furthermore, PASTEUR will establish an innovative way to pay for critically needed new antibiotics, delinked from the sales or use of those antibiotics with a subscription model providing federal payment to companies that develop antibiotics. The bill takes additional steps to promote appropriate antibiotic use, including establishing a new



grant program to support the implementation of antibiotic stewardship programs in hospitals and to help more hospitals report antibiotic use and resistance data.

Source: [Infectious Diseases Society of America](#), 1 October 2020

AMR Action Fund won't fix broken antibiotic market (analysis)

A pharmaceutical industry effort to fund the development of new antibiotics through investment in small companies could buy time for reforms to address the underlying market problems facing antibiotic development but will not fix those problems on its own, according to a new analysis in *Open Forum Infectious Diseases*. The AMR Action Fund, launched in June by 20 of the world's largest pharmaceutical companies, aims to invest \$1 billion in small antibiotic companies with promising products, with the goal of bringing two to four new antibiotics to market by 2030.

The analysis of the AMR Action Fund by clinicians with the University of Pittsburgh Department of Medicine and the VA Pittsburgh Healthcare System suggests that while the fund will provide a financial lifeline to struggling companies, it does not address the biggest problem—the low reimbursement for new antibiotics and the need to de-link reimbursement from numbers of prescriptions. The analysis also highlights how the fund fails to address three particular issues that have contributed to the financial failure of new antibiotics for carbapenem-resistant bacteria: slow clinical uptake by clinicians; the relatively small number of carbapenem-resistant infections that occur in the United States; and an excess of new agents that aren't superior to current antibiotics.

"The Fund's major weaknesses are that it does not directly address the 3 issues identified in our case study, nor will it fix the broken marketplace," the authors wrote. *"Its most important charge will be to buy time to convince governments to enact reimbursement reforms ('pull' incentives) or implement new antibiotic development models."*

Source: [Oxford Academic](#), 30 September 2020
From: [CIDRAP](#), 2 October 2020

Review shows stewardship apps increase guideline accessibility

A review of studies analyzing the use of antimicrobial stewardship (AMS) apps found they may increase adherence to antibiotic prescribing guidelines, European researchers reported yesterday in *PLOS One*.

The review, led by researchers from Erasmus Medical Center in the Netherlands, included 13 studies published from 2008 to 2019 focusing on the use of AMS smartphone or tablet app use by physicians treating in-hospital patients. The aim of the study was to review the apps and evaluate their impact on antibiotic prescribing for in-hospital patients. The primary study outcomes included average monthly use, guidelines assessed, adherence to guidelines, and user experience.

In general, the studies measured different outcomes, applied different designs, and varied in quality. None of them were randomized controlled trials. In four studies, guideline-adherent antibiotic prescribing increased significantly (6.5% to 74%) after app implementation, and in one study, this resulted in significantly less resistance to some antibiotics and a decrease in total drug costs.

Most users considered the apps easy to use (77.4% to >90.0%) and useful (71.0% to >90.0%) in three studies, and preferred guideline access via app to desktop or booklet in two studies. In three studies, some physicians reported that use of apps in front of patients or colleagues felt unprofessional.

Source: [PLOS ONE](#), 29 September 2020
From: [CIDRAP](#), 2 October 2020