



Stopping the Spread of Antibiotic Resistance Requires a Coordinated Approach

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There has been a lot of activity lately around stopping the spread of antibiotic resistance. Back in September, President Obama issued the [National Action Plan for Combating Antibiotic-Resistant Bacteria](#) in an effort to guide activities by the U.S. Government and to guide action by public health, healthcare, and veterinary partners in a common effort to address urgent and serious drug-resistant threats that affect people in the U.S. and around the world. Most recently in August, the Centers for Disease Control and Prevention released a [Vital Signs report](#) that included a mathematical modeling that projects increases in drug-resistant infections and *C. difficile* without immediate nationwide improvements in infection control and antibiotic prescribing practices. The Vital Signs report shares some startling facts:

- Antibiotic-resistant organisms cause more than 2 million illnesses and at least 23,000 deaths each year in the US.
- Although antibiotics save lives (for example, in the prompt treatment of sepsis, a life-threatening infection throughout the body), they can also put patients at risk for a *Clostridium*

difficile infection, deadly diarrhea that causes at least 250,000 infections and 14,000 deaths each year in hospitalized patients.

- *C. difficile* and drug-resistant bacteria—like CRE (carbapenem-resistant *Enterobacteriaceae*), MRSA (methicillin-resistant *Staphylococcus aureus*), and *Pseudomonas aeruginosa*—spread inside of and between health care facilities when appropriate infection control actions are not in place and patients transfer from one health care facility to another for care. These infections can lead to serious health complications, including sepsis or death.
- Based on CDC modeling projects, a [coordinated approach](#) could prevent 619,000 antibiotic-resistant and *C. difficile* infections and save 37,000 lives over five years.

What does a [coordinated approach](#) look like? When public health departments track and alert health care facilities to antibiotic-resistant or *C. difficile* organisms coming from other facilities and outbreaks in the area and facilities and public health authorities share information and implement shared infection control actions to stop spread of germs from facility to facility,

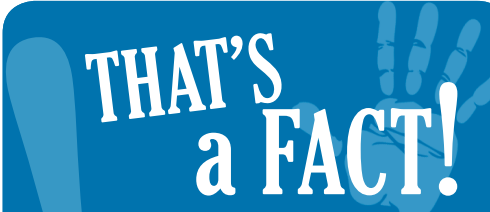
a coordinated approach is in place. Only when the community works together can this be realized. Developing new antibiotics is not the only answer.

Unless we implement a coordinated approach, organisms will become resistant to new drugs that become available as well. As healthcare providers, there are important steps we can all take to help the cause:

- Follow correct hand hygiene practices with every patient. It is the single most important measure for preventing the transmission of pathogens in healthcare settings.¹ The foundation of every infection prevention and control program is hand hygiene.
- Use antibiotics only when needed. Obtain recommended cultures before antibiotics are given and then start the right antibiotic promptly. Make sure the indication, dose, and expected duration are specified in the patient record. Reassess within 48 hours and adjust the prescription if necessary or stop if indicated based on tests and patient exam.
- Be aware of antibiotic resistance patterns in your facility and area to protect your patients.
- Ask patients if they have recently received care in another facility.

Visit the [Vital Signs Making Health Care Safer web page](#) for detailed information including infographics and a call to action.

1. Centers for Disease Control and Prevention. Guideline for hand hygiene in health-care settings: recommendations of the healthcare infection control practices advisory committee and the HICPAC/SHEA/APIC/IDSA hand hygiene task force. MMWR 2002;51:RR-16.



THAT'S a FACT!

Studies indicate that 30-50% of antibiotics prescribed in hospitals are unnecessary or inappropriate.

Get smart for healthcare. Centers for Disease Control and Prevention Web site. <http://www.cdc.gov/getsmart/healthcare/>. Updated May 5, 2015. Accessed August 10, 2015.

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LTX-12™ - 1200mL	1909-02	2	1920-04
TFX™ - 1200 mL	5389-02	2	2712-12
Pump Bottle - 45 mL	5699-24	24	-
Pump Bottle - 535 mL	5799-04	4	-
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LTX (Touch Free) - 1200 mL	1943-02	2	1971-04
TFX (Touch Free) - 1200 mL	5383-02	2	2745-12
ADX™ (Push Style) - 700 mL	8723-04	4	8771-06
ADX (Push Style) - 1250 mL	8833-03	3	8871-06
Pump Bottle - 535 mL	5783-04	4	-

1. HCPHW study, Study # 140547-101, October 30, 2014, BioScience Laboratories, Bozeman, MT
 2. Skin health study, Study # 2014-12-C10408, 100x use per day, December 8-22, 2014, North Cliff Consultants, Inc., Cincinnati, OH
 3. When compared to other PROVON formulations.

A Look Ahead

next month's issue

Sustainability

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