

WHO warns of threat of “superbugs”

Zosia Kmietowicz *London*

The World Health Organization (WHO) warned this week that the level of resistance to drugs used to treat common infectious diseases is reaching crisis point.

If governments around the world do not make greater efforts to control disease and stem the spread of resistance there will be a return to the pre-antibiotic era and entire populations could be wiped out by “superbugs” for which no effective treatment exists, it said.

“We currently have effective medicines to cure almost every major infectious disease,” said Dr Gro Harlem Brundtland, director general of the WHO. “But we risk losing these valuable drugs—and our opportunity to eventually control many infectious diseases—because of increasing antimicrobial resistance.”

The WHO sounded the warning in its annual report on infectious diseases, *Overcoming Antimicrobial Resistance*. The report describes how all major infectious diseases—including tuberculosis, malaria, AIDS, pneumonia, and diarrhoeal diseases—are slowly becoming

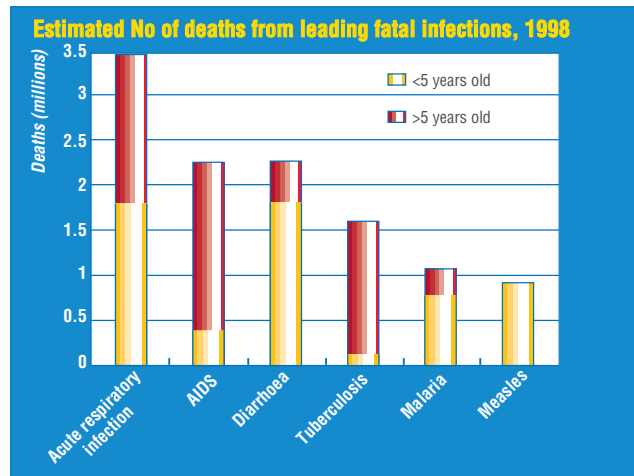
resistant to existing drugs.

In Estonia, Latvia, and parts of Russia and China more than 10% of patients with tuberculosis are infected with strains that are resistant to the two most powerful medicines used to treat the disease. In Thailand three of the most common antimalarial drugs are now useless because of resistance.

An estimated 30% of patients being treated for hepatitis B with the drug lamivudine show resistance to treatment after a year’s treatment. The number of patients showing resistance to zidovudine and other drugs used to tackle HIV is growing.

“Unless we take action now we risk running out of drugs,” said Dr Rosemund Williams, coordinator of the WHO’s anti-infective drug resistance surveillance and containment division and editor of the report.

“It is not just enough to get it right at home. We need to look at the global situation. Partnership is critical as many countries will not be able to tackle this problem on their own, but they will need help from richer countries.”



Superbugs could make existing antibiotics useless by 2010

The spread of resistance is being fuelled by both underuse and overuse of drugs. In developing countries failure to control infections by not completing the full course of drugs allows the most resistant microbes to survive, multiply, and spread to others.

Conversely, in wealthier countries the overprescription of antibiotics to meet patients’ demands and overuse of antimicrobials in food production is adding to the problem. Better surveillance, education of the public and the medical profession, and rapid diagnosis so that the first drug that is used destroys

the microbe are all needed to prevent resistance, said Dr Williams. In addition, drug companies may need to be given incentives to encourage them to invest in developing new drugs.

• English health minister John Denham has granted inspectors new powers of “naming and shaming” hospitals that have above average levels of infection in a bid to reduce the incidence of hospital acquired infections. □

The UK government’s Antimicrobial Resistance Strategy is available at www.doh.gov.uk/abstract.htm. WHO information is available at www.who.int.

Clinical Evidence to go to 400 000 US doctors

Annabel Ferriman *BMJ*

Clinical Evidence, the biannual compendium of best available evidence for effective health care, is being sent free of charge to 400 000 American physicians. It is being provided by the UnitedHealth Foundation, a private, not for profit foundation dedicated to improving Americans’ health by supporting the education of physicians.

Clinical Evidence, which is produced by the BMJ Publishing Group and edited by Dr Fiona Godlee, was launched in 1999. UnitedHealth will be paying for the printing and distribution of 400 000 copies of the third issue, which will be distributed in June and July.

“We are providing *Clinical Evidence* to American physicians so that they have access to the best source of scientific evidence as they make treatment decisions with their patients,” said Dr William W McGuire, the chairman of the UnitedHealth Foundation.

“Until now there has not been a single, easy to use source of current scientific evidence available to practising physicians. The debate in American health care today should focus more on what works and what doesn’t work. Scientific evidence offers us the foundation for that debate,” he added.

Clinical Evidence aims to provide a concise account of the current state of “knowledge, ignorance, and uncertainty about the prevention and treatment of a wide range of clinical conditions, based on thorough searches and appraisal of the literature.” □

Full story in News Extra at bmj.com

Supply of generic drugs still unreliable

Annabel Ferriman *BMJ*

Doctors and pharmacists in the NHS are still experiencing interruption in the supply of pharmaceutical drugs, particularly generics, despite the government’s decision to tackle the issue last December.

“The interruption in supplies is serious, and there is a real risk that clinical care will be compromised,” Martin Shepherd, head of pharmacy services at Chesterfield and North Derbyshire Royal Hospital, told the *BMJ* this week.

During the past year Mr Shepherd’s hospital has seen shortages in the supply of injectable frusemide (furosemide) and ergometrine, and anaesthetists in many parts of the country have seen shortages in

important anaesthetic drugs such as methohexitone sodium and thiopental sodium (both induction agents).

The drug suxamethonium (a neuromuscular blocker indicated in most emergency procedures) was in critically short supply for several weeks in the north west of England, threatening wholesale disruption of emergency and elective surgery at one hospital (25 March, p 874).

Doctors at Northwick Park Hospital, northwest London, are particularly worried about the national scarcity of the injectable vitamin combination Pabrinex, which became unavailable in April. □

Full story in News Extra at bmj.com