

21 April 2017

Dr Stewart Jessamine
Director of Protection
Regulation and Assurance
Ministry of Health
PO Box 5013
Wellington 6145

By email: stewart_jessamine@moh.govt.nz
jane_pryer@moh.govt.nz
warren.hughes@mpi.govt.nz

Draft New Zealand Antimicrobial Resistance Action Plan

Dear Stewart

Thank you for inviting the New Zealand Medical Association (NZMA) to provide feedback on the above consultation. The NZMA is New Zealand's largest medical organisation, with more than 5,500 members from all areas of medicine. The NZMA aims to provide leadership of the medical profession, and to promote professional unity and values, and the health of all New Zealanders. Our submission has been informed by feedback from our Advisory Councils and Board. This includes feedback from an expert in clinical microbiology on our Specialist Advisory Council.

1. We welcome the development of the *New Zealand Antimicrobial Resistance (AMR) Action Plan*. We note that this has been developed by the Ministry for Primary Industries and Ministry of Health in conjunction with an AMR Action Planning Group involving representatives from across the human health, animal health and agriculture sectors. We understand that a related document—*Antimicrobial Resistance: New Zealand Current Situation and Identified Areas for Action*—is scheduled for publication in the coming weeks.

2. The NZMA recognises that AMR is an increasing health threat of significance, both globally and to New Zealand. The development of AMR in humans and in other species is inextricably linked, and—while medical professionals have a key role to play in avoiding the overuse of antibiotics—a 'One Health' approach across human and animal health is needed to tackle the problem. We support antimicrobial stewardship (AMS) being a national priority, requiring widespread commitment and leadership from all sectors in New Zealand. We have

previously endorsed guidelines by the New Zealand College of Public Health Medicine on Antimicrobial Stewardship and Infection Control.¹

3. We are disappointed with the extremely short timeframe provided for a consultation of this nature (13 working days). We ask that the process for future consultations allows considerably more time for stakeholders to provide feedback. We also believe that sector feedback would have been better informed and motivated by more context and content; we understand the companion document *Antimicrobial Resistance: New Zealand Current Situation and Identified Areas for Action* has been in final form for some months now—it would have been helpful to have this made available for the current consultation.

Health literacy and shared decision making

4. We note that objective 1 of the draft action plan is to ‘improve awareness and understanding of antimicrobial resistance through effective communication, education and training’. We suggest that this objective be strengthened to include health literacy and shared decision making. At the very least, health literacy and shared decision making should be explicitly included as a priority action area under this objective. The tension between a patient or producer/animal owner demanding a ‘service’ and a doctor or veterinarian acting in the patient’s and population’s best interests (present and future) needs to be clearly acknowledged. This reflects the tension between a consumerist approach to healthcare and an approach based on ethics and professionalism. We believe that a broader societal discussion about this is necessary. It is important to avoid the medical and veterinary professions being portrayed as paternalistic or arrogant when it comes to AMS.

National response plan for carbapenemase-producing Enterobacteriaceae

5. We contend that a major deficiency of the draft action plan is that it does not adequately acknowledge and emphasise the specific AMR threat of carbapenemase-producing Enterobacteriaceae (CPE) in human health. CPE is an extremely pressing, high consequence AMR threat to New Zealand. Accordingly, we believe there is a need for a specific national response plan for CPE, analogous to response plans for other transmissible infectious disease threats such as Ebola or Pandemic Influenza.²

Direct-to-consumer and direct-to-producer advertising of antimicrobials

6. We believe that priority action area 1 to ‘Strengthen consumer awareness initiatives to improve understanding of antimicrobial resistance and the importance of using antibiotics appropriately’ could be undermined by direct-to-consumer advertising (DTCA) and direct-to-producer advertising (DTPA). Currently, over-the-counter antiseptic-containing agents and prescription-only antibiotic agents can be legally advertised directly to consumers in New Zealand, both for human and animal health. The NZMA has long advocated for the discontinuation of DTCA of prescription medicines. Research indicates that DTCA provides information that is likely to be biased in favour of benefits over potential harms, leads to unnecessary prescriptions, iatrogenic harm and increased demand for costly branded medicines over less expensive effective alternatives.³ It may also adversely affect the doctor-patient relationship. New Zealand and the US are the only two countries in the OECD that allow DTCA

¹New Zealand College of Public Health Medicine. NZCPHM Policy Statement on Antimicrobial stewardship and infection control: limiting the burden of antimicrobial resistance. Wellington: NZCPHM, 2016.

http://www.nzcpmh.org.nz/media/97734/2016_08_24_nzcphm_antimicrobial_resistance_policy_statement.pdf

² Blakiston M, Heffernan H, Roberts S, Freeman J. The clear and present danger of carbapenemase-producing Enterobacteriaceae (CPE) in New Zealand: time for a national response plan. N Z Med J. In Press

³ Every-Palmer S, Duggal R, Menkes DB. Direct-to-consumer advertising of prescription medication in New Zealand. N Z Med J. 2014 Aug 29;127(1401):102-10. <https://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2014/vol-127-no-1401/6278>

of prescription medicines. New Zealand is therefore an international outlier in this area. Similar concerns have been raised by the New Zealand Veterinary Association regarding the high risks of DTPA with antimicrobial resistance, eg, with farmers pressing veterinarians to prescribe antibiotics to reduce withholding times (from milking) or for convenience of use.⁴

7. There is nothing to stop DTCA/DTPA of over-the-counter antiseptic-containing agents and prescription-only antibiotic agents increasing in parallel with escalating health promotion efforts to ‘strengthen consumer awareness’ about the ‘importance of using antibiotics appropriately’. For this reason, we believe that one of the activities under priority action area 1 should be to commission a review process that examines the appropriateness of New Zealand’s current regulatory / legislative stance on DTCA/DTPA of both prescription and over-the-counter antimicrobials. We submit that such a review:

- encompass both human health and animal health antimicrobials (animal health antimicrobials are marketed directly to producers)
- is most appropriately listed as an action point under priority action area 1
- should be a year one activity
- must be independent—ie, not an internal review but conducted by a panel of independent experts
- should involve the Ministry for Primary Industries as well as the Ministry of Health, since the terms of reference should include DTPA of antimicrobials for animal health as well as human health.

Preventive focus

8. We believe the *Action Plan* should provide stronger emphasis on wider prevention strategies, particularly reducing household overcrowding, improving nutrition/breastfeeding and strengthening food safety measures/strategies (eg, campylobacter and poultry).¹

Health equity focus

9. It is our view that the *Action Plan* should explicitly consider Health Equity.⁵ For example, there is a need to ensure that AMR/AMS in New Zealand considers ethnicity and socioeconomic deprivation, both from antimicrobial usage and burden of disease perspectives. It is also important to include actions aiming to ensure that stewardship initiatives do not result in unintended harms to vulnerable populations. There is a need to monitor actions and ensure that all New Zealanders benefit from this plan. Local examples of inequitable impacts of AMR include fusidic acid overuse and impacts on Māori and Pacific populations, among those living in the most deprived deciles⁶ and with multi-drug resistant tuberculosis (MDR-TB) in immigrants/refugees.⁷

“Border control” and prevention in healthcare settings

10. We believe the *Action Plan* should address border/travel issues relating to healthcare facilities, especially the initial isolation, screening and monitoring for multi-drug resistant

⁴ <https://www.newsroom.co.nz/@health--science/2017/03/24/16258/help-us-curb-antibiotic-risk-say-vets-to-mpi>, <https://www.newsroom.co.nz/2017/03/13/7928/fears-over-farm-antibiotic-sales>

⁵ New Zealand Medical Association. NZMA Position Statement on Health Equity. Wellington: NZMA, 2011. http://www.nzma.org.nz/_data/assets/pdf_file/0016/1456/Health-equity-2011.pdf

⁶ Vogel A, Lennon D, Best E, Leversha A. Where to from here? The treatment of impetigo in children as resistance to fusidic acid emerges. N Z Med J. 2016;129(1443):77-83. <https://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2016/vol-129-no-1443-14-october-2016/7036>

⁷ Das D, Baker M, Venugopal K, McAllister S. Why the tuberculosis incidence rate is not falling in New Zealand. N Z Med J. 2006;119(1243):U2248. <http://www.healthyhousing.org.nz/wp-content/uploads/2010/03/Why-the-tuberculosis-incidence-rate-is-not-falling-in-New-Zealand.pdf>

organisms in patients previously hospitalised overseas.^{1,8} A significant proportion of New Zealand's highly resistant organisms arise through this group.

Strengthen wording for activities under priority action area 2

11. We suggest replacing the verb 'consider' under activities 3 and 4 with a more concrete verb. This will assist with ascertaining whether the 'activity' has been performed. We provide the following suggested wording (changes in italics):

- Activity 3: *Devise and implement* ways to increase accessibility to human health AMS resources and guidelines
- Activity 4: Review currently available information and *develop a step-by-step plan* for increasing 'prudent use education' for veterinarians or other animal health or agriculture sector groups prescribing and using antimicrobials

We hope that our feedback has been helpful and look forward to learning the outcome of this consultation.

Yours sincerely



Dr Stephen Child
NZMA Chair

⁸ Metcalfe S, Baker MG, Freeman J, Wilson N, Murray P, on behalf of the New Zealand College of Public Health Medicine and the New Zealand Medical Association [Editorial]. Combating antimicrobial resistance demands nation-wide action and global governance. N Z Med J. 2016;129(1444):8-14.
<https://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2016/vol-129-no-1444-28-october-2016/7042>