

Preventing the Spread of Antimicrobial Resistance

Background



Antimicrobial resistance has become a worldwide problem. Each year in the United States, at least 2 million people acquire an infection with bacteria that is resistant to one or more antibiotics designed to treat such an infection.

Of those, at least 23,000 people die as a direct result.

Economic Pressure

Treatment for multidrug resistant infections includes extended hospital stays, more doctor visits, and greater disability and death compared to those infections easily treated with antibiotics.

Although it has been difficult to track the specific economic harms of antimicrobial resistance, some estimates suggest at least **\$20 billion of excess direct healthcare costs**, with an additional \$35 billion a year for lost productivity.

Over Prescribing

According to the CDC:

- Up to **50%** of all antibiotic prescriptions are not needed or are not optimally effective
- At least **30%** of outpatient antibiotic prescriptions in the U.S. are unnecessary
- **40-75%** of antibiotics prescribed in nursing homes may be unnecessary or inappropriate
- **20-50%** of all antibiotics in U.S. acute care hospitals are either unnecessary or inappropriate

Healthcare-associated infections (HAIs)



HAIs are among the leading cause of preventable harm and death in the U.S.

One in 31 hospitalized patients has at least one HAI at any given time. Annually 687,000 patients will contract an HAI, with nearly 72,000 dying as a result. An increasing number of these infections are untreatable due to resistance to our current arsenal of antibiotics. Without immediate intervention, antibiotic resistance can make minor infections become life-threatening.

Where does SHEA stand?

SHEA believes antibiotic resistance must be a policy priority for federal and state policymakers. Slowing the emergence of multidrug resistant organisms is key to ensuring the progress of medical treatment breakthroughs, keeping the cost of healthcare down.

SHEA believes robust investment in FY 2020 for the Antibiotic Resistance Solutions Initiative and the Combating Antibiotic Resistant Bacteria (CARB) Initiative is critical.

SHEA applauds the Centers for Medicare & Medicaid Services for finalizing a rule that requires all acute inpatient healthcare facilities to adopt antibiotic stewardship programs.

Social Media



Facebook: @SHEApreventingHAls

Twitter: @SHEA_Epi, #AntibioticResistance

SHEA has undertaken the following initiatives related to antibiotic resistance:



Advocated for robust federal funding that supports research in antibiotic stewardship and incentivizes the adoption of an antibiotic stewardship program in every healthcare setting.



Committed to the Centers for Disease Control and Prevention's Antimicrobial Resistance Challenge. Pledged to lead several multi-year programs aimed at creating a standard of practice for appropriate antibiotic use in all inpatient and long-term care facilities in the U.S., with an acceleration in adoption of antibiotic stewardship practices in outpatient settings.



Advocated for finalizing a rule published by the Centers for Medicare and Medicaid Services that revises the Conditions for Participation for acute inpatient hospitals by updating infection prevention requirements and mandating the adoption of antibiotic stewardship programs.



Continued to create education and practice resources for member use in addressing antimicrobial resistance and providing best practices for the prescription of antibiotics.



Collaborated with the CDC Coalition, Coalition for Health Funding, Friends of AHRQ, Research!America, the Stakeholder Forum on Antimicrobial Resistance and the 22 by 22 Campaign to advance our policy and funding priorities.

What will SHEA do next?

SHEA will continue to stand with others in the healthcare community to address antimicrobial resistance. SHEA will also monitor current legislation and regulative efforts in addressing this global problem.