Using the “EML Antibiotic book” in the Primary care setting

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Antibiotics
Antivirals
Antifungals
Antiparasitics

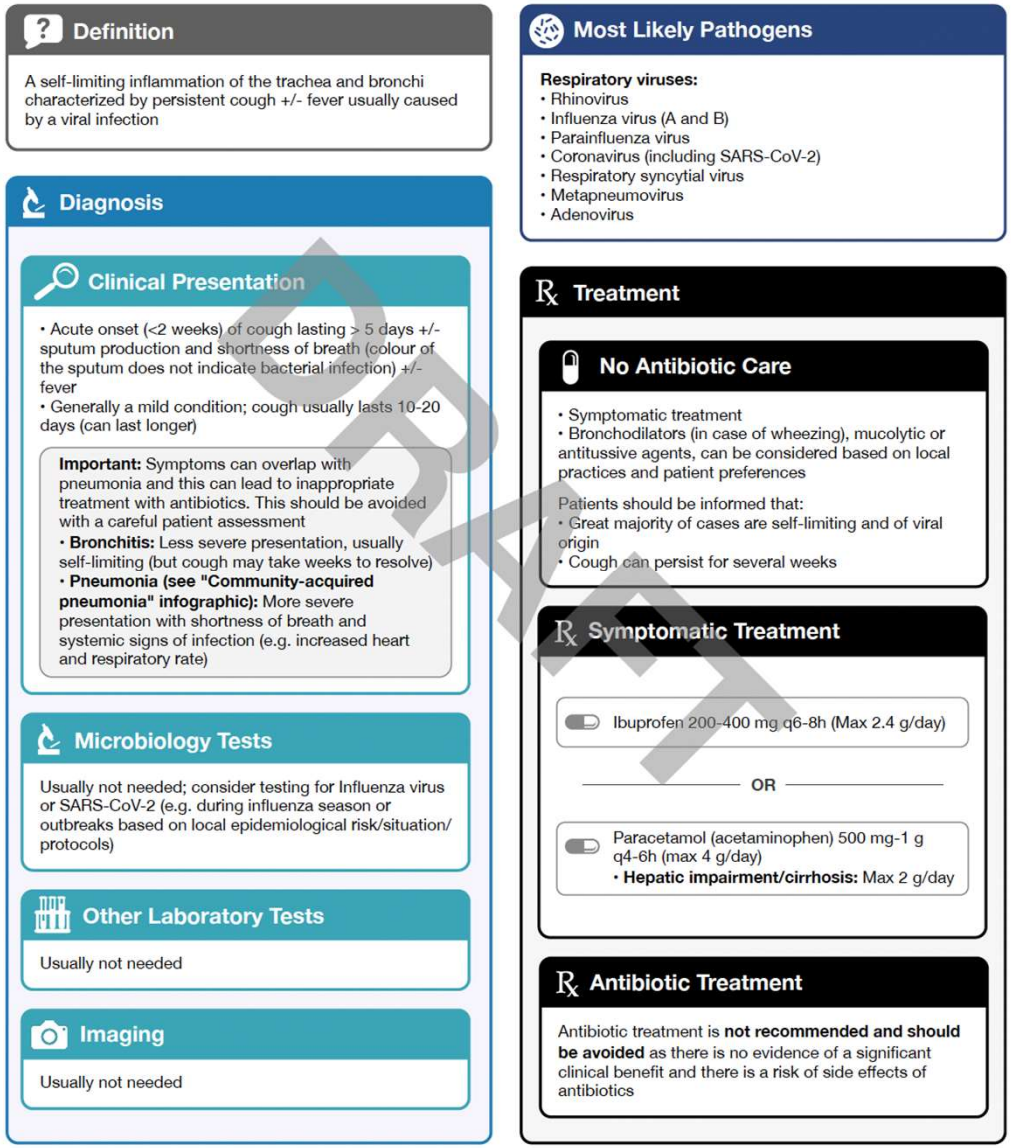
AWaRe

Introduction

- Percentage of patients attending a primary health care facility receiving an antibiotic should be less than 30%
- Oral Watch antibiotics use globally is increasing
- Reducing the inappropriate use of Watch antibiotics is a critical strategy
- Ensure vulnerable populations have continued or, where appropriate, improved "**access to Access**" antibiotics
- WHO Global Programme of Work includes a target that at least "**60% of total antibiotic prescribing at the country level should be Access antibiotics by 2023**"
- Not intended to replace existing local and national antibiotic prescribing guidelines and clinical judgment
- Relevant diagnostic tests (including imaging and laboratory tests) are suggested based on the WHO's Essential *in-vitro* Diagnostics List (EDL)

Improving the use of antibiotics with the WHO EML antibiotic book

- No Antibiotic Care - safely reducing antibiotic use
- Improving Access use and reducing inappropriate oral Watch antibiotics
- Reducing the use of Not Recommended antibiotics
- Improving AWaRe-ness!
- Appropriate antibiotic dosing and duration
- Most otherwise healthy patients with mild common infections can be treated without antibiotics as these infections are frequently self-limiting
- The risks of taking antibiotics when they are not needed should always be considered (e.g. side effects, allergic reactions, *C. difficile* infection, selection of resistant bacteria)



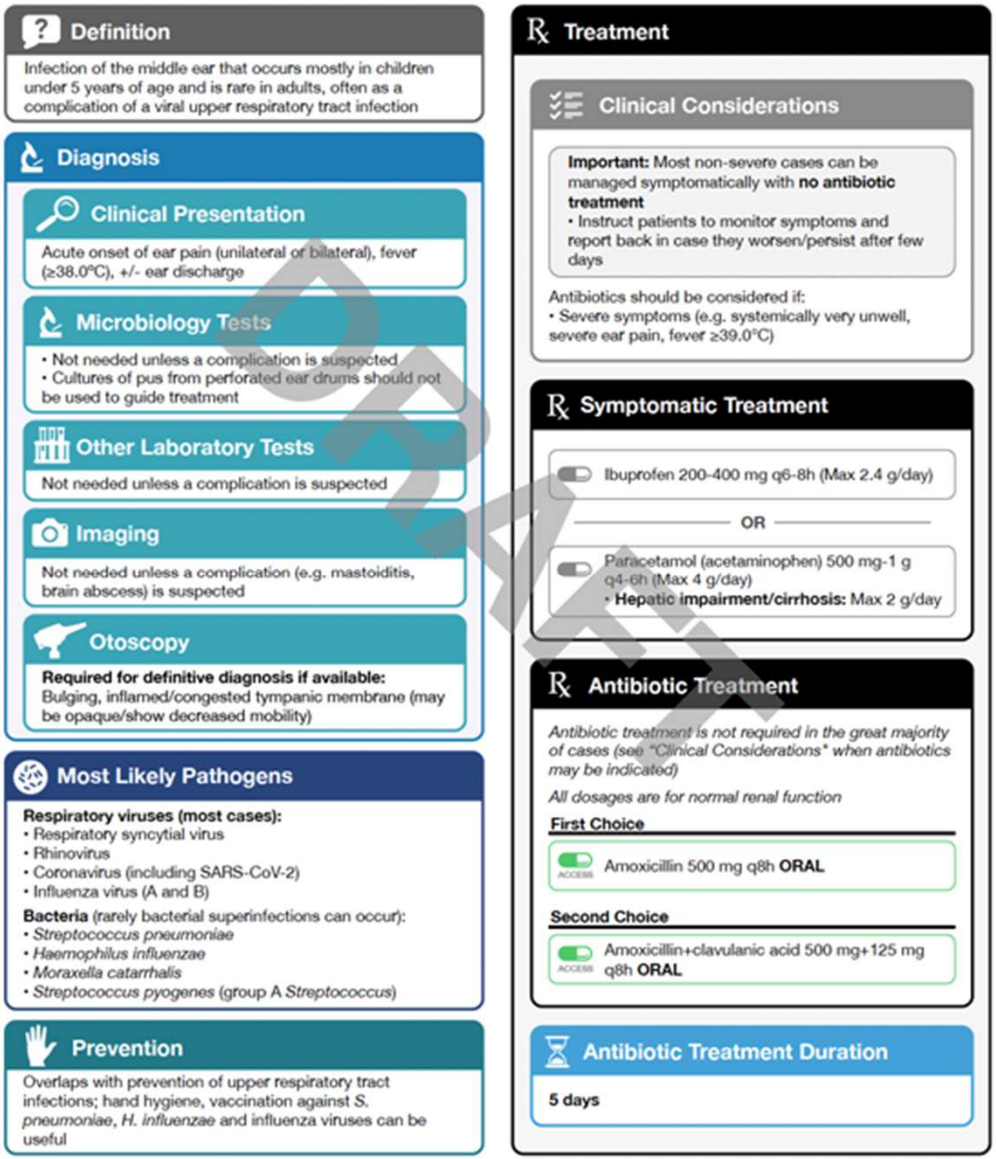
BRONCHITIS
"No Antibiotic Care"

- Most respiratory tract infections have a viral cause
- Even when its bacterial, many are frequently self-limiting
- Focus on symptomatic treatment

AWaRe

First & second choice if antibiotic indicated

- **Diagnose** – what is the clinical diagnosis, is there evidence of a significant bacterial infection?
- **Decide** – are antibiotics really needed? Do I need to take any cultures or other tests?
- **Drug (medicine)** – which antibiotic to prescribe - is it Access or Watch or Reserve? Are there any allergies, interactions, or other contraindications?
- **Dose** – what dose, how many times a day, are any dose adjustments needed e.g. because of renal impairment?
- **Delivery** – what formulation to use, is this a quality product? If intravenous treatment, when is Step Down to oral possible?
- **Duration** –for how long – what is the Stop Date?
- **Discuss** – inform the patient of the diagnosis, likely duration of symptoms, any likely medicine toxicity and what to do if not recovering.
- **Document** – write down all the decisions and management plan.



ACUTE OTITIS MEDIA

- Focus on symptomatic treatment
- If antibiotic required then to use "Access" category

AWaRe

Use of the ‘WHO EML Antibiotic book in Bhutan’

- Adoption into the Standard treatment guidelines mainly for infectious diseases
- Using the infographics in patient and outpatient settings for easy decision makings (both investigations and treatment)
- Setting Key Performance indicators (KPI) in our primary health centers
- Adoption into the academic curriculums for prescribers and dispensers