SAASP MEETING HELD ON
8 - 9 NOVEMBER 2017 CAPE TOWN

The SAASP meeting was attended by Infectious Disease specialists, microbiologists (public and private sector) pharmacists, veterinarians.

IPAF was **the only** Family Practitioner representative.

The meeting covered 5 areas in human and animal health.

STEWARDSHIP

Presently there is a study being conducted in hospitals where pharmacists are being trained to ensure that patients admitted for Community Acquired Pneumonia's are being treated as per protocol.

There are currently 2-point prevalence studies being conducted in community clinics to determine the appropriateness of antibiotic usage.

There is a National Antimicrobial Prescribing Survey in Australia that is being adapted for use in SA.

PUBLIC AWARENESS

The KAP study (Knowledge, Attitude and Perceptions) showed interesting statistics. Patients were aware that antibiotics do not treat viruses but were felt that they got better faster if prescribed an antibiotic. From a doctor's perspective, there was pressure from patients to be prescribed an antibiotic. The full study will be published in the SAMJ soon.

Various options of using digital media to get messages to patients were discussed, including Twitter and e- mail. A patient portal is being developed for the SAASF website.

World Antibiotic Awareness Week was acknowledged. There were various educational activities planned at different hospitals.

INFECTION PREVENTION and CONTROL

Hugh strides have been made in hand hygiene in the hospital setting.

Hand hygiene should also be made mandatory in the GP practice. To this end it should be included in the accreditation form for GP practices.

On the WHO website there is a section on hand hygiene in the consulting rooms that should be promoted. Australia also has a hand hygiene in GP practice guidelines.

SURVEILLANCE

DIRECTORS:

Prof. M.N. Chetty (Chairman), Dr. A.D. Behrman(CEO), Dr. D Dyer, Dr. E. Nkosi (Secretary), Dr M Govind

Mr H Kruger (Legal Consultant), Dr M Nicholas (IPAF Consultant)

The difficulty with collecting data was the lack of accurate data. There was no one system that collected data in the private or the public sector.

The public-sector data was from state contracts awarded to pharmaceuticals, not what was consumed.

Extrapolations also had to be made from SARS data regarding raw ingredients that were imported. In the private sector there was also fragmentation because there was no common agency to collate the data from the labs. Some progress has been made with combined private and public data on blood cultures now listed on the NICD website.

EDUCATION

A meeting was held with the HPCSA president, Dr Kgosi Letlape.

His input being that presently priority should be directed to educating post graduate prescribers not under graduates. So, a standard webinar on AMR is being developed for interns and community service doctors.

This will include consensus learning outcomes. This could be used by GP's and will also be accredited for CPD points.

INTERESTING FACTS

- 91% of vets prescribe an antibiotic without doing any tests.
- 95% of all biltong in SA undergoes no inspection before being sold, although biltong that is exported must be examined and certified.

Regards
IPAF Team

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