Wait still on for antimicrobial surveillance

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Fifteen months after the Public Health Agency of Canada (PHAC) terminated its national committee dedicated to tackling antibiotic resistance, the federal government continues to resist calls for a new national surveillance mechanism. Rather, experts say the government continues to encourage antibiotic surveillance efforts funded by drug companies and as with many files, appears content to leave the matter to the provinces.

After a decade of federal support and considerable progress toward improved antibiotic stewardship and public collection of data, PHAC pulled the plug on the Canadian Committee on Antimicrobial Resistance in June 2009, saying that it was time to develop a more comprehensive approach to addressing antimicrobial resistance issues in Canada.

But before walking away from its annual \$300 000 investment in the Canadian Committee on Antimicrobial Resistance, the federal government commissioned a review of its activities, involving consultations with 59 Canadian experts.

Their report, *Pan-Canadian Stakeholder Consultations on Antimicrobial Resistance*, urged that PHAC quickly fill the void caused by the dissolution of the national committee by creating a Canadian Centre for Antimicrobial Resistance, funded by multiple agencies and with links to a “high-level governmental decision making body” (www.cmaj.ca/cgi/doi/10.1503/cmaj.109-3109).

The ensuing federal inaction, amidst growing concern that Canadian hospitals and community health facilities face a looming emergency in antibiotic resistance spreading from the United States and other nations, has left experts wondering whether PHAC has opted to place cost control ahead of infection control as a priority.

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Microbiologists say that antibiotic-resistant bacteria are a looming public health disaster in Canada.

“Most people would be alarmed” to learn that there is no formal federal oversight of antibiotic resistance, says Lynora Saxinger, associate professor of infectious diseases at the University of Alberta in Edmonton, and chair of the Antimicrobial Stewardship and Resistance Committee for the Association of Medical Microbiology and Infectious Disease Canada. It’s “an evolving public health disaster,” she says.

Former Canadian Committee on Antimicrobial Resistance Chairman, Dr. Jim Hutchinson, a microbiologist at Memorial University in St. John’s, Newfoundland and Labrador, says the need for concerted action on surveillance becomes ever more critical. Yet, “I haven’t heard a word” from PHAC, he says.

The federal government, though, says it hasn’t abandoned the file.

The report’s recommendations have been “pooled,” and work is under way toward framing a “national, coherent approach” to antimicrobial resistance, says Dr. Howard Njoo, director general for communicable diseases and infection control at PHAC.

But Njoo asserts that is because the federal government now largely views antimicrobial resistance as a matter of provincial and territorial jurisdiction. “At the end of the day, Canada is a federal state and the responsibility is to the individual provinces and territories,” he says.

Framing a new federal role “is not going to be solved overnight and it is not going to be resolved by me dictating something,” he adds.

“What’s been a challenge in the past is that there’s been well-meaning people all wanting to address the issue on antimicrobial resistance but everyone feels so passionately they end up trying to save the world on their own,” Njoo says.

Hutchinson and Saxinger worry that PHAC may be planning to shrug-off a substantial part of its former role in antimicrobial resistance surveillance to the drug-industry-funded group, the Canadian Antimicrobial Resistance

Alliance. Notably, PHAC referred recent *CMAJ* inquiries on carbapenem resistance levels (www.cmaj.ca/cgi/doi/10.1503/cmaj.109-3695) to the industry alliance, saying it currently has no public data of its own.

“Antibiotic marketing has everything to do with putting into the minds of people prescribing antibiotics that everything is resistant. We’ve got to have public control of resistance information,” says Hutchinson, who, like Saxinger, fears that the public health

interests won’t comfortably align with those of the industry alliance.

PHAC, though, urges patience. “We’re going to look at the recommendations,” Njoo says. In the interim, PHAC will continue to monitor “multi-drug resistant organisms very closely through ongoing special projects and its strong surveillance networks.” — Paul Christopher Webster, Toronto, Ont.

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