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REFERENCES:

ECDC, MALTA, COUNTRY VISIT AMR. STOCKHOLM: ECDC; 2017

DG(SANTE)/2017-6248

EXECUTIVE SUMMARY

OF A COUNTRY VISIT TO MALTA

FROM 3 TO 7 JULY 2017

TO DISCUSS POLICIES RELATING TO ANTIMICROBIAL RESISTANCE

IN A ONE HEALTH PERSPECTIVE

NB: THIS IS AN EXECUTIVE SUMMARY BASED ON THE FOLLOWING ECDC AND COMMISSION REPORTS:

MALTA, COUNTRY VISIT AMR. STOCKHOLM: ECDC; 2017.

<https://ecdc.europa.eu/en/all-topics-z/antimicrobial-resistance/preparedness/country-visits-reports>

DG(SANTE)/2017-6248

[HTTP://EC.EUROPA.EU/FOOD/AUDITS-ANALYSIS/AUDIT_REPORTS/DETAILS.CFM?REP_ID=4046](http://ec.europa.eu/food/audits-analysis/audit_reports/details.cfm?rep_id=4046)

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BE MADE TO THE FULL TEXT OF THE ORIGINAL REPORTS.***

Introduction

The European Centre for Disease Prevention and Control (ECDC) and the European Commission's Directorate-General for Health and Food Safety, at the invitation of the Maltese authorities, jointly carried out a country visit from 3 to 7 July 2017. The overall aim of the visit was to assist them in the further development and implementation of their national policies and strategies for tackling antimicrobial resistance (AMR) based on a One Health perspective.

These joint country visits are one of the many initiatives set out in the Commission's One Health Action Plan against AMR published on 29 June 2017¹ and contribute in particular to its aim of making the European Union (EU) a best practice region in the fight against AMR. By carrying out the visits jointly, the ECDC and Commission reports, on which this executive summary is based, provide a comprehensive overview of the current efforts to tackle AMR and potential opportunities to enhance their effectiveness based on a One Health approach. This term recognises that human and animal health are interconnected, that diseases are transmitted from one to the other and the threat of AMR should be tackled in both. The One Health approach also encompasses the environment, another link between humans and animals and likewise a potential source of new resistant organisms.

During the visit, the competent authorities, stakeholders and the visit teams (including experts from other Member States) exchanged views and experiences on the work underway and planned in Malta to address AMR, and shared examples of good practices which could potentially be useful in further actions on this topic. The Commission guidelines on the prudent use of human and veterinary medicines and other relevant international documentation, such as those jointly adopted by the World Health Organization, the Food and Agriculture Organization of the United Nations and the World Organisation for Animal Health, provided the basis for discussions.

One Health aspects of AMR

The ECDC and the Commission reports note that Malta has prepared a comprehensive draft AMR strategy setting out a range of strategic aims and specific actions which will provide a sound basis for national efforts to combat AMR. It is concluded that the AMR strategy would benefit from further consultation and involvement of relevant organisations from the veterinary and environmental sectors. This should ensure that the AMR strategy really represents a One Health approach, and that it will meet the needs of these sectors and the responsible implementing organisations.

Human health aspects

Progress was observed in some areas since the first ECDC country visit to Malta on the same topic in November 2009, but for several areas, little difference was noted in the situation in 2017 compared with 2009. Several good developments have been documented such as a decrease of meticillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia cases at Mater

¹ https://ec.europa.eu/health/amr/sites/amr/files/amr_action_plan_2017_en.pdf

Dei hospital. Nevertheless, prevalence of MRSA remains high in other types of *S. aureus* infections and MRSA community infections have been reported in young adults. Moreover, new threats such as carbapenem-resistant Enterobacteriaceae (CRE), including New Delhi metallo-beta-lactamase (NDM)-producing CRE, have emerged in Malta since 2007. The fact that it is not mandatory to notify CRE cases to national public health authorities raises concerns in terms of the future capacity of the country to identify, report and control CRE.

Antimicrobial consumption in hospitals is increasing, particularly for last-resort antibiotics. There have been a few positive changes in the community where a large fraction of the population now acknowledges that the incorrect use of antibiotics contributes to AMR and oral antibiotics are now more difficult to obtain at a pharmacy without a medical prescription. Despite these, based on Eurobarometer findings, a very large proportion of the Maltese population lacks insight as to when to use antibiotics and there is low awareness about the fact that antibiotics do not work on viral infections such as common cold and influenza. During consultations with doctors, this may result in high patient demand for antibiotics when they are not needed. In addition, the use of broad-spectrum antibiotics is particularly high in the community. A primary reason may be that first-line narrow-spectrum antibiotics, as recommended in the national guidelines, cannot be obtained at pharmacies in Malta. Another reason may be that the pharmaceutical industry influences doctors' prescriptions. For example, continuing medical education in Malta, including those related to antibiotics, are almost always sponsored by the pharmaceutical industry. The fact that there is relatively little detailed information on – and accountability for – antibiotic prescribing, (e.g. for each individual prescriber and by indication, as electronic prescription is not yet implemented), is an obvious limitation for better understanding prescription patterns and for the monitoring and evaluation of interventions.

The creation of new hospitals and wards, the reorganisation of long-term care facilities, the ageing population of the country, frequent patient transfers, the high volume of tourists during the holiday season and the issue of migrants are obvious challenges for the prevention and control of AMR in the country. Nevertheless, the same reorganisation process at some of the hospitals/facilities, the high-level of awareness of the Maltese population that incorrect use of antibiotics contribute to AMR and the momentum created by the new national action plan on AMR, represent opportunities for change.

The ECDC report includes a range of recommendations intended to strengthen the efforts to tackle AMR, which cover the following subjects:

- Ensuring a more effective National Antibiotic Committee with appropriate resources and budget, a broadened remit and stakeholder composition, an increased representation of the veterinary and agricultural sectors, and clarification on their scope of activities (e.g. whether healthcare-associated infections and infection prevention and control issues are included in their activities or an alternative body).
- Development of a comprehensive and ambitious AMR strategy and action plan, consulting with relevant stakeholders, having appropriate budget and resources in

place and proposing specific targets or key performance indicators in the various sectors.

- Making the prevention and control of CRE a national priority and implementing a specific programme for this purpose, including making CRE cases notifiable to public health authorities and including them in the list of reportable diseases.
- Strengthening laboratory capacity, ensuring the availability of a formal reference laboratory service and creating a system for accreditation of laboratories for clinical microbiology services based on quality standards.
- Improving AMR surveillance and antimicrobial consumption surveillance. This should include the production and dissemination of the corresponding annual national reports on, respectively, AMR and antimicrobial consumption and expenditure, with timely feedback and trend analysis including to prescribers, along with other systems for the monitoring and effective improvement of antimicrobial prescribing practices, for example by introducing electronic prescribing in acute care hospitals.
- Strengthening networking and collaboration between acute care hospitals, long-term care facilities and primary care actors, including making better use of local surveillance data and trends on AMR and antimicrobial consumption.
- Increasing resources and developing minimum standards for infection prevention and control.
- Promoting training activities, such as participation in e-Bug initiatives and mandatory inclusion of AMR, prudent antibiotic use and infection prevention and control as a defined portion of undergraduate courses for healthcare professionals and post-graduate training schemes and continuing professional development of specialists.
- Developing a long-term communication strategy on prudent use of antibiotics and AMR and strengthening awareness-raising efforts, including increasing knowledge of the Maltese population about when antibiotics are unnecessary.

Veterinary aspects

The Commission report concludes that there are indications that farmers and veterinarians are increasingly aware of AMR-related issues and steps are being taken to use antimicrobials more prudently. There is considerable potential to support and encourage these efforts further by i) utilising the broad range of guidance, training and information resources made publicly available by other Member States, and ii) exploring opportunities to extend successful information campaigns in the human health area to include veterinary issues.

There are notable weaknesses regarding both the ability to monitor the levels of AMR in the veterinary area and, more importantly, the distribution and use of antimicrobials. These weaknesses, which seem to be further compounded by a lack of practising farm animal veterinarians, limit the knowledge about the situation in Malta and seriously undermine the

ability to ensure that antimicrobials are used in a prudent manner and only when considered necessary by a veterinarian. Although these deficiencies are identified in the national AMR strategy, the timescales for the implementation of actions to address them are likely to prevent or delay the implementation of other associated actions, on which the success of the AMR strategy ultimately depends.

The Commission report outlines various considerations which could usefully be taken into account as Malta's national strategies and policies on AMR are further elaborated and implemented. These cover the following subjects:

- Adapting the membership or the organisation of the National Antibiotic Committee, possibly by establishing ad hoc working groups to allow it to avail of sufficient expertise to cover the scope of the One Health strategy, take account of the views of all relevant stakeholders and also agreeing a commitment by the relevant competent authorities to support the implementation of the national AMR strategy.
- Revising the priorities and/or the accompanying deadlines for completion in respect of some of the actions stemming from the national AMR strategy, especially those critical actions in the veterinary sector on which the successful implementation of the AMR strategy depends.
- Collecting more complete AMR surveillance data by fully implementing the monitoring programmes established by EU legislation, and exploring opportunities to obtain relevant data from other sources.
- Exploring the feasibility of establishing the means to carry out more comprehensive diagnostic and antibiotic susceptibility tests to support the decision making process regarding the appropriate choice of antimicrobials, especially critically important ones, to treat conditions in food producing and companion animals.
- Liaising with the European Medicines Agency to determine the basic data reporting requirements regarding sales of antimicrobials with a view to enabling Malta to participate in the European Surveillance of Veterinary Antimicrobial Consumption project as soon as possible.
- Determining the adequacy of veterinary services available to animal keepers and the need for actions to address any existing constraints, including issues concerning the implementation of measures to reduce the need for antimicrobials and ensuring that they are used prudently.
- Exploring opportunities to increase awareness of AMR and prudent use issues among farmers, veterinarians and owners of companion animals.