



# ANTIMICROBIAL USE (AMU)ACTIVITIES WITH VETERINARIANS and FARMERS

BY

# Muhindo Jeanne Bukeka UGANDA





## NATIONAL EFFORTS on AMU





### **Antimicrobial Resistance National Action Plan**

"Prevent, slow down, and control the spread of resistant organisms"

2018-2023





## NATIONAL EFFORTS on AMU cont;



NAP endorsed by the Ministry of Health, Ministry of Agriculture Animal Industry and |Fisheries, Ministry of Water and Environment, as well as Wildlife

Dr. Henry G. Mwebesa Director

General Health Services Ministry of Health

Dr. Juliet Sentumbwe

Director Animal Resources Ministry of Agriculture Animal Industry & Fisheries

Mr Collins Oloya

Ag. Director **Environmental Affairs** Ministry of Water & Environment

Ir. Sam Mwandha

Executive Director Uganda Wildlife Authority Ministry of tourism, Wildlife & Antiquities



## NATIONAL EFFORTS on AMU cont;





INTEGRATED SURVEILLANCE FRAMEWORK FOR ANTIMICROBIAL RESISTANCE IN ANIMAL HEALTH, 2018-2023



AMU IS
one of the
key
elements
of the one
health
strategic
plans















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## INCORPORATION OF AMU IN INSTITUTIONAL WORKPLANS







**National Drug Authority** 

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Agend	a It	em N	umb	er:	

Agenda item: Integration of the AMR National Action Plan in the operations of the National Drug Authority

#### **Draft Resolution:**

Management has considered and recommended the integration of the Antimicrobial Resistance National Action Plan into the operations of the National Drug Authority and hereby commits to its implementation and reporting.

10 Background







### **Uganda Animal Health activities - Achieved**

- Laboratory & Biosafety Biosecurity development
  - AMU data capture tools developed
  - Procurement of laboratory equipment, Reagents and supplies ongoing in 3 Surveillance centers (NADDEC, Mbarara & CDLAMR)
- Training of MAAIF staff on data collection for AMR/AMU is to be scheduled in this FY 2019 /2020.
- Piloted surveillance in poultry value chain Mbarara and Wakiso Districts





## Pretest Mbale\* Wakiso – Piloting\* Poultry (Results)

#### Escherichia coli (N=66)

A total of 66 isolates were tested with a panel of 12 drugs. (Table 1)

Table 1: AST results obtained by using different antibiotics

Antibiotic (disc potency)	%R	%I	%S
Amoxicillin (25µg/ml)	48.5	0	51.5
Amoxicillin/Clavulanic acid (20µg/ml)	19.7	24.2	56.1
Ampicillin/Sulbactam (10µg/ml)	0	13.8	86.2
Cefuroxime (30µg/ml)	12.1	31.8	56.1
Ceftriaxone (30µg/ml)	9.1	33.3	57.6
Imipenem (10µg/ml)	0	10.8	89.2
Meropenem (10µg/ml)	0	0	100
Gentamicin (10µg/m1)	13.6	33.3	53
Nalidixic acid (30µg/ml)	10.8	18.5	70.8
Trimethoprim/Sulfamethoxazole (25µg/ml)	64.6	0	35.4
Chloramphenicol (30µg/ml)	4.5	0	95.5
Tetracycline (30µg/ml)	68.2	1.5	30.3

R-resistant, I- intermediate, S- susceptible

The unique identification number could be understood but was inconsistent between the various hubs as each hub had its own format.

Sub-Activity 3: Sample storage

All samples were stored at the appropriate conditions.

Sub-Activity 4: Processing

The recovery rate of organisms from samples was highest with E. coli and Enterococcus spps were

#### Distribution of the target organisms from the samples

Escherichia coli

Total tested: 400 (positive; 337, negative; 63) (84.3% recovery)

Salmonella spp

Total tested: 400 (positive; 85, negative; 315) (21.25% recovery) -Presumptive

Enterococcus spp

Total tested: 400 (positive; 397, negative; 3) (99.3% recovery)

Campylobacter spp

Total tested: 160 (positive; I, negative; 159) (0.6% recovery), recovery but non-conclusive as all

samples were not analyzed. 240 samples not yet analyzed

ESBL Enterobacteriaceae

Total tested: 400 (positive; 68, negative; 332) (17% recovery)

See Appendix 8 for more detailed summary of the sample analysis

The isolates will be further be subjected to ASTs using the chosen panels of drugs



### **EFFORTS AT DRUG OUTLETS on AMU**





Drug Out let operators are expected to record their sales; Valuable source of AMU data





# INFORMATION DISSEMINATION ON BEST PRACTICES TO PREVENT AMR





Domestication of sensitization materials including Translation of OIE sensitization posters in local languages





## INFORMATION DISSEMINATION ON BEST PRACTICES TO PREVENT AMR



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readiligs on a com-

- 2. Record the current refrigerator temperature and maximum and minimum refrigerator temperatures.
- 3. Record current room temperature. Record the time the reading was taken.
- 4. Record the temperatures on the form even
- rures for the duration of the outage. If latiures are a common occurrence, centralize year and storage to a more power-stable facility.
- 7. Record the time and refrigerator temperatures (current, minimum and maximum) when the power is restored.

#### ANTIMICROBIAL RESISTANCE AND THE FOOD CHAIN

Antimicrobial Resistance (AMR) is the ability of microbes/ nicroorganisms /germs (like bacteria, viruses, and some parasites) to stop an antimicrobial (such as antibiotics, antivirals and antimalarials) from working against them. This is a very serious health threat recognized globally. Heavy use of antimicrobials in animal production has been identified as a significant contributor to this challenge.

The animal health perspective

To a great extent, antimicrobials/antibiotics used for treatment of animals are similar to those used to treat people. Although the types of antibiotics in animal treatment are fewer, interestingly the amounts used in animal production far exceed those used in people. This is because in case of the former, these drugs are administered in feed and water as mass treatment for preventive and curative purposes. Science has demonstrated that continuous use, overuse and misuse of antibiotics in food producing animals selects for resistant bacteria which are transferable to people through food and the environment.

The six session of the Intergovernmental taskforce on food borne AMR held in Busan, Korea 10th to 14th December 2018, resounded these concerns. The taskforce is mandated to revise the Code of Practice minimize development of food borne AMR, and to develop guidelines for integrated AMR surveillance along the food chain.

At the session, Uganda was represented by 3 delegates namely: Dr. Juliet Ssentumbwe (Ag. Director Animal Resources – head of delegation), Dr. Patrick Atimnedi (Veterinary Coordinator, Uganda Wildlife Authority) and Dr. Vincent Kayizzi Magembe (National Drug Authority).



## PHYSICAL MEETINGS WITH **FARMERS & VETERINARIANS on AMU**



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# AMU INFORMAION AT NATIONAL CELBRATIONS





## ENGAGEMENT OF MEDIA AND THE PRESS





## NDA JOINS THE REST OF THE WORLD IN THE AMR AWARENESS CAMPAIGN

### World Antibiotic Awareness Week | 12th to 18th November 2018

This week (12th to 18th November 2018) is the World Antimicrobial Resistance week, during which the world focuses on creating awareness and promoting practices that aim at mitigating this global threat. As we join in this year's campaigns whose theme is: "Change can't wait, our time with antibiotics is running out", we recognize the contribution of antimicrobials / antibiotics to global health and wellbeing of both humans and animals. We further explore the threat of antimicrobial resistance against the regulatory mandate of NDA on quality, efficacy and safety of drugs. According to the World Health Organization, Antimicrobial Resistance (AMR) is the ability of microbes/microorganisms /germs (like bacteria, viruses, and some parasites) to stop an antimicrobial (such as antibiotics, antivirals and antimalarials) from working against them. This is a very serious health threat recognized globally.

#### The threat of antimicrobial resistance

In both humans and animals, harmful bacteria and other germs surviving treatments are becoming more prevalent, making available antibiotics less effective. This is a global problem that is affecting the developing countries more due to scarce resources and the challenges of access to affordable (human and animal) health care. For example, multidrug-resistant tuberculosis is on the increase globally according to the World Health Organization. This trend indicates that, the means to treat infectious diseases are set to become more limited. Of particular concern to Uganda and other

#### Everyone can do something:

- i) Take antibiotics only when prescribed by a qualified medical worker and avoid self-medication as much as
- ii) Always complete the dose as prescribed and encourage
- iii) Observe personal hygiene including washing hands to reduce the chances of acquiring infection and necessity of using antimicrobials /antibiotics
- iv) Avoid touching surfaces unnecessarily when visiting
- v) Follow all immunization programs to kick out immunizable diseases - prevention is better than cure.



- absorbed after oral administration and thus do not present a risk of residues in foods of animal origin. may be considered.
- vii. Use vaccination where available to prevent disease instead of relying on treatment with antibiotics.





- viii. Improve feeding as poorly fed animals are easily attacked by diseases due to a weak immune
- Explore feed supplements that contain enzymes.

## Regular press releases to create awareness especially during the AMR week





## **SENSITISATION WALKS ON AMU**



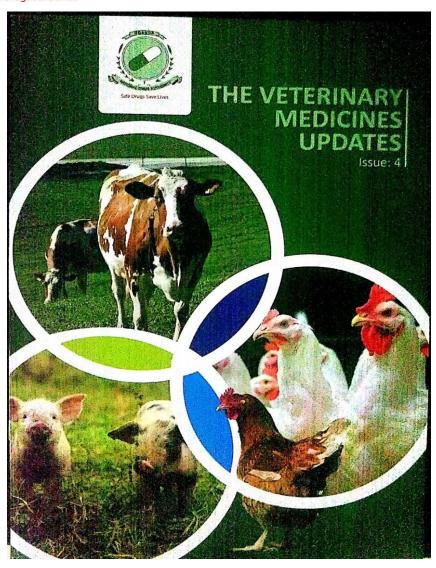






# INFORMATION DISSEMINATION ON BEST PRACTICES TO PREVENT AMR





Periodic publications with where AMU messages are communicated

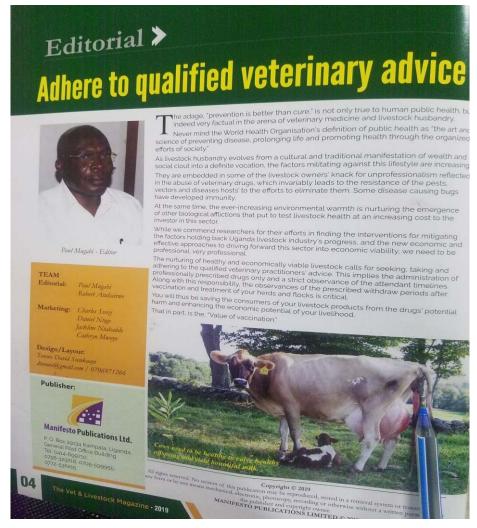




#### ARTICLES on AMU ARE PLACED IN MAGAZINES AND NEWS PAPERS





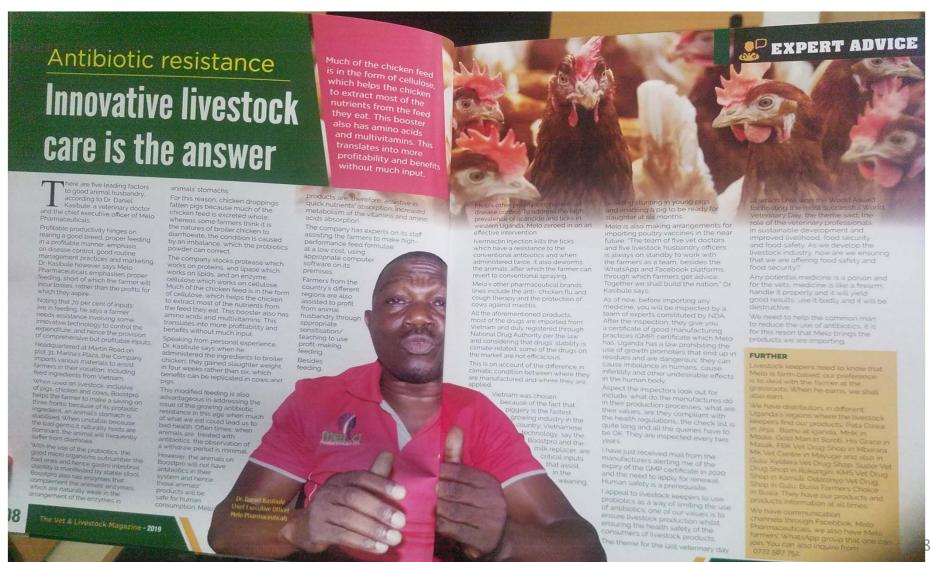






### ARTICLES ON AMU ARE PLACED IN MAGAZINES









## USES ELECTRONIC MEDIA(RADIO & TV TALK SHOWS) AND PRESS TO DESSIMINATE INFORMATION ON AMU







## **Strengthening Collaborations -**









## Sensitization on other AMR contributory factors







# ANTHELMINTIC (DEWORMER) RESISTANCE IN CATTLE AND SMALL RUMINANTS



Wider look at conditions that bring about increased use of antimicrobials

- Anthelmintic resistance
- Tick acaricide resistance





# ENGAGEMENT OF PRE-PROFESSIONALS ON AMU





NAL DRUG AUTHORITY-UGANDA



## INTERNATIONAL ENGAGEMENT ON AMR



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the International Organization for Animal Health (OIE), he World Health Organization (WHO) and the Food and gricultural Organization of the United Nations (FAO) are recommendations which included the following:

- Antimicrobial use for growth promotion in food animals should be kicked out (20 countries have so far stopped this and more are promising). Non veterinary medical use of antimicrobials was also strongly discouraged.
- Restrict use of medically important antimicrobials in food producing animals (Information was given that the United States of America eliminated the use of critically important antibiotics in animal production in 2017)

- Use of Antimicrobials for disease prevention should be stopped.
- The code of practice and the guidelines for surveillance of food borne AMR be implemented
- 5. Every sector should participate as AMR is increasing and no longer a mere scientific issue; but also acquiring political, social and economic dimensions with threat of catastrophic outbreaks - the time within to act appears to be short.
- Multiple sources of contamination: water, soil, wildlife, humans and equipment increase incidence and likelihood of AMR disease outbreaks; thus the need to adopt Good Agricultural Practices and Integrated Pest Management.



- Physical meetings
- Electronic working groups



## INTERNATIONAL ENGAGEMENT ON AMR





## UGANDA NATIONAL BUREAU OF STANDARDS

### NATIONAL CODEX COMMITTEE

UGANDA'S PARTICIPATION IN CODEX AND FOOD SAFETY RELATED

	•		
7.	6 <sup>th</sup> Session of the Ad hoc Codex	3 delegates – MAAIF (1), NDA	Government of Uganda
	Intergovernmental Task Force on	(1) and Uganda Wildlife	– MAAIF, NDA &
	Antimicrobial Resistance: Busan,	· / / /	UWA
	Republic of Korea 10 <sup>th</sup> – 14 <sup>th</sup>		
	December, 2018		



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# ETERINARY PHARMACOVIGILANCE FOR ISSUES ON AMU







UGANDA VETERINARY
PHARMACOVIGILANCE STRATEGY,

**SEPTEMBER 2019** 

#### **National Drug Authority**

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#### VETERINARY ADVERSE DRUG EVENT REPORTING FORM

National Drug Authority
Plot 19 Lumumba Avenue Kampala
Toll free: 0800101999 Whatsapp: 0791-415 555



SAFETY ISSUE		NAME AND ADDRESS OF REPORTER DETAILS OF OWNER (affected)							
In animals   In humans   Environmental problems   Lack of expected efficacy   Withdrawal period issues			Veterinarian Pharmacist AHO Other Name: District: Telephone:			Name: Village: Parish: Sub county: District: Telephone			
PATIENT(S) Animal(s)	Humans (for	huma	ns fill only age	e and	d sex below)	Ne	w case		Follow up case
Species	Breed		Sex		Status	;	Age	Weight	Reason for treatment
			Female		eutered Yes egnant Yes				
SUSPECTED VETERINARY MEDICINAL PRODUCT ADMINISTERED BEFORE THE ADVERSE DRUG EVENT (if more products are administered concurrently than the number of boxes available, please duplicate this form )									
Name of the veterinary medicinal product (VMP) administered									
Pharmaceutical form & strengt	ng tab	lets)							
Manufacturer									
Batch number				E	Expiry date				
Route/site of administration				- 1	Dose / Frequency				
Duration of treatment / Start D Exposure:				E	End Date		Duratio	n:	
Who administered the VMP? (									
Has the Marketing Authorisation	Yes 🗌	No 🗌							



