Strama – a multisectorial coordinating mechanism against antibiotic resistance

Over all goal is to:
- act for a coordinated work to preserve antibiotics as effective drugs in bacterial infections among humans and animals
- take initiatives primarily concerning human health

Human  Veterinary/ food

Organisation of Strama
A national governmental authority coordinating office
Independent local Strama groups

Members of a local strama group
Depending on local circumstances, but ideally
- General practitioner
- Infectious diseases specialist
- Microbiologist
- Infection control/hospital hygiene
- Communicable diseases officer
- Pharmacist
- ENT, paediatrics, geriatrics…

21 counties/regions with at least on group:
- primary care
- hospital care

A Swedish working model for containment of antibiotic resistance

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1. Based on analyses of surveillance take initiatives concerning human health

2. Identify lack of knowledge and initiate studies

Strama’s commission from the government 2006
-examples of implementation
3. Collect and **actively** feed-back knowledge

Antibiotic use
- Local/ individual surveillance
- Compliance
- Consumption
- Prescribing habits

Integrated feed-back
- Basis for guidelines

Infections
- Local surveillance

**Microbiology**
- Local surveillance

**Infection control**
- Training
- Compliance

**Basis for guidelines**

**Quinolone prescription for urinary tract infection** (not recommended)

**Community acquired pneumonia in a hospital**
- Penicillin is recommended
4. Influence attitudes and behaviour among -prescribers, other health-care staff -stake-holders, policy-makers and -the public

Benchmarking
Medical journals, guidelines, scientific results
Debate - In medical community or in daily press
Articles for the public in the press or on the internet
Information brochures
TV-spots

5. Promote the development of regional and local treatment guidelines

-Expert workshops with medical products agency
-Literature reviews
-Action programmes
ESBL resistance
MRSA in the community
6. Collaborate internationally

Success factors
- Support from management, stakeholders, government
- A clear mandate
- Allocated resources
- Competent, devoted actors with professional "status"
- Recommendations based on scientific evidence
- Access to local individual data for feedback
- Collaboration with media

Rational antibiotic use is an indicator of good quality practice and a patient safety issue!