



The Royal Australasian
College of Physicians

Media Release

Australia is world's 'lucky' bacteria resistant country

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With high per capita antibiotics usage, a new study has warned Australia is the “lucky country” and must remain vigilant if it is to maintain current levels of low antibiotic resistance.

Coinciding with Antibiotic Awareness Week (16-22 November 2015), Internal Medicine Journal research paper [Antibiotic resistance: are we all doomed?](#) found that despite Australia's high antibiotic use, most bacteria resistance rates are among the lowest in the world.

The research by Infectious Diseases Physician Peter Collignon shows that low resistance rates are particularly present in the use of critically important or last-line antibiotics.

“The information on Australia's resistance rates could help keep rates low and possibly help control antibiotic resistance internationally,” Dr Collignon said.

With most of the world already moving into a ‘post-antibiotic’ era, Dr Collignon said it is important to understand why Australia's bacteria resistance rates have occurred in this way.

His research highlights the role of Australia's stringent infection control and the prohibition of some antibiotic classes in animals used for food.

Dr Collignon's research is supported by the Australasian Society for Infectious Diseases (ASID). ASID, a specialty society of the Royal Australasian College of Physicians (RACP), identified three antibiotics-related practices in its list of low-value interventions released today

“The Society's full list of low value Interventions was developed as part of the RACP's EVOLVE project - a physician-led initiative developed in partnership with the RACP's more than 40 specialties to drive improvements in patient care,” explained RACP President Laureate Professor Nick Talley.

The ASID list included antibiotics for asymptomatic bacteriuria, using antibiotics for the management of a leg ulcer without clinical infection and prescribing antibiotics for upper respiratory tract infections. All three interventions are common in clinical practice despite limited evidence to support their effectiveness.

“Importantly, we also know that when antibiotic usage is stopped or severely curtailed, then rising antibiotic resistance rates will usually stabilise and often will fall,” added Dr Collignon.

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