

Antibiotic use in humans

Antibiotic use and antibiotic resistance are inextricably linked. One of the main drivers of resistance is antibiotic use and a key way of tackling resistance is to optimise antibiotic use.

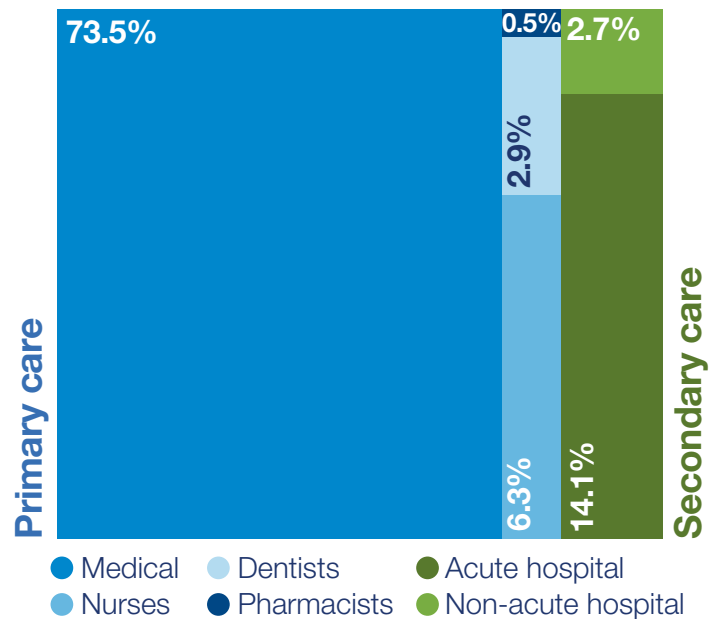
Total antibiotic use

There has been a **6.2% decrease** in antibiotic use between 2014 and 2018

58.5% of antibiotic use in humans was Access (first line) antibiotics



Total breakdown of antibiotic use



The three ages of antimicrobial stewardship in Scotland



'what to prescribe'

Reducing the use of certain broad-spectrum antibiotics due to their association with antimicrobial resistance and *Clostridioides difficile* infection



'whether to prescribe'

Reducing the use of antibiotics for common self-limiting infections where antibiotics are seldom required in healthy individuals

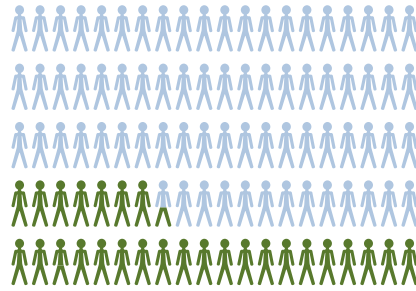


'for how long to prescribe'

Encouraging the use of short courses where indicated

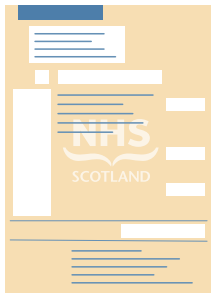
Antibiotic use in primary care

There has been a
10.2%
decrease in
antibiotic use
in primary care
between 2014
and 2018



27.3% of the
Scottish population
had at least one
course of antibiotics
in 2018

Nurses accounted for



1 in **10**
antibiotic
prescriptions

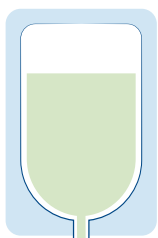


Over
75% of antibiotic
prescriptions were
Access (first line)
antibiotic items

Antibiotic use in acute hospitals



There has been a
16.0%
increase in antibiotic
use in acute hospitals
between 2014 and 2018



Intravenous
antibiotics accounted
for

30%
of antibiotic use
in acute hospitals

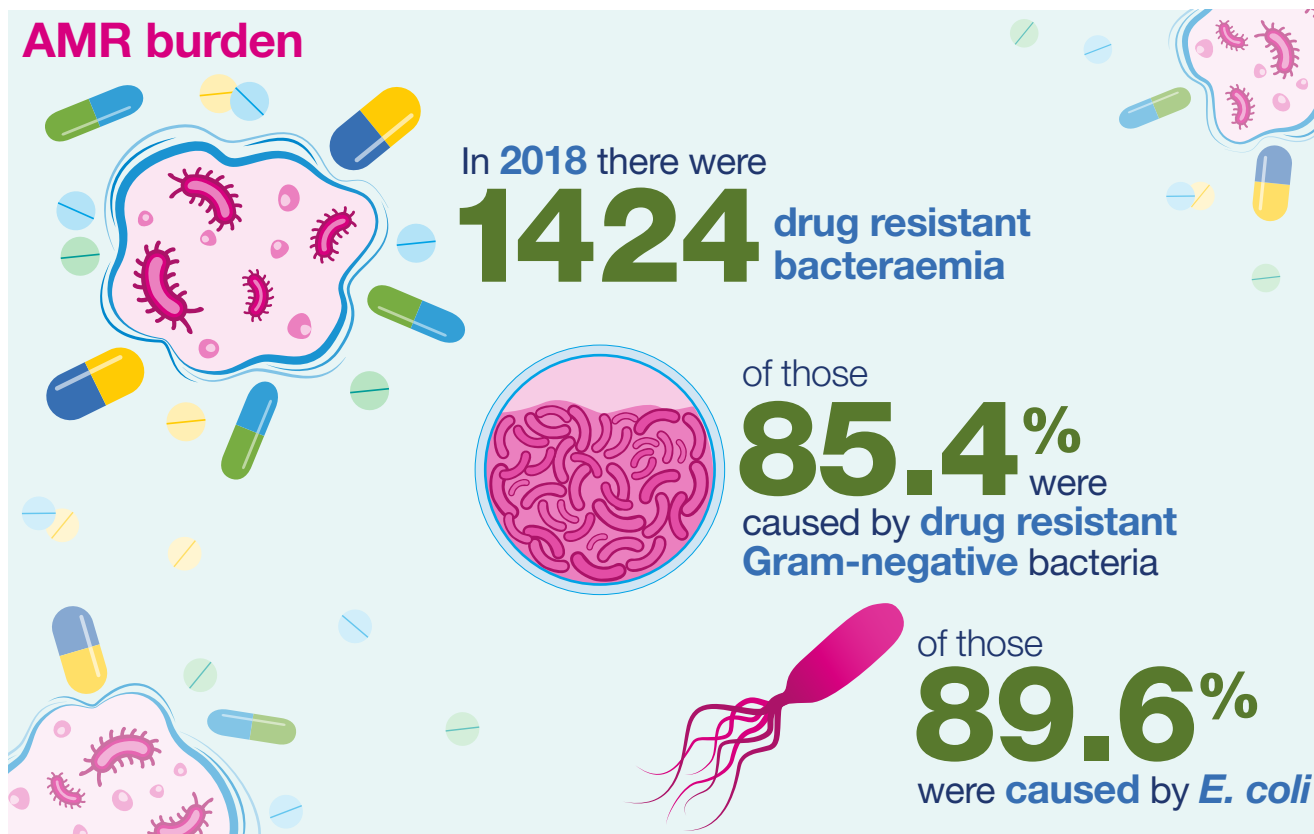
59.7% of
antibiotic use in acute
hospitals was Access
(first line) antibiotics



Antimicrobial resistance in humans

Antimicrobial resistance is a global concern and the scale and threat is well described in the UK 5-year action plan for antimicrobial resistance 2019 to 2024.

Gram-negative infection

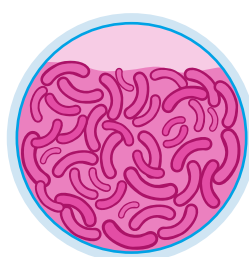


Carbapenemase producing organisms

In 2018 there were **98** CPO isolates

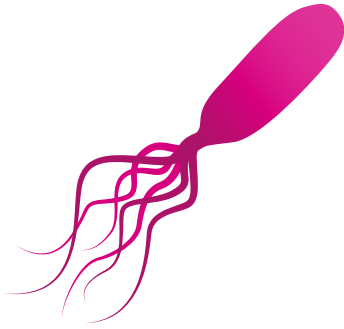


This is **stable** compared with 2017



of those **89.8%** were carbapenemase producing Enterobacterales

E. coli bacteraemia



E. coli was the **most common** cause of **Gram-negative bacteraemia**

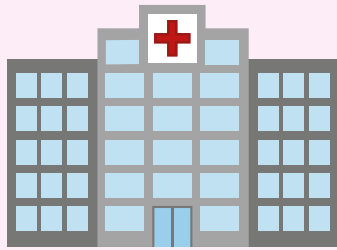


The **rate** of **ECB** has remained **stable** over the **last 5 years**



Resistance in **ECB** has remained **stable** over the **last 5 years**

ECB resistance for all antibiotics was **higher** in isolates with



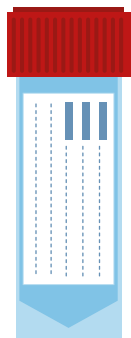
a **healthcare associated** or **hospital acquired source**

compared to



a **community source**

Urinary tract infections



E. coli is the **most common** cause of **UTI**



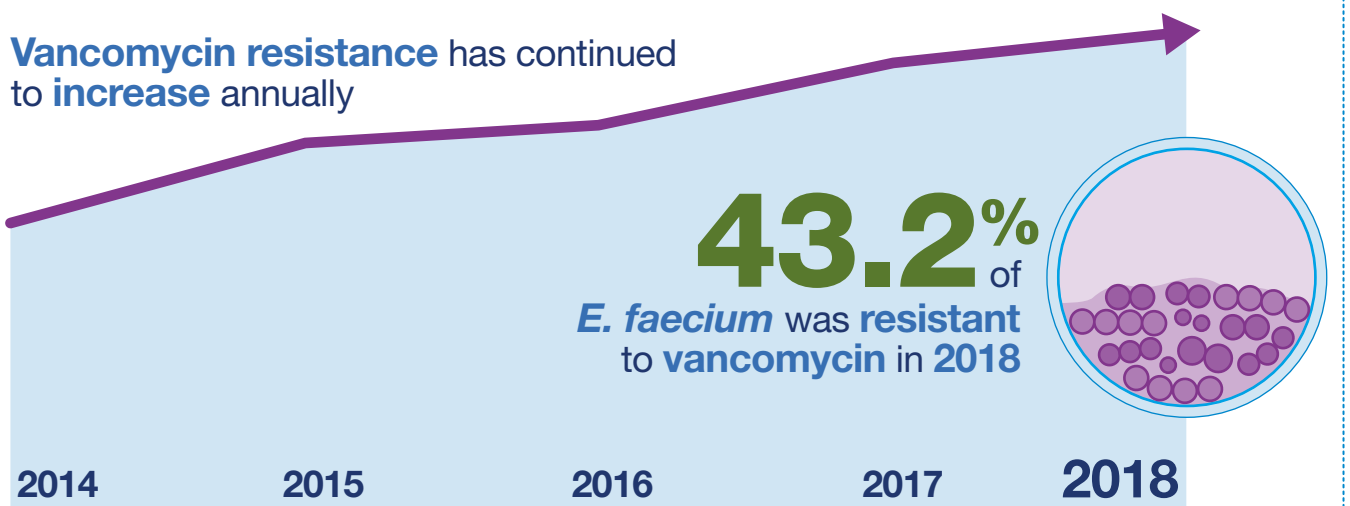
Incidence of *E. coli* **urinary isolates** has **increased** by **0.7%** over the **last 5 years**



Resistance in *E. coli* **urinary isolates** has remained **stable**

Gram-positive bacteraemia

Vancomycin resistance has continued to **increase** annually



AMR and AMU in animals

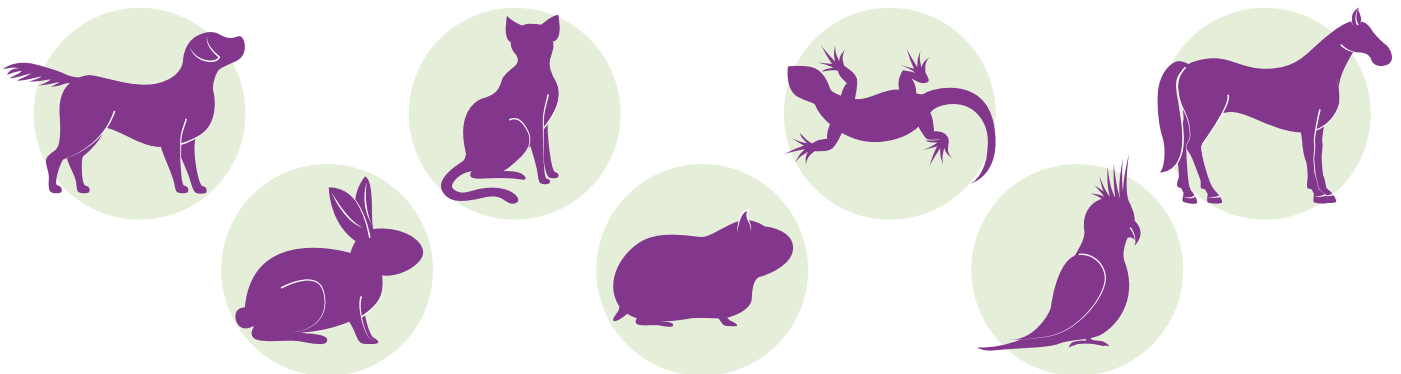
Central to tackling AMR is a One Health approach that encompasses humans, animals, environment and food. For the first time, data on antimicrobial resistance and antimicrobial use in companion animals were available, building on existing intelligence on AMR in animals.

17.5% of all consultations for companion animals resulted in prescriptions of antimicrobials in 2018



Over **90%** of antimicrobials prescribed to companion animals are not critical to human health

AMR is identified in bacteria from all companion animal species



↔ **AMR in healthy animals is stable**



Guidance on disease avoidance and antimicrobial stewardship for all animal sectors can be found on **Scotland's Healthy Animals website**

