

Group III: Antimicrobial resistance (AMR)

Thursday 7th May 2015; 13:30 – 17:30

Participant profile

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A brief biographical note for introduction	Secretary to the National Infection and Antibiotic Committee chaired by the DG MOH. Proposal for the formation of MARTAF(Malaysian antimicrobial Resistance Task Force) had just been tabled in the last meeting on the 30 th April 2015.		

Country profile on AMR containment

These following questions will be used as an input for the discussion session.

Yes	No	Does your country have the following systems or activities in place?	If yes, please briefly elaborate in terms of specifics of system effectiveness of implementation
	x	National action plan on AMR <i>[if yes, please indicate name of national action plan and year]</i>	Coordinated plan is not yet available
x		National focal point or National coordinating mechanism on AMR <i>[if yes, please indicate name of organization and focal point person. Are they full-time staff?]</i>	National Infection and Antibiotic Control Committee – Mainly between the Medical Development Services for infection control, Institut medical Research for lab surveillance and Pharmaceutical Practice and Development, PSD for antibiotic utilization.
x		National regulation or legislation requiring a prescription for antimicrobials	Poison Act 1952-prohibits sale of antibiotics without prescriptions

		Prohibition of antibiotic use as growth promoter	
x		National public campaign on antibiotic use and AMR	ASMAR(Annual Scientific meeting on Antibiotic Resistance) is done. Promotional activities done occasionally in media
		Human sector	
x		National AMR surveillance system	39 hospitals contributed the data;16 being state hospitals and tertiary referral centre, 2 from university hospitals UMMC and PPUKM, the others are specialist hospitals and district hospitals.
x		National reference laboratory for AMR testing/surveillance	Institute of Medical Research(IMR)
	x	National guidelines for AMR testing/surveillance	We follow the Clinical and Laboratory Standards Institute (CLSI) guidelines for antibiotic susceptibility testing. This is an established guideline, used in most countries in the world.
x		National infection prevention and control program	
x		National infection prevention and control guideline	
x		National system for monitoring antimicrobial consumption	National surveillance of antibiotic-26 types of antibiotic for inpatient use(injections) done since 2003/2001. Contributors in 2014 are 44hospitals from MOH, 3 from University hospitals, army hospital and 25 private hospitals more than 100 bedded. NMUS/MSOM- procurement data for all medicines including antibiotic since 2005
x		National guidelines for antibiotic stewardship	Launched in September 2014
	x	Secured source of financing to implement AMR containment <i>[if yes, is it adequate?]</i>	Using existing budget
		Animal sector	
		National AMR surveillance system	
		National reference laboratory for AMR testing/surveillance	
		National guidelines for AMR testing/surveillance	
		National infection prevention and control program	
		National infection prevention and control guideline	
		National system for monitoring antimicrobial consumption	
		National guidelines for antimicrobial use in animals	
		Secured source of financing to implement AMR containment <i>[if yes, is it adequate?]</i>	

1. What are the most serious AMR microbes in your country?

1) *Acinetobacter baumannii*

- 2) Carbapenamase producing Enterobacteriaceae, particularly Klebsiella pneumoniae.
- 3) Methicillin-resistant Staphylococcus aureus.

2. What sites are most affected by AMR? (Choose one)

- Hospital Community Farm Other

3. What are the strengths in your AMR containment systems?

- 1) National Antimicrobial Stewardship Program was established last year with the standardize protocol launched in 2014
- 2) Good surveillance system in human sector
- 3) Infection Control Committee in the hospitals

4. What are the challenges in your AMR containment systems?

- 1) Activities for Human and food AMR are not yet integrated
- 2) Lack of funding and in need of capacity development for manpower
- 3) Injudicious use of antibiotics in MOH hospitals, primary care as well as private health facilities
- 4) Lapses in infection control practices
- 5) Inadequate surveillance of veterinary usage of antibiotics

5. What linkages or collaborations does your country have with the international development partners for AMR containment?

- 1) ~~WHO, WPRO~~–No linkages yet
- 2)
- 3)

6. What would be potential areas of multi-country collaboration on AMR containment?

- 1) Promotion and awareness kit /tools for public and healthcare providers
- 2) Networking and exchange of information on AMR and other surveillance activities
- 3) Training and manpower development
- 4) IT packages for easier analysis and collection of data
- 5) Surveillance in human and animals