

The Barcelona Declaration from the World Alliance Against Multi-Resistant Organisms (WAAMRO)

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Resistance to antibiotics is increasing dangerously worldwide. Our very last line of therapy, carbapenems, is nowadays often needed to treat community-acquired infections; as a result, resistance to this class will increase very quickly, leaving us with almost no useful drugs against multi-resistant bacteria. Micro-organisms resistant to almost every antibiotic are already present in many countries, requiring the use of old and toxic antibiotics, such as colistin. We were usually “saved” in the past by the regular introduction of new compounds, but this time, the pipeline is almost dry. No new antibacterial agent active against Gram negative bacteria is expected in the next 5 years. Therefore, we are back to the situation 50 years ago, and the risk of large epidemic outbreaks, leading to a real pandemic with those multi-resistant bacteria is real. Already, the European CDC (ECDC) estimate is that 25.000 patients in Europe might die from infections due to resistant organisms every year. In most countries, people use too many antibiotics empirically, in particular to treat viral infections like pharyngitis, or bronchitis, or urinary colonization. To treat severe infections, and for the sake of their patients, prescribers use broad spectrum antibiotics empirically in order to prevent treatment failures, but seldom re-evaluate this initial therapy, even when it is not necessary, or too broad, and they treat too long.

It is time to react vigorously in order to protect and save antibiotics, and try to break this downward spiral of resistance. For that, a strong cooperation between health care professionals, in both human and animal medicine, and consumers is needed, providing simple but powerful and convincing information to the politicians and the public. Antibiotics must have a special status, with specific rules, and regulations. Diagnostic tests must be developed to help clinicians know when not to treat, and to focus antibacterial therapy only on bacterial infections. Research must be facilitated, in particular to accelerate the development of new compounds. Infection control must be upgraded, in particular to emphasize the use of handrub alcoholic solutions. The vaccination programme must be an absolute priority. Finally, a strong educational program is of paramount importance, for both health care professionals and consumers, in particular kids (see the Européan E-Bug project).

We have created, for those purposes, on April 7th, (WHO annual priority and lancet paper) a World Alliance against Multi-Drug-Resistant Bacteria. It will have the statutes of a French

association loi 1901. It gathers 350 professionals, from many aspects of human and animal medicine support this alliance, as well as 54 medical specialties or professional bodies all around the world. 78 well know international experts (from 41 different countries) constitute our international scientific advisory committee. Consumers from France via "Le Lien", and "Le CISS" are fully involved in this alliance, inviting consumers from other countries to join (in particular the "patients for patient safety" at WHO). The alliance will contact organizations like the World Organization for animal Health (OIE), the World Health Organization (WHO), and the European Center for Diseases Control (ECDC). Ministers of Health and other key politicians will be contacted by the members of the Alliance, in each country. Some are already members of the Alliance. Of course, contacts with other groups (React, Action Antibiotics, APUA...) are essential, and have been already taken.

The BARCELONA DECLARATION is launched during the 17th congress "International Symposium on Infections in the critically ill patient" (ISICIP), on the 3rd and 4th of February 2012.

Professionals and consumers from many countries, including France, the USA, Spain, Italy and Portugal declare the War against multi-resistant bacteria, **in particular in the ICU**. Intensive care units are epi-centers for resistance development, because 80% of the patients are treated with antibiotics at any time, and because the risk of cross-transmission is very high. A few years ago, very successful results were obtained with methicilin resistant Staphylococcus aureus, in the ICU, where the incidence of this bug was decreased by tenfold. Similar results are possible to reach with Escherichia coli, and Klebsiella pneumoniae carrying extended spectrum B lactamases. Patients at risk of carrying carbapenemases, like NDM1 must be detected, and isolated prospectively. Standard precautions must be upgraded, and systematically applied for every patient. We engage ourselves to use antibiotics wisely, only when necessary, and to systematically re-evaluate therapy à day 2 or 3 of therapy. A regular feedback on the effect of this programme (antibiotic consumption and resistance) will be provided on a regular basis during this international meeting.