



Dopharma
Healthy livestock

Webinar SIPAS
6 Maggio 2021



Optimizing and reducing the use of antimicrobials: what did we learn from the past?

A PRACTICAL APPROACH

Bart ENGELEN
Global Technical Support
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Insert PictS/logos

Optimizing and reducing the use of antimicrobials: agenda



- A. Past, present and future of veterinary antimicrobial therapy
- B. Practical measures to decrease and optimize antimicrobial use

1. Farm management

2. Feed and additives

3. Alternatives to AM's

4. Diagnostics

5. Vaccination

6. Optimize Antibiotic treatment

7. Supportive therapies

Responsible Use

decrease the need for AM's

Rational Use

Use AM's better

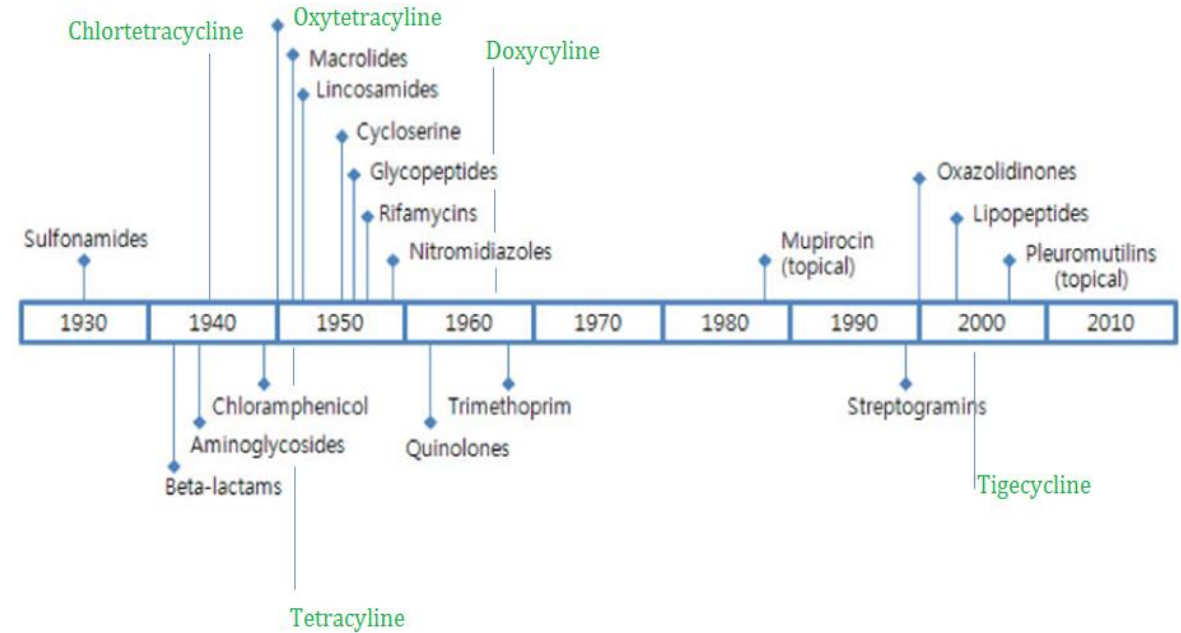
**Ultimate goal:
reduction of resistant
bacteria
in animals & humans
role of transmission**

A. Past, present and future of veterinary antimicrobial therapy

Discovery, knowledge



- 1920 Discovery of first sulfonamide
- 1928 Discovery of penicillin
- 1940 Purification of penicillin
- 1940 Screening soil bacteria
- 1950 Golden era of antibiotics
- 1960 Scientific awareness of Antimicrobial Growth Promoters (AGP) and Antimicrobial Resistance (AMR)



**We have to use what we have
(and make it better)**

A. Past, present and future of veterinary antimicrobial therapy

AGP and change of perception



- 1974 Ban of penicillins and tetracyclins as AGP
- 1999 EU decided to gradually ban all AGPs
- 2005 Finding MRSA transmission between pigs and humans

Methicillin-resistant *Staphylococcus aureus* in Pig Farming

Andreas Voss, Frans Loeffen, [...], and Mireille Wulf

Additional article information

Abstract

We conducted a study among a group of 26 regional pig farmers to determine the methicillin-resistant *Staphylococcus aureus* prevalence rate and found it was >760 times greater than the rate of patients admitted to Dutch hospitals. While *spa*-type t108 is apparently a more widespread clone among pig farmers and their environment, we did find other *spa*-types.

Keywords: MRSA, pigs, farming, *spa*-typing, dispatch

Relation of MRSA in pigs with MRSA in hospitals?

A. Past, present and future of veterinary antimicrobial therapy

Pressure on AM use reduction



- 2007 NL: government's pressure on antibiotic use in food producing animals
- 2008 NL: on farm monitoring Antimicrobial Use (AM's use)
- 2011 NL: farm protocols
 - Increased vaccination rates
 - Individual treatments to replace herd treatments
 - Delayed weaning of piglets
 - Supportive treatments with nsaids or bromhexine
 - Stricter use of hygiene protocols

The Dutch approach to reduce antimicrobial usage in livestock

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Introduction

- 1950 - After World War II tendency to safeguard national food security: increased agricultural production.
- Antimicrobials were used extensively as Antimicrobial Growth Promoters (AGPs) and thereby assisted the development of intensive farming systems.

Increasing awareness

- 1960 - Scientific awareness: AGP use in animals is risk for Antimicrobial Resistance (AMR) in humans.
- Swann Report (1969): European ban on the use of penicillins and tetracyclines as AGPs in humans.
- 1986 - After public concern: Sweden bans all AGP use in livestock industry.
- World Health Organization (WHO) meeting "medical impact of the use of antibiotics in food animals".¹
- 1997 - Outbreak of contagious animal diseases in the Netherlands: 1997 Classical Swine Fever, 2001 Foot and Mouth Disease, 2003 Avian Influenza pandemic. Accompanied with massive interventions in which healthy animals were destroyed.
- The public questioned the intensive farming systems in which animals were used as production units.
- 1998 - Copenhagen recommendations: immediate ban on AGPs related to therapeutic antibiotics in human medicine.²
- 1999 - The European Union decided to gradually ban the use of all AGPs.
- Despite gradual banning of AGPs, total antibiotic consumption per pig of animal live weight slightly increased between 1999-2008 in the Netherlands (Figure 1).³ AGPs were replaced by therapeutic antimicrobials to treat infectious diseases, and to treat dysbacteriosis.⁴

Common action

- 2005 - Finding of MRSA transmission between pig and humans.
- 2006 - Lots of attention in different media (television, radio, newspapers) about MRSA. Serious public concern antimicrobial use in food producing animals.
- 2007 - Public attention led to critical questions to Minister of Agriculture (Mea) about antimicrobial use in food producing animals.
- Largest Q fever epidemic ever seen. Led to massive public crisis about intensive livestock systems.
- 2008 - Signing of a covenant by all livestock industry stakeholders and the Mea.- Detailed monitoring of antimicrobial use in livestock.
- Development of farm specific Farm Health Plans (FHPs) and Farm Treatment Plans (FTPs).

- 2010 - Finding of ubiquitous presence of ESBL producing bacteria in Dutch poultry led to even more media attention and public concern.

Discussion & Conclusions

- Public increasingly confronted with consequences of intensive livestock systems with potential threat for human health (Q-fever, MRSA, ESBL).
- Public concerns were followed by increasingly stricter and more specific measures taken by the government to animals. Other states show that public awareness precedes changes in antibiotic policy.^{5,6}
- Two major incentives for livestock industry to reduce antimicrobial consumption:
 - License to produce. Public pressure seems a huge trigger to reduce antimicrobial use.
 - MRSA carrying farmers are subjected to submission measures at hospital life.⁷
- Animal welfare can be threatened by delayed or no treatment with antibiotics.
- Animal food production in a global competitive market; use of antimicrobials is still economically favorable.
- What is the quantitative effect of a 50% reduction in antimicrobial consumption on sustainable food animal production? Further research and policy changes are needed.
- We have recently started a study aiming at investigating prescribing behavior of veterinarians. This knowledge will be used to target specific interventions in an attempt to increase prudent antibiotic use.
- AMR pathogens don't respect country borders. Extensive international collaboration is needed to stop further development of antimicrobial resistance.

References

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- Mevius DJ, Springer HJM, Ungerer VC. Do antibiotics "The antibiotic trail". *Int J Antibiot Agents*. 1998;11:10-16.
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Supers eisen veilige kip

"Dinsdag deelde minister Vasterveld van Landbouw, Natuur en Voedselkwaliteit een brief aan de Tweede Kamer over de maatregelen die de Nederlandse overheid zal nemen om de veiligheid van vlees van kip te waarborgen. De maatregelen betreffen onder andere de toelating van antibiotica aan de kip."

The Mea forced a reduction in veterinary antimicrobial consumption of 20% in 2011 and 50% in 2013. Supported by additional measures:

- Central registration of all prescribed and dispensed drugs.
- Establishment of Veterinary Drug Authority (VDA): monitoring and benchmarking veterinary drug use.
- Use of 3rd and 4th generation cephalosporins and fluoroquinolones only after sensitivity testing.
- Stricter regulation of standard preventable antimicrobial treatments.

2011 - Preliminary studies on decrease in antibiotic use in pigs, veal calves and lambs.

Measures taken by veterinarians and farmers (examples):

- Increased vaccination rates.
- Individual treatments to replace herd treatments.
- Delayed weaning of piglets.
- Supportive treatments with nsaid's or bromhexine.
- Stricter use of hygiene protocols.

Figure 1. Total sales of antimicrobials of active substance A (2002) in the Netherlands, 1999-2008. Total live weight of animals in the Netherlands slightly increased in this period.

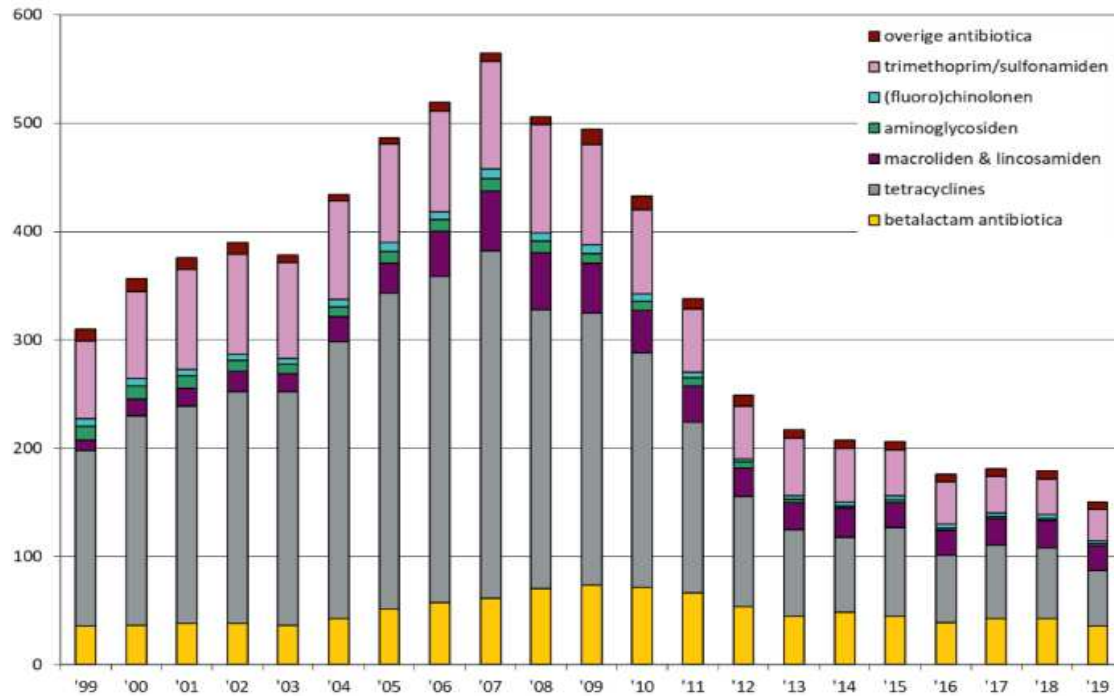
A. Past, present and future of veterinary antimicrobial therapy

Reduction of use

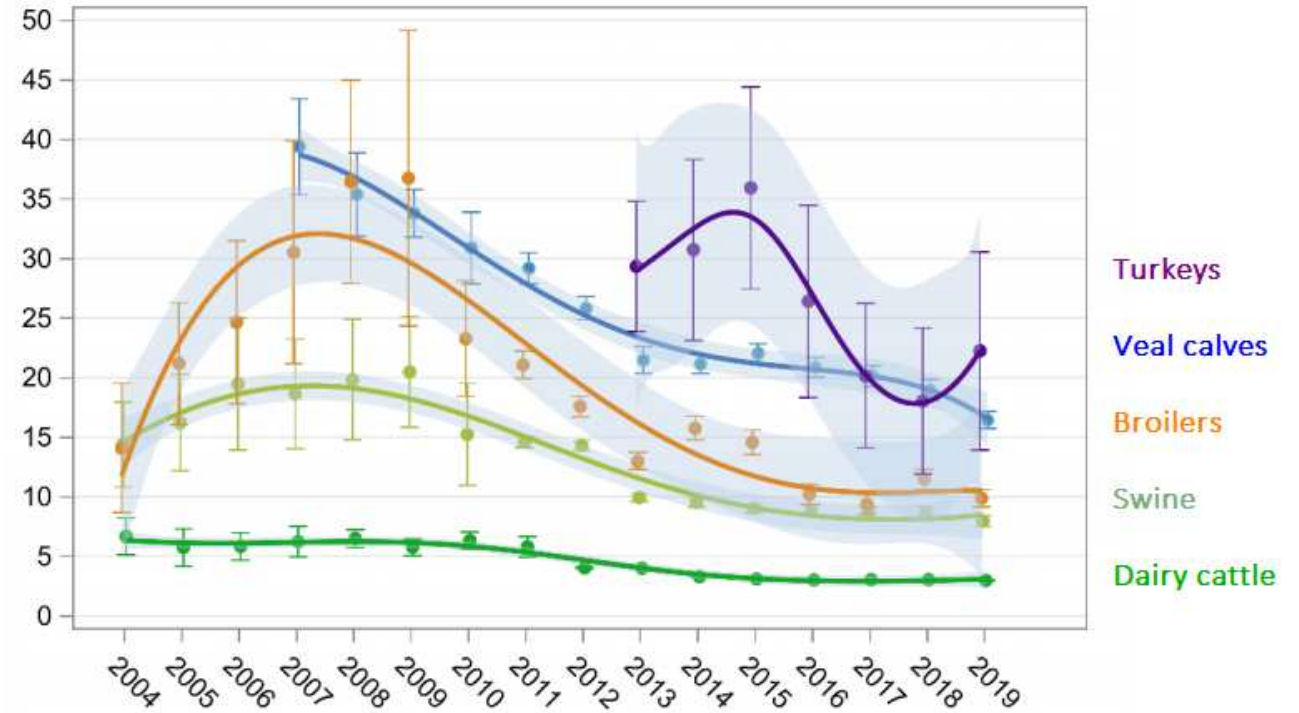


2013 NL: reduction goals achieved: 20% in 2011; >50% in 2013

Sales of antibiotics in NL (kg active substance x 1000)



Defined Daily Doses



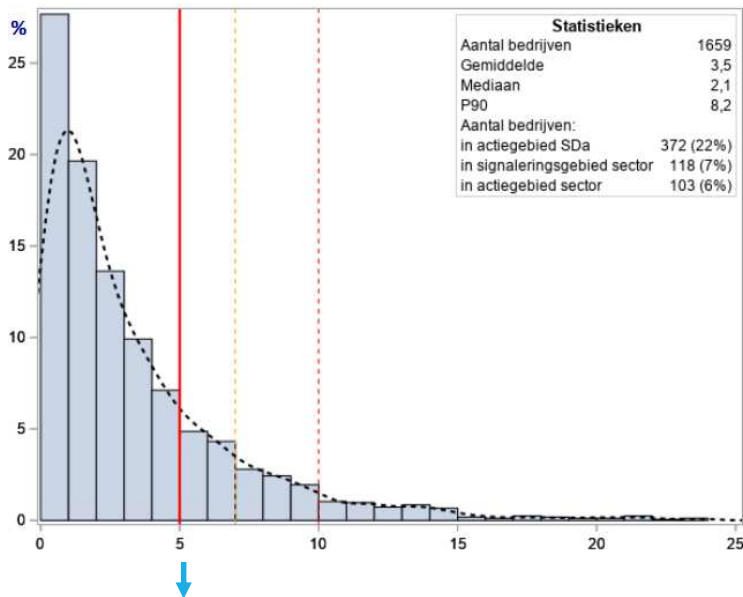
A. Past, present and future of veterinary antimicrobial therapy

New focus

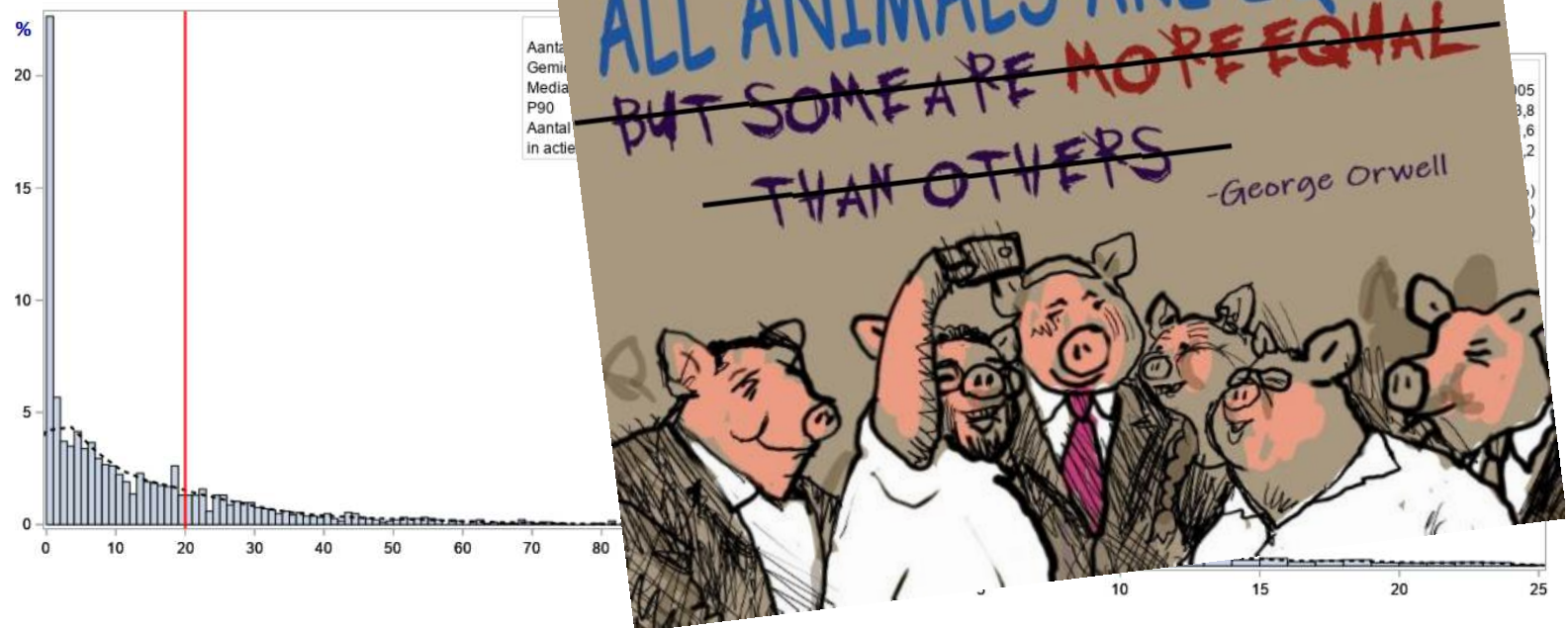


- 2014 NL: benchmarking veterinarians (antibiotic prescriptions)
- 2015 Shift: from focus on reduction → to focus on farms with high antimicrobial use

DDDA for sows and piglets in 2019



DDDA weaned piglets in 2019



A. Past, present and future of veterinary antimicrobial therapy

The One Health concept



- 2011 EU: monitoring sales antimicrobials (ESVAC)
- 2017 EC: One Health Action Plan
- 2020 EC: Farm to fork strategy
- 2020 NethMap/MARAN: monitoring AMR in humans and animals
The first results of a comparative study suggest an overall low genetic relatedness between LA-MRSA isolates from livestock (pigs and poultry) and humans.
Moreover, the emergence of a more virulent (PVL-positive) LA-MRSA subclade is probably transmitted independent of livestock exposure.

NethMap 2020

Consumption of antimicrobial agents and antimicrobial resistance among medically important bacteria in the Netherlands



Epidemiology of resistance in bacteria is very complex

A. Past, present and future of veterinary antimicrobial therapy

Redution of *E.coli* resistance



-2020 NethMap/MARAN: monitoring AMR in humans and animals

Figure Eco01 Trends in proportion of resistance (%) of *E. coli* isolated from faecal samples of broilers, slaughter pigs, veal calves and dairy cattle in the Netherlands from 1998 - 2019.

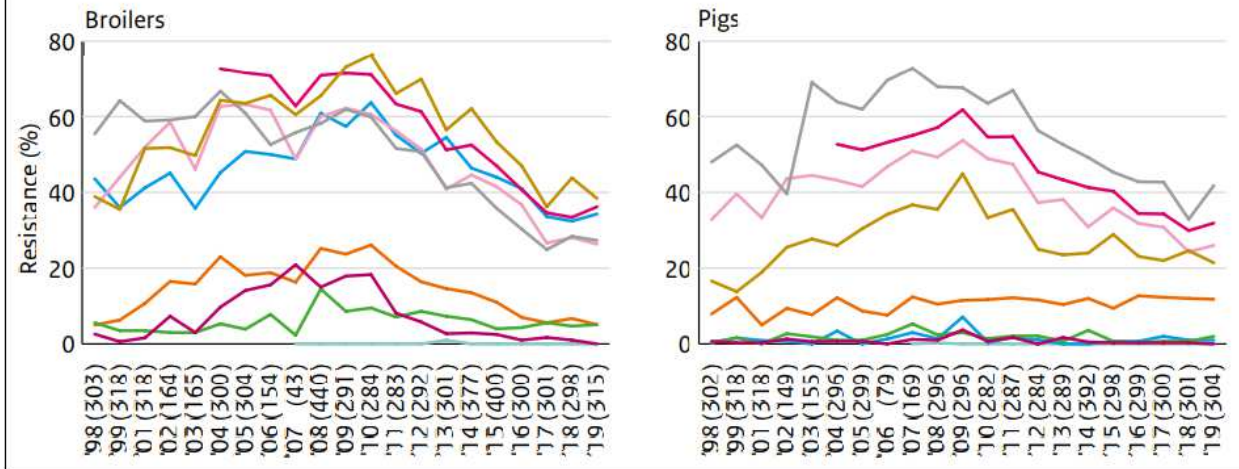
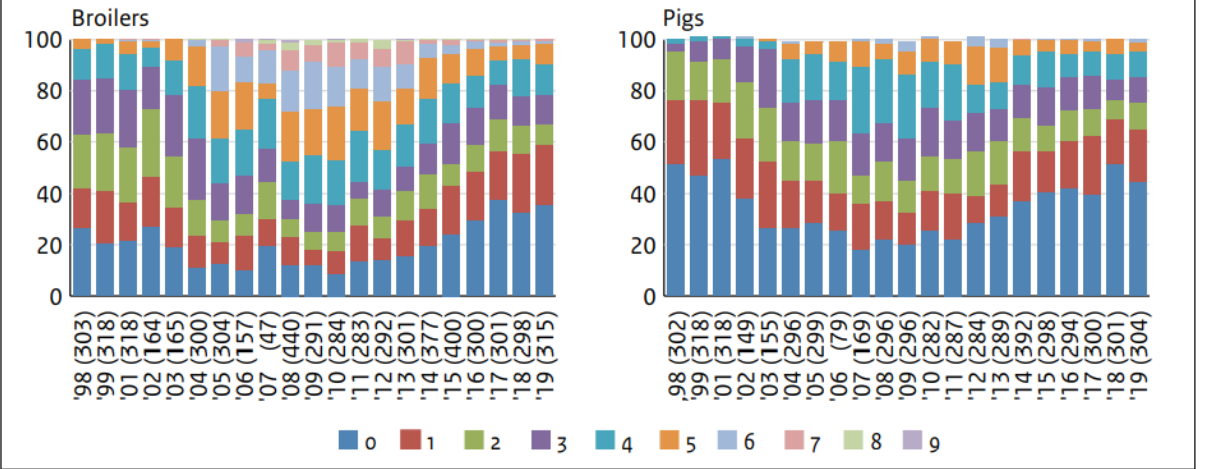


Figure Eco02 Resistance percentages (R%) of *E. coli* isolated from faecal samples of broilers, pigs, dairy cows, white veal calves and rosé veal calves in the Netherlands in 2019.



A. Past, present and future of veterinary antimicrobial therapy

What the future holds...



– 2022 EU Regulation 2019/6 (VMP) and EU Regulation 2019/4 (MF)

➤ **Monitoring and restrictions**

- Criteria and list of AM to be reserved for human use

➤ **Practical use**

- Cascade more flexible + EU data base (availability)
- SPC harmonisation (and dose optimisation)

➤ **Antibiotics in feed**

- Medicated feed for max. two weeks & contain only one Active Ingredient
- New Maximum levels of cross-contaminations for AM in (non-target) feed

Practical measures

Insert Picture CG

B. Practical measures to decrease (responsible) and optimize (rational) antimicrobial use



1. Farm management
2. Feed and additives
3. Alternatives
4. Diagnostics
5. Vaccination
6. Antibiotic treatment
7. Supportive therapies

Alternatives to the use of antimicrobial agents in pig production: A multi-country expert-ranking of perceived effectiveness, feasibility and return on investment

Merel Postma^{a,*}, Katharina D.C. Stärk^b, Marie Sjölund^{c,d}, Annette Backhans^{c,d}, Elisabeth Grosse Beilage^e, Svenja Lösken^e, Catherine Belloc^f, Lucie Collineau^b, Denise Iten^{g,1}, Vivianne Visschers^g, Elisabeth O. Nielsen^h, Jeroen Dewulf^a, on behalf of the MINAPIG consortium²

Antimicrobial use and antimicrobial resistance: standpoint and prescribing behaviour of Italian cattle and pig veterinarians

G. Pozza , A. Pinto , S. Crovato , G. Mascarello , L. Bano , M. Dacasto , A. Battisti , B. Bartoli , L. Ravarotto & S. Marangon

To cite this article: G. Pozza , A. Pinto , S. Crovato , G. Mascarello , L. Bano , M. Dacasto , A. Battisti , B. Bartoli , L. Ravarotto & S. Marangon (2020) Antimicrobial use and antimicrobial resistance: standpoint and prescribing behaviour of Italian cattle and pig veterinarians, Italian Journal of Animal Science, 19:1, 905-916, DOI: [10.1080/1828051X.2020.1807419](https://doi.org/10.1080/1828051X.2020.1807419)

B. Practical measures to reduce AM's use

1. *Improve farm management - biosecurity and hygiene*

Uniform by body weight



Focus on not mixing, keeping litters together



Make a protocol for suckling piglets

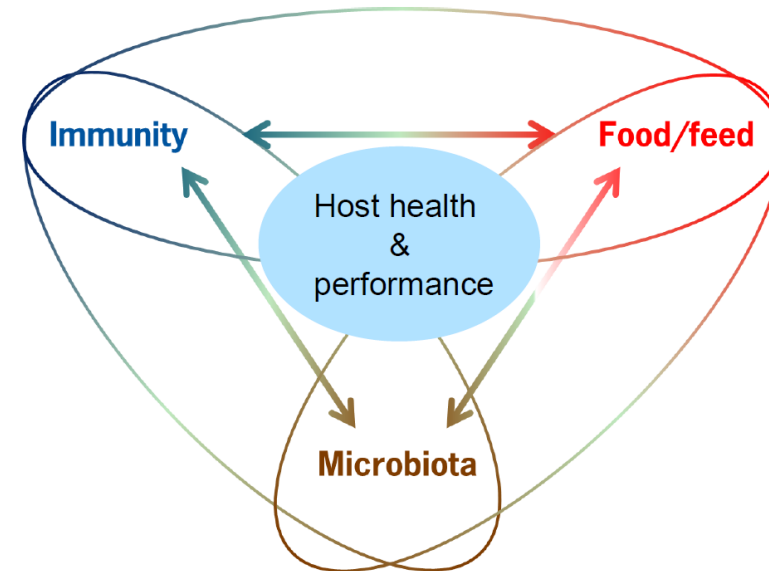
- Optimize colostrum and milk supply
- Think how to move piglets when necessary

Make a protocol for weaning

- Farm specific possibilities
- Maximize number of different litters per pen

B. Practical measures to reduce AM's use
2. *Feed and additives*

- Feed → cost price in pig production
- Quality of raw materials



B. Practical measures to reduce AM's use

3. Alternatives for antibiotic treatment

Which kind of “direct” alternatives to antibiotics?

Examples of non-antibiotic treatment of bacterial diseases?

Treatment of clinical *Brachyspira hyodysenteriae* with zinc chelate in pigs: a blinded, randomised controlled trial

Gerwen Lammers ¹, Robbert van Berkel,¹ Daisy Roijackers,¹ Carly Vulders,¹ Henriëtte Brouwer-Middelesch,² Jobke van Hout²

Abstract

Background *Brachyspira hyodysenteriae* infection in pigs (‘swine dysentery’) leads to decreased feed conversion, growth losses and mortality. Current countermeasures have the downside of antibiotic resistance (antibiotics) and ecotoxicity (zinc oxide). The aim of this study was to evaluate the effect of a novel zinc chelate (Intra Dysovinol (ID)) on clinical signs of swine dysentery and shedding of *B. hyodysenteriae* under field conditions.

Methods In a randomised, double-blinded, controlled trial under Good Clinical Practice on two commercial farms, 58 *B. hyodysenteriae* positive pigs from 16 pens received drinking water containing ID, or placebo, during six consecutive days. Faecal quality (consistency, colour, additions) was scored and faeces were analysed for presence of *B. hyodysenteriae* by PCR. ID treatment positively affected faecal quality (consistency) and daily growth rates.

Results At the last treatment day, *B. hyodysenteriae* was not detectable in the faeces of any of the ID-treated animals, while all placebo animals remained *B. hyodysenteriae* positive by PCR. All ID-treated animals recovered, while 5 placebo-treated animals died and 12 placebo pigs required additional treatment before the end of the study (up to 14 days after treatment start).

Conclusion This non-antibiotic treatment stopped the clinical signs and shedding of *B. hyodysenteriae* in naturally infected pigs.

B. Practical measures to reduce AM's use
4. Diagnostics

High quality & accessible diagnostics essential for:

- Vaccination (autogenous vaccines!)
- Optimization AB-treatment
- Supportive therapies
- On farm testing



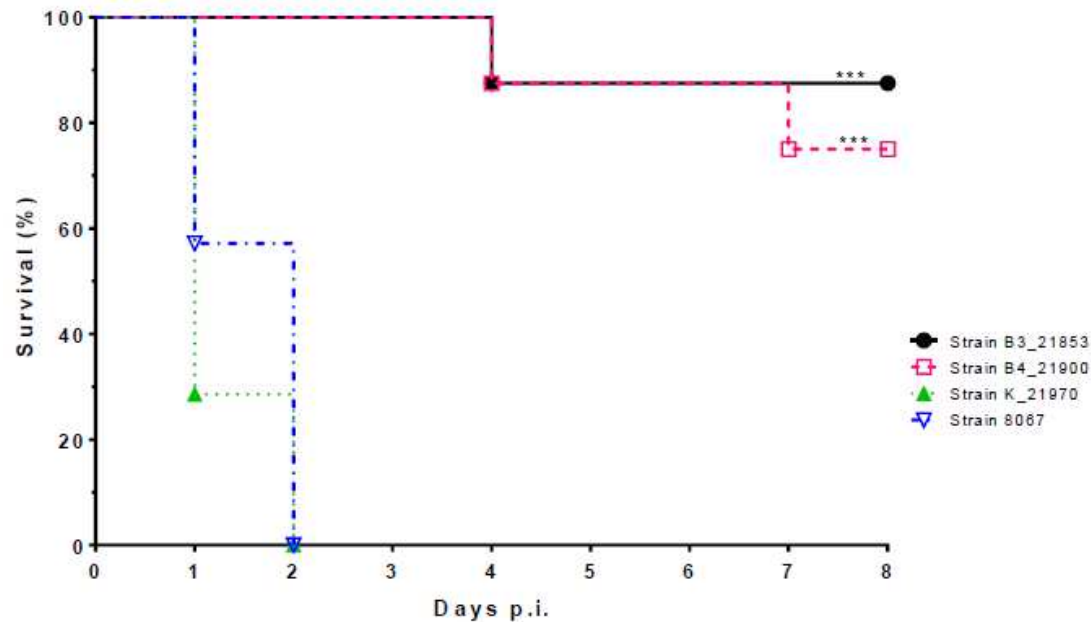
B. Practical measures to reduce AM's use

4. Diagnostics

Need for new diagnostics tests

- Comparison *S. suis* serotype 9 from lesions and tonsils of healthy animals

➤ Difference in virulence



Public-Private cooperation
Streptococcus suis serotype 9

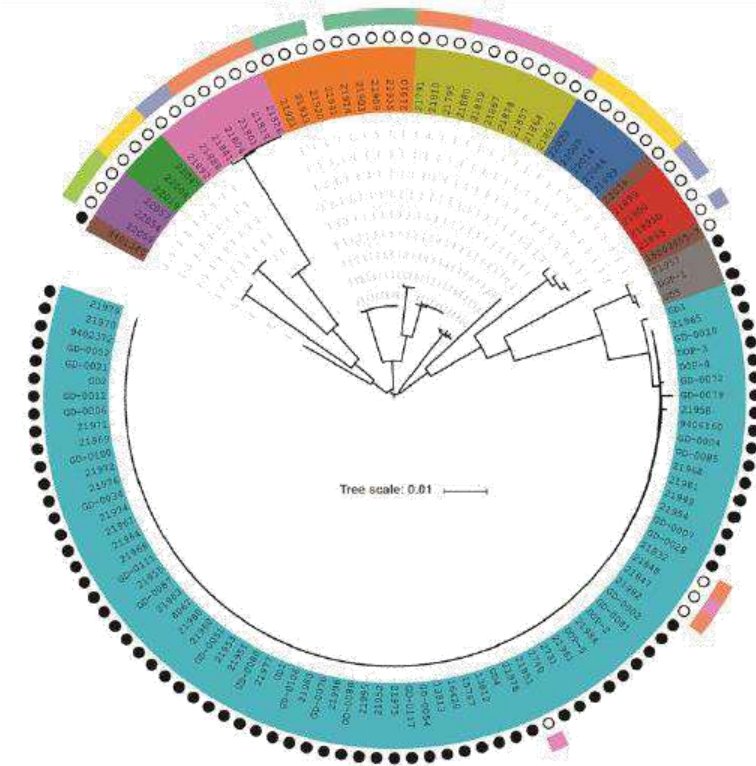


B. Practical measures to reduce AM's use

4. Diagnostics

Example of New diagnostics tests for Strep suis

- Comparison *S. suis* from lesions and tonsils of healthy animals
 - Difference in sequence analysis
 - Difference in capsule gene
- Development PCR-test to discriminate between virulent and non-virulent strains → validation
 - Epidemiology: screening farms
 - Stamping out?



B. Practical measures to reduce AM's use

5. Vaccination

Vaccination to decrease the need for antibiotics

- E.g. prevention pleuropneumonia

New regulation EU 2019/6 includes autogenous vaccines (excl. in current EU guideline)

- When no licensed vaccines are available (e.g prevention of *Streptococcus suis* infections)
- Good Manufacturing Practice rules will apply → additional legislation will be layed down
- Uniform rules for production and use of autogenous vaccines in all EU Member states



B. Practical measures to reduce AM's use

6. Rationalization of AB-treatment

EMA recognizes the need for optimization of AM treatment:

- New Regulation...: objective to harmonize antimicrobial SPCs across Europe
- AM dosage review based on updated field information based on computer modelling



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

12 January 2021
EMA/CVMP/849775/2017
Committee for Medicinal Products for Veterinary Use (CVMP)

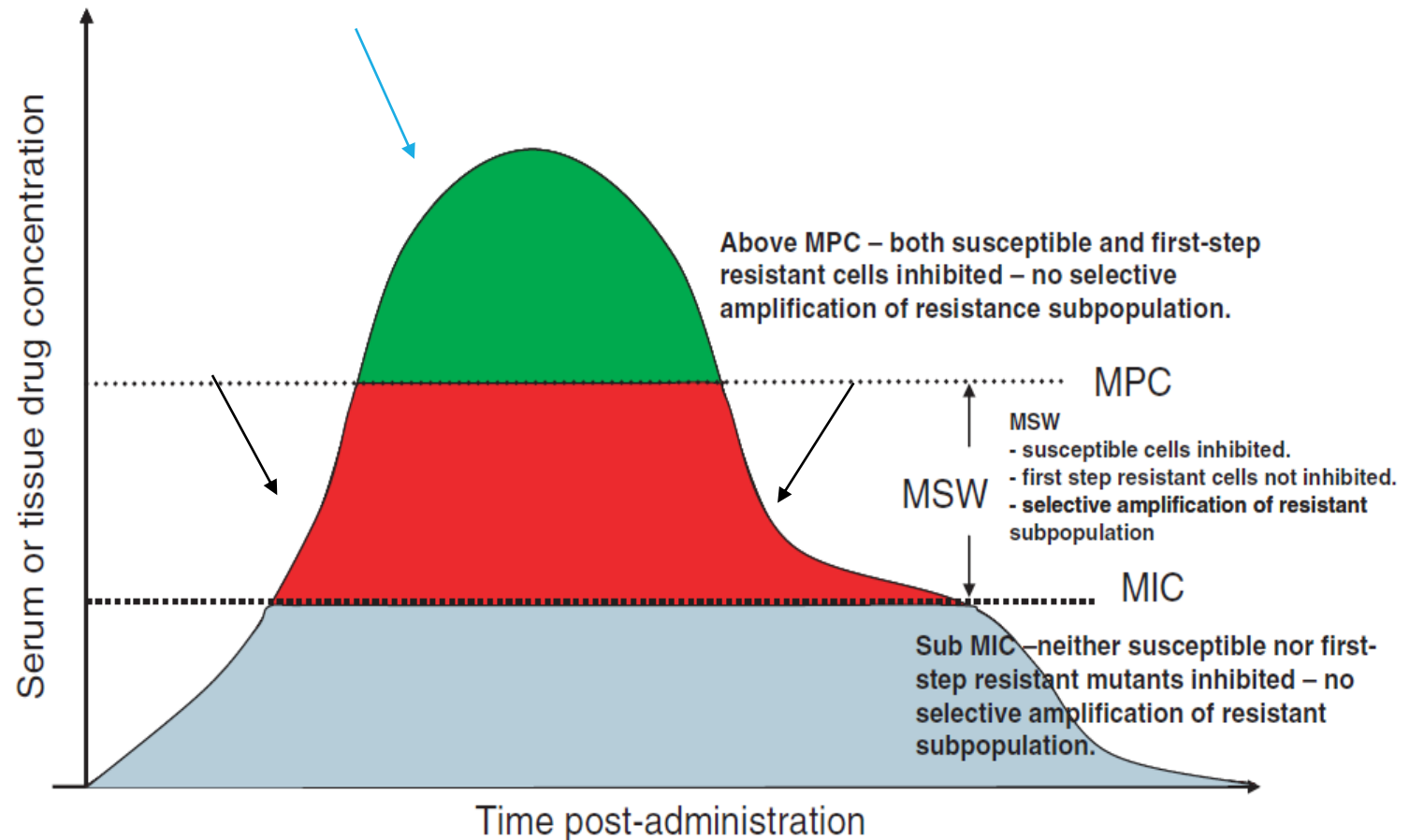
Reflection paper on dose review and adjustment of established veterinary antibiotics in the context of SPC harmonisation

Adopted by CVMP for release for consultation	19 July 2018
Start of public consultation	27 July 2018
End of consultation (deadline for comments)	31 January 2019
Adopted by CVMP	10 December 2020

B. Practical measures to reduce AM's use

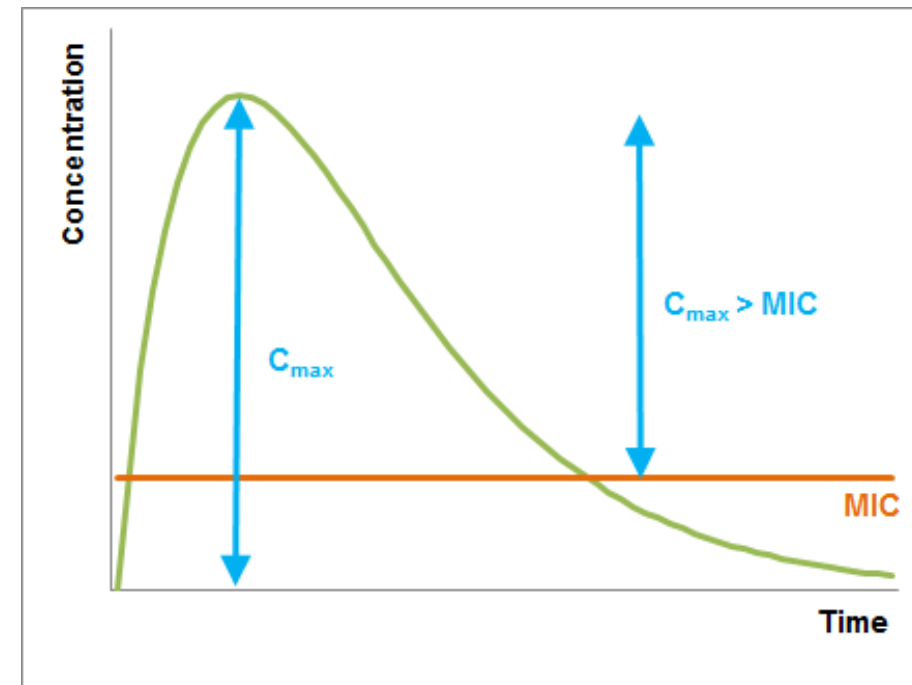
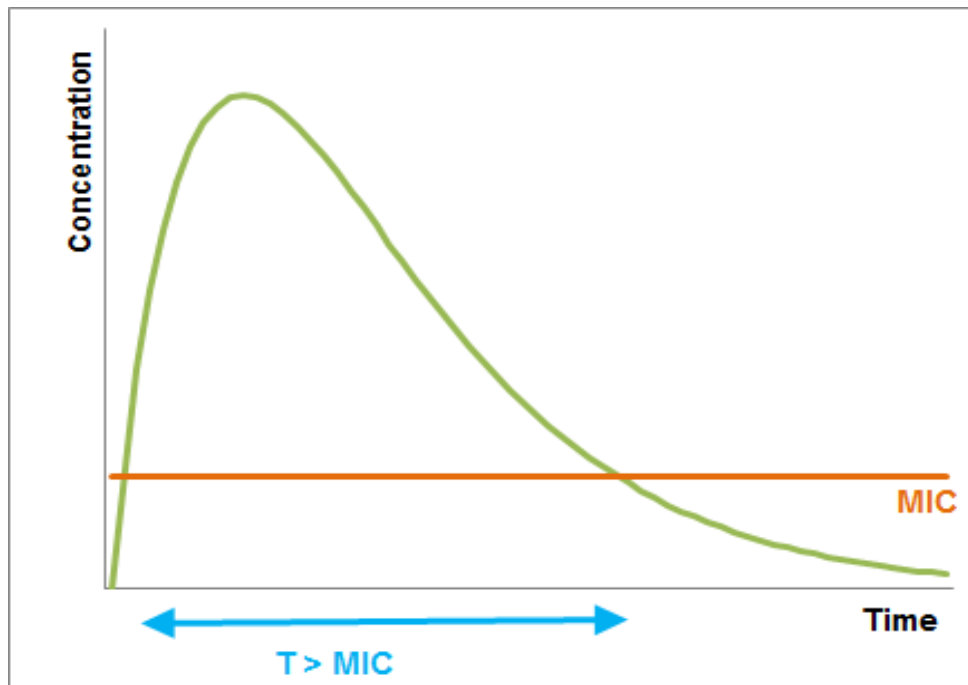
6. Rationalization of AB-treatment

Review of AM dosages: efficacy + managing resistance



B. Practical measures to reduce AM's use
6. *Rationalization of AB-treatment*

Shift from in-feed antibiotic towards treatment via drinking water



B. Practical measures to reduce AM's use

6. Rationalization of AM's' treatment



Several pharmacokinetic study projects to optimize antibiotic treatment

Some examples...

- Doxycycline
- Amoxicillin
- Colistin

Acknowledgements

- > Dr. Ludovic Pelligand
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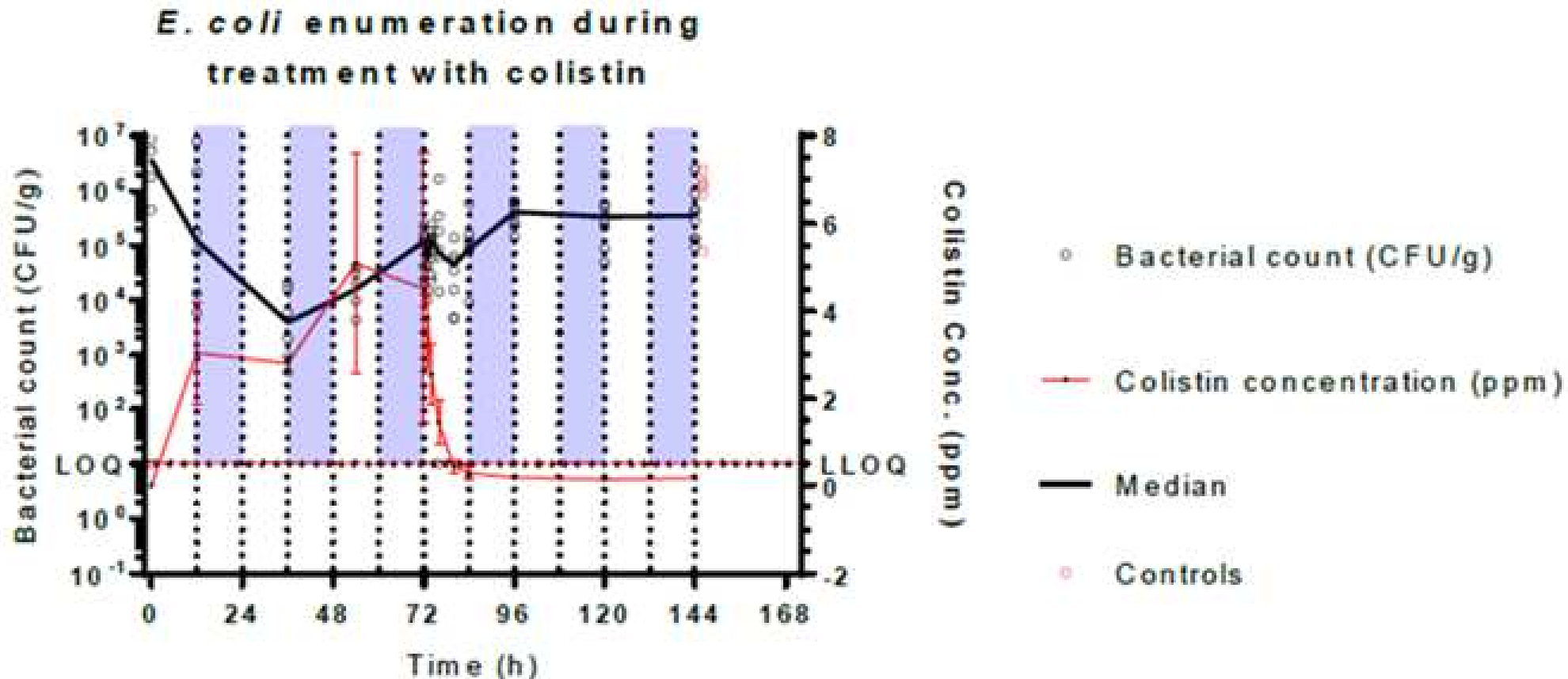
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@ UCL, KCL, QMUL, Birkbeck, LSHTM, RVC

B. Practical measures to reduce AM's use

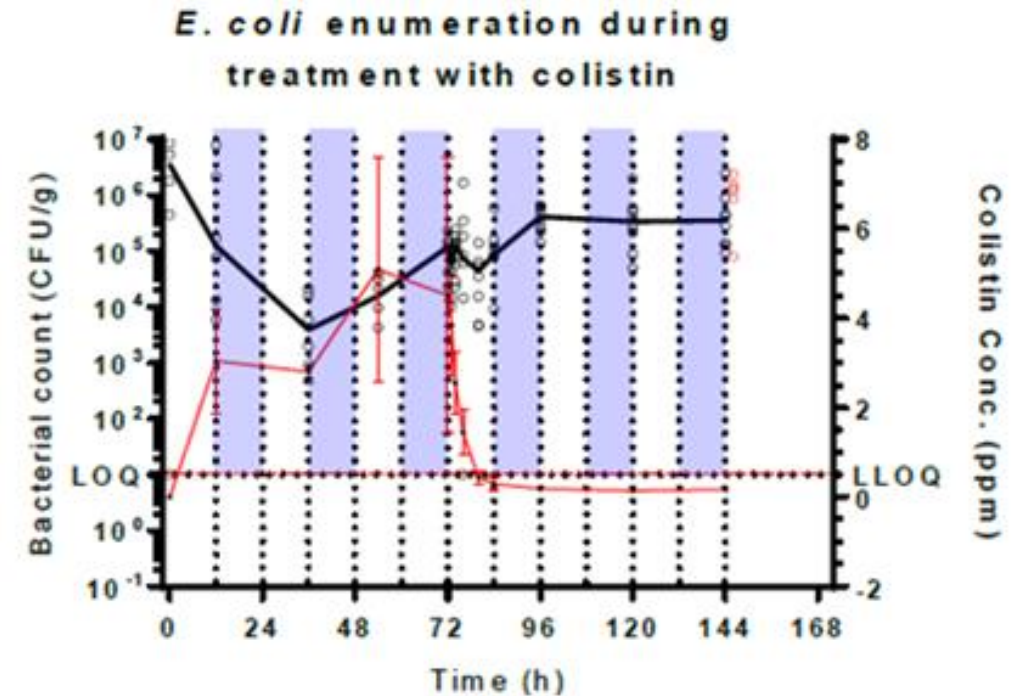
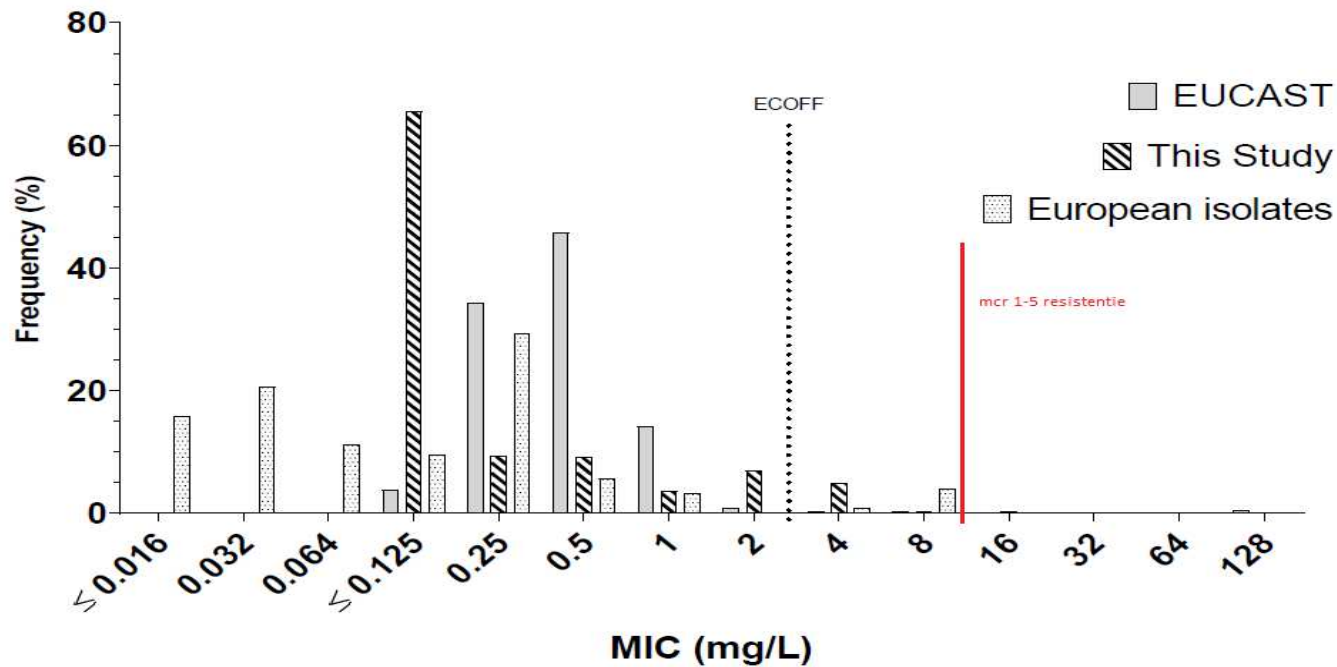
6. Rationalization of AB-treatment



B. Practical measures to reduce AM's use

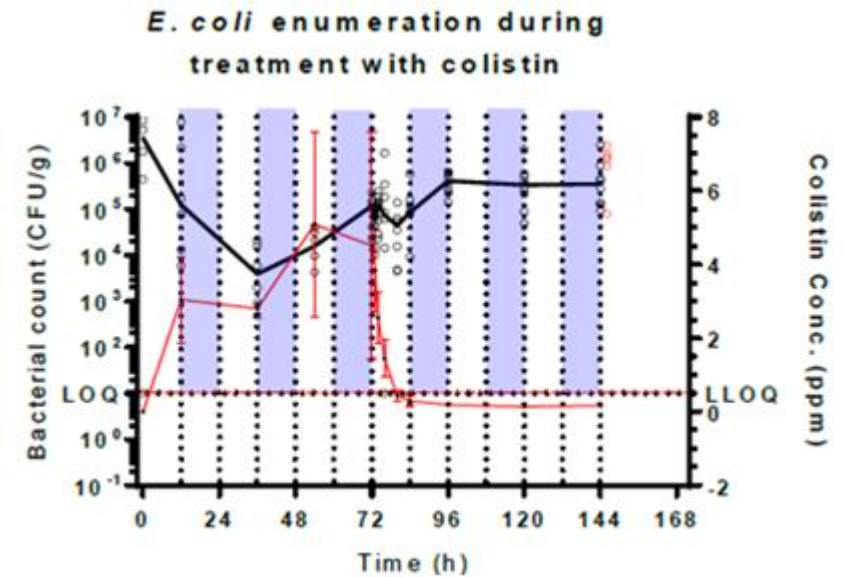
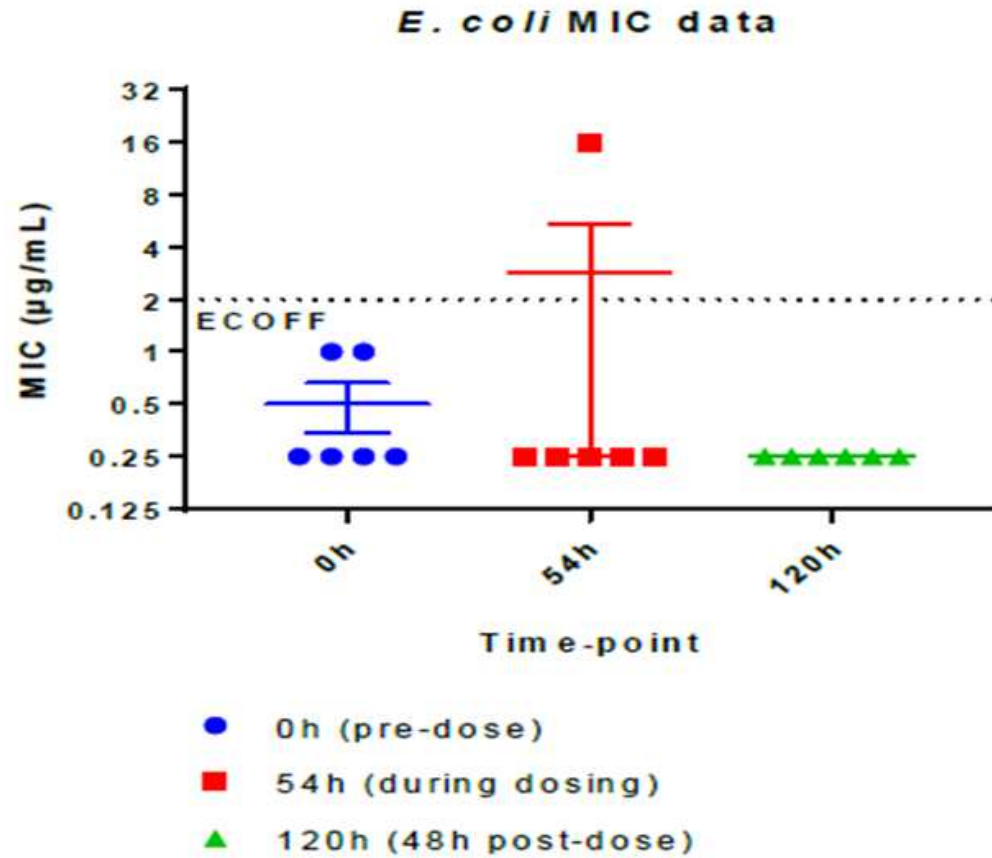
6. Rationalization of AB-treatment

Colistin MIC distribution



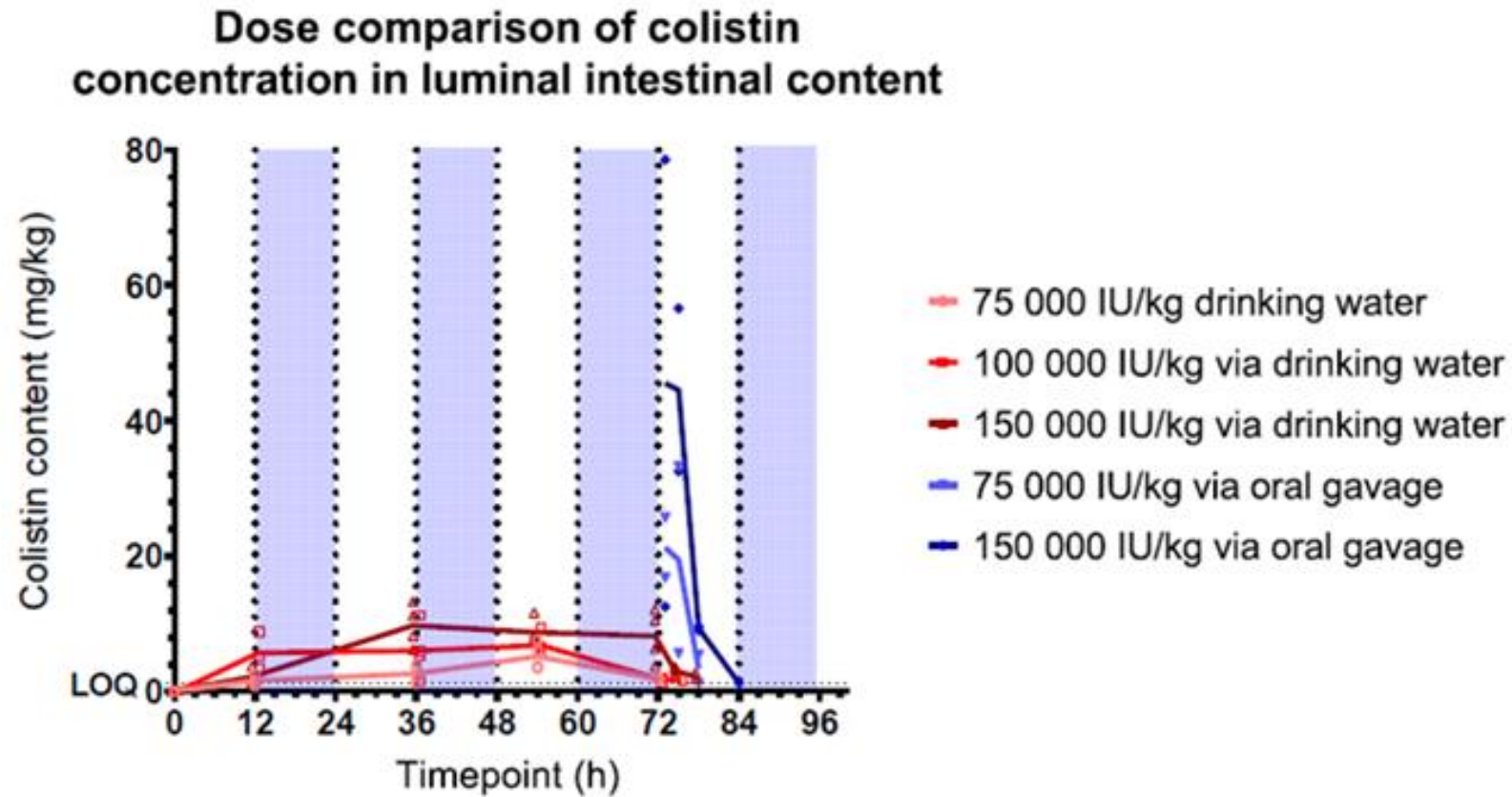
B. Practical measures to reduce AM's use

6. Rationalization of AB-treatment



B. Practical measures to reduce AM's use

6. Rationalization of AB-treatment



B. Practical measures to reduce AM's use

7. Supportive therapies – anti-inflammatory drugs

Supportive therapies known benefits:

- Increased welfare
- Quicker recovery of diseased animals →
retainment of production level
- Aid in reduction of AM's use

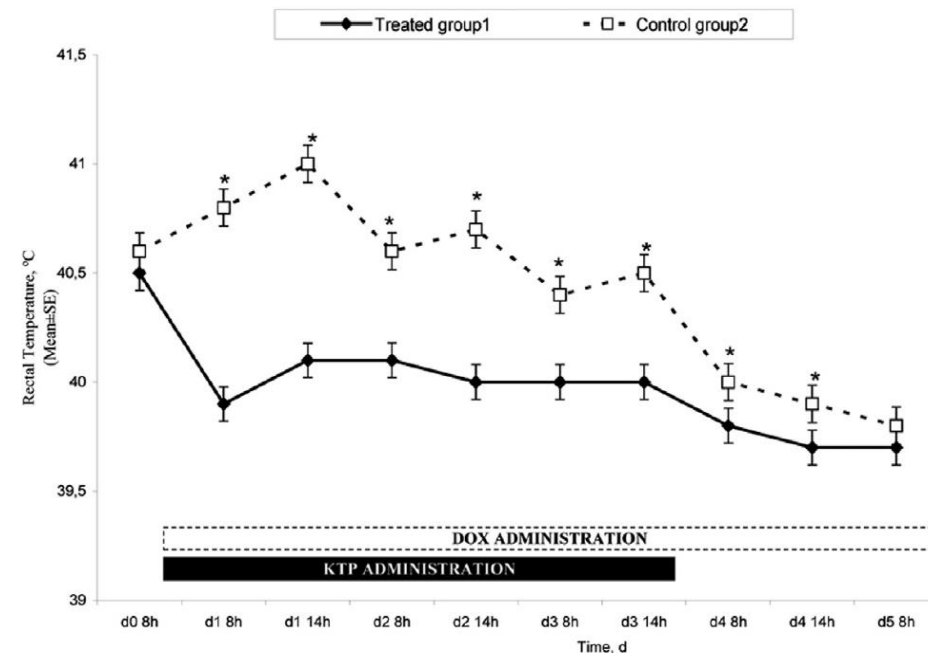
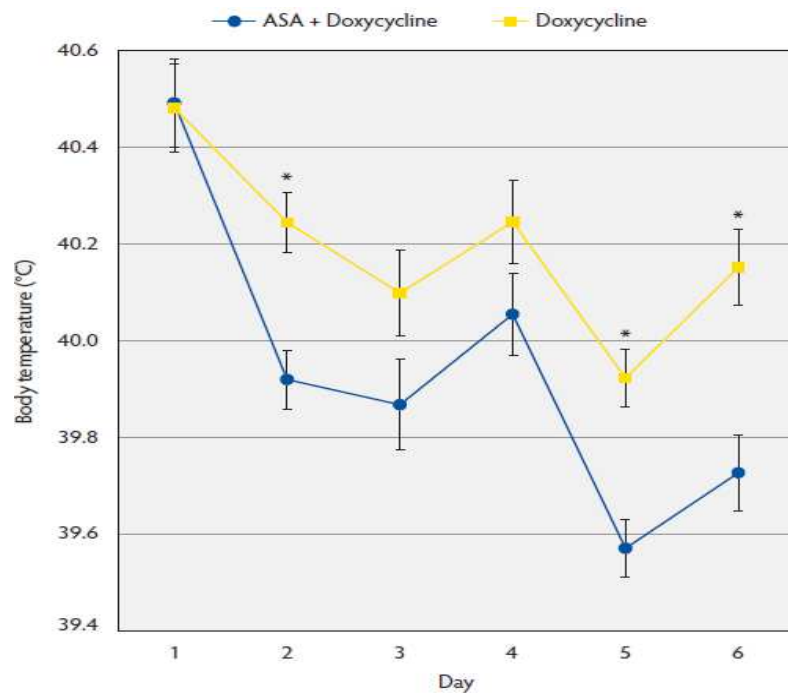
B. Practical measures to reduce AM's use

7. Supportive therapies – anti-inflammatory drugs

Practical application of oral products

Most important for **respiratory disease**

- ❖ Classical combination of antibiotic and anti-inflammatory treatment

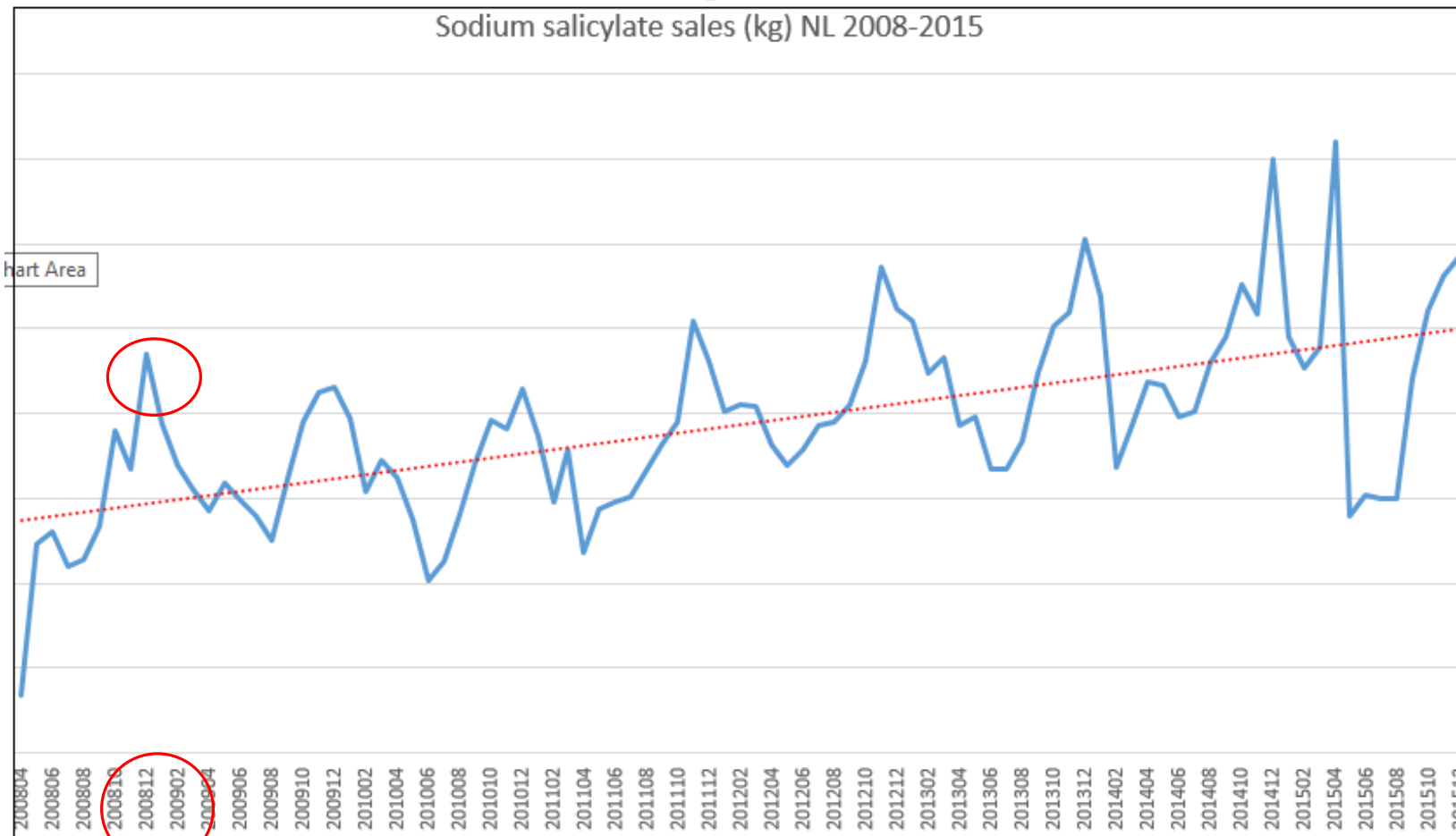


B. Practical measures to reduce AM's use

7. Supportive therapies – anti-inflammatory drugs



Practical application of oral products



B. Practical measures to reduce AM's use

7. Supportive therapies – anti-inflammatory drugs



Practical application of oral products

Most important for **respiratory disease**

- ❖ Combination of antibiotic and anti-inflammatory treatment
- ❖ Mono-treatment with anti-inflammatory drug
 - Better management/biosecurity → higher health status → more mono-infections
 - Diagnosis key for precision treatment
- **Early treatment with NSAID in viral respiratory infections e.g. recurrent swine influenza → often sufficient!**
- **If complication with secondary bacterial infection → early enough to start antibiotic treatment (+NSAID)**

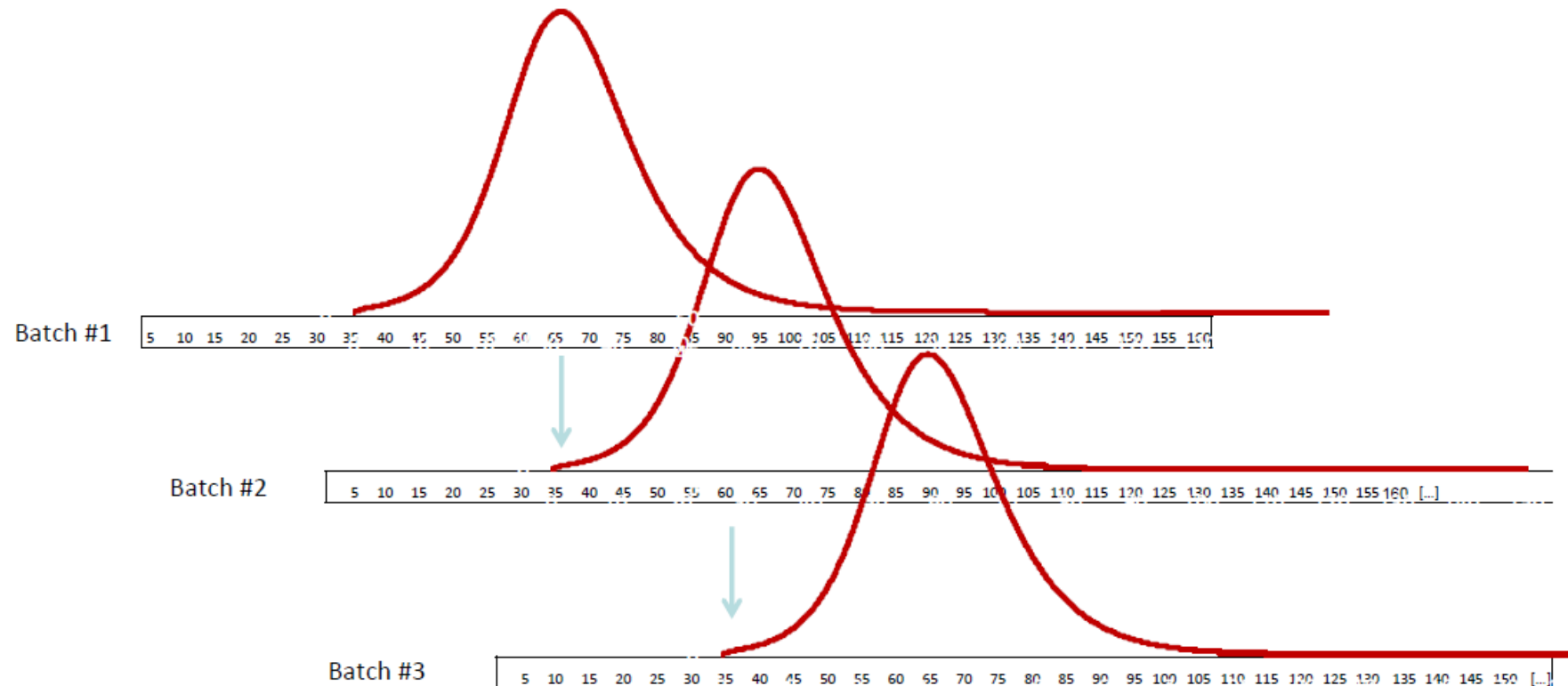
B. Practical measures to reduce AM's use

7. Supportive therapies – anti-inflammatory drugs



Practical application of oral products

- Treatment at strategic moments in recurrent swine influenza infections



B. Practical measures to reduce AM's use

7. Supportive therapies – anti-inflammatory drugs



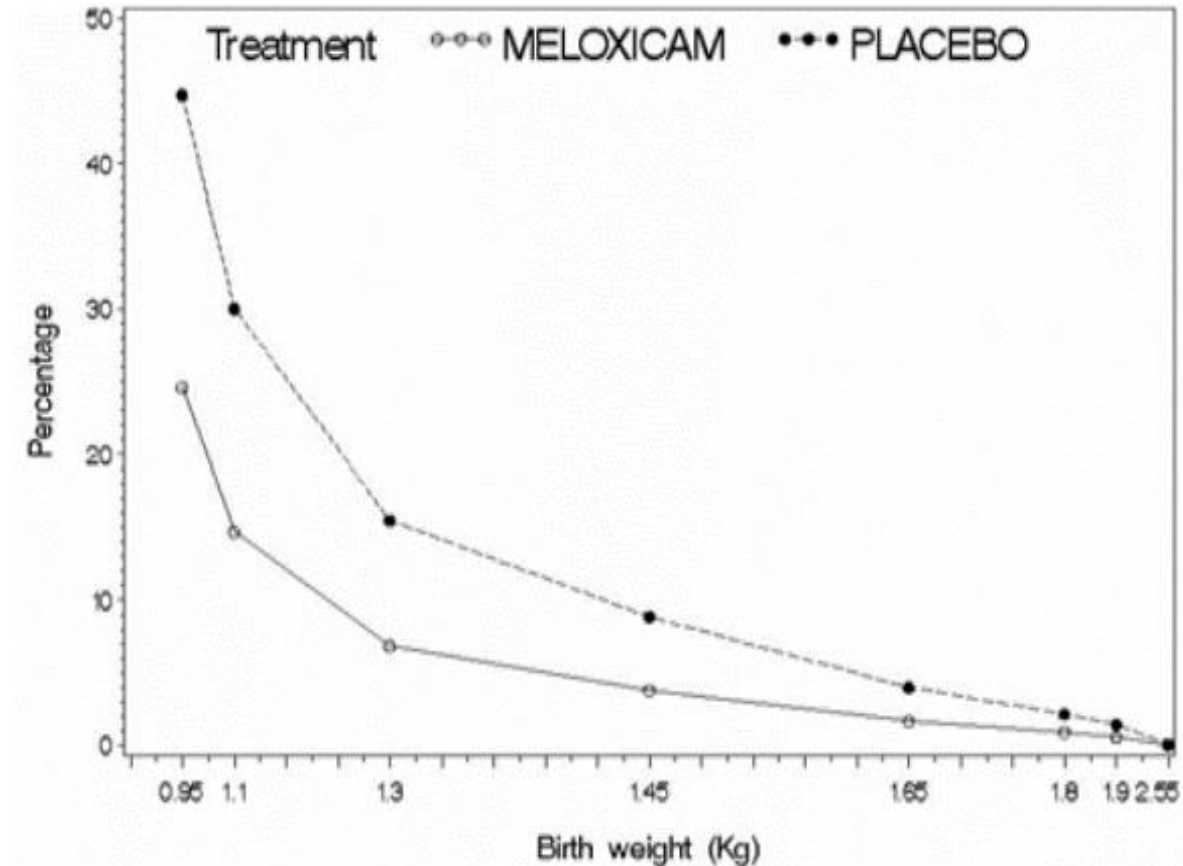
Practical application of injectable products

❖ Post Partum Dysgalactiae Syndrome (PPDS)

- Usually no bacterial infection involved (mastitis)

➤ **Start early treatment with NSAID + oxytocin → often sufficient!**

➤ **If symptoms worsen → early enough to start treatment with antibiotics (+ NSAID)**



B. Practical measures to reduce AM's use

7. Supportive therapies – *mucolytic*

Internal and Emergency Medicine
<https://doi.org/10.1007/s11739-020-02383-3>

IM - REVIEW



Potential new treatment strategies for COVID-19: is there a role for bromhexine as add-on therapy?

Markus Depfenhart^{1,2} · Danielle de Villiers³ · Gottfried Lemperle⁴ · Markus Meyer⁵ · Salvatore Di Somma^{6,7}

Received: 19 April 2020 / Accepted: 18 May 2020
© Società Italiana di Medicina Interna (SIMI) 2020

Abstract

Of huge importance now is to provide a fast, cost-effective, safe, and immediately available pharmaceutical solution to curb the rapid global spread of SARS-CoV-2. Recent publications on SARS-CoV-2 have brought attention to the possible benefit of chloroquine in the treatment of patients infected by SARS-CoV-2. Whether chloroquine can treat SARS-CoV-2 alone and also work as a prophylactic is doubtful. An effective prophylactic medication to prevent viral entry has to contain, at least, either a protease inhibitor or a competitive virus ACE2-binding inhibitor. Using bromhexine at a dosage that selectively inhibits TMPRSS2 and, in so doing, inhibits TMPRSS2-specific viral entry is likely to be effective against SARS-CoV-2. We propose the use of bromhexine as a prophylactic and treatment. We encourage the scientific community to assess bromhexine clinically as a prophylactic and curative treatment. If proven to be effective, this would allow a rapid, accessible, and cost-effective application worldwide.

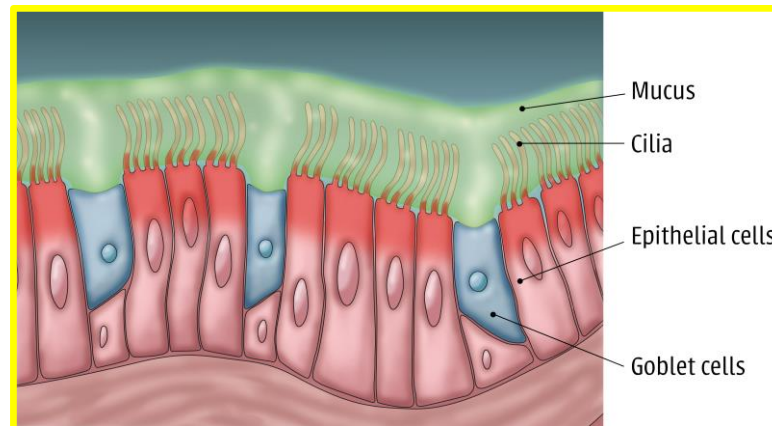
Keywords SARS-CoV-2 · COVID-19 · Prophylactic · Treatment · Bromhexine · Protease inhibitor

B. Practical measures to reduce AM's use

7. Supportive therapies – *muco*lytic

Mucoregulator in **respiratory disease**

- Effective mucus clearance is essential for lung health; airway disease is a typical consequence of poor clearance
 - Physiologic mucus: low viscosity and elasticity → easy transport by cilia
 - Pathologic mucus: high viscosity and elasticity → impaired clearance



B. Practical measures to reduce AM's use

7. Supportive therapies – *mucolytic*

Mucoregulating effect of bromhexine

- Activates and increases secretion of seromucous glands (Globo cells)
 - Reduction of viscosity and elasticity
- Increases ciliary activity

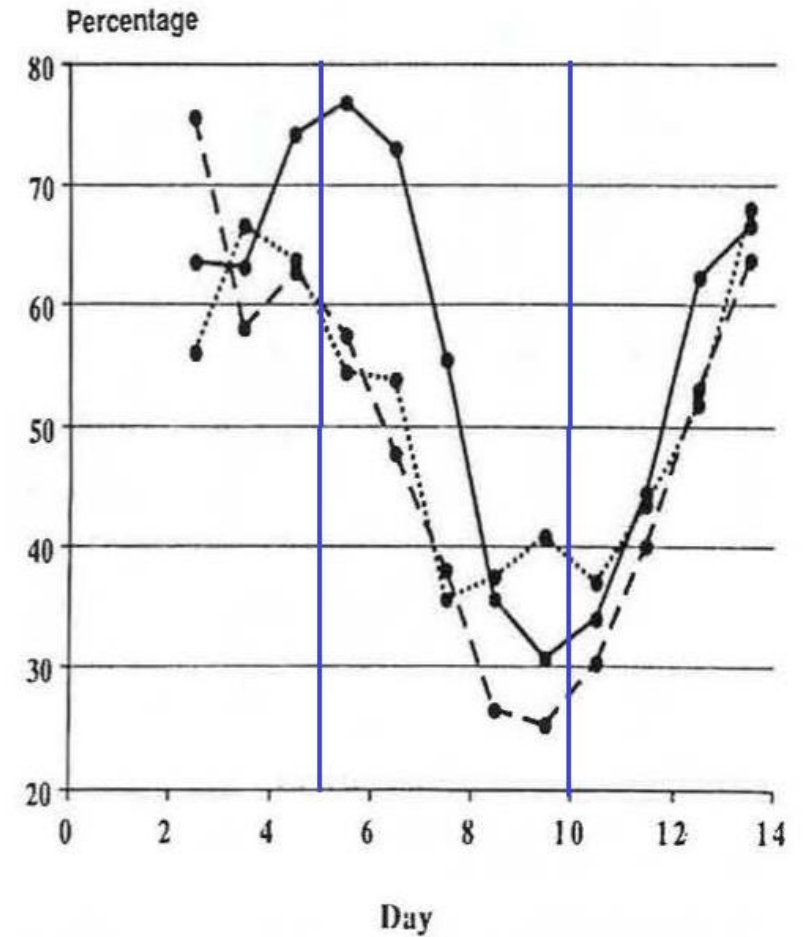


Fig. 1. – Mean percentage change in four day running means of residual shear viscosity (η_0) (normalized to highest value). —●— : 0.5 mg·kg⁻¹ BHCl;●..... : 1.0 mg·kg⁻¹ BHCl; ---●--- : 2.0 mg·kg⁻¹ BHCl.

B. Practical measures to reduce AM's use

7. Supportive therapies – *mucolytic*

Mucoregulator in **respiratory disease**

- **Secondary** effect of bromhexine
 - Increases concentration of antibiotics in bronchopulmonary secretion
 - Increases production of surfactant
 - Anti-oxidant effect
 - Reduces release of cytokines
 - Local anesthetic effect

B. Practical measures to reduce AM's use

7. Supportive therapies – *mucolytic*

Practical application – oral products

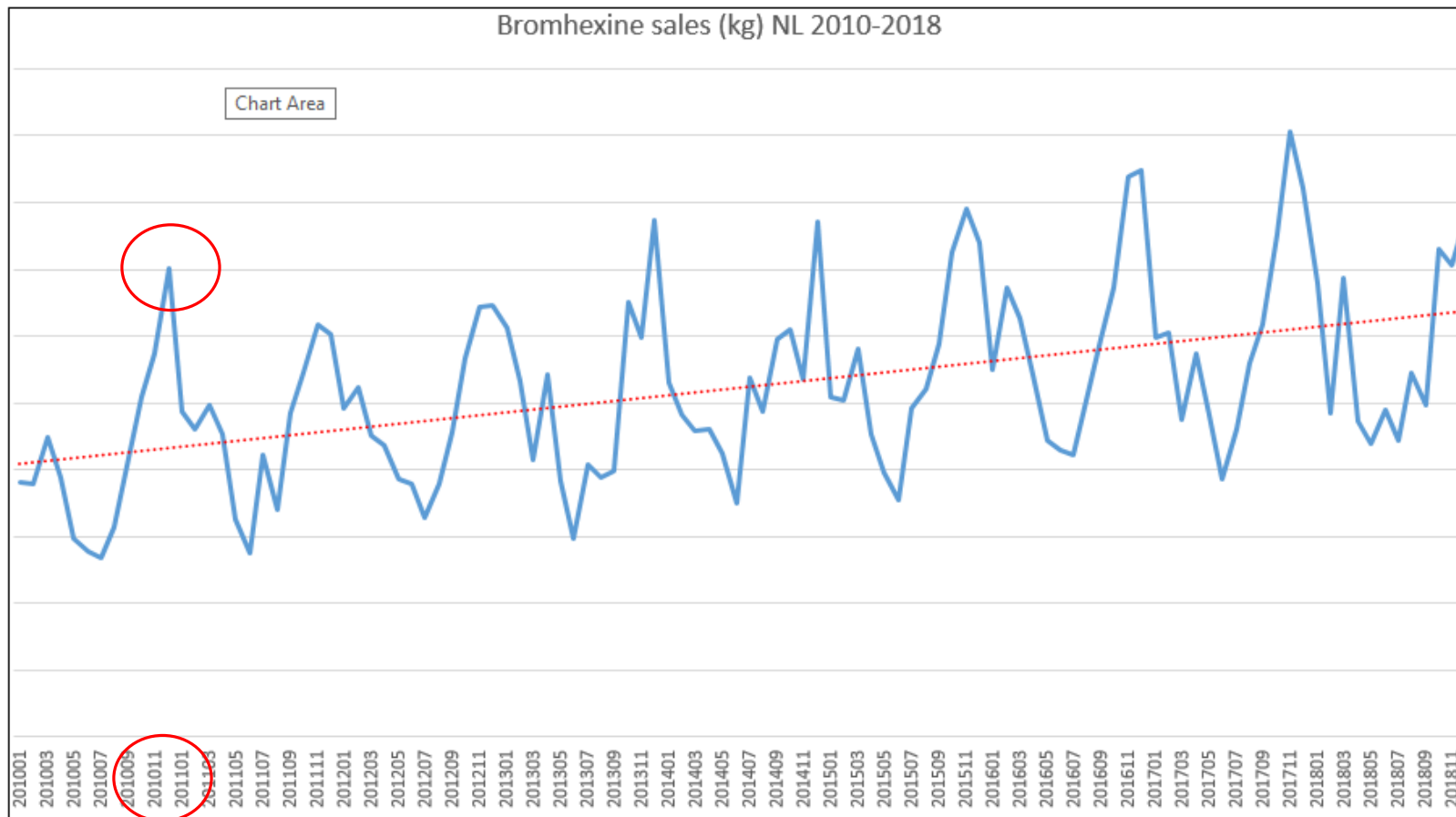
Group treatment of (secondary) bacterial infection **respiratory tract**

1. Antibiotic + bromhexine
2. **Bromhexine only** as **follow-up treatment** of antibiotic treatment
 - Pigs recover after antibiotic treatment but often still residual coughing.
 - Prolonged or second antibiotic treatment NOT necessary
 - Follow-up treatment with bromhexine only

B. Practical measures to reduce AM's use

7. Supportive therapies – bromhexine

Practical application – oral products



B. Practical measures to reduce AM's use

7. *Supportive therapies – practical application*

Example of Supportive Therapies application

(N)SAID
Early mono-treatment NSAID
Combination with antibiotic treatment

MUCOLYTIC
Combination with antibiotic treatment
Follow-up mono-treatment Bromhexine

- Epidemiology of resistance in animals and humans is very complex: are we doing the right thing to limit AM resistance in humans?
- Pressure on veterinary AM use will stay... more focus on real impact / welfare
- At what extent 2022 Regulations will impact Medicated Premix usage? And on autogenous vaccines?
- In-depth knowledge of rational antibiotic use can contribute to its reduction
- Supportive and alternative treatments can be a viable, “accessible” and effective tools to reduce usage of antibiotic.