Use of critically important antimicrobials in food-animal sector in Zimbabwe: status and how it can conserved

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Background

• The FAO/OIE/WHO Expert Workshop on Non-Human Antimicrobial Usage and Antimicrobial Resistance held in Geneva, Switzerland, in December 2003 (Scientific Assessment)

• In Oslo, Norway, in March 2004 (Management Options) recommended that the OIE should develop a list of critically important antimicrobial agents in veterinary medicine and that WHO should also develop such a list of critically important antimicrobial agents in human medicine.
Medically Important Antibiotics

- WHO categorization of medically important antibiotics is as follows
Critically important Antibiotics (CIAs)

- The critically important
- Divided further into
  - (a) Highest priority
  - (b) High priority
Highest Priority

MEDICALLY IMPORTANT ANTIBIOTICS

1. Cephalosporins (3rd, 4th, 5th generation)
2. Glycopeptides
3. Macrolides and ketolides
4. Polymixins
5. Quinolones
High Priority

1. Aminoglycosides
2. Ansamycins
3. Carbapenems and other penems
4. Glycylcyclines
5. Lipopeptides
6. Monobactams
7. Oxazolidinones
8. Penicillins (antipseudomonal)
9. Penicillins (aminopenicillins)
10. Penicilins (aminopenicillines with b-lactamase inhibitors)
11. Phosphoric acid derivatives
12. Drugs used solely for treatment of tuberculosis and mycobacterial disease
Critically important antibiotics (HIGHEST AND HIGH PRIORITY DRUGS) Used In Zimbabwe

- Ceftriaxone
- Tylosin
- Colistin
- Enrofloxacin

The highest priority antibiotics are used in the
- poultry
- dairy and
- beef industry

- streptomycin

HIGHEST PRIORITY ANTIBIOTIC
- Cephalosporins (3rd generation)
- Macrolides
- Polymixins
- Quinolones

HIGH PRIORITY ANTIBIOTICS
- Aminoglycoside
Way forward

• Currently the MCAZ uses MASCA to regulate the use of the CIAs in the veterinary medicine. With CIAs classified as PPs (prescription medication). However more work has to be done on other CIAs (e.g. the combination drugs used in poultry and available over the counter)

• **Recommendations:**
  • Reclassification (from VMGD to PP)
  • Policy framework (policy dialogue resulting in an operational policy)
  • Legislation (ban e.g. use of COLISTIN)
  • Encouraging the use of vaccines as opposed to antibiotics