

RUMA

RUMA POSITION STATEMENT ON THE PREVENTIVE USE OF ANTIBIOTICS IN FARM ANIMALS

RUMA is aware of the debate on the preventive use of antibiotics and, in particular, the European Parliament's view that prophylactic use of antibiotics on farm should not be allowed (ref: EP resolution on the public health threat of AMR 27 October 2011). A similar proposal was made during the House of Commons debate on antibiotic use on intensive farms on 9 January 2013.

It is clear from the comments of various interested groups that there is no single understanding of what is meant by prophylactic use of medicines. RUMA believes the debate would benefit from some clarification by explaining the manner in which antibiotics are used responsibly in farm animals and moving away from potentially confusing and misleading terms such as prophylaxis and metaphylaxis, which imply different things to different people.

There is a widely held and justifiable belief, in both human and veterinary medicine, that controlled intervention to prevent the outbreak and spread of disease based on sound professional examination and advice is better than cure. There is also general agreement that antibiotics should be used responsibly in human and veterinary medicine, including not using antibiotics to treat viruses or as a substitute for good farm management practices, which reduce the risk of disease.

RUMA strongly supports these views and considers that the following definitions and matrix review of antibiotic use in animals set out how antibiotics can be used responsibly in animals to cure, control and, in exceptional circumstances, prevent disease.

Curative treatment (also referred to as Therapy)

Treatment of a sick animal or group of animals following the diagnosis of infection and/or clinical disease.

Control treatment (sometimes referred to in veterinary medicine as Metaphylaxis) – which is mostly equivalent in human medicine to Prophylaxis

Treatment of a group of animals after the diagnosis of infection and/or clinical disease in part of the group, with the aim of preventing the spread of infectious disease to animals in close contact and at considerable risk and which may already be (sub-clinically) infected.

(A useful comparison with human medicines would be where a child in a classroom is diagnosed with meningococcal meningitis necessitating urgent treatment of all other in-contact children).

Preventive treatment (sometimes referred to as Prophylaxis)

Treatment of an animal or a group of animals, before clinical signs of infectious disease, in order to prevent the occurrence of disease or infection.

Preventive treatment or Prophylaxis with antibiotics:

- must only be applied to animals diagnosed at high risk of bacterial disease, and
- must only occur under prescription by a veterinarian on the basis of epidemiological and clinical knowledge, and
- must not be applied systematically or routinely, and
- must not be used to compensate for poor hygiene or for inadequate husbandry conditions or where improvements in animal husbandry could reduce the need for antibiotic treatment. Prophylactic treatment may be appropriate on a temporary basis, to prevent disease in animals while the vet and farmer make improvements to bio-security and animal husbandry on the farm, to reduce the likelihood of subsequent batches of animals requiring treatment in this manner.

	Curative treatment (sometimes referred to as Therapy)	Control treatment (sometimes referred to as Metaphylaxis)	Preventive treatment (sometimes referred to as Prophylaxis)
Veterinary prescription (all antibiotics are prescription only medicines)	Only use antibiotics as prescribed and instructed by a veterinary surgeon	Same as curative treatment	Same as curative treatment
Veterinary involvement when used	Always - conditions for use should be clearly defined, ideally, in regularly updated farm health planning protocols	Same as curative treatment	Same as curative treatment
Use of critically important antibiotics for human medicine responsibly in animals	Yes but ideally not as a first line treatment and only after susceptibility testing of the diseased animals or previous groups of animals has shown other	Almost never - only allowed in exceptional cases when no alternative is available or feeding systems mean healthy animals have to be	No - apart from dry cow therapy which is not known to lead to resistance issues

	classes of antibiotic to be ineffective	treated along with sick animals which, ideally, should be isolated/treated separately if possible	
	Curative treatment (sometimes referred to as Therapy)	Control treatment (sometimes referred to as Metaphylaxis)	Preventive treatment (sometimes referred to as Prophylaxis)
Disease subclinical	No, treated animal is sick	Possibly in part of group and clinical in another part of the group	No
Disease expected	Disease is already manifest in treated animal	Yes for the part of the group not yet showing clinical signs of infection. In the other part of the group the animals are already showing clinical signs of bacterial infection	Yes
Individual treatment	Yes	Normally group	In exceptional cases, like before and/or after surgery
Group/herd/flock treatment	Generally individual but may be part of a group treatment (i.e. a mix of curative and control treatment)	Normally	Normally
Prior sensitivity test feasible NB Research investment for pen side sensitivity testing is urgently required	Normally not feasible as sick animals require quick access to therapy with best predictions for quick and complete recovery. Would be possible if results are available from previous outbreaks of the same disease on the same holding. Regular, periodic culture and sensitivity testing on farm is desirable for the vet to develop a sensitivity history of the farm.	Not generally feasible unless results of tests available from currently or previously sick animals.	Ideally, yes but may not be feasible for emergency surgery. Any preventive treatment with antibiotics should be based on a strong evidence base, ideally involving sensitivity test results from previous outbreaks of disease plus knowledge of local disease epidemiology. Husbandry should be improved to reduce the need for preventive treatment of subsequent animals.
Equivalent human therapy	Most uses	Treatment of persons in close	In high risk/at risk categories of patients

		contact with initial case e.g. of bacterial meningitis or living in close proximity e.g. nursing homes	e.g. surgical patients, burns, cancer, other immunosuppressed patients, invasive outpatient procedures, some dentistry
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