

PRESENTATION

COMBATTING ANTIMICROBIAL RESISTANCE IN THE CARIBBEAN

ST. KITTS AND NEVIS

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HEALTH SYSTEM STRUCTURE

- St. Kitts and Nevis, a twin island Federation located in the Eastern Caribbean with a total population of 52,650. St. Kitts – 40, 120, and Nevis- 12,530).
- Two Ministries of Health.
- In St. Kitts
 - Joseph Nathaniel France Hospital (Main Hospital) - 164 beds
 - Mary Charles Hospital - 10 beds
 - Pogson Hospital - 12 beds
 - Health Centres - 11
- In Nevis
 - Alexandra Hospital - 42 beds
 - Health Centers - 6

Laboratories

- 1 public (limited testing, need for a referral lab.) Presently being supported by CARPHA in its thrust to become Accredited. Working with other labs to develop National Lab Strategic Plan.
- 1 private (limited testing)
- 1 Vet Lab
- 1 Bureau of Standards

HEALTH SYSTEM STRUCTURE

- Pharmacies

St. Kitts

- 4 public entities
- 6 private pharmacies

Nevis

- 1 public entity
- private

HEALTH SYSTEM STRUCTURE

Health care is accessible (hospitals are within 20 minutes by ambulance and 30 minutes by other means of transportation; health centres are within walking distance).

Health care is also affordable (heavily subsidized by the Government and is free to persons under 16 years and over 62 years, the indigent, to persons with CNCD's as well as pregnant and lactating mothers).

Drugs are available at the public pharmacies for a small fee of \$10.00 per prescription. However, many patients/clients prefer to purchase their medication from private pharmacies. This has implications for compliance.

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RELEVANT STAKEHOLDERS

- Ministry of Health
 - Hospital employees including the laboratory personnel, Quality and Infection Control Officers, doctors and nurses, housekeeping staff.
 - Community and Environmental Health Officers
 - Health Promotion Personnel
 - Public Pharmacies
- Ministry of Agriculture
- Ministry of Education
- Private Pharmacies
- Other Public laboratories (Bureau of Standards) and Private Laboratories
- Port Health Authorities
- Off-shore University personnel

DRUG REGULATION

Pharmacy Act outdated; is presently being revised.

Regulation exists regarding the sale of antibiotics but is not enforced therefore, to a limited extent, antibiotics could still be bought “over the counter” (Need to be enforced).

ANTIBIOTIC USE AND EXPENDITURE

- Non-compliance with antibiotic treatment regimes. (Left over antibiotics are generally used to treat self for other ailments and or others).
- Imprudent utilization of broad spectrum antibiotics by doctors.
- Indiscriminate use of antibiotics for diarrheal diseases and viral illnesses.
- Expenditure for antibiotic use is not known but the purchasing of antibiotic consumes a large portion of the (limited) budget.

ANTIMICROBIAL STEWARDSHIP

There is no antimicrobial stewardship programme in place.

However, there is an informal relationship between the lab personnel and the Quality Assurance/Infection Control Officer who, together, monitor MRSA's. The information then is fed to the Director of Institutional Nursing Service and the Epidemiologist.

In 2009, a study entitled “Urinary Bacterial Pathogens and their Antimicrobial Susceptibility Profile for the Years 2005 – 2007 in St. Kitts” was conducted. The findings were published in the West Indian Medical Journal in December 2009.

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AREAS TO BE STRENGTHENED

- Promotion of policies to govern the judicious utilization of antibiotics (in humans and animals).
- Development/revision and implementation of policies to manage existing diseases such as TB, Malaria (imported), MRSA (first recorded in 2013; about 8 cases, the status of 50% were known on admission); new and re-emerging diseases (Ebola). To include proper combination of drugs.
- Screening of patients admitted with wounds/ulcers for MRSA.
- Health Promotion strategies to include educating pre-schoolers and food handlers in proper hand hygiene and the reduction of airborne diseases.

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AREAS TO BE STRENGTHENED

- Enhancement of surveillance systems to include antimicrobial resistance data collection and dissemination . This must include collection from and dissemination to private physicians.
- Enhancement of infection prevention and control programmes with the aim of reducing hospital acquired infections.
- Dispelling myths surrounding the use of antibiotics and antiseptics (especially among females).
- Enhancement of Port Health programmes (several off-shore Universities, tourism).
- Enhancement of monitoring and evaluation practices for timely identification of disease trends, and early implementation of treatment protocols as well as to identify best practices.

THANK YOU