

b NICD support for the SA Antibiotic Stewardship Programme (SAASP) position statement on the need to complete a course of antibiotics.

The NICD wishes to support the recent statement issued by the SA Antibiotic Stewardship Programme (SAASP) which was released in response to a recent article in the British Medical Journal by Llewelyn *et al.* The article re-ignited the debate on whether patients should stop antibiotics when they feel better rather than following instructions to finish the course. The primary importance of this question lies in whether stopping antibiotics early is safe, based on current evidence. SAASP cannot support this call at the current time.

Antibiotics are medicines that treat bacteria. Common bacterial infections include those affecting the lungs, the urinary tract and the skin. Bacteria can also cause infections in less common places such as the brain, the heart and the bones. The number of days that a bacterial infection needs treatment will depend on which part of the body is affected and the type of antibiotic that is being used.

Although many experts believe that stopping antibiotics when the patient feels better may be safe, the evidence for this is largely anecdotal. Current evidence tells us that some types of infections, such as those of the blood, brain, heart, skin and bones in humans and animals need long courses of antibiotics of weeks to months whether or not the patient feels better or the animal appears

better, on treatment. A major change in advice in the absence of firm evidence is also likely to cause confusion for the public.

SAASP believes that higher-quality evidence is required before prescribing policy changes are implemented and advises members of the public to follow the advice and instruction of the healthcare professional prescribing antibiotics.

SAASP urges healthcare professionals to ensure that antibiotics are only prescribed to patients who have bacterial infections that require treatment. Members of the public are reminded that antibiotics have no action on viral infections such as the common cold and acute bronchitis, which are major causes of inappropriate antibiotic use that is driving increasing antibiotic resistance. For the full position statement, visit <http://www.fidssa.co.za/SAASP/PositionStatement>

Reference: Llewelyn et al. The antibiotic course has had its day. BMJ 2017;358;j3418. doi: <https://doi.org/10.1136.bmj.j3418>

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