By the middle of the 20th century, advances in the diagnosis, prevention and management of infectious diseases had falsely raised hope that many infectious diseases would be eliminated by the end of the century. Unfortunately over the past decade, humankind has been confronted with an unprecedented number of resurgent and ‘new’ infectious diseases on a global scale, and among these, antibiotic resistance is one of the most significant threats to human health (1,2).

Although much has been written about antibiotic resistance during the past few years and many reports have been generated (3,4), it should be noted that both the World Health Organization (WHO) (5) and the Centers for Disease Control and Prevention (CDC) (6) in the United States released reports on antibiotic resistance in June 2000. The WHO report, entitled “Overcoming Antimicrobial Resistance”, gives a stark warning that humanity is faced with a crisis that could rob the world of its opportunity to cure many common infectious diseases. The WHO report suggests building alliances involving all healthcare providers – countries, governments, international organizations, nongovernmental organizations, and both the private and public health care sectors – in an effort to control antibiotic resistance. A draft version of the CDC document “A Public Health Action Plan to Combat Antimicrobial Resistance” emphasizes that drug-resistant pathogens are a growing menace to all people regardless of age, sex or background. The Action Plan outlines 11 priority items relating to surveillance, prevention and control, research and new product development regarding both human and agricultural issues.

In the United Kingdom, the House of Lords Report in 1998 (7) served as a catalyst for that country’s implementation of strategies to control antibiotic resistance. Similarly in Canada and preceding the published reports of the action plans by the United Kingdom and United States, systematic efforts for controlling antibiotic resistance began in 1997 following the landmark consensus conference entitled Controlling Antimicrobial Resistance: An Integrated Action Plan for Canada (8). The conference, organized jointly by Health Canada and the Canadian Infectious Disease Society, developed a plan that emphasized antimicrobial stewardship, infection prevention and control, and surveillance to monitor resistance trends. The Canadian Committee on Antibiotic Resistance (CCAR) (originally the Canadian Coordinating Committee on Antibiotic Resistance) was formed following the national consensus conference and based on a unanimous recommendation from the conference.

CCAR is a multidisciplinary group performing a collating and coordinating role for stakeholder groups across Canada. Although the initial activities for the first 12 months were organizational in nature, establishing the terms of reference and ensuring multidisciplinary membership, the Committee took on a more active promotional role, beginning with a letter-writing campaign to all deans of medical, dental and veterinary schools, professional organizations, health care facilities and medical officers of health, and provincial ministries of health about the urgent need to address antimicrobial resistance. Following the receipt of funding from Health Canada in 1999 that allowed the recruitment of an executive director, the CCAR has taken on a greater multifaceted advocacy and promotional role including distributing antibiotic resistance tool kits to all Canadian physicians and veterinarians, hosting a web site (9) to provide an overview of Canadian antibiotic resistance activities, working with the agrifood industry, and hosting a meeting to discuss establishment of a national surveillance system. Through an agreement with Intercontinental Medical Statistics (IMS) HEALTH Canada and its
Program assessment

Compuscript database, complete antimicrobial consumption data on all classes of oral antimicrobials in Canada are provided to the CCAR web site. Together with current reporting of trends of antimicrobial resistance patterns in Canada from various national and regional surveillance systems, either linked or posted on the site, a composite portrait of the antibiotic resistance in Canada may be provided (10).

In addition, the CCAR Executive approved a project in fiscal 1999/2000 to commission a consulting firm to conduct a survey of strategies and programs that have been used to control antibiotic resistance. The survey attempted to provide a detailed review of programs in Canada in both the human health and the agribusiness settings. Selected international programs, particularly the Nordic countries, were also to be surveyed for comparative purposes. It was felt that the information provided would serve the purpose of illustrating the ‘state of the art’ of Canadian efforts and allow regions from across the country to see what projects were undertaken and, it is hoped, to learn from the successes and failures of the projects. Many regions and provinces in Canada have initiated programs to promote judicious antimicrobial prescribing (11-13), and they have had significant impact within their respective jurisdictions. This document provides components of the information generated from the survey and the program analysis.
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