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O.1 - Update of the 2019 WHO AWaRe classification of antibiotics

MSF welcomes the proposal of the EML Antibiotics Working Group for updating the 2019 WHO AWaRe classification of antibiotic.

MSF would like to draw the attention of the Expert Committee to the following suggestions:

On the current AWaRe Classification:

- Amikacin should be moved from Access group to Watch group, given its role in treating Gentamycin-resistant infections and as an important companion for Carbapenems or Polymyxins for multidrug-resistant (MDR) bacteria.
- Delafloxacin should be moved from Watch group to Reserve group. This new fluoroquinolone is effective against Methicillin-resistant *Staphylococcus aureus* (MRSA), also by oral route and it should be used only when other older fluoroquinolones cannot be used.
- Erythromycin should be moved from Watch group to Access group, allowing the more recent macrolides to be in Reserve group.
- Clindamycin should be moved from Access group to Watch group, as clindamycin and lincomycin are both similar lincosamides, therefore they must be classified in the same group. (Lincomycin is already in Watch group).
- Oxytetracycline should be moved from Watch group to Access group, to be with tetracycline, whereas minocycline should be moved to Reserve group.

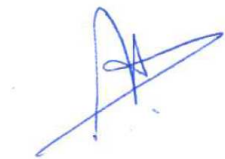
On the proposal for 2021 update AWaRe Classification:

Sulbactam should be moved from Access group to Watch group. Sulbactam, as a beta-lactamase inhibitor, is used in combination with other beta-lactams (e.g. ampicillin).

Ampicillin/sulbactam is a broad spectrum antibiotic which has activity against *Acinetobacter baumannii* (including MDR *Acinetobacter*). In observational studies, it has comparable efficacy to imipenem, and has a role in treatment of MDR *Acinetobacter*, in the context of ventilator associated pneumonia. This antibiotic should not be first or second line treatment for empiric treatment of common infectious syndromes, and rather should be classified in Watch group.

MSF agrees with all the other proposals for the update of the AWaRe classification, in particular for the classification of cefiderocol, imipenem/relebactam, lefamulin, in Reserve group, as they are new formulations, capable of treating extensively drug-resistant (XDR) pathogens and therefore should only be used for very specific indications, with close monitoring.

For Médecins Sans Frontières



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