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Dear EML Secretariat,

I write in relation to the application from GARDP for inclusion of flomoxef sodium in the WHO Model Lists of Essential Medicines (EML) and Essential Medicines for Children (EMLc). As an Infectious Disease specialist in Spain, the inclusion of additional antibiotic agents that have activity against extended-spectrum beta-lactamase (ESBL) producing pathogens is of great importance to increase our treatment arsenal against such infections. I also strongly support the repurposing and use of old antibiotics which have activity against multidrug resistant pathogens.

Community acquired infections including urinary tract, intraabdominal, skin and skin structures or respiratory tract infections, among others, may be caused by multidrug-resistant bacteria from the Enterobacterales family including ESBL producers that need adequate treatment to avoid progression to sepsis and death. In some regions, like India subcontinent, the prevalence of sepsis caused by these organisms reaches very high levels. Although not that frequent, ESBL producing pathogens, in particular *Escherichia coli*, are also prevalent in Spain. Vertically transmitted neonatal sepsis caused by drug-resistant strains has also been reported. This is particularly worrisome as empiric treatment with ampicillin + gentamicin in the initial hours (recommended by most Spanish guidelines) may be ineffective if the causative pathogen is an ESBL producer.

Therefore, I support the inclusion of flomoxef sodium in the WHO Model Lists of Essential Medicines (EML) and Essential Medicines for Children (EMLc) for the indication of empiric or targeted treatment of mild to moderate community-acquired intra-abdominal infections and mild to moderate community-acquired upper urinary tract infections in adults and children living in areas with high prevalence of ESBL-producing Enterobacterales in the community. The inclusion will highlight the public health importance of these infections and hopefully, increase access to effective empiric treatment in my region and facilitate availability of the drug for research purposes. Beyond that, the inclusion of flomoxef in the EML will be instrumental to increase access to flomoxef in LMICs with high prevalence of infections caused by ESBL-producing pathogens thus improving life expectancy of adults, children and specially, neonates.

Best regards,

Jesús Rodríguez Baño