

Today's Dish was guest-written by Health Care Policy Analyst John Walker.

Last week the Centers for Disease Control and Prevention (CDC) published new data detailing the burden of seven leading antimicrobial-resistant (AMR) pathogens typically found in health care settings. In an accompanying fact sheet, the CDC reported a 20-percent increase in bacterial AMR hospital-onset infections caused by these AMR pathogens compared to pre-pandemic levels. It also highlighted a nearly five-fold increase in reported clinical cases of *C.auris* compared to 2019 levels and classified three AMRs (hospital-onset CRE, hospital-onset Carbapenem-resistant Acinetobacter, and clinical cases of *C.auris*) as urgent concerns that require priority attention and action due to their increased case rate. In response to increasing AMR risk, the CDC has committed to releasing new biennial estimates outlining the burden of these threats.

As a brief refresher, AMR pathogens are a type of virus, bacteria, parasite, or fungi that has evolved to resist all currently available antimicrobial drugs. This resistance was and continues to be strengthened by the overprescription and use of antimicrobials globally and a stagnant supply of novel antibiotics, the latter a phenomenon since the mid-twentieth century. These pathogens are generally referred to as superbugs and often enter the body during routine medical procedures or through skin abrasions, causing lifelong untreatable illness and, in some cases, death. In 2019, AMR pathogens killed roughly 48,000 nationally and 1.3 million people globally, and were associated with 5 million deaths globally.

Reviewing the CDC's data highlights a clear challenge. While AMR pathogen resistance has long grown in severity, the COVID-19 pandemic and subsequent adoption of new telehealth treatment options has resulted in a dramatic increase in antibiotic use. Not only were roughly 78 percent of patients affected with COVID-19 prescribed antibiotics, but due to an increased patient preference for telehealth services – which lack any advanced diagnostic tools – the problem of excessive antibiotic prescription was only made worse, a problem that has not subsided even with the end of the public health emergency. To further complicate matters, CDC data is unable to predict the results of this excessive overprescription as it will take several years for these AMR superbugs to manifest.

With many international public health organizations forecasting large death tolls as a result of growing AMR pathogens over the next 25 years, it may be time for Congress to put forth new measures to spur novel antibiotic research and to look into the practices that lead to overprescription.