

Improving the prevention, diagnosis and clinical management of sepsis

Draft resolution with amendments from Member States

The Seventieth World Health Assembly,

PP1 Having considered the report on improving the prevention, diagnosis and clinical management of sepsis,¹

PP2 Concerned that sepsis continues to cause approximately six million deaths worldwide every year, most of which are preventable;

PP3 Recognizing that sepsis as a syndromic response to infection is the final common pathway to death from most infectious diseases worldwide;

PP4 Considering that sepsis follows a unique and time-critical clinical course, which in the early stages is highly amenable to treatment through early diagnosis and timely and appropriate clinical management;

PP5 Considering also that infections which may lead to sepsis can often be prevented through appropriate hand hygiene, access to vaccination programmes, improved sanitation and water quality and availability and other infection prevention and control best practices; and that forms of septicæmia associated with nosocomial infections are severe, hard to control and have high fatality rates;

PP6 Recognizing that while sepsis itself cannot always be predicted, its ill effects in terms of mortality and long term morbidity can be mitigated through early diagnosis and appropriate and timely clinical management;

PP7 Recognizing also the need to improve measures for the prevention of infections and control of the consequences of sepsis, due to inadequate infection prevention and control programmes, insufficient health education and recognition of early sepsis, inadequate access to affordable, timely, appropriate treatment and care, and insufficient laboratory services, as well as the lack of integrated approaches to the prevention and clinical management of sepsis;

PP8 Noting that health care-associated infections represent a common pathway through which sepsis can lead to an increased burden on health care resources;

¹ Document A70/13.

PP9 Considering the need for an integrated approach to addressing sepsis that focuses on prevention, early recognition through clinical and laboratory services, and timely access to health care, including intensive care services, with reliability in the delivery of the basics of care, including intravenous fluids and the timely administration of antimicrobials where indicated;

Acknowledging that:

- (i) the inappropriate and excessive use of antimicrobials contributes to the threat of antimicrobial resistance;
- (ii) the global action plan on antimicrobial resistance adopted in resolution WHA68.7 (2015),¹ as well as resolution WHA67.25 (2014), urged WHO to accelerate efforts to secure access to effective antimicrobials and to use them responsibly and prudently;
- (iii) sepsis represents the most vital indication for the responsible use of effective antimicrobials for human health;
- (iv) in the absence of appropriate and timely clinical management, including effective antimicrobials, sepsis would be almost universally fatal;
- (v) ineffective or incomplete antimicrobial therapy for infections, including sepsis, may be a major contributor to the increasing threat of antimicrobial resistance;
- (vi) the incidence of some resistant pathogens may be reduced by the use of appropriate vaccines; and
- (vii) immunocompromised patients are most at risk from very serious forms of septicaemia;

PP10 Recognizing that many vaccine-preventable diseases are a major contributor to sepsis and reaffirming resolution WHA45.17 (1992) on immunization and vaccine quality, which urged Member States, inter alia, to integrate cost-effective and affordable new vaccines into national immunization programmes in countries where this is feasible;

PP11 Recognizing the importance of strong, functional health systems, which include organizational and therapeutic strategies in order to improve patient safety and outcomes from sepsis of bacterial origin;

PP12 Recognizing the need to prevent and control sepsis, to increase timely access to correct diagnosis and to provide appropriate treatment programmes;

PP13 Recognizing the advocacy efforts of stakeholders, in particular through existing activities held every year on 13 September² in many countries, to raise awareness regarding sepsis,

¹ See document WHA68/2015/REC/1, Annex 3.

² See document EB140/12 paragraph 10: civil society organizations promote a World Sepsis Day on 13 September.

(OP1) URGES Member States:¹

(1) to include prevention, diagnosis and treatment of sepsis in national health system strengthening policies and processes, in the community and in health care settings according to ~~international~~ **WHO [Indonesia on behalf of the Member States of the WHO South-East Asia Region]** guidelines;

(2) to reinforce existing or develop new strategies leading to strengthened infection prevention and control programmes, including by strengthening hygienic infrastructure, promoting hand hygiene, and other infection prevention and control best practices, clean childbirth practices, infection prevention practices in surgery, improvements in sanitation, nutrition and delivery of clean water, access to vaccination programmes, provision of effective personal protective equipment for health professionals and infection control in health care settings;

(3) to continue in their efforts to reduce antimicrobial resistance and promote the appropriate use of antimicrobials in accordance with the global action plan on antimicrobial resistance,² including development and implementation of comprehensive antimicrobial stewardship activities;

(4) to develop and implement standard and optimal care and strengthen medical countermeasures for diagnosing and managing sepsis in health emergencies, including outbreaks, through appropriate guidelines with a multisectoral approach;

(5) to increase public awareness of the risk of progression to sepsis from infectious diseases, through health education, including on patient safety, in order to ensure prompt initial contact between affected persons and the health care system;

(6) to develop training for all health professionals on infection prevention and patient safety, and on the importance of recognizing sepsis as a preventable and time-critical condition with urgent therapeutic need and of communicating with patients, relatives and other parties using the term “sepsis” in order to enhance public awareness;

(7) to promote research aimed at innovative means of diagnosing and treating sepsis across the lifespan, including research for new antimicrobial and alternative medicines, rapid diagnostic tests, vaccines and other important technologies, interventions and therapies;

(8) to apply and improve the use of the International Classification of Diseases system to establish the prevalence and profile of sepsis and antimicrobial resistance, and to develop and implement monitoring and evaluation tools in order to focus attention on and monitor progress towards improving outcomes from sepsis, including the development and fostering of specific epidemiologic surveillance systems and to guide evidence-based strategies for policy decisions related to preventive, diagnostic and treatment activities and access to relevant health care for survivors;

¹ And, where applicable, regional economic integration organizations.

² See document WHA68/2015/REC/1, Annex 3.

(9) to engage further in advocacy efforts to raise awareness of sepsis, in particular through supporting existing activities¹ held every year on 13 September in Member States;

(OP2) REQUESTS the Director-General:

(1) **to develop sepsis prevention and management guidelines; [Indonesia on behalf of the Member States of the WHO South-East Asia Region]** to and draw attention to the public health impact of sepsis, including by publishing a report on sepsis describing its global epidemiology and impact on the burden of disease and identifying successful approaches for integrating the timely diagnosis and management of sepsis into existing health systems, by the end of 2018;

(2) **to develop sepsis prevention and management guidance; [Germany]**

~~(2)~~(3) to support Member States, as appropriate, to define standards and establish the necessary guidelines, infrastructures, laboratory capacity, strategies and tools for reducing the incidence of, mortality from and long-term complications of sepsis;

~~(3)~~(4) to collaborate with other organizations in the United Nations system, partners, international organizations and other relevant stakeholders in enhancing access to quality, safe, efficacious and affordable types of treatments of sepsis, and infection prevention and control, including immunization, particularly in developing countries, while taking into account relevant existing initiatives;

~~(4)~~(5) to report to the Seventy-third World Health Assembly on the implementation of this resolution.

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¹ See document EB140/12 paragraph 10: civil society organizations promote a World Sepsis Day on 13 September.