



**UNION EUROPÉENNE DES MÉDECINS OMNIPRACTICIENS/
MÉDECINS DE FAMILLE – EUROPEAN UNION OF GENERAL
PRACTITIONERS/FAMILY PHYSICIANS**

Dear UEMO Members,

This bulletin announces UEMO's upcoming General Assembly, in Cluj, Romania, and it is focused on a variety of EU-related health topics including EMA recommendations, vaccination, telemedicine, global health threats in 2019, antimicrobial resistance, and many more.

We hope you enjoy reading this issue!

Yours sincerely,

Calin BUMBULUT

UEMO President

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EU NEWS

I. CARDIOVASCULAR PATIENTS TO AVOID OMEGA-3 FATTY ACIDS MEDICINES, EMA SAYS



The European Medicines Agency has confirmed that omega-3 fatty acid medicines containing a combination of an ethyl ester of eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA) at a dose of 1 g per day are not effective in preventing further problems with the heart and blood vessels in patients who have had a heart attack. This is the outcome of a re-examination requested by some of the companies that market the medicines concerned, following EMA's original recommendation in December 2018.

This means that these medicines should no longer be used in this way. However, they can still be used to reduce levels of certain types of blood fat called triglycerides. As a result, EMA concluded that the marketing authorisations of these medicines should be updated to remove this use.

More information:

- [EMA's official notice on cardiovascular disease and omega-3 fatty acids medicines](#)

II. INFORMAL MEETING OF HEALTH MINISTERS IN BUCHAREST



On April 15, Health Ministers convened inside the Palace of Parliament, in Bucharest. The event brought together the Ministers of the Member States of the EU and was chaired by the Romanian Health Minister Sorina Pintea. The meeting was also attended by General Director Anne Bucher of DG SANTE, responsible for health and food safety, as well as the Director Maria Magdalena Meulenbergs of World Health Organization.

The two working sessions were dedicated to the following topics:

- Access to medicines – patient access to innovative and expensive medicines and treatments;
- Information on cross-border healthcare – patient mobility. Health plays an essential role in guaranteeing access to health for all European citizens, being a central pillar of EU health policy. Investing in health is a crucial element in reducing social and economic disparities.

With regard to the first working session, possible solutions were discussed, on



patient access to innovative therapies as well as identifying possible solutions for the continued treatment of patients with clear therapeutic benefits following their participation in clinical trials.

In regard to the second working session, the talks focused on improving access to planned cross-border healthcare, improving access to appropriate information, and exchanging experience on the implementation of the EU Directive. This approach allows EU citizens to reap the benefits of cross-border healthcare. Also, medical systems, especially those in border regions, can become more efficient through cross-border collaboration. Health ministers from EU Member States will also debate the theme of patient mobility under the age of 18 and with rare diseases.

III. AVERTING THE AMR CRISIS

Antibiotic Resistance

The recently published policy brief “Averting the AMR crisis” was prepared to support the Romanian EU Council Presidency, which hosted a conference on ‘Next Steps to Making the EU a Good Practice in Combating Resistance to Antimicrobials’ (Bucharest, 1 March 2019). It draws significantly on a forthcoming study, Challenges in Tackling Antimicrobial Resistance: Economic and

Policy Responses, being co-produced by the Observatory and the Organisation for Economic Co-operation and Development (OECD). The brief’s key messages are:

- Antimicrobial resistance has serious adverse effects on human, animal and environmental health, healthcare systems, agriculture and national economies. With growing AMR rates, these costs are projected to increase dramatically if no action is taken.
- International and national efforts to combat AMR have grown steadily over the last two decades and culminated in the adoption of the Global Action Plan on Antimicrobial Resistance in 2015, which asked for all countries to develop NAPs by 2017.
- However, what has been done so far does not match the recommended scale of actions, and progress with developing NAPs has been inconsistent. Countries have thus been under mounting political pressure either to develop their first AMR NAP or to revise their current plan in line with international guidance.
- Since the drivers of AMR are multifactorial, AMR NAPs should also be multifactorial, involving a broad range of sectors, including human, animal and environmental health sectors, and utilizing a ‘One Health’ approach.
- Drawing on guidance from the World Health Organization (WHO), Food and Agricultural Organization of the United Nations (FAO) and World Organisation for Animal Health (OIE), key avenues of action to consider in an effective AMR strategy.

More information:

- [Full Policy Brief: Averting the AMR Crisis](#)
- [WHO Factsheet on AMR](#)
- [WHO Q&A on AMR](#)

IV. PAEDIATRIC TELEMEDICINE COULD LEAD TO OVERPRESCRIPTION OF ANTIBIOTICS



According to new research from the UPMC Children's Hospital of Pittsburgh published in the journal *Pediatrics*, children with acute respiratory infections were more frequently prescribed antibiotics during paediatric telemedicine visits than in-person primary care appointments or urgent care visits.

How common is telemedicine?

The lead author, Kristin Ray, who is also assistant professor of paediatrics at the University Of Pittsburgh School Of Medicine, said: "Insurers are increasingly offering telemedicine – with 96% of large business insurance plans now offering coverage – and as a result, millions of children now have access, and our prior work found that use is rapidly increasing."

The research from the Hospital of Pittsburgh showed that:

- Children received antibiotic prescriptions during 52 percent of telemedicine visits;
- 42 percent received them during urgent care visits; and
- 31 percent received them during visits to a primary care provider.

The researchers also stated that, compared to the primary care and urgent care visits, the antibiotic prescriptions received as a result of telemedicine visits were less likely to be consistent with clinical guidelines.

The unnecessary use of antibiotics or a broader use than necessary could result in side effects and contribute to antibiotic resistance.

Analysing paediatric telemedicine

Kristin Ray, paediatrician in the Division of General Academic Pediatrics, UPMC Children's Hospital, added: "In recent years, the use of telemedicine for acute, primary care concerns has increased among children. We know very little about the care children receive during these direct-to-consumer telemedicine visits, which occur with doctors outside of the child's usual paediatric office."

Finally, Ray said that "as a general paediatrician, I'm interested in making care easier and less burdensome for families, and I think there are many technological innovations that aim to do this, but I think it also is important to make sure the quality of the care that children receive remains high."

More information:

- [EU telemedicine policy](#)

V. TEN THREATS TO GLOBAL HEALTH IN 2019 ANNOUNCED BY THE WHO



Weak primary care is amongst the top 10 threats to global health, according to WHO. Primary health care is usually the first point of contact people have with their health care system, and ideally should provide comprehensive, affordable, community-based care throughout life.

Primary health care can meet the majority of a person's health needs of the course of their life. Health systems with strong primary health care are needed to achieve universal health coverage. Yet many countries do not have adequate primary health care facilities. This neglect may be a lack of resources in low- or middle-income countries, but possibly also a focus in the past few decades on single disease programmes.

In October 2018, WHO co-hosted a major global conference in Astana, Kazakhstan at which all countries committed to renew the commitment to primary health care made in the Alma-Ata declaration in 1978.

In 2019, WHO will work with partners to revitalize and strengthen primary health

care in countries, and follow up on specific commitments made by in the Astana Declaration.

Here's the top 10 threats listed by the WHO for 2019:

- Air pollution and climate change
- Non-communicable diseases
- Global influenza pandemic
- Fragile and vulnerable settings
- Antimicrobial resistance
- Ebola and other high-threat pathogens
- **Weak primary health care**
- Vaccine hesitancy
- Dengue
- HIV

VI. WHO SAYS MEASLES CASES UP 300% in 2019



Measles cases increased 300 percent worldwide in the first three months of 2019 compared to the first three months in 2018, according to the World Health Organization.

The 2019 increase "follows consecutive increases over the past two years," according to a World Health Organization statement, which added, "While this data



is provisional and not yet complete, it indicates a clear trend. Many countries are in the midst of sizeable measles outbreaks, with all regions of the world experiencing sustained rises in cases.”

Measles is preventable by vaccine - but vaccination rates are declining. In part, that's due to supply problems.

The concept of mandatory vaccinations, or variations on that theme, is being used elsewhere, too, in an attempt to stop measles outbreaks. Italian children have been instructed not to appear at school without proof of vaccination, and Italian officials say vaccination rates have improved since the introduction of that rule. This month, the German state of Brandenburg became the first in Germany to introduce compulsory vaccination for children, amid calls for such a rule to be implemented nationwide as the number of measles cases rises.

But increasing accessibility and adding requirements won't necessarily solve the problem of measles outbreaks. According to the World Health Organization, understanding of vaccinations needs to increase if the number of measles cases is to decrease.

More information:

- [Infographic \(ECDC\) measles in Europe, February 2019](#) -
- [WHO – New measles surveillance data 2019](#)

VII. PROMISS PROJECT TO HELP COMBATTING MALNUTRITION AMONGST THE ELDERLY



The EU-funded research project **PROMISS**, aims to better understand and ultimately prevent protein energy malnutrition in seniors. PROMISS makes use of large-scale databases to understand the relationships between food intake, food characteristics, physical activity, the oral and gut microbiota, and poor appetite, malnutrition and poor health among older adults. Preferences and attitudes of older persons about food intake and physical activity are also considered.

PROMISS research brings findings relevant for the battle against malnutrition and that highlight the importance of increasing protein intake when growing older. To this end, the project's research has already led to some interesting research findings, for example:

- Higher protein intake, in particular 1.0 g/kg of adjusted body weight/day or more, was associated with better disability trajectories in the oldest adults.
- Lower protein intake may negatively affect muscle strength and physical performance in late life, and a combination of adequate protein intake and physical activity may be necessary



to reduce the loss of muscle strength in the very old.

- Of those aged 85 years and older, 28% consumed less than the recommended protein intake target.

More information:

- [Website: PROMISS – nutrition for healthy ageing](#)
- [10 priorities for a decade of action on Healthy Ageing](#)

UEMO NEWS

I. “COALITION FOR VACCINATION”: COMMISSION GIVES FEEDBACK FROM STAKEHOLDER MEETING



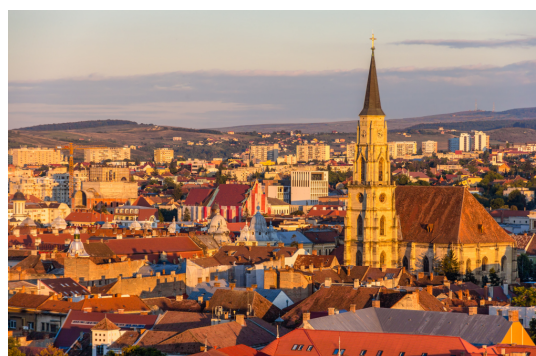
The European Commission sent a letter to all the stakeholders involved on the “Coalition for Vaccination” kick-off meeting. Hence, the Commission will put at the disposal of the Coalition Members a dedicated space on the EU Health Policy Platform to facilitate communication and collaboration. Additionally, the Coalition Declaration took into consideration the valuable comments provided by the participants. The final document will be uploaded for endorsement on the EU Health Policy Platform. Regarding the

Governance of the Coalition, it shall be co-chaired by one or more Member of the Coalition and the Commission. The co-chairs will have a moderating role on the EU Health Policy Platform. For the Members of the Coalition, the co-chairing could be rotating. The Commission would like to suggest The Standing Committee of European Doctors (CPME), The Pharmaceutical Group of the European Union (PGEU) and the European Federation of Nurses Associations (EFN) as the first co-chair as these three associations all participated in the panel discussion of the kick-off meeting.

More information:

- [Council Recommendation on Vaccination](#)
- [Commission Communication on Strengthened Cooperation against Vaccine-preventable diseases](#)

II. UPCOMING GENERAL ASSEMBLY: THE FIRST UNDER THE ROMANIAN PRESIDENCY



On May 24 and 25, the Romanian Presidency will host the first UEMO’s General Assembly, in Cluj, Romania.

UEMO invited Mrs Flora Giorgio, Head of Sector HTA in the European Commission,



who will do a remote presentation on HTA during our 2019 Spring General Assembly.

The purpose of her invitation relates to the high need of having an expert in HTA to explain more complex matters to our network of general practitioners. We believe that only after fully understanding technical and operational aspects of HTA, can we spread the word and properly inform our patients.

Additionally, UEMO is currently working on a large survey on Burnout and its results will be presented during the General Assembly, in Cluj.

III. AMR: THE SITUATION IN SERBIA



Across Europe, resistance to bacteria has been increasing for years, and this is one of the major public health problems in the Republic of Serbia. This has contributed to the irrational use of antibiotics, and Serbia is among the European countries at the very top when it comes to the consumption of antibiotics. Of all prescribed drugs, antibiotics make up 15-30 %, of which 80% is prescribed in primary health care, mainly for acute respiratory and urinary infections.

When comparing data from the European Center for Disease Prevention and Control and the Agency for Medicine and Medical Devices of the Republic of Serbia for 2016 expressed in DDD (daily defined doses per 1000 inhabitants), Serbia is, in regards to

total consumption, immediately after Greece and Cyprus at the very top of the list. Also, looking at the data by groups of antibiotics, there is a clear amount of consumption that is certainly not justified. There are several reasons for this. In spite of reforms due to a relatively small number of physicians working in primary health care compared to the number of patients, there is a short period of time in which a doctor makes a decision whether to prescribe the drug. For the same reason, it is impossible to control a patient's status in the next 48 h, so it is easier to decide on the prescription of antibiotics. Until recently, rapid diagnostic tests were inaccessible in primary care and now their application is selective.

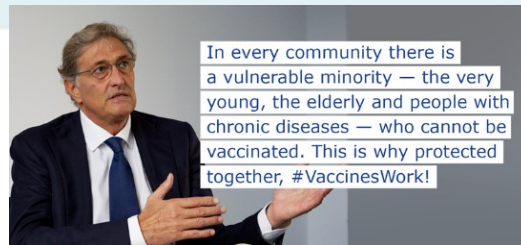
Antibiotics are mostly prescribed for children due to the turbulent symptomatology and the inability to monitor them and the elderly due to comorbidities. We shouldn't overlook the expectations of patients who come in for an examination, because, of all the medicine for acute respiratory and urinary infections, antibiotics are the only prescribed that are paid by the Republic Institute for Health Insurance.

The product of this situation is that the resistance of *Streptococcus* to amoxicillin is 49%, and the resistance to quinolone antibiotics and *cephalosporins* of the 3rd generation is constantly increasing. The number of fatal infections with *Clostridium difficile* is also continuously increasing directly related to the preventive use of reserve antibiotics. The possibility of allergies, unwanted reactions and interactions with other drugs is enormous.

In 2004, the Ministry of Health formed the Republic Expert Commission and issued the first National Guide for the Rational Use of Antibiotics. The expert public was educated regarding the implementation of the guidelines, funds for quick diagnostic tests were put aside, the guide was revised and a new one was released in 2018 with new guidelines based on good practice. Patient-centered measures also include education, but also banning the sale of antibiotics without a doctor's prescription. Another major campaign to increase the incidence of vaccination of particularly risky groups of the population and the new Rulebook on Immunization also contributes to this action.

The very creation of an applicable guide, transparent and easy to use, which contains clearly defined parts for the treatment of the most common infections, respiratory and urinary tract infections, the most common causes, the recommended first choice therapy and alternative drugs available on the market is a significant step in this fight. It is up to the profession to fight for its wider application in practice, for the common good.

IV. UEMO SUPPORTS EMA ON EUROPEAN IMMUNIZATION WEEK



UEMO is happy to support the European Medicines Agency (EMA) by sharing EMA's video about the European Immunization Week as well as raising awareness on the importance of overall vaccination. As General Practitioners concerned with preventive healthcare measures, we believe that high vaccination rates are paramount to protect our society from dangerous and contagious diseases.

On April 24, EMA published an awareness video on its website, entitled 'Our vaccine heroes', in which points out the science-based approach of our vaccines as well as the importance of a herd immunity for the most vulnerable patients who can't get vaccinated.

More information:

- [EMA's social awareness video](#)
- [State of Vaccine Confidence in the EU](#)
- [Vaccination Programmes and Health Systems in the EU](#)
- [The Organization and delivery of vaccination services in the EU](#)

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