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Deputy Director General, National Hospital of Sri Lanka  
Director, National Hospital, Kandy  
All Provincial and Regional Directors of Health Services  
All Directors of Teaching/Provincial/District General Hospitals  
All Directors of Specialized Hospitals  
All Heads of Institutions  
All Private Healthcare Institutions

**Implementation of 'AWaRe' classification' of Antimicrobials in Healthcare Institutions in Sri Lanka**

Antimicrobial Resistance (AMR) is a global threat to public health and World Health Organization (WHO) has taken initiatives to implement a global action plan for combating AMR. The misuse and overuse of antimicrobials are the key drivers of AMR. In 2016, during the implementation of the national action plan for combating AMR, the "Introduction of authorization of prescribing 'Red light' antibiotics" circular (Circular No: 01-56/2016) was introduced and it was operated in the hospitals with consultant microbiologists.

WHO recommends categorizing the essential antimicrobials used in the country into 'Access', 'Watch', and 'Reserve' groups adopting the AWaRe classification which was developed in 2017 by the WHO Expert Committee on selection and use of essential medicines, as a tool to support antibiotic stewardship efforts at local, national and global levels. This classification considers the impact of different antimicrobials on antimicrobial resistance, emphasizing the importance of their appropriate use. Ministry of Health Sri Lanka has adopted this classification for currently registered antimicrobials in the country (Annexure I).

**1. Principles of prescribing antimicrobials**

- 1.1 Antimicrobials should be prescribed only by a medical or a dental practitioner registered with the Sri Lanka Medical Council (SLMC).
- 1.2 Antimicrobials should be prescribed by an intern medical officer under the supervision of specialist medical practitioner.
- 1.3 Antimicrobials should always be prescribed only when there is a clear clinical indication.

1.4 Any patient who is prescribed antimicrobials should be reviewed after 48-72 hours to assess the need for continuation or de-escalation of antimicrobial therapy based on the results of the investigations using the Antimicrobial Prescription Chart.

## 2. 'AWaRe' classification of Antimicrobials

### 2.1 'Access' antimicrobials

These antimicrobials have a narrow spectrum of activity, lower cost, and a good safety profile. They are often recommended as empiric first or second-choice treatment which offer the best therapeutic value having a minimal potential for developing and inducing resistance. These drugs should be widely available.

### 2.2 'Watch' antimicrobials

These are the first or second choice of antimicrobials only indicated for a specific, limited number of infective syndromes. They have more potential for developing and inducing resistance and therefore should be subjected to monitoring.

### 2.3 'Reserve' antimicrobials

This group consists of last resort antimicrobials which should only be used in highly selected infections such as life-threatening infections due to multi-drug resistant organisms according to national guidelines. Their use should be tailored to highly specific patients and settings when all alternatives have failed or are not suitable. They should be protected and prioritized as key targets of national stewardship programmes, involving monitoring and utilization reporting, to preserve their effectiveness.

## 3. Prescribing according to the 'AWaRe' classification

3.1 'Access' antimicrobials should be prescribed according to standard treatment guidelines by a medical or a dental practitioner registered in Sri Lanka Medical Council (SLMC).

3.2 'Watch' antimicrobials should be prescribed only under the guidance of a specialist medical practitioner. The modes of administration of 'Watch' group antimicrobials include intravenous, intramuscular, oral, nebulization, intrathecal, or intraventricular excluding eye and ENT local applications. It should be reviewed by the relevant consultant microbiologist/ treating specialist medical practitioner within 48-72 hours. If an alternative antimicrobial belonging to the 'Watch' group has to be started at the primary care level instead of the primary treatment option of the guideline, a clear indication with justification has to be documented.

3.3 When a 'Reserve' antimicrobial is indicated, it should be discussed with the consultant microbiologist of the hospital before prescribing. It is applicable in the following modes of administration; intravenous, intramuscular, oral, nebulization, intrathecal, or intraventricular excluding eye and ENT local applications. If a 'Reserve' group antimicrobial is required to start urgently, any mode of communication is permitted for discussion. Any prescription of a 'Reserve' antimicrobial should be followed by written authorization by the consultant microbiologist on the request of treating specialist medical practitioner within three (03) days.

**There are no restrictions to prescribe antimicrobials according to the national guidelines.**





**Annexure I: 'AWaRe' classification of Antimicrobials for healthcare institutions in Sri Lanka**

Access	Watch	Reserve
<b>Antimicrobials</b>		
Amoxicillin	Amikacin	Ampicillin/sulbactam
Amoxicillin/clavulanic-acid	Azithromycin	Aztreonam
Ampicillin	Cefixime	Ceftazidime/avibactam
Benzathine-benzylpenicillin	Cefotaxime	Cefepime
Benzylpenicillin	Ceftazidime	Cefoperazone/sulbactam
Cefalexin	Ceftriaxone	Colistin
Cefazolin	Chloramphenicol	Daptomycin
Cefuroxime	Ciprofloxacin	Fosfomycin
Clarithromycin	Ertapenem	Fusidic acid
Clindamycin	Imipenem/cilastatin	Levofloxacin
Cloxacillin	Mecillinam	Linezolid
Doxycycline	Meropenem	Minocycline
Erythromycin	Netilmicin	Moxifloxacin
Flucloxacillin	Ofloxacin	Polymyxin-B
Gentamicin	Piperacillin/tazobactam	Rifampicin
Metronidazole	Pivmecillinam	Tigecycline
Nitrofurantoin	Rifamycin	
Norfloxacin	Rifaximin	
Ornidazole	Roxithromycin	
Phenoxymethylpenicillin	Secnidazole	
Procaine-benzylpenicillin	Spectinomycin	
Sulfamethoxazole/trimethoprim	Spiramycin	
Tetracycline	Streptomycin	
Tinidazole	Sulfadiazine	
Trimethoprim	Sulfadiazine/trimethoprim	
	Teicoplanin	
	Vancomycin	
<b>Anti-Fungal</b>		
Griseofulvin	Fluconazole	Amphotericin B
	Itraconazole	Anidulafungin
	Terbinafine	Caspofungin
		Flucytosine
		Posaconazole
		Voriconazole
<b>Anti-Viral</b>		
Acyclovir (Oral)	Acyclovir IV	Cidofovir
	Oseltamivir	Foscarnet
	Valganciclovir Oral	Ganciclovir IV
		Ribavirin IV