Antimicrobial Stewardship Matters

Antimicrobial Stewardship | November 2026

Be AWaRe of Antibiotic Use

At a Glance:

- **WHO AWaRe Framework:** Recommends using Access-class antibiotics where clinically appropriate to curb antimicrobial resistance.
- **WHO Benchmark:** At least 60% of total antibiotic consumption should come from the Access-class (limit "Watch" and "Reserve" classes).
- **AHS Performance:** Access-class antibiotics only make up ~49% of our use, highlighting a key area for improvement.

About WHO AWaRe Classification of antibiotics

The WHO AWaRe (Access, Watch, Reserve) classification of antibiotics was designed to help track antibiotic consumption, define targets and guide stewardship efforts to combat antimicrobial resistance.[1] The WHO recommends that Access-class antibiotics make up ≥60% of total antibiotic consumption, reserving "Watch" and "Reserve" for critical needs.[2]

WHO Class	Description	Examples of Antibiotics in Each Class[2,3]	
Access	**First and second choice** options for common infections, relatively narrow spectrum, strong safety profile and low resistance potential.	Amoxicillin Ampicillin Cefazolin Cephalexin Cloxacillin Doxycycline	Metronidazole Sulfamethoxazole/Trimethoprim Amoxicillin/Clavulanate Clindamycin Gentamicin Moving to "Watch" with CAN-AWaRe
Watch	**Broader-spectrum** agents with higher resistance potential. Recommended for specific, limited indications or severe presentations.	Azithromycin Cefixime Ceftriaxone Cefuroxime Ciprofloxacin Fosfomycin PO Levofloxacin	Piperacillin-Tazobactam Rifampin Tobramycin Vancomycin IV/PO Ertapenem Imipenem/Cilastatin Meropenem Moving to "Reserve" with CAN-AWaRe

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Reserve	**"Last Resort"** antibiotics reserved for multi-drug-resistant infections. Must be strictly managed to preserve efficacy.	Aztreonam Dalbavancin	Daptomycin Linezolid

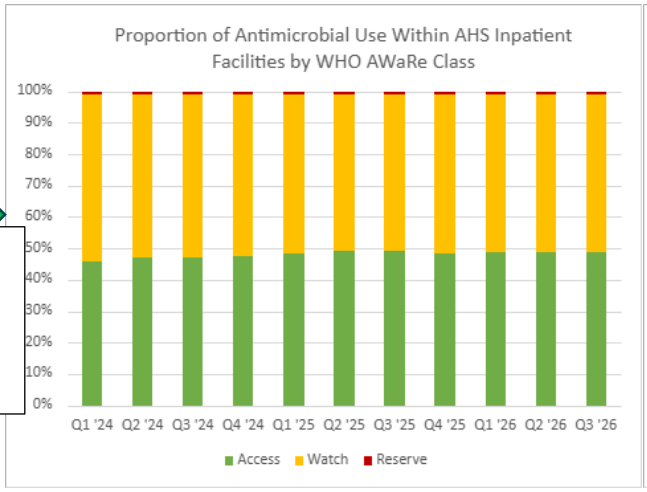
Health Canada is developing CAN-AWaRe, a Canadian adapted version of the WHO framework. Notable proposed changes are highlighted, the highlight colour correlates to the class the antibiotic will be moved to.[3]

Antimicrobial Stewardship consists of strategic efforts to optimize antimicrobial use with the goal of improving patient outcomes and preventing antibiotic resistance

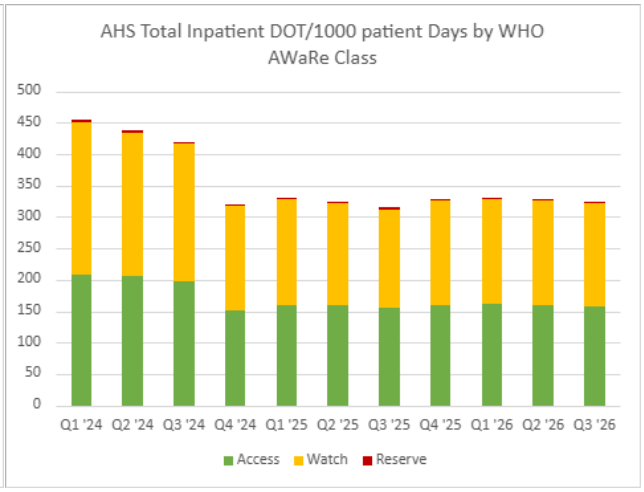
AHS Inpatient Antimicrobial Use: Key Trends (Q1 2024 – Q3 2026)

Recent data highlights steady progress across AHS inpatient facilities as measured using Days of therapy (DOT)/1000 patient days – a standardized metric that allows for comparisons across sites regardless of patient volume.

- Increasing "Access" Class use: The proportion of Access-group antibiotic consumption rose from 45.8% (Q1 2024) to 48.7% (Q3 2026), moving closer to the WHO 60% benchmark
- Decreasing Overall Consumption: Total inpatient antibiotic use dropped from 455.21 to 324.19 DOT/1000 patient days over the same period (29% reduction)



WHO target for Access class antibiotics



Our Commitment to Antimicrobial Stewardship

- The AHS Antimicrobial Stewardship Program continues to optimize patient care and protect the efficacy of antibiotics through prospective audit and feedback of key "Watch" and "Reserve" antibiotics.
- Our impact is expanding – **What's next**:
    - **Penicillin Allergy De-labeling:** Promoting penicillin allergy assessment and removing inaccurate allergy labels to unlock safe, first-line access antibiotic use
    - **Provincial Expansion:** Leveraging new grant funding to scale stewardship activity across all AHS acute care sites
    - **Data Empowerment:** Launching site-based utilization reports to help sites/departments track prescribing patterns, achieve WHO targets and combat resistance
- Every prescription counts. Through continued collaboration across AHS, we can elevate patient treatment, preserve antibiotic efficacy and do our part in curbing antimicrobial resistance.



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References

1. World Health Organization. (2025). The selection and use of essential medicines, 2025: WHO AWaRe (Access, Watch, Reserve) classification of antibiotics for evaluation and monitoring of use. In *The selection and use of essential medicines, 2025: WHO AWaRe (Access, Watch, Reserve) classification of antibiotics for evaluation and monitoring of use*.
2. World Health Organization. (2019). *Thirteenth general programme of work, 2019–2023: promote health, keep the world safe, serve the vulnerable* (No. WHO/PRP/18.1). World Health Organization.
3. Health Canada. (2026). *Health Canada seeks feedback on the Canadian Access, Watch, Reserve classification of antimicrobial drugs for human use: Notice.* Government of Canada. https://www.canada.ca/en/health-canada/programs/consultation-canadian-access-watch-reserve-classification-antimicrobial-drugs-human-use/notice.html