Antimicrobial resistance does not discriminate – it affects people of all ages across the globe. The World Health Organization declared in 2014 that antimicrobial resistance (AMR) has become a major threat to public health. While many have long predicted this, the Antimicrobial Resistance report, published by WHO in 2014, illustrated that resistance is now happening globally.

AMR occurs when microorganisms change and antibiotics or other antimicrobials are no longer effective in treating the infections they cause. Antimicrobials are at the heart of modern medicine; without urgent global action to tackle AMR, WHO says the world is heading for a post-antibiotic era, in which simple infections could once again become life-threatening. The threat is such that 10 million people a year worldwide could die by 2050 – more than cancer kills today. Without effective antimicrobials, even routine operations could become high-risk procedures.

Lord O’Neill of Gatley’s review of AMR sets out an action plan to prevent drug-resistant infections and defeat the rise of “superbugs”. The report proposes 10 areas to be addressed urgently. The UK’s commitment is outlined in the UK AMR Strategy, launched in 2013. Public Health England currently leads the world on four of the seven elements of the strategy, with work across the NHS to combat AMR now a government priority. But there is still much to be done.

As part of the urgent action needed to combat resistance, all countries must enhance infection prevention and control (IPC) measures, and ensure antibiotics are only prescribed when truly needed; this is known as antimicrobial stewardship (AMS). Every infection that is prevented reduces the use of antibiotics and the opportunity for resistance to develop. Ensuring responsible use of antibiotics would conserve vital medicines and ensure they continue to be effective. IPC and AMS together are integral in slowing AMR; nurses and midwives have an essential role to play in each.

IPC measures aim to prevent patients from acquiring an infection while receiving care. By prevention and control, we aim to stop infections occurring in the first place and control the spread if they do. The two aspects work closely together and are most effective when teams work across multidisciplinary work streams to prevent infections. IPC is a vital component of the delivery of all health and social care. Key IPC measures include education, training; leadership and senior engagement; surveillance and audit; guidelines and procedures; AMS; safe clinical practice; clean, safe environment and occupational health.

Nurses and midwives play a key role in delivering and embedding these practices, while acting as patient advocates. Their role is such that the Nursing and Midwifery Council includes the prevention and control of infection in its Code. AMR is an evolving threat that needs serious attention.

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