



ANTIMICROBIAL STEWARDSHIP POLICY FOR POULTRY¹

OVERVIEW

Increasingly, scientists, medical associations, public interest organizations, business leaders, and consumers are calling for a reduction in the use of antibiotics to grow poultry and livestock. By eliminating non-essential uses, and reserving antibiotics only to treat sick animals and for non-routine disease control, poultry operators can minimize the potential for microbial resistance to these drugs and ensure that antimicrobials remain effective for treating humans. This policy enables poultry producers to demonstrate antibiotic stewardship through conformance with clear, auditable, and widely endorsed best practices. Highlights of the policy include:

- Antibiotics are permitted for therapeutic use and non-routine disease control, as defined below; they are not permitted for growth promotion, feed efficiency, routine disease prevention, or other uses.
- Antibiotic use must be supervised by a veterinarian, as described below.
- Specific records are kept to document compliance and evaluate antibiotic use over time.
- A third party audit is required to verify compliance.

These elements of the policy are described in greater detail following.

SCOPE

These provisions apply to all phases of poultry production, including growing breeder flocks, in ovo use, and post-hatch life stages of birds grown for [purchaser].

PURCHASING GUIDELINES

DEFINITIONS

1. “Medically important antimicrobial” means an antimicrobial drug that is composed wholly or partly of any drug or derivative of a drug from an antimicrobial class that is listed as “Highly Important” or “Critically Important” by the World Health Organization (WHO) in the latest edition of its publication entitled *Critically Important Antimicrobials for Human Medicine*.²
2. “Therapeutic use” means the use of antimicrobials, under the direction of a licensed veterinarian in the context of a valid veterinarian-client-patient relationship, for the specific purpose of treating animals with a documented microbial disease or infection diagnosed by the veterinarian. Once the infection is resolved, the application of the antimicrobial ceases.
3. A valid veterinarian-client-patient relationship is one in which:
 - a. A veterinarian has assumed the responsibility for making medical judgments regarding the health of (an) animal(s) and the need for medical treatment, and the client (the owner of the animal or animals or other caretaker) has agreed to follow the instructions of the veterinarian;
 - b. There is sufficient knowledge of the animal(s) by the veterinarian to initiate at least a general or preliminary diagnosis of the medical condition of the animal(s); and
 - c. The practicing veterinarian is readily available, or has arranged for emergency coverage, for follow-up in case of adverse reactions or failure of the regimen of therapy.

Such a relationship can exist only when the veterinarian has recently seen and is personally acquainted with the keeping and care of the animal(s) by virtue of examination of the animal(s), and/or by medically appropriate and timely visits to the premises where the animal(s) are kept.

4. “Non-routine disease control” means the use of antimicrobials on animals that are not sick but where it can be shown that a particular microbial disease or infection is present on the premises (i.e., barn, pen, or house) or is likely to occur because of a specific, non-customary situation. A “non-customary situation” does not include normal or standard practice and conditions at the poultry operation that facilitate the transmission of disease. Medically important antimicrobials may be used for non-routine disease control only when there is a significant risk that the infection will be transmitted to animals that are not infected and a licensed veterinarian determines in the context of a valid veterinarian-client-patient relationship that the use of medically important antimicrobials is necessary to prevent or reduce the risk of transmission. Antimicrobials used for non-routine disease control must be used for the shortest duration necessary to prevent or reduce the risk of transmission.



PROVISIONS

To comply with this policy, the producer shall comply with all the provisions set forth below.

1. The poultry operation emphasizes sound preventive programs, including vaccination and serologic monitoring for disease exposure, and minimizes environmental contamination.
2. Medically important antimicrobials are not administered pre-hatch.
3. Medically important antimicrobials are administered only for therapeutic use or for non-routine disease control. Medically important antimicrobials are not used for growth promotion, feed efficiency, weight gain, routine disease prevention, or any other repeated or regular pattern of use.
4. When medically important antimicrobials are administered for non-routine disease control, any medication required to be administered to a group of animals is administered at a scale no greater than the barn/house/pen level and is administered to the fewest animals necessary.
5. If medically important antimicrobials are used for non-routine disease control during more than two consecutive growing cycles, a written veterinary statement is required indicating the underlying problem(s) and a plan of action to correct the problem(s). If the underlying problem has been resolved, the veterinary statement may indicate that a successful solution has been found that does not include the prophylactic use of antimicrobials, and that no further plan of action is needed. Veterinary documentation of treatment and outcomes should include any culture and sensitivity reports. This provision does not permit repeated or regular patterns of use of medically important antimicrobials for non-routine disease control.
6. Records sufficient to document compliance with this policy are maintained. At a minimum this includes the following documentation for each quarter (three-month interval):
 - a. Documentation of veterinary approval for all medically important antimicrobials administered.
 - b. For each antimicrobial administered (of any type) records documenting the following:
 - i. Name and concentration of the antimicrobial;
 - ii. WHO category for this antimicrobial (“Critically Important,” “Highly Important,” “Important,” “Not Listed”);
 - iii. Total weight in kilograms of antimicrobial administered (including amount added to feed, water, in-ovo injection, or other means);
 - iv. Number of animals to which this antimicrobial was administered (i.e., receiving this antimicrobial at least once); and
 - v. Number of animals produced for [purchaser].
7. To help [purchaser] track progress in reducing antimicrobial use through our supply chains, an Antimicrobials Benchmark Report is also requested. This report should include the information specified in 6.b above for each quarter and include annual totals for 6.b.iii, 6.b.iv., and 6.b.v. The Benchmark Report should also include data from previous annual Benchmark Reports and an assessment of trends of antimicrobial use in each WHO category. [Purchaser] requests that the report be provided annually.
8. If the average amount of antimicrobials per animal for any of the WHO categories increases over a rolling three-year period, the producer will develop and submit a Mitigation Plan that includes: A description of the increase (antimicrobial class and amount of antimicrobials used), an explanation for the antimicrobials used, and a description of steps that will be taken to reduce usage going forward. The results of this effort shall be explained in the next annual Benchmark report.

ASSURANCE OF COMPLIANCE

A third-party certifier will verify that the producer is in compliance with the above restrictions and requirements. Auditors will be permitted access to records documenting compliance with the restrictions and may conduct spot checks of the premises and contents, including testing if appropriate.

Attachment: Medically Important Antimicrobials Listed by the World Health Organization (2011)³

“Critically Important” and “Highly Important” antimicrobials are permitted for therapeutic use and non-routine disease control only as defined above. Other antimicrobials are not limited by this policy.

CRITICALLY IMPORTANT ANTIMICROBIALS

Aminoglycoside
Carbapenems and other penems
Cephalosporins (3rd and 4th generation)*
Cyclic esters
Flouro- and other quinolones*
Glycopeptides*
Glycylcyclines
Lipopeptides
Macrolides* and ketolides
Monobactams
Oxazolidinones
Penicillins (natural, aminopenicillins,
and antipseudomonal)
Polymyxins
Rifamycins
Drugs used solely to treat tuberculosis
or other mycobacterial diseases

HIGHLY IMPORTANT ANTIMICROBIALS

Aminopenicillins
Amphenicols
Cephalosporins (1st and 2nd generation)
and cephamycins
Lincosamides
Penicillins (Antistaphylococcal)
Pleuromutilins
Pseudomonic acids
Riminofenazines
Steroid antibacterials
Streptogramins
Sulfonamides, Dihydrofolate
reductase inhibitors and combinations
Sulfones
Tetracyclines

IMPORTANT ANTIMICROBIALS

Aminocyclitols
Cyclic polypeptides
Nitrofurantoin
Nitroimidazoles

(NOT LISTED)

Aminocoumarins
Glycolipids
Ionophores
Quinoxalines

* Designated by the WHO as “Highest Priority Critically Important Antimicrobials.”
Best efforts should be made to avoid all uses of these.

- 1 Based on the following policies: World Health Organization, *Critically Important Antimicrobials for Human Medicine*, 3rd Revision, 2011, http://apps.who.int/iris/bitstream/10665/77376/1/9789241504485_eng.pdf; School Food Focus and Pew Charitable Trusts, *Purchasing Guidelines That Minimize the Use of Antibiotics in Poultry Production*, September 2011; Health Care Without Harm, *Sample Procurement Policy: Purchasing Meat, Poultry, Dairy and Seafood Produced Without Inappropriate Antibiotic Use*, http://www.noharm.org/lib/downloads/food/Purchasing_Meat_Without_Antibiotics.pdf; Preservation of Antibiotics for Medical Treatment Act (PAMTA), H.R. 965 (2012).
- 2 See WHO, cited in endnote 1. Antibiotics listed as “Important” by the WHO are not currently included in this policy’s definition of “Medically Important Antibiotics.” However, the status of the WHO “Important” list will be reassessed three years after the implementation of this policy and may be considered for inclusion at that time.
- 3 WHO, *Critically Important Antimicrobials for Human Medicine*, 3rd Revision, 2011, http://apps.who.int/iris/bitstream/10665/77376/1/9789241504485_eng.pdf.