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Misdiagnosed ‘Sepsis’ Now a Global Health Priority for World Health Organization

GENEVA – Sepsis, one of the most prevalent but misdiagnosed, deadly diseases, was established as a global priority today by the World Health Assembly (WHA), the decision-making body of the World Health Organization (WHO).

On the unanimous recommendation of the Executive Board of the WHO, the WHA adopted the resolution to improve, prevent, diagnose, and manage sepsis through a series of actions directed at developed and developing countries around the world. The resolution was adopted at the seventieth WHA, which is meeting between May 22-31 in Geneva.

Sepsis, commonly referred to as ‘blood poisoning’, is the life-threatening condition that arises when the body’s response to infection results in organ dysfunction or failure. Sepsis is often confused with other conditions in its early stages, with delayed recognition of the signs and symptoms quickly leading to multi-system organ failure and ultimately death.

The resolution urges the 194 United Nation Member States to implement appropriate measures to reduce the human and health economic burden of sepsis. In the USA alone, sepsis causes or contributes to half of all deaths in hospitals and has become the leading cause of annual hospitals costs, at over 24 billion USD per year.

The resolution also requests the Director-General of the WHO, Dr. Margaret Chan, to draw attention to the public health impact of sepsis and to 1) publish a report on sepsis and its global consequences by the end of 2018, 2) support the Member States adequately, 3) collaborate with other UN organizations, and 4) report to the 2020 WHA on the implementation of this resolution.

“Community-acquired and health care-acquired sepsis represent a huge global burden that has been estimated to be 31 million cases every year, six million of which result in death,” said Dr. Chan. “One in ten patients world-wide acquires one health care associated infection which often manifests itself with sepsis conditions. I commend the member states for the content of the resolution on sepsis which point to key actions that need to be taken to reverse these shocking statistics.”

The WHO has allocated \$4.6 million USD to help implement their sepsis resolution.

The adoption of sepsis as a global priority was initiated by the Global Sepsis Alliance who gathered the consensus and authority of clinicians and families from over 70 countries.

“Worldwide, sepsis is one of the most common deadly diseases, and it is one of the few conditions to strike with equal ferocity in resource-poor areas and in the developed world,” said Dr. Konrad Reinhart, Chairman of the Global Sepsis Alliance. “In the developed world, sepsis is dramatically increasing by an

annual rate of 5-13 per cent over the last decade, and now claims more lives than bowel and breast cancer combined. When sepsis is quickly recognized and treated, lives are saved but health care providers need better training because they are the critical link to preventing, recognizing, and treating sepsis.”

The adopted Resolution on Sepsis states:

1. Each year, sepsis causes approximately six million deaths worldwide, most of which are preventable.
2. Sepsis is a syndromic response to infection and the final common pathway to death from most infectious diseases.
3. Sepsis represents the most vital indication for the responsible use of effective antimicrobials for human health.
4. The UN Member States urgently need to implement and promote measures for prevention; such as clean childbirth practices, infection prevention practices in surgery, improvements in sanitation, nutrition and delivery of clean water.
5. Many vaccine-preventable diseases are a major contributor to sepsis in children and adults; national immunization programs are needed urgently.
6. Sepsis is an emergency that requires time-critical actions, improved training of health care professionals and laypeople.
7. UN Member States are required to promote research aimed at innovative means of diagnosing and treating sepsis across all ages, including research for new antimicrobial and other novel medicines/interventions, rapid diagnostic tests, and vaccines.
8. Public awareness needs to be raised and encouraged, for example by using the term ‘sepsis’ when communicating with patients, relatives, and other parties, or by supporting World Sepsis Day, every year on September 13.
9. Integrated approaches to the prevention and clinical management of sepsis are urgently needed, including access to appropriate health care for survivors.
10. The International Classification of Diseases (ICD) system needs to be applied and improved to establish the prevalence and profile of sepsis and the development of specific epidemiologic surveillance systems.

“With the exception of maternal and neonatal sepsis, ‘sepsis’ as a diagnosis is not cited in the Global Burden of Disease statistics and is therefore not a priority by policy makers or health care authorities,” said Dr. Reinhart added. “In addition, it is mostly unknown and poorly understood by the public. Further preventable deaths occur as many healthcare professionals lack training and expertise in the prevention, early recognition, and evidence-based management of sepsis as a critical medical emergency.”

In most low and middle income countries, an integrated approach to managing sepsis through clinical and laboratory services and timely access to appropriate sepsis care is limited or absent. In high income countries, effective best practice approaches to the early recognition and management of sepsis are often poorly implemented.

Representatives of WHO are set to strike a Task Force with the GSA to develop the strategy to implement the resolution and to secure international political and financial support.

For its part, the GSA identifies its key priorities as: 1) achieving adequate documentation of sepsis in the global and national disease statistics and reports, 2) encouraging the development of national action plans for all countries, 3) fostering quality improvement initiatives on all levels of care and for all health care settings, and 4) collaborating with governmental and non-governmental bodies focused on strengthening health systems and improving patient safety.

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