

hospitals it was 1.3%.<sup>3</sup> If the numbers have increased so rapidly in Japan, and are now being found elsewhere in the world, it would appear inevitable over the next five to ten years that they will approach levels, in particularly hospital situations, that we are seeing with MRSA (between 20-50% in many institutions). In addition to GISA strains, this resistance can also be seen in some MRSA strains which can be heteroresistant.

The question is what can Australia do about this. Unfortunately once these strains have developed there is no way of putting the 'genie' back into the bottle. We need to slow down the spread and amplification of these strains as much as possible (by good infection control, conservative measures, prudent use of antibiotics, and good hygiene). Hopefully then, in the next few years new antibiotics will be developed that will be active against GISA (or fully vancomycin resistant strains when they inevitably occur). We should not use antibiotics when they are not needed. When we do use antibiotics we should use as narrow a spectrum agent as possible. This means in particular, avoiding using agents such as vancomycin unless it is essential.

Antibiotic resistance is an inevitable consequence of antibiotic use, whether they are used appropriately or inappropriately. However, the rate of rise of antibiotic resistance, and amplification of these bacteria, can be modified by our behaviour through improved hygiene, infection control and the most appropriate use of antibiotics.

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## Further reading

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## Victorian measles outbreak

In the face of a continuing rise of reported measles cases among young adults in Victoria, the Communicable Diseases Network of Australia New Zealand (CDNANZ) have called on all Australians aged 18 to 30 to check their vaccination status.

The measles outbreak was first reported in the western suburbs of Victoria several weeks ago and has now spread to involve young adults in the northern and eastern suburbs and border areas.

Everyone should be protected against measles and other vaccine-preventable diseases by vaccination. The recent successful primary schools campaign appears to be protecting children in that age group.

Statistics at 23 March 1999

- 41 cases of measles have been reported to Victorian Health authorities.
- the index case was a young adult who had returned from Bali.
- 90% of cases are between 17 and 27 years of age.
- 2 cases are in the 30 to 34 age group.
- 1 case is a 10 months old child - below the recommended age for routine immunisation at 12 months of age.
- 1 case is an unimmunised 8 year old boy.
- 40% of cases have been admitted to hospital.