

Act now against antibiotic resistance: Protect future health



With the good, the bad, and the ugly aspects of healthcare projected into the limelight with the emergence of COVID-19, it's clear that we all have a role to play in this increasingly complex medical ecosystem. While worldwide pandemics will continue to plague the media and remain at the forefront of our minds, there is another global crisis arising that demands our immediate attention.

We need you to lead the way.

Antibiotic resistance has become a universal threat. Irrespective of age and nationality, it takes no prisoners.<sup>1</sup> A change in prescribing behavior is critical to safeguard not only the future health of our current patients, but to protect generations to come.<sup>2</sup>

Considering the right drug, dose and duration is now more essential than ever in tackling this health crisis.<sup>2,3</sup> For dermatological conditions like rosacea, where proof of bacterial etiology remains elusive, antibiotic doses are not required. While they work for the short-term, repeated misuse of antibiotics contributes to the growing threat of antibiotic resistance.<sup>4</sup>

***“Antibiotic resistance has now become a universal threat. It can affect anyone, of any age, in any country making us all key in the fight against it.”***  
- Jesse Jacob, Associate Professor of Medicine, Emory University School of Medicine

Currently, in the U.S. alone, at least 2.8 million people get an antibiotic-resistant infection every year. Without a real change in prescribing behavior, we risk losing effective antibiotics all together, and more patients will suffer.<sup>2</sup>

But the impact extends further.

Without antibiotics that work, currently safe procedures like organ transplantations, chemotherapy, and surgeries become life threatening and other infectious diseases may become difficult to treat.<sup>2,5</sup> Already, the COVID-19 pandemic has shed light on how the overuse of antibiotics is fueling their resistance. Data shows that over 70% of hospitalized Covid-19 patients received antimicrobial treatment, whereas only 8% of those had a bacterial or fungal infection requiring such treatment.<sup>6</sup>

As this worldwide pandemic and the growing threat of antibiotic resistance become ever-more intertwined, it is urgent that we act now to protect future health by prescribing the right drug, dose, and duration.<sup>2,3,6</sup>

Important Safety Information ORACEA® (doxycycline, USP) 40 mg Capsules

**Indication:** ORACEA® (doxycycline, USP) 40 mg\* Capsules are indicated for the treatment of only inflammatory lesions (papules and pustules) of rosacea in adult patients. ORACEA Capsules do not lessen the facial redness caused by rosacea. **Adverse Events:** In controlled clinical studies, the most commonly reported adverse events (>2%) in patients treated with ORACEA Capsules were nasopharyngitis, sinusitis, diarrhea, hypertension and aspartate aminotransferase increase. **Warnings/Precautions:** ORACEA Capsules should not be used to treat or prevent infections. ORACEA Capsules should not be taken by patients who have a known hypersensitivity to doxycycline or other tetracyclines. ORACEA Capsules should not be taken during pregnancy, by nursing mothers, or during tooth development (up to the age of 8 years). Although photosensitivity was not observed in clinical trials, ORACEA Capsules patients should minimize or avoid exposure to natural or artificial sunlight. The efficacy of ORACEA Capsules treatment beyond 16 weeks and safety beyond 9 months have not been established.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.fda.gov/safety/medwatch](http://www.fda.gov/safety/medwatch) or call 1-800-FDA-1088.

\*30 mg immediate release and 10 mg delayed release beads

REFERENCES  
1. World Health Organization 2020. Antibiotic resistance. Available at: <https://www.who.int/news-room/fact-sheets/detail/antibiotic-resistance>. Accessed: October 2020. 2. Centers for Disease Control and Prevention 2020. Antibiotic resistances threats in the United States 2019. Available at: <https://www.cdc.gov/drugresistance/pdf/threats-report/2019-ar-threats-report-508.pdf>. Accessed: October 2020. 3. Paterson IK, et al. Optimising antibiotic usage to treat bacterial infections. *Scientific Reports* 2016;6:37853. 4. Fowler JF. Anti-inflammatory dose doxycycline for the treatment of rosacea. *Expert Rev Dermatol.* 2007;2(5):523–531. 5. Karadag AS, et al. Antibiotic resistance in acne: Changes, consequences and concerns. *JEADV.* 2020. 6. Getahun H, et al. Tackling antimicrobial resistance in the COVID-19 pandemic. *Bulletin of the World Health Organization* 2020;98:441–508. 7. Baldwin HE. Diagnosis and treatment of rosacea: state of the art. *J Drugs Dermatol.* 2012;11(6):725–730.

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\*Sixteen healthy subjects in the ORACEA Capsules are measured at 7 days; mean weight 75 kg