

Clinician quiz with answers

World Antimicrobial Resistance Awareness Week 2026

Question	Answer
1. Hand hygiene, vaccination and appropriate antimicrobial prescribing help prevent the spread of antimicrobial resistance.	TRUE Antimicrobial-resistant microorganisms can spread through direct contact with an infected person or carrier, as well as via contaminated surfaces. Practising good hand hygiene and maintaining recommended vaccinations help prevent infections and reduce the transmission of resistant microorganisms. In addition, appropriate antimicrobial prescribing reduces unnecessary antimicrobial use, helping to prevent the emergence and spread of antimicrobial resistance. Reference www.amr.gov.au/what-you-can-do/hospitals
2. Antimicrobial stewardship aims to ensure antimicrobials are used appropriately to improve patient outcomes and reduce resistance.	TRUE Antimicrobial stewardship includes a range of activities that promote and support optimal prescribing and use. Activities include prospective audit and feedback, antimicrobial approval programs, intravenous to oral switch and education. Reference www.safetyandquality.gov.au/clinical-topics/antimicrobial-stewardship
3. Bacterial antimicrobial resistance is associated with one million deaths annually.	FALSE Antimicrobial resistance (AMR) is a major global health threat. Bacterial AMR was estimated to be associated with more than 4.7 million deaths globally in 2021. Reference www.who.int/news-room/fact-sheets/detail/antimicrobial-resistance
4. The theme for World AMR Awareness Week in 2026 is "One Health, one action: Prevent AMR now."	TRUE One Health recognises that the health of humans, animals, plants and the environment are all interconnected. As antimicrobials are used across human health, animal health and agriculture, and resistant microorganisms can spread between these sectors, antimicrobial resistance (AMR) requires coordinated action across all sectors. Preventing and addressing AMR therefore depends on a collaborative One Health approach. Reference www.who.int/news-room/events/detail/2026/11/18/default-calendar/world-amr-awareness-week-2026

5. All patients with infectious diarrhoea should be given three days of azithromycin.	FALSE Most cases of infectious diarrhoea are self-limiting and can be managed with supportive care. The primary goal of treatment is to maintain adequate hydration and electrolyte balance. Antibiotics are not routinely indicated for all patients and should only be used in selected circumstances, considering the likely pathogen, disease severity, risk factors, and local resistance patterns. Unnecessary antibiotic use may contribute to antimicrobial resistance and adverse effects. Reference www.tg.org.au
6. In Australia, ciprofloxacin is the only orally available antibiotic that can be used to treat <i>Pseudomonas aeruginosa</i> infections.	TRUE Ciprofloxacin is often the only viable oral option for treatment of <i>Pseudomonas aeruginosa</i> infections. Therefore, it must be used only when indicated so it remains effective for infections where it is one of the few, or only, practical oral treatments available. Oral levofloxacin has some activity against <i>Pseudomonas aeruginosa</i> but is not marketed in Australia and only available via the Special Access Scheme. Reference amhonline.amh.net.au
7. Trimethoprim is the first-line option for empirical treatment of acute cystitis in non-pregnant adult females.	FALSE Trimethoprim is no longer recommended as the first-line empiric antibiotic treatment for acute cystitis. The rate of trimethoprim resistance among <i>Escherichia coli</i> (<i>E.coli</i>) in Australia is increasing and exceed 20%. Nitrofurantoin and Fosfomycin, first and second-line empiric antibiotics respectively, are active against the majority of extended spectrum beta-lactamase-producing <i>E.coli</i> isolates. Reference learn.safetyandquality.gov.au/mod/page/view.php?id=16713
8. Globally, antimicrobial resistance is trending downward in the paediatric population.	FALSE A recent multiregional surveillance study published in JAMA Pediatrics analysed paediatric bacterial isolates from the Antimicrobial Testing Leadership and Surveillance (ATLAS) database between 2004 and 2022. The study found that paediatric antimicrobial resistance increased across all regions, with higher resistance levels and faster growth in resource-limited settings. Reference www.health.gov.au/resources/publications/national-health-and-climate-strategy?language=en
9. Otitis media is usually a self-limiting viral infection.	TRUE Acute otitis media is usually a self-limiting viral infection. Spontaneous resolution occurs in more than 80% of children within two to three days; although symptoms may persist for up to seven days in some children. Adequate pain relief is the mainstay of treatment for acute otitis media. Antibiotic therapy is not required for most patients. Reference



learn.safetyandquality.gov.au/mod/page/view.php?id=16712

10. Cefazolin can be used for surgical prophylaxis if the patient has had a severe immediate hypersensitivity reaction to penicillin.

TRUE

Cefazolin is the preferred antibiotic for most procedures requiring surgical prophylaxis. Cefazolin does not share side chains with penicillins and is often tolerated in patients with penicillin hypersensitivity. Evidence shows that fewer than 1.5% of patients with a confirmed penicillin allergy also have a cephalosporin allergy. Cefazolin may be used for surgical prophylaxis in hospital settings because patients can be closely monitored and any immediate hypersensitivity reaction can be promptly identified and managed.

Reference

www.tg.org.au

For more information

Please visit: safetyandquality.gov.au/AMS

© Australian Commission on Safety and Quality in Health Care 2026