

To: Senate Committee on Health Care

From: Dr. Dawn Nolt, Pediatric Infectious Diseases,
Doernbecher Children's Hospital

Date: March 16, 2017

RE: Support of SB 785

Chair Monnes Anderson, Vice-Chair Kruse, and members of the Committee:

My name is Dr. Dawn Nolt. I am a doctor specializing in treating infections in children. I have over 15 years of experience in using antibiotics to help children fight infections. I am the Oregon state expert in dealing with infections in children with cancer, with inadequate immune systems, and with cystic fibrosis. I work within the Pediatric Infectious Diseases Division at Doernbecher Children's Hospital in Portland, Oregon. I am speaking in SUPPORT of SB 785.

I wish to share patient stories with you about resistant bacteria in children here in Oregon:

- A pediatrician on the coast calls me – asking for help for antibiotics for a 4 month old baby with a urine infection. To our surprise – the bacteria was resistant to all antibiotics able to be given by mouth. This otherwise healthy 4 month old had to be transferred to a children's hospital to receive antibiotics in his vein for a simple urine infection, because we had no other options. He had to have a procedure (including anesthesia) to place a somewhat permanent IV into his arm to receive his antibiotic.
- A baby who was born 6 months into a pregnancy (usually pregnancy is 9 months), as his mother was very sick. Four (4) days into his very young life in the NICU, he became sick. His blood contained a bacteria which only has 5 antibiotics are capable of treating (out of >150 antibiotics in the world).
- A 17 year old adolescent man is diagnosed with cancer. During his chemotherapy, he suffered a bacteria in his bloodstream, landing him in our ICU. This bacteria could only be treated by 8 antibiotics in the entire world.

These are kids (4 months old, 4 days old, 17 year old) – who have never taken antibiotics prior to having their infection. I have many more examples of children suffering resistant infections, and these examples are becoming more frequent over the past several years. This is due to over-use of antibiotics in our community.

The bacteria in a person (or an animal) taking antibiotics become smart (“resistant”), and those bacteria get into the community. Bacteria are shared among families and friends during our normal everyday lives. That's how these antibiotic-resistant bacteria get into a newborn baby and into a young child, who have otherwise never taken antibiotic medication.

Antibiotics are the ONLY drug when use in one person (or animal) has a direct effect in another person (or animal). If chemotherapy is given to one patient for their cancer, that chemotherapy does not affect the cancer of another patient. However – if antibiotics are given, that antibiotic will not only change the bacteria in that 1st person (or animal), but those bacteria will find their way to another person, and endanger that 2nd person's health. Again - antibiotics are the ONLY drug where use in one person (or animal) has a direct effect on the health of another person.

We should restrict antibiotics from being used in “mass-prevention” or for non-medical reasons. Preventive or non-medical use are being done because of anxiety. However - antibiotics are NOT anti-anxiety medications. Antibiotics are for infection. We need to preserve our antibiotics for our sick.

As a medical professional working to combat infections in children, I need all the help I can get. Our community needs to reduce resistant bacteria. The removal of antibiotics being given to healthy animals for “mass-prevention” or for non-infectious reasons will go a LONG way towards improving the health and preserving the future of our kids.

Thank you for your time and the opportunity to testify in support of Senate Bill 785. I would be delighted to answer any questions.

A handwritten signature in black ink that reads "Dawn L. Nolt". The signature is fluid and cursive, with a long horizontal stroke extending from the end of the name.

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