



Dr Andrew Simpson
Chief Medical Officer
PO Box 5013
Wellington 6140
New Zealand

Berlin, 10th September 2020

Request of Support of Aotearoa New Zealand Sepsis Action National Plan

Dear Dr Simpson,

The COVID-19 pandemic is showing that infectious diseases continue to represent a global threat. Research is also demonstrating that COVID-19 and sepsis, a life-threatening condition caused by the host response to most common infections, present identical pathways leading to multi-organ dysfunction and in the worst cases to death.

In light of such evidence, we believe that sepsis prevention and treatment must be included in governments' response to the pandemic and are essential to deal with similar future global threats. Therefore, we ask you to support the New Zealand Sepsis Action Plan developed by the New Zealand Sepsis Trust.

In 2017 the World Health Assembly (WHO) approved a resolution on sepsis that urges WHO members "to include prevention, diagnosis and treatment of sepsis in national health systems". Only a limited number of countries have undertaken such steps, but progress is being made. Such a call is today even more relevant considering that adapted sepsis bundles could help treat COVID-19 in critically ill patients and save lives.

COVID-19 contributes to the enormous burden of sepsis, not only by increasing the annual death toll from infectious diseases, but also through the impact of long-term effects of COVID-19 induced sepsis. Recent studies demonstrate such effects of COVID-19 induced sepsis, known as post-sepsis syndrome, on up to 50% of sepsis survivors who will suffer from long-term physical, cognitive and physiological sequelae. Accordingly, patients critically ill with COVID-19 will have similar rehabilitation requirements to other patients following sepsis.

Sepsis goes beyond COVID-19: each year sepsis affects close to 50 million people of which more than 40% are children under age 5. The burden is concentrated in low- and middle-income countries, but sepsis is also a leading cause of death in high income countries. In New Zealand, **the incidence of sepsis amongst Māori**

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World Federation of Pediatric Intensive and Critical Care Societies
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International Sepsis Forum
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Contact
Konrad Reinhart
+49 30 450551419
Konrad.Reinhart@charite.de
Marvin Zick
+49 30 450551416
Marvin.Zick@global-sepsis-alliance.org

Visitor Address
Global Sepsis Alliance
c/o Charité University Hospital
Hindenburgdamm 27
12203 Berlin
Germany

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is over twice that of non-Māori. Further, sepsis affects Māori over a decade earlier in life, hurting people of working age and their dependent whānau.

Sepsis is preventable and treatable, but coordination is required across the health system. The plan presented by the New Zealand Sepsis Trust suggests establishing a National Sepsis Network (analogous to the National Trauma Network) to supervise the implementation of: efforts to increase public awareness; programmes to improve sepsis recognition in healthcare settings; collection of data for quality improvement; support services for sepsis survivors. Together with programmes of infection prevention (including vaccination) and antimicrobial stewardship, these actions can minimize the harm to population health caused by infection.

In conclusion, I strongly encourage you to support the Aotearoa New Zealand Sepsis Action Plan. We are positively impressed by the way New Zealand has tackled this pandemic. We believe that the support from the Ministry of Health for this sepsis plan would go in the same direction, contributing greatly to your health strategy, helping New Zealand comply with WHO recommendations and, eventually, saving the lives of New Zealanders.

Sincerely yours,

Konrad Reinhart
President

Niranjana 'Tex' Kissoon
Vice President