Monthly Newsletter
August 2012

ANSORP *NOW*

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Dear ANSORP Investigators

Greetings from Seoul !
I hope all ANSORP investigators are doing well.

This is the 2012 August issue of ANSORP NOW. It provides update information and current status of ANSORP activities. "ANSORP NOW" is a monthly newsletter, delivered to all ANSORP investigators by e-mail and website of APFID (www.apfid.org). Please read this ANSORP NOW carefully to update our international collaboration. If you have any ideas, opinions, or issues that can be shared with other ANSORP investigators, please send us e-mails or FAX.

I always appreciate your active participation in the ANSORP activities.

Jae-Hoon Song, MD, PhD
Organizer, ANSORP
Founder & Chairman, APFID

APEC High-Level Workshop on HAIs

Dr. Jae-Hoon Song was invited to the the **APEC High-Level Workshop on reducing the economic burden of Healthcare-Associated Infections (HAIs)**, which was organized by the APEC Health Working Group (HWG) and the APEC Life Sciences Innovation Forum (LSIF) and held on July 24-26, 2012 in Manila, the Philippines. Dr. Song was asked to speak about antimicrobial resistance and the APEC Expert Forum, which was organized by APFID and held in April and October, 2011 in Seoul, Korea. Due to prior engagement, Dr. Doo Ryeon Chung, Coordinator of ANSORP and Associate Professor of Medicine at Samsung Medical Center, was invited and gave a presentation entitled ***"Antimicrobial resistance in Asia-Pacific region: current status and future strategy"*** on behalf of Dr. Song.

Over 150 representatives from government, industry, and academia from 18 countries and senior representatives from several international and regional organizations, including the World Health Organization (WHO), the Asian Development Bank (ADB), the International Nosocomial Infection Control Consortium (INICC), and the Asia Pacific Society of Infection Control (APSIC), participated in the workshop. At the workshop, the public health and economic burden of HAIs, examples of effective policies and programs for addressing HAIs, and ways in which governments, patients, the private sector, and academia could work together to improve HAI prevention and control were discussed. Also, participants developed a set of recommendations on how APEC Member Economies could work both individually, at the government and healthcare institution levels, and collaboratively through the APEC forum to reduce the economic and health burden of HAIs on healthcare systems.

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Publications of APFID in August 2012

Prosthetic Valve Endocarditis Due to *Neisseria skkuensis*, a Novel *Neisseria* Species

J Clin Microbiol. 2012 Aug;50(8):2820-2

Park SY, Kang SJ, Joo EJ, Ha YE, Baek JY, Wi YM, Kang CI, Chung DR, Peck KR, Lee NY, Song JH

ABSTRACT

We describe the first reported case of endocarditis due to *Neisseria skkuensis*. The organism from the blood cultures taken on admission day was identified initially as unidentified Gram-negative cocci by Vitek2. Finally, it was identified as *Neisseria skkuensis* by 16 rRNA gene sequence analysis.

AbaR4-Type Resistance Island Including the blaOXA-23 Gene in *Acinetobacter nosocomialis* Isolates

Antimicrob Agents Chemother. 2012 Aug;56(8):4548-9

Kim DH, Choi JY, Jung SI, Thamlikitkul V, Song JH, Ko KS.

ABSTRACT

This study reports for the first time the AbaR4-type resistance island with the *bla*(OXA-23) gene in two carbapenem-resistant *Acinetobacter nosocomialis* isolates from South Korea and Thailand.

Interesting papers

Does this adult patient with suspected bacteremia require blood cultures?

JAMA. 2012 Aug 1;308(5):502-11

Coburn B, Morris AM, Tomlinson G, Detsky AS.

ABSTRACT

CONTEXT: Clinicians order blood cultures liberally among patients in whom bacteremia is suspected, though a small proportion of blood cultures yield true-positive results. Ordering blood cultures inappropriately may be both wasteful and harmful.

OBJECTIVE: To review the accuracy of easily obtained clinical and laboratory findings to inform the decision to obtain blood cultures in suspected bacteremia.

DATA SOURCES AND STUDY SELECTION: A MEDLINE and EMBASE search (inception to April 2012) yielded 35 studies that met inclusion criteria for evaluating the accuracy of clinical variables for bacteremia in adult immunocompetent patients, representing 4566 bacteremia and 25,946 negative blood culture episodes.

DATA EXTRACTION: Data were extracted to determine the prevalence and likelihood ratios (LRs) of findings for bacteremia.

DATA SYNTHESIS: The pretest probability of bacteremia varies depending on the clinical context, from low (eg, cellulitis: 2%) to high (eg, septic shock: 69%). Elevated temperatures alone do not accurately predict bacteremia (for ≥38°C [>100.3°F], LR, 1.9 [95% CI, 1.4-2.4]; for ≥38.5°C [>101.2°F], LR, 1.4 [95% CI, 1.1-2.0]), nor does isolated leukocytosis (LR, <1.7). The severity of chills graded on an ordinal scale (shaking chills, LR, 4.7; 95% CI, 3.0-7.2) may be more useful. Both the systemic inflammatory response syndrome (SIRS) and a multivariable decision rule with major and minor criteria are sensitive (but not specific) predictors of bacteremia (SIRS, negative LR, 0.09 [95% CI, 0.03-0.26]; decision rule, negative LR, 0.08 [95% CI, 0.04-0.17]).

CONCLUSIONS: Blood cultures should not be ordered for adult patients with isolated fever or leukocytosis without considering the pretest probability. SIRS and the decision rule may be helpful in identifying patients who do not need blood cultures. These conclusions do not apply to immunocompromised patients or when endocarditis is suspected.

Translational research in infectious disease: current paradigms and challenges ahead.

Transl Res. 2012 Jun;159(6):430-53

Fontana JM, Alexander E, Salvatore M.

ABSTRACT

In recent years, the biomedical community has witnessed a rapid scientific and technologic evolution after the development and refinement of high-throughput methodologies. Concurrently and consequentially, the scientific perspective has changed from the reductionist approach of meticulously analyzing the fine details of a single component of biology to the "holistic" approach of broadmindedly examining the globally interacting elements of biological systems. The emergence of this new way of thinking has brought about a scientific revolution in which genomics, proteomics, metabolomics, and other "omics" have become the predominant tools by which large amounts of data are amassed, analyzed, and applied to complex questions of biology that were previously unsolvable. This enormous transformation of basic science research and the ensuing plethora of promising data, especially in the realm of human health and disease, have unfortunately not been followed by a parallel increase in the clinical application of this information. On the contrary, the number of new potential drugs in development has been decreasing steadily, suggesting the existence of roadblocks that prevent the translation of promising research into medically relevant therapeutic or diagnostic application. In this article, we will review, in a noninclusive fashion, several recent scientific advancements in the field of translational research, with a specific focus on how they relate to infectious disease. We will also present a current picture of the limitations and challenges that exist for translational research, as well as ways that have been proposed by the National Institutes of Health to improve the state of this field.

If you need PDF version of the papers, please contact ANSORP Project Manager (Dr. So Hyun Kim, shkim@ansorp.org).