

ANSORP NOW

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Dear ANSORP Investigators

Greetings from Seoul !

I hope all ANSORP investigators are doing well and wish you and your family the New Year filled with joy and happiness.



This is the **2013 January 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.

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2013
ISAAR
Kuala Lumpur

9th International Symposium on Antimicrobial Agents and Resistance (ISAAR 2013)

March 13-15, 2013
Kuala Lumpur Convention Centre
Kuala Lumpur, Malaysia

Containing antimicrobial resistance: a global mission to be achieved

We would like to cordially invite you to join the **9th ISAAR (International Symposium on Antimicrobial Agents and Resistance)**, which will be held at Kuala Lumpur Convention Center (KLCC) in **Kuala Lumpur, Malaysia from March 13 to 15, 2013**. We hope that many ANSORP investigators can join the ISAAR 2013.

APFID has closely collaborated with APEC since a project entitled "International initiatives to control antimicrobial resistance (AMR) in the Asia Pacific region" in 2010, which was the first international project endorsed and supported by APEC regarding AMR in the AP region.

After successful completion of the project, AMR has been included as one of the important midterm plan of APEC Health Working Group (HWG) and our efforts have been acknowledged by WHO as well. Also, as you may know, two follow-up projects submitted to APEC in 2012 have been approved again. One of the approved projects is to organize an international symposium to discuss the clinical and economic impact of AMR and to explore strategies and relevant policies to control AMR in the AP region. Therefore, we are very proud to announce that 9th ISAAR will be held in conjunction with the APEC symposium.

Publication of ANSORP in January 2013

Risk factors and pathogenic significance of bacteremic pneumonia in adult patients with community-acquired pneumococcal pneumonia.

J Infect. 2013 Jan;66(1):34-40

Kang CI, Song JH, Kim SH, Chung DR, Peck KR, Thamlikitkul V, Wang H, So TM, Hsueh PR, Yasin RM, Carlos CC, Van PH, Perera J

ABSTRACT

OBJECTIVES: This study was performed to identify risk factors for the development of bacteremic pneumonia and to evaluate the impact of bacteremia on the outcome of pneumococcal pneumonia.

METHODS: Using a database from a surveillance study of community-acquired pneumococcal pneumonia, we compared data of the bacteremic group with that of the non-bacteremic group.

RESULTS: Among 981 adult patients with pneumococcal pneumonia, 114 (11.6%) patients who had documented pneumococcal bacteremia were classified into the bacteremic group. In a multivariable analysis, use of immunosuppressant drugs, younger age (<65 years), and DM were independent risk factors associated with the development of bacteremic pneumonia among patients with pneumococcal pneumonia (all $P < 0.05$).

The mortality rate was significantly higher in the bacteremic group than in the non-bacteremic group (28.6% vs. 8.5%; $P < 0.001$). The multivariable analysis revealed that concomitant bacteremia was one of the significant risk factors associated with mortality (OR, 2.57; 95% CI, 1.24-5.29), along with cerebrovascular disease and presentation with septic shock (all $P < 0.05$).

CONCLUSIONS: Bacteremia was a common finding in pneumococcal pneumonia and was associated with a higher mortality rate. Several clinical variables may be useful for predicting bacteremic pneumonia among patients with pneumococcal pneumonia.

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

Interesting papers

Background and Rationale for Revised Clinical Laboratory Standards Institute (CLSI) Interpretive Criteria (Breakpoints) for *Enterobacteriaceae* and *Pseudomonas aeruginosa*: I. Cephalosporins and Aztreonam.

Clin Infect Dis. 2013 Jan 18. [Epub ahead of print]

Dudley MN, Ambrose PG, Bhavnani SM, Craig WA, Ferraro MJ, Jones RN; for the Antimicrobial Susceptibility Testing Subcommittee of the Clinical Laboratory Standards Institute.

ABSTRACT

Widespread resistance in *Enterobacteriaceae* and *Pseudomonas aeruginosa* to cephalosporin and monobactam antibiotics due to extended -spectrum beta-lactamases has resulted in the need for reassessment of the interpretative criteria (breakpoints) established for these agents over 2 decades ago. Following extensive evaluation, the Clinical Laboratory Standards Institute (CLSI) recently adopted and published new breakpoints for these agents for use in clinical laboratories and provided updated recommendations for use of the ESBL screening test. This paper summarizes the background and supportive rationale for new interpretative criteria for cephalosporins and aztreonam for testing *Enterobacteriaceae*.

The Global Spread of Healthcare-Associated Multidrug-Resistant Bacteria: a Perspective from Asia.

Clin Infect Dis. 2013 Jan 18. [Epub ahead of print]

Molton JS, Tambyah PA, Ang BS, Ling ML, Fisher DA.

ABSTRACT

Since antibiotics were first used, each new introduced class has been followed by a global wave of emergent resistance, largely originating in Europe and North America where they were first used. MRSA spread from the UK and North America across Europe and then Asia over more than a decade. VRE and KPC-producing *Klebsiella pneumoniae* followed a similar path some 20 years later. Recently however, metallo-beta-lactamases have originated in Asia. NDM-1 was found in almost every continent within a year of its emergence in India. MBL enzymes are encoded on highly transmissible plasmids that spread rapidly between bacteria, rather than relying on clonal proliferation. Global air travel may have helped facilitate rapid dissemination. As the antibiotic pipeline offers little in the short term, our most important tools against the spread of antibiotic resistant organisms are intensified infection control, surveillance and antimicrobial stewardship.

We always appreciate your active contribution to ANSORP activities.

If you have any questions, or issues that can be shared with other ANSORP investigators, please let us know them at any time.