

ANSORP NOW

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Dear ANSORP Investigators

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

This is the **2014 October 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

WHO Global Action Plan to Combat Antimicrobial Resistance

At the Sixty-seventh World Health Assembly (WHA) in May 2014, WHA adopted resolution WHA67.25 on combating antimicrobial resistance (AMR) and the World Health Organization (WHO) was requested to develop a draft global action plan to combat AMR, to be submitted to the Sixty-eighth WHA in May 2015.

On October 1st, the WHO released the first draft of the "Global action plan on antimicrobial resistance". WHO hosted an informal Member States consultation on development of the Global Action Plan for tackling AMR on October 16, 2014 with the purpose of providing the opportunity to comment on the latest iteration of the draft plan before submission to the Executive Board for consideration at its 136th session in January 2015. Thirty-nine Member States and European Union representative, representatives from FAO, OIE and the World Bank, and members of the Strategic and Technical Advisory Group (STAG) on AMR participated in the consultation meeting.

ANSORP also contributes to WHO Global Action Plan on AMR. Dr. Jae-Hoon Song, Organizer of ANSORP, and Dr. Visanu Thamlikitkul at Mahidol University in Thailand are the current AMR STAG members.

For more information, please visit the website below:
<http://www.who.int/drugresistance/memberstatemeeting/en/>

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Publication of APFID in October 2014

Acinetobacter sp. isolates from emergency departments in two hospitals of South Korea

J Med Microbiol. 2014 Oct;63(Pt 10):1363-8.

Choi JY, Ko EA, Kwon KT, Lee S, Kang CI, Chung DR, Peck KR, Song JH, Ko KS

ABSTRACT

A total of 114 *Acinetobacter* sp. isolates were collected from patients in the emergency departments (EDs) of two Korean hospitals. Most isolates belonged to the *Acinetobacter baumannii* complex (105 isolates, 92.1%). Imipenem resistance was found in

39 isolates (34.2%) of the *Acinetobacter* sp. isolates, and 6 colistin-resistant isolates were also identified. Species distribution and antimicrobial-resistance rates were different between the two hospitals. In addition, two main clones were identified in the imipenem-resistant *A. baumannii* isolates from hospital B, but very diverse and novel genotypes were found in those from hospital A. Many *Acinetobacter* sp. isolates, including the imipenem-resistant *A. baumannii*, are considered to be associated with the community. The evidence of high antimicrobial resistance and different features in these *Acinetobacter* sp. isolates between the two EDs suggests the need for continuous testing to monitor changes in epidemiology.

Interesting papers

Public Health in the Age of Ebola in West Africa

JAMA Intern Med. 2014 Oct 10.

doi: 10.1001/jamainternmed.2014.6235.

[Epub ahead of print]

Osterholm MT, Moore KA, Gostin LO

SUMMARY

The world is witnessing the unprecedented unfolding of the West African Ebola epidemic. The epidemic could have major ramifications for global public health in ways that no other modern infectious disease has, perhaps including AIDS, and can be viewed as a “Black Swan” event. As of October 2014, there is no evidence that this devastating epidemic is anywhere near under control. If the number of new cases of Ebola virus disease projected by the World Health Organization (WHO) (20 000 cases by early November 2014) and the Centers for Disease Control and Prevention (1.4 million cases in Liberia and Sierra Leone by the middle of January 2015 if there are no or unsuccessful interventions) materialize in West Africa over the next several months, it is difficult to imagine that the virus will not make its way into other African countries, particularly densely populated cities such as Dakar, Senegal; Abidjan, Ivory Coast; Lagos, Nigeria; Kinshasa, Democratic Republic of the Congo; or Nairobi, Kenya.

What can be learned from the first phases of the unfolding Ebola epidemic in West Africa? Already, we have learned that Ebola in urban Africa creates a much different situation than Ebola in rural Africa, that early rapid interventions are needed to prevent Ebola from spiraling out of control, and that quarantine efforts are more likely to backfire than to curtail the spread of disease. Two lessons, however, have changed our thinking about infectious disease threats and their potential effects on international and regional security, economic stability, and overarching public health governance.

Success stories of implementation of antimicrobial stewardship: a narrative review

Clin Microbiol Infect. 2014 Oct 8.

doi: 10.1111/1469-0691.12803. [Epub ahead of print]

Huttner B, Harbarth S, Nathwani D; The ESCMID Study Group for Antibiotic Policies (ESGAP)

ABSTRACT

It has been increasingly recognized that antimicrobial stewardship (AMS) has to be a key component of any efforts that aim to mitigate the current global antimicrobial resistance (AMR) crisis. It has also become evident that AMR is a problem that cannot be tackled by single institutions or physicians, but needs concerted actions on the regional, national and supranational level. It is, however, easy to become discouraged given the problems that are often encountered when implementing AMS. The aim of this review is to highlight some of the success stories of AMS strategies, to describe the actions that have been taken, the outcomes that have been obtained and the obstacles that have been met. While the best approach to effective AMS remains elusive and may significantly vary among settings, these diverse examples from a range of health care contexts demonstrate that effective AMS is possible. The learning from such examples will inform and encourage others to formally evaluate and share their results with the global stewardship community

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

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.