APFID
ASIA PACIFIC FOUNDATION FOR INFECTIOUS DISEASES
ANSORP
ASIAN NETWORK FOR SURVEILLANCE OF RESISTANT PATHOGENS

Monthly Newsletter
September 2013

ANSORP *NOW*

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Dear ANSORP Investigators

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

This is the 2013 September 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 Meeting of the Strategic and Technical Advisory Group: Global strategy for tackling AMR (STAG - AMR)

WHO meeting of the Strategic and Technical Advisory Group on global strategy for tackling antimicrobial resistance (STAG-AMR) was held on September 19-20, 2013 in Geneva, Switzerland. The STAG-AMR is the principal technical advisory group to WHO on AMR, which will advise the WHO Director-General on WHO's strategic plan and priority activities to tackle AMR.

The purpose of this meeting was to identify the key issues and options so that WHO can develop a global strategy to tackle AMR and play the important coordination role. Dr. Margaret Chan, Director General and Dr. Keiji Fukuda, Assistant Director-General of Health Security and Environment attended this meeting and gave welcome address and introductory remarks. Dr. Jae-Hoon Song was appointed as the member of WHO STAG-AMR. Due to schedule conflicts, Dr. Doo-Ryeon Chung attended this meeting on behalf of Dr. Song. Dr. Visanu Thamlikitkul at Siriraj Hospital in Thailand was also appointed as the member of STAG-AMR and had a presentation on national policies and programs in Thailand including campaign activities at this meeting.

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Interesting papers

Feasibility and effectiveness of a low cost campaign on antibiotic prescribing in Italy: community level, controlled, non-randomised trial

BMJ. 2013 Sep 12;347:f5391

Formoso G, Paltrinieri B, Marata AM, Gagliotti C, Pan A, Moro ML, Capelli O, Magrini N; LOCAAL Study Group.

ABSTRACT

OBJECTIVES: To test the hypothesis that a multifaceted, local public campaign could be feasible and influence antibiotic prescribing for outpatients.

DESIGN: Community level, controlled, non-randomised trial.

SETTING: Provinces of Modena and Parma in Emilia-Romagna, northern Italy, November 2011 to February 2012.

POPULATION: 1 150 000 residents of Modena and Parma (intervention group) and 3 250 000 residents in provinces in the same region but where no campaign had been implemented (control group).

INTERVENTIONS: Campaign materials (mainly posters, brochures, and advertisements on local media, plus a newsletter on local antibiotic resistance targeted at doctors and pharmacists). General practitioners and paediatricians in the intervention area participated in designing the campaign messages.

MAIN OUTCOMES MEASURES: Primary outcome was the average change in prescribing rates of antibiotics for outpatient in five months, measured as defined daily doses per 1000 inhabitants/day, using health districts as the unit of analysis.

RESULTS: Antibiotic prescribing was reduced in the intervention area compared with control area (-4.3%, 95% confidence interval -7.1% to -1.5%). This result was robust to "sensitivity analysis" modifying the baseline period from two months (main analysis) to one month. A higher decrease was observed for penicillins resistant to β lactamase and a lower decrease for penicillins susceptible to β lactamase, consistent with the content of the newsletter on antibiotic resistance directed at health professionals. The decrease in expenditure on antibiotics was not statistically significant in a district level analysis with a two month baseline period (main analysis), but was statistically significant in sensitivity analyses using either a one month baseline period or a more powered doctor level analysis. Knowledge and attitudes of the target population about the correct use of antibiotics did not differ between the intervention and control areas.

CONCLUSIONS: A local low cost information campaign targeted at citizens, combined with a newsletter on local antibiotic resistance targeted at doctors and pharmacists, was associated with significantly decreased total rates of antibiotic prescribing but did not affect the population's knowledge and attitudes about antibiotic resistance.

Use of multilocus variable number of tandem repeats analysis genotyping to determine the role of asymptomatic carriers in *Clostridium difficile* transmission

Clin Infect Dis. 2013 Oct;57(8):1094-102

Curry SR, Muto CA, Schlackman JL, Pasculle AW, Shutt KA, Marsh JW, Harrison LH.

ABSTRACT

Background: Interventions Previous studies have suggested that asymptomatic carriers of toxigenic *Clostridium difficile* are a source of hospital-associated (HA) infections. Multilocus variable number of tandem repeats analysis (MLVA) is a highly discriminatory molecular subtyping tool that helps to determine possible transmission sources.

Methods: *Clostridium difficile* isolates were recovered from perirectal swabs collected for vancomycin-resistant Enterococcus (VRE) surveillance as well as from clinical *C. difficile* toxin-positive stool samples from July to November 2009 at the University of Pittsburgh Medical Center Presbyterian (UPMC). MLVA was performed to determine the genetic relationships between isolates from asymptomatic carriers and patients with HA *C. difficile* infection (HA-CDI). Asymptomatic carriage and HA-CDI isolates were considered to be associated if the carriage isolate was collected before the HA-CDI isolate and if the MLVA genotypes had a summed tandem-repeat difference of ≤2.

Results: Of 3006 patients screened, 314 (10.4%) were positive for toxigenic *C. difficile*, of whom 226 (7.5%) were detected only by VRE surveillance cultures. Of 56 incident cases of CDI classified as HA at UPMC during the study with available isolates, 17 (30%) cases were associated with CDI patients, whereas 16 (29%) cases were associated with carriers. Transmission events from prior bed occupants with CDI (n = 2) or carriers (n = 2) were identified in 4 of 56 cases.

Conclusions: In our hospital with an established infection control program designed to contain transmission from symptomatic CDI patients, asymptomatic carriers appear to have played an important role in transmission. Identification and isolation of carriers may be necessary to further reduce transmission of *C. difficile* in such settings.

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