

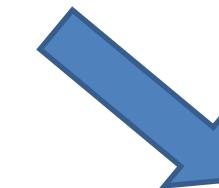
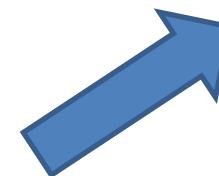
# Antibiotic resistance in invasive bacterial infections in low-resources settings



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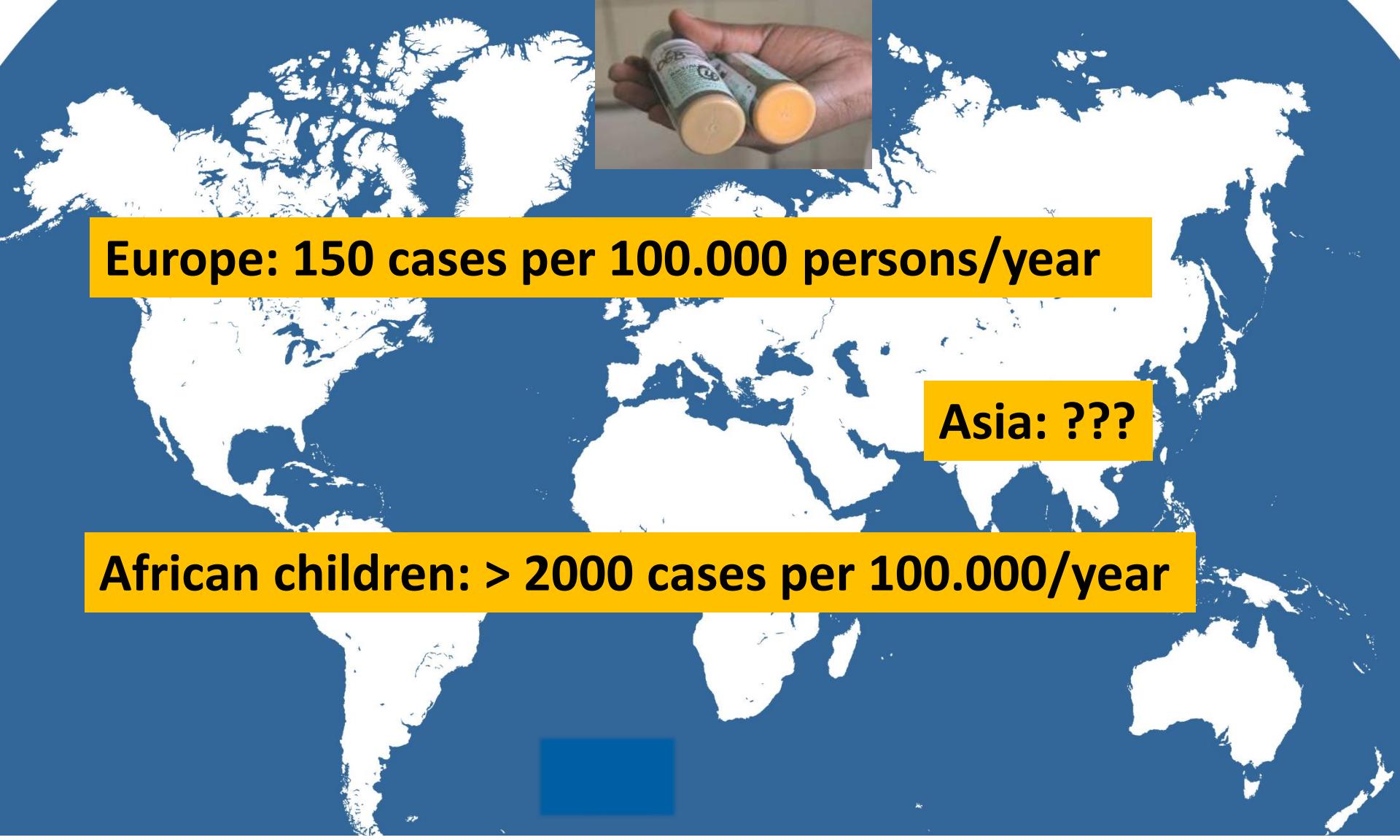
# Invasive bacterial infections



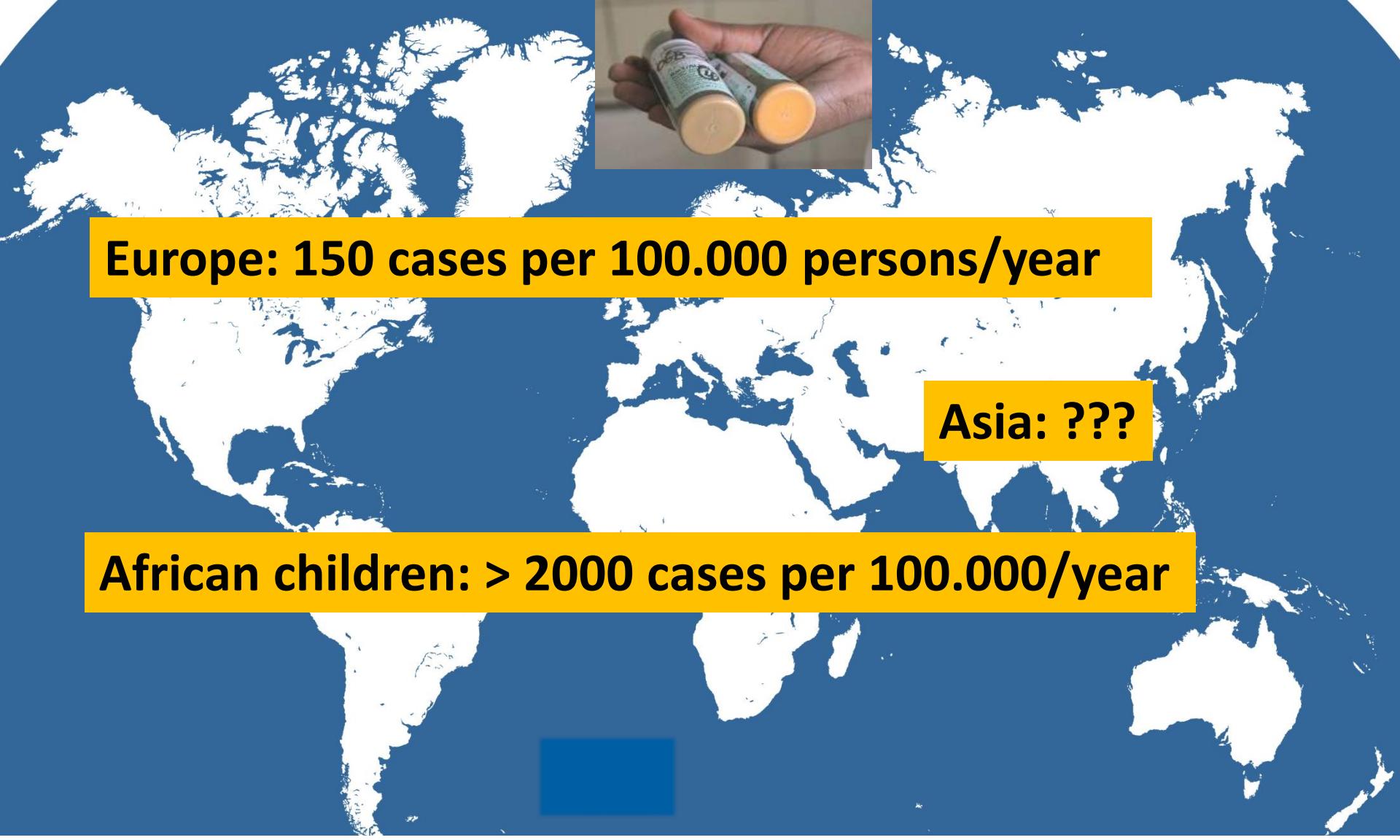
# Bloodstream infection



Europe: 150 cases per 100.000 persons/year



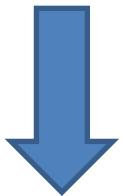
Asia: ???



African children: > 2000 cases per 100.000/year

# Bloodstream infections (BSI)

- Mortality is influenced by:
  - Type of bacterium
  - Host health status
  - Type and treatment of infection

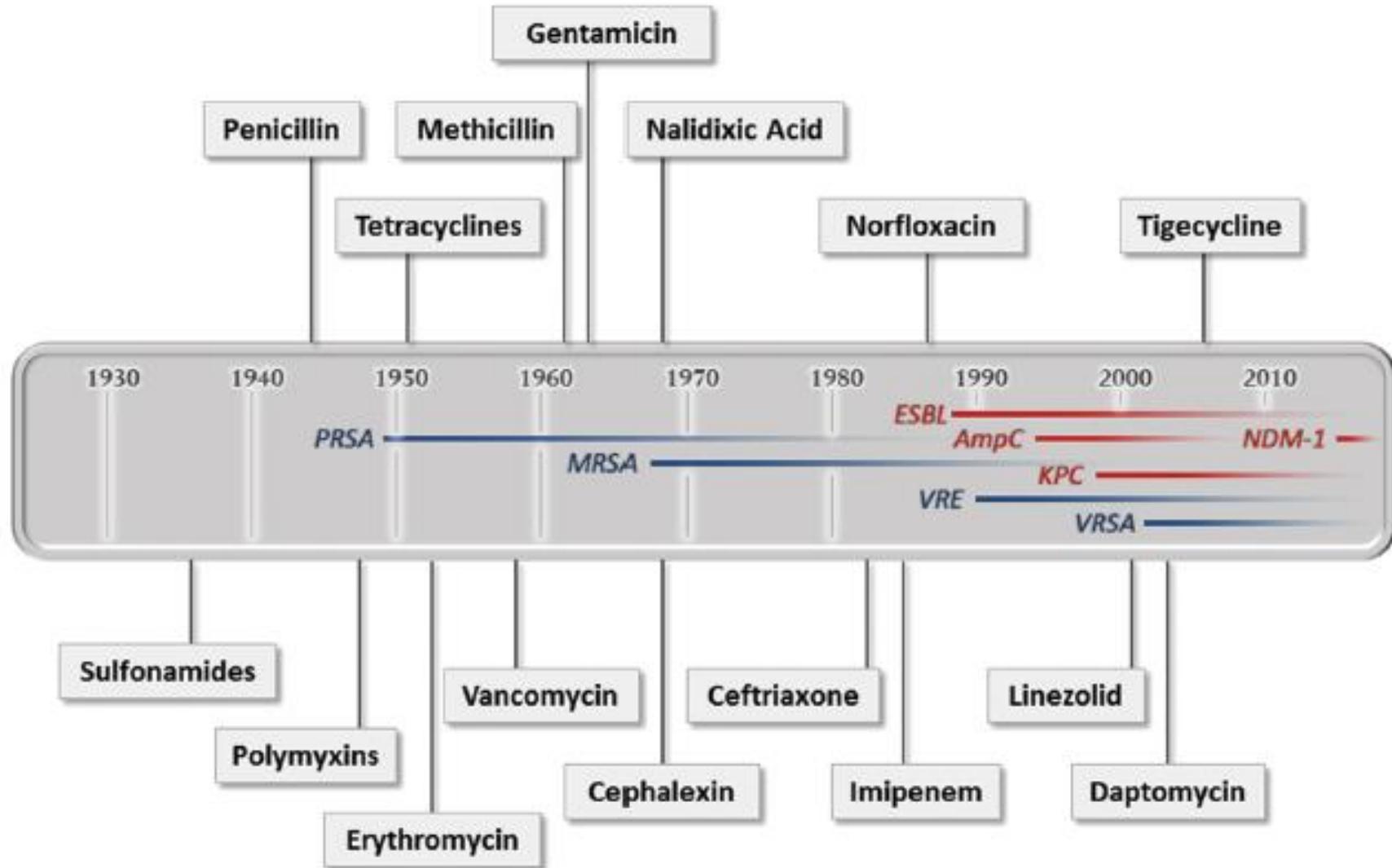


Survival chances improve through:

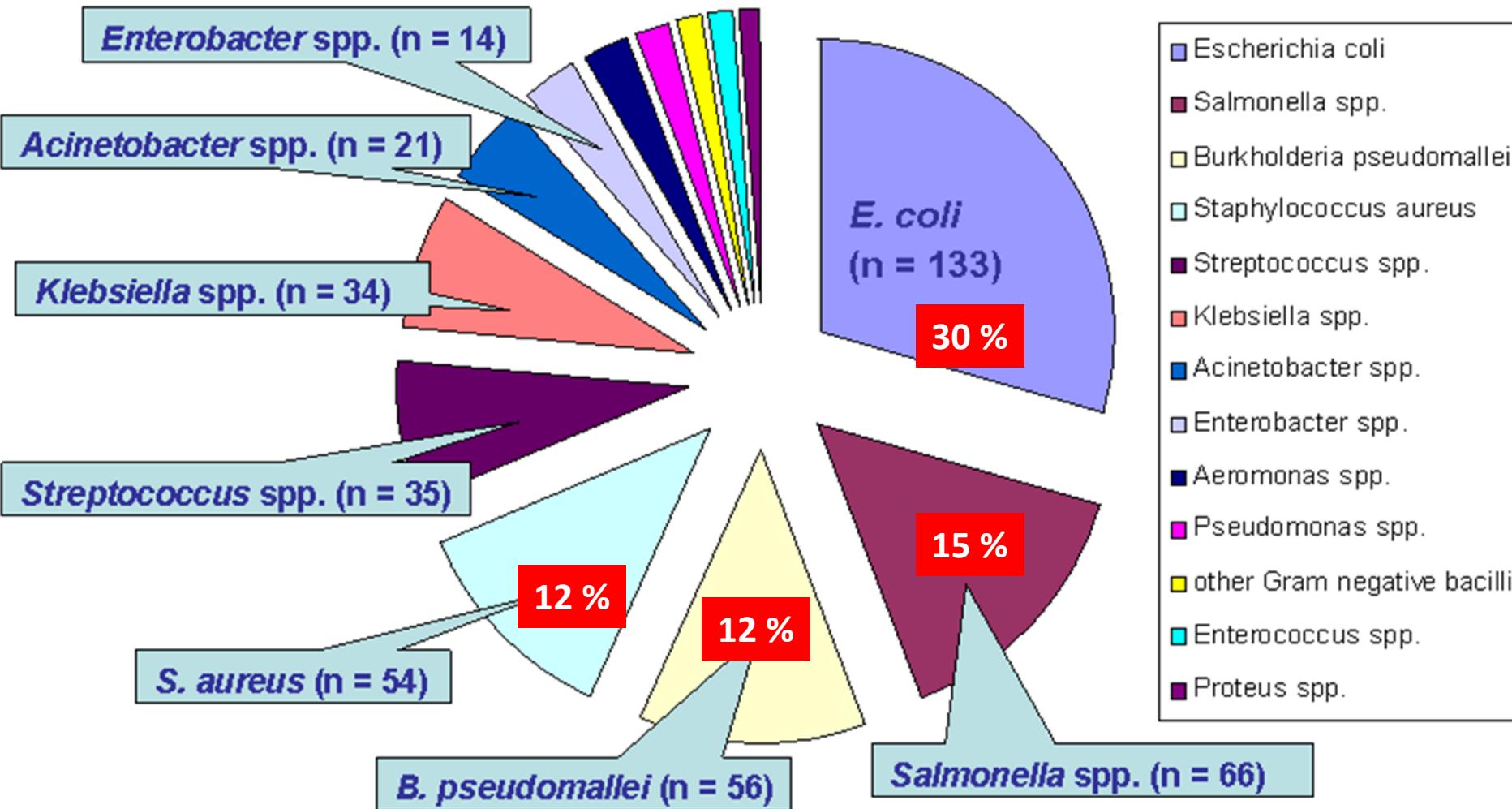


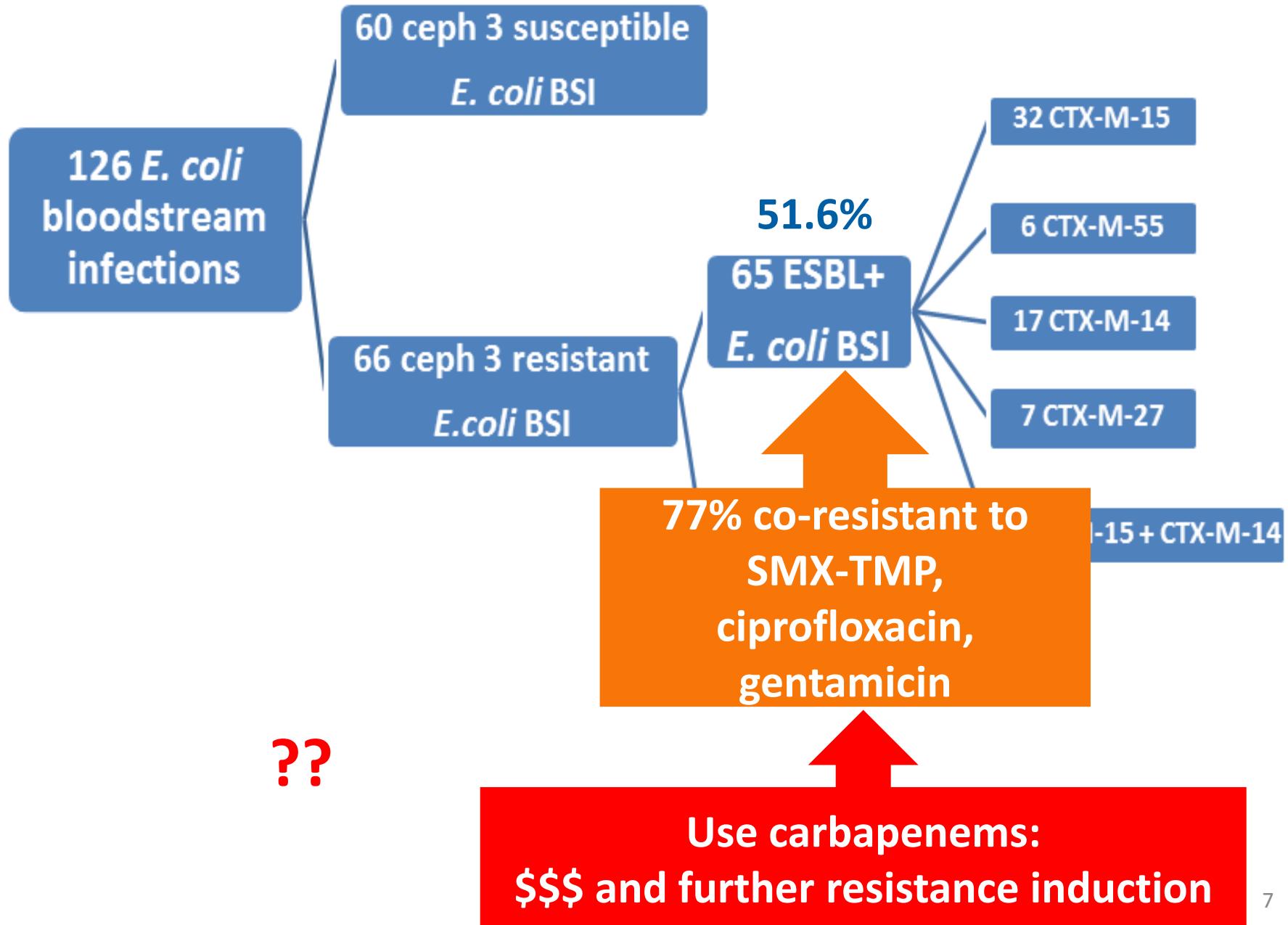
1. supportive (intensive) care
2. early and correct antibiotic therapy

# Antibiotic resistance world wide

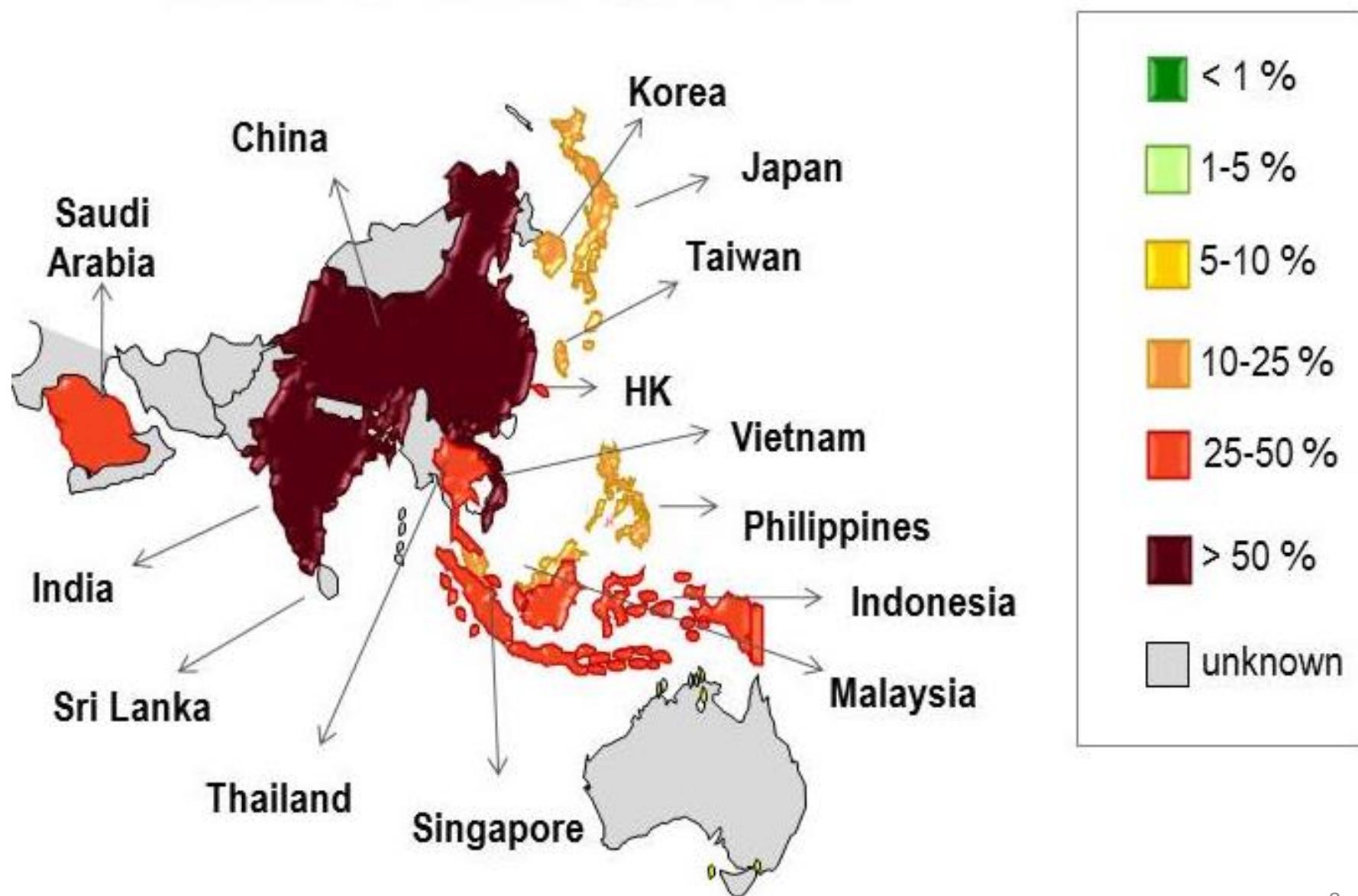


## Distribution of 450 key pathogens from BSI (SHCH 2007-2010)





# ESBL-positive *E. coli* in Asia



# Impact in low-resources settings?

Cohort study

1828 Tanzanian children with fever

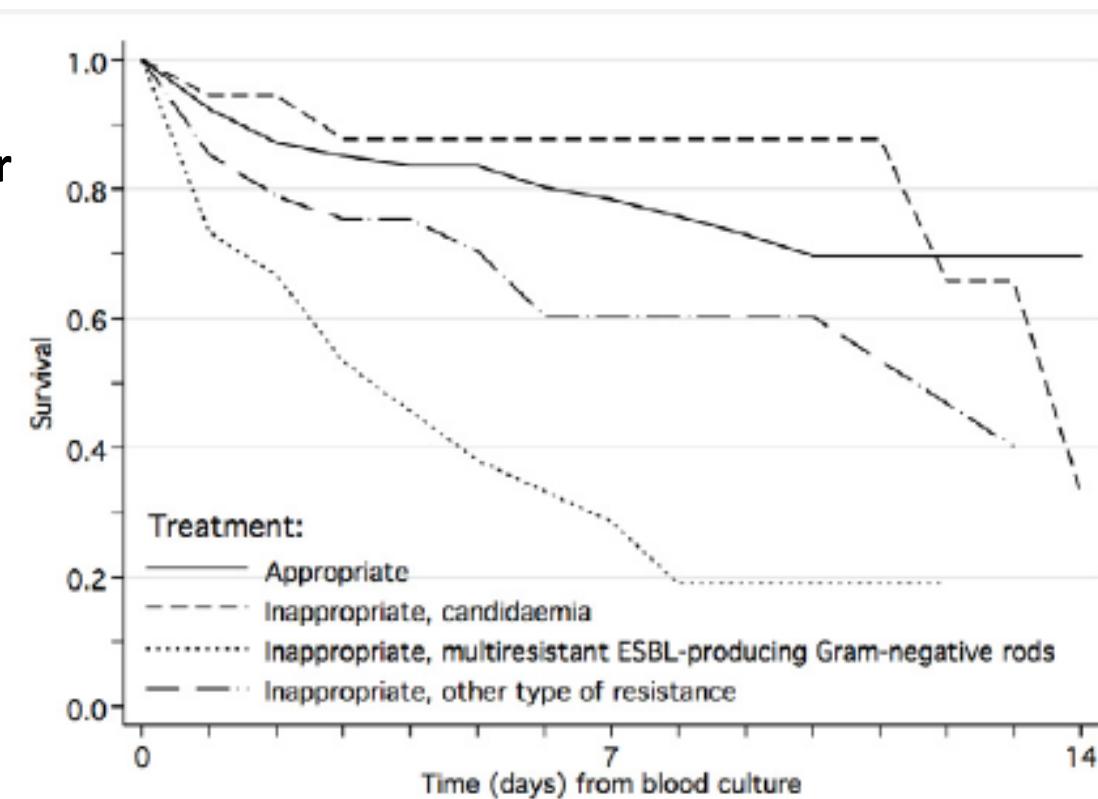
13.9% BSI

40% Enterobacteriaceae

→ ESBL 18%

Risk factors for mortality

- Gram- sepsis
- HIV+
- Malnutrition
- Inappropriate AB

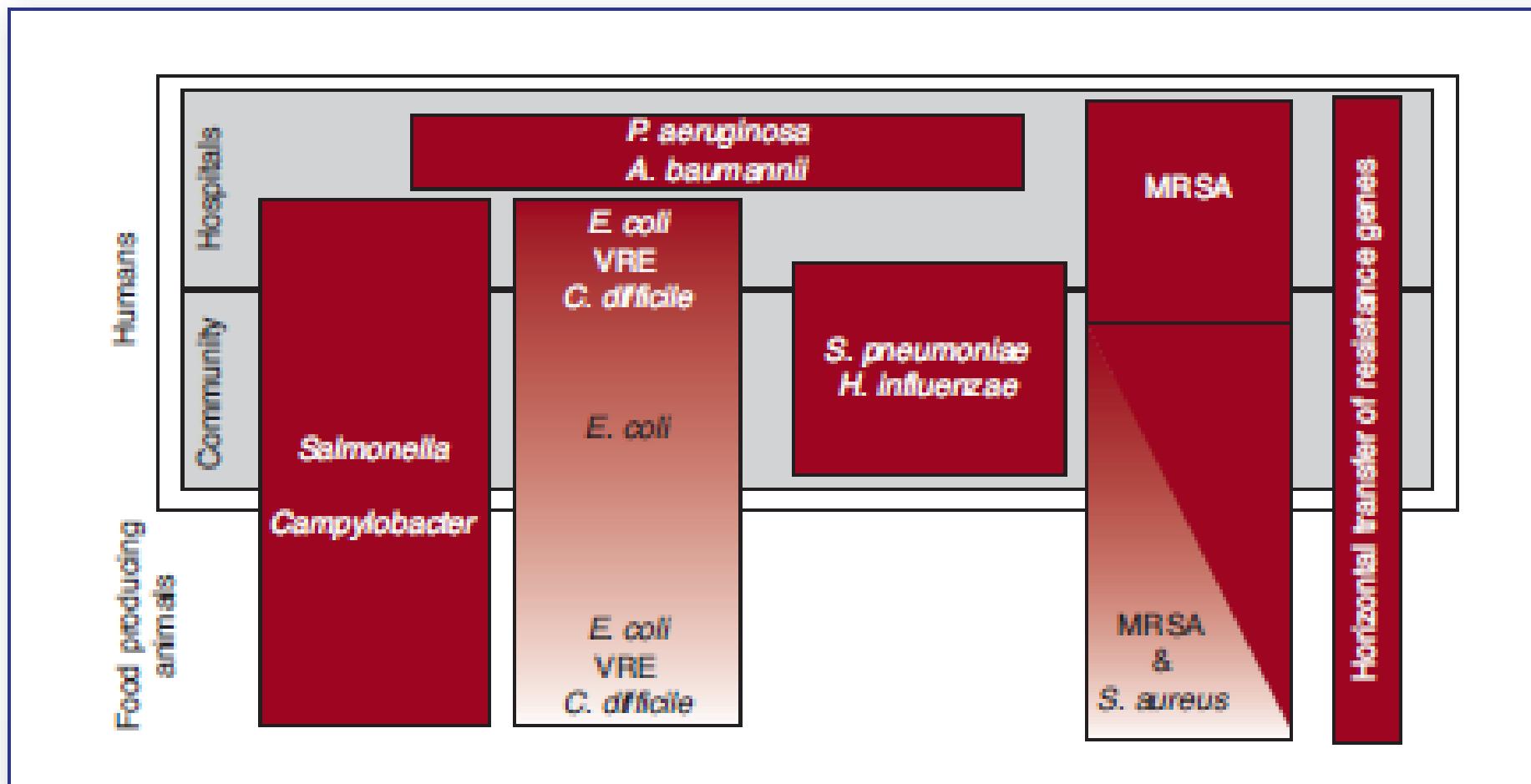


**Figure 3**

Impact of antimicrobial resistance on survival from laboratory-confirmed bloodstream infection.

# Human-animal overlapping resistance

Figure 4.2 Reservoirs of AMR bacteria causing human infections





# Frequency of Severe Malaria and Invasive Bacterial Infections among Children Admitted to a Rural Hospital in Burkina Faso

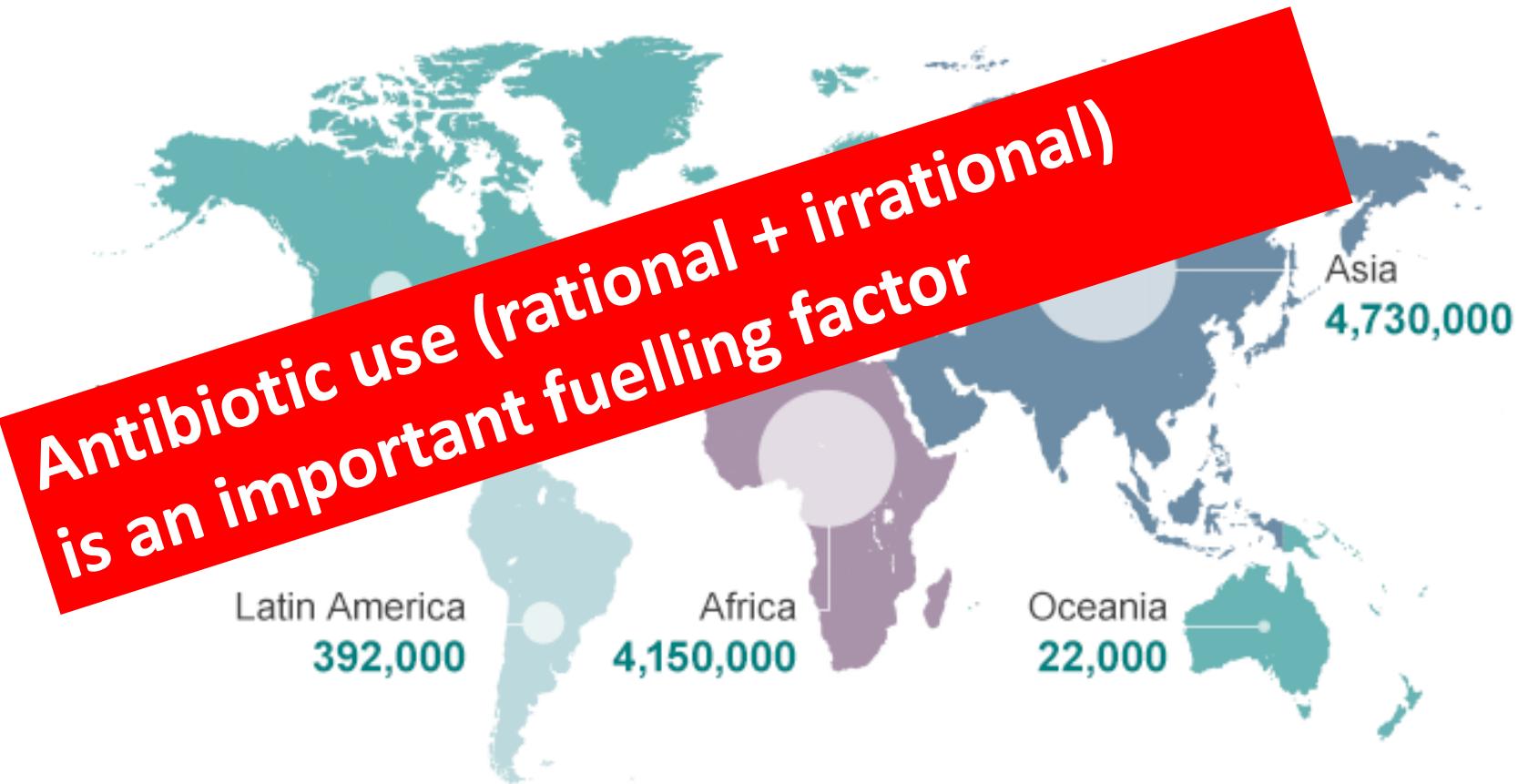
Jessica Maltha<sup>1,2\*</sup>, Issa Guiraud<sup>3</sup>, Bérenger Kaboré<sup>3</sup>, Palpouguini Lompo<sup>3</sup>, Benedikt Ley<sup>1</sup>, Emmanuel Bottieau<sup>1</sup>, Chris Van Geet<sup>2,4</sup>, Halidou Tinto<sup>3</sup>, Jan Jacobs<sup>1</sup>

- 2012-2013
- All children temp  $\geq 39^{\circ}\text{C}$  +/- severe illness' signs
- n = 711 → 63 bacteremia + 6 meningitis
- Top 4 pathogens (> 80%)
  - Non-typhoid *Salmonella*
  - *Salmonella Typhi*
  - *Streptococcus pneumoniae*
  - *Escherichia coli*
- 28% had recently used AB (cotrim, amoxy)

# Salmonella susceptibility

	Non-typhoid <i>Salmonella</i>	<i>Salmonella</i> Typhi
	n = 21	n = 12
<b>Antibiotic</b>	<b>n (%) resistant isolates</b>	
Ampicillin	19 (90.5)	0
Chloramphenicol	19 (90.5)	10 (83.3)
TMP-SMX	19 (90.5)	10 (83.3)
MDR	19 (90.5)	0
Nalidixic acid	1 (4.8)	0
Ciprofloxacin	NA	NA
DCS	1 (4.8)	0
ESBL confirmed	1 (4.8)	0
Azithromycin	0	0
Gentamicin	NA	NA
Meropenem/Ertapenem	NA	NA

Deaths attributable to antimicrobial resistance every year by 2050



Source: Review on Antimicrobial Resistance 2014

# Antibiotics to compensate for lack of diagnostic means





# Antibiotics to compensate for lack of hygiene/infection control

*'Only 1 dose of surgical prophylaxis?  
Nooo...!  
Our patients and hospitals are too  
dirty.  
In this place, we need to give more  
and longer antibiotics...  
This is not Europe...!'*

# Antibiotics as the cheapest solution



**Invasive pneumococcal or staphylococcal infections:**

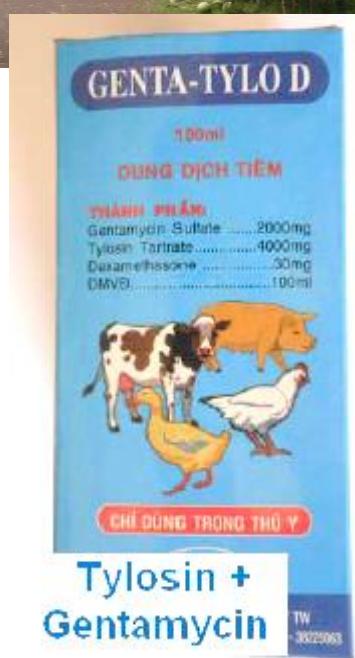
**IV penicillin or cloxacillin is most rational choice (q4-q6)**

**Ceftriaxone 1-2 g q24 is cheaper and easier to access...**

# Selling AB per tablet

DATE	N° D'ORDRE DE CONSULTATION	CAHIER DE VENTES JOURNALIÈRES				
		DESIGNATION	QUANTITE	P.U.	PRIS TOTAL	N° D'ORDRE DE CONSULTATION
22/01/2020	100	Amitié 100g	100	350	35000	
		Scambo à sec	100	50	5000	
		Antibiotique adulte	100	175	17500	
		Antibiotique enfant	1	100	100	
		Salvo 300 gom	10	300	3000	
		AT 1 adulte	100	300	30000	
		Antibiotique enfant	100	100	10000	
		Colis de soins 500 gr	100	400	40000	
		Colis de soins 900 gr	10	50	500	
		Calendrier 5%	1	650	650	
		Ricola 100g	1	50	50	
		Phenothiazine 100	100	90	9000	
		Perfumé 500ml	100	75	7500	
		Perfumé 100ml	1	700	700	

**... also for animals**



*Photo : Y. Froehlich*

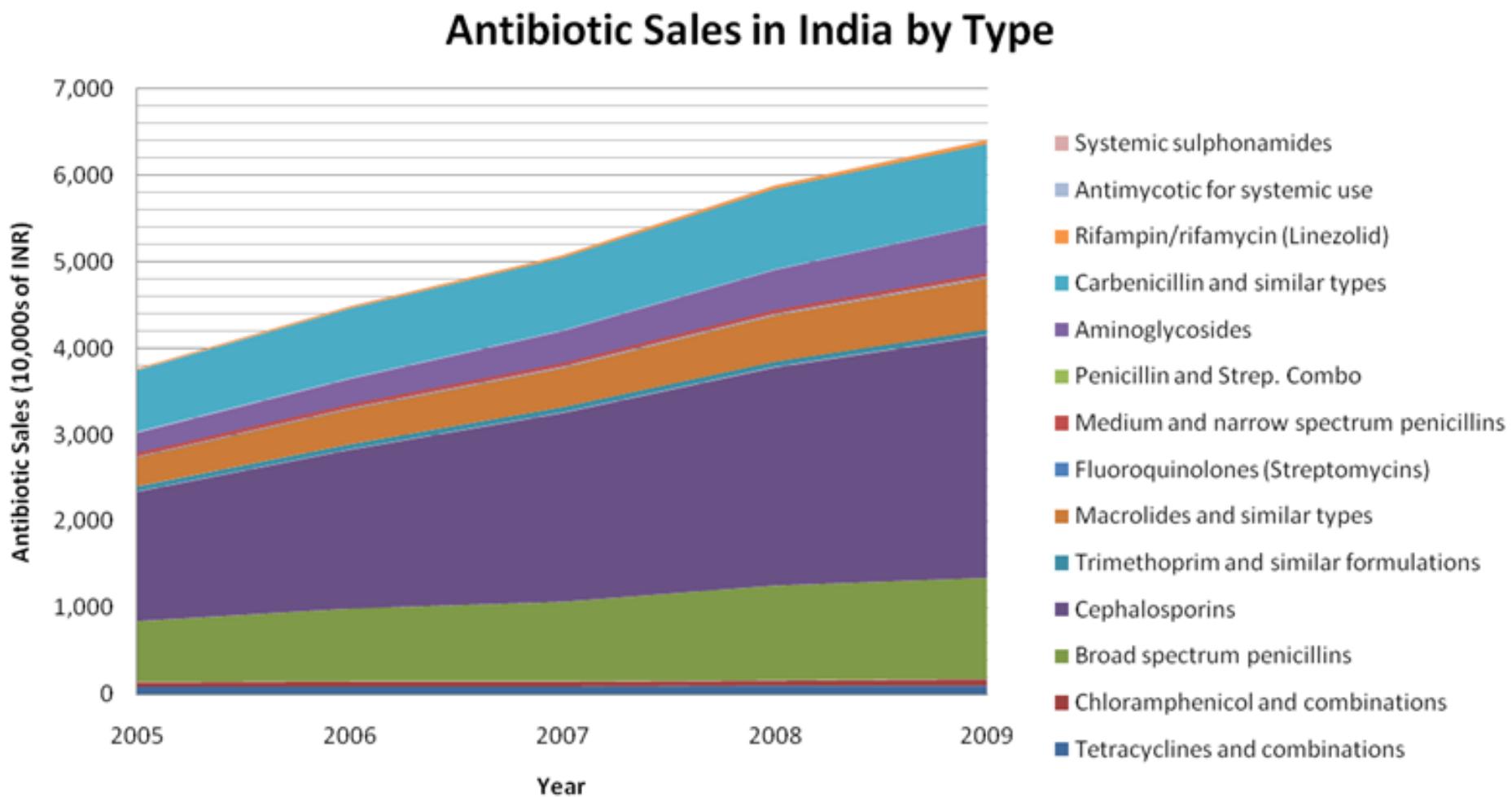
# Antibiotics to compensate (need for) training



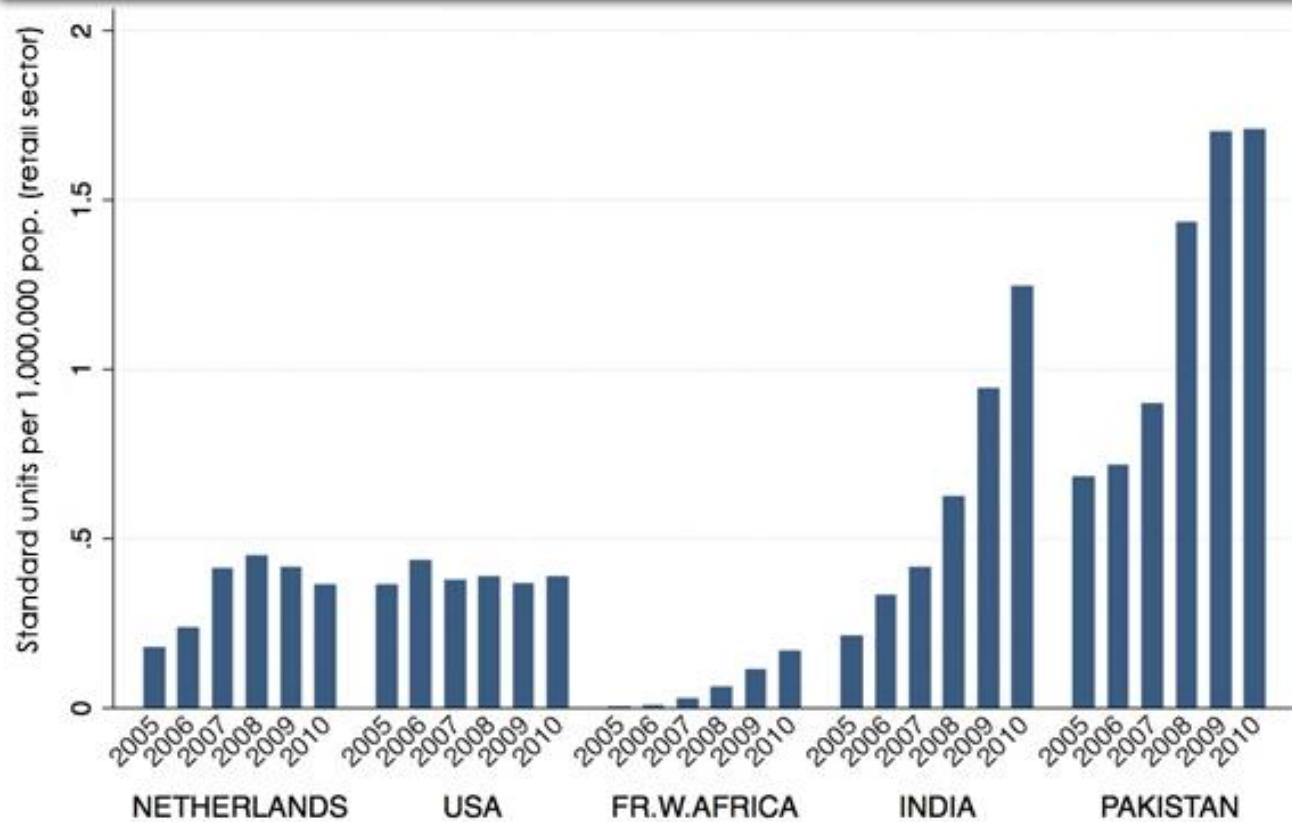
# Good training, (too) many students



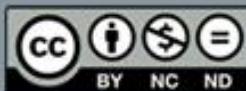
# Antibiotics as a status symbol



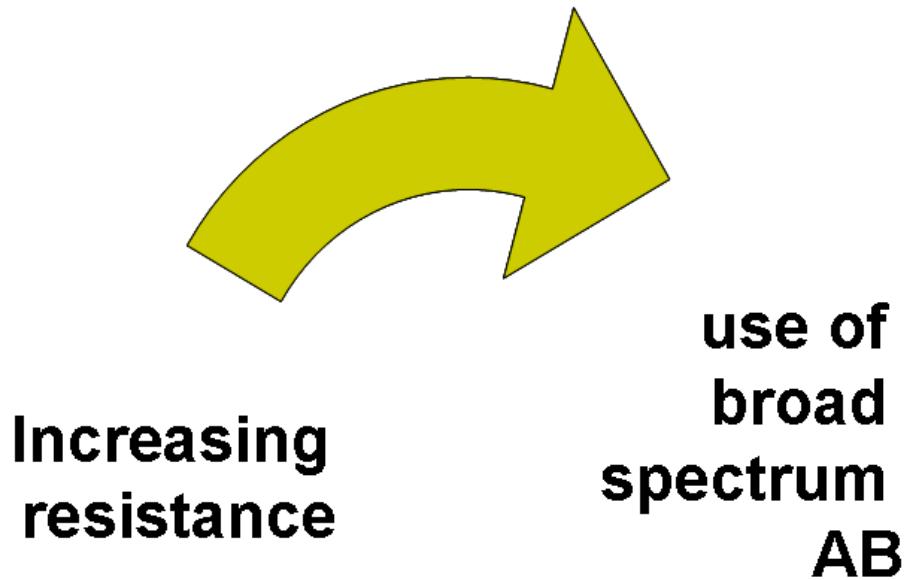
## Retail sales of carbapenem antibiotics to treat Gram-negative bacteria are increasing rapidly in India and Pakistan



Source: Based on data obtained under license from IMS Health MIDAST™(January 2005 - December 2010). IMS Health Incorporated. All Rights Reserved.



# The vicious circle of resistance



# Dissemination of NDM-1 positive bacteria in the New Delhi environment and its implications for human health: an environmental point prevalence study



Timothy R Walsh, Janis Weeks, David M Livermore, Mark A Toleman

## Summary

**Background** Not all patients infected with NDM-1-positive bacteria have a history of hospital admission in India, and extended-spectrum  $\beta$ -lactamases are known to be circulating in the Indian community. We therefore measured the

Lancet Infect Dis 2011;  
11: 355–62

## RAPID COMMUNICATIONS

# Detection of mcr-1 encoding plasmid-mediated colistin-resistant *Escherichia coli* isolates from human bloodstream infection and imported chicken meat, Denmark 2015

H Hasman<sup>1</sup>, AM Hammerum<sup>1</sup>, F Hansen<sup>1</sup>, RS Hendriksen<sup>2</sup>, B Olesen<sup>3</sup>, Y Agersø<sup>2</sup>, E Zankari<sup>2</sup>, P Leekitcharoenphon<sup>2</sup>, M Stegger<sup>1,4</sup>, RS Kaas<sup>2</sup>, LM Cavaco<sup>2</sup>, DS Hansen<sup>3</sup>, FM Aarestrup<sup>2</sup>, RL Skov<sup>1</sup>

# TACKLING ANTIMICROBIAL RESISTANCE ON TEN FRONTS

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Public  
awareness



Sanitation  
and hygiene



Antibiotics in  
agriculture and  
the environment



Vaccines and  
alternatives



Surveillance



Rapid  
diagnostics



Human capital



Drugs



Global  
Innovation Fund



International  
coalition for action

# Work to do...

Access to/restrict drugs



Education



Revise treatment guide



Infection control



Surveillance

# Blood culture-based surveillance



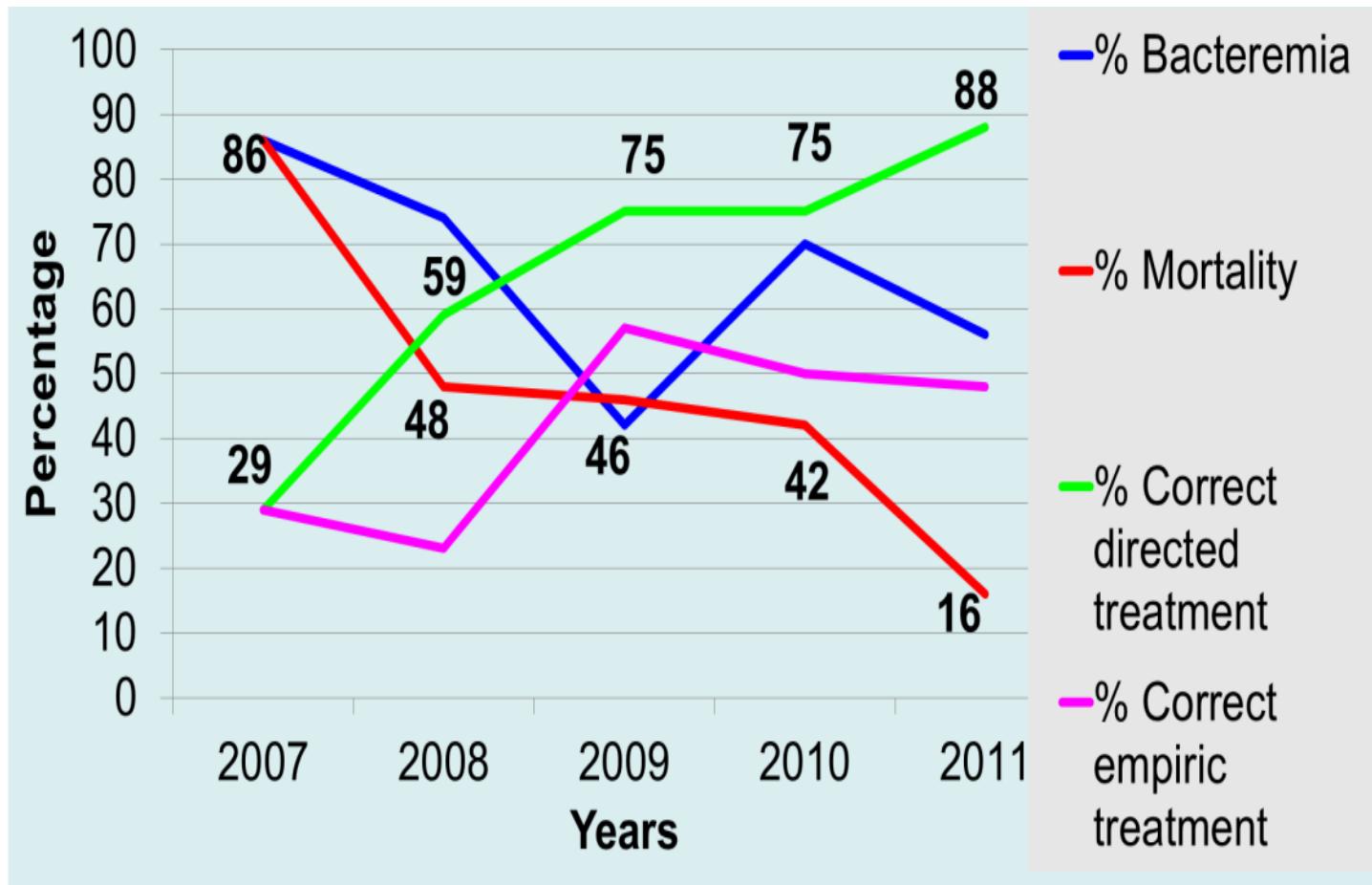
# Individual patient management



# Standard treatment guidelines writing



# Clinician's learning curve on melioidosis management, SHCH



# March 6-24 2017



## CONTAINMENT OF ANTIBIOTIC RESISTANCE IN HOSPITALS IN LOW RESOURCES SETTINGS



TRUNCUS COMMUNIS (all participants)

AND

TRACK SPECIFIC MODULES (per track)

A

ANTIBIOTIC STEWARDSHIP

MEDICAL DOCTORS  
PHARMACISTS

I

INFECTION PREVENTION  
& CONTROL

NURSES  
MEDICAL DOCTORS

M

MICROBIOLOGICAL  
SURVEILLANCE

MICROBIOLOGISTS  
LABORATORY TECHNICIANS

INTERACTIVE

GROUP WORK:  
HOSPITAL COMMITTEE

PERSONAL PROJECT:  
MY HOSPITAL

METHODS

PRACTICE

CARROUssel

LECTURES

MULTI  
DISCIPLINARY

