



Annual Report 2008/2009

1. PAST ACTIVITIES

A. PUBLICATIONS, GUIDELINES AND CONSENSUS DOCUMENTS

- ***Inquiry on the topic of antibiotic shortages***

ESGAP responded to a European Commission Directorate-General Enterprise and Industry public consultation regarding: "The future of Pharmaceuticals in Europe". An email inquiry on the topic of shortages of antibiotics has been performed to determine to what extent shortages have already influenced antimicrobial prescribing in European hospitals. The increasing problem of shortages of antibiotics is perceived as interfering with antibiotic stewardship.

The document was posted as an opinion paper on the ESCMID website in 2008.

- ***Invited article "Surfing the Web"***

Pagani L., IC Gyssens, B Huttner, D Nathwani, S Harbarth Navigating the Web in Search of Resources on Antimicrobial stewardship in HealthCare institutions". *Clin Infect Dis* 2009;48:626-632. ESGAP provided a small grant (500 €) for the fellows Pagani and Huttner.

- ***Improved ABC Calculator***

ESAC and the University of Antwerp as part of the ESAC-3 contract coordinate updates of the ABC Calculator. ESGAP Members will contribute as experts for the evaluation of the pilot version of this new ABC calculator.

B. PRESENTATIONS ON BEHALF OF THE STUDY GROUP AT SCIENTIFIC MEETINGS

- ***ESGAP poster presentations at 18th ECCMID, Barcelona, Spain, 19 - 22 April 2008***

- ESGAP poster at the European Network Corner

- Poster PAUSE: Prudent Antibiotic User. A collaborative web-based forum for sharing experience and learning resources between providers of education about prudent antibiotic prescribing. P.G. Davey, D.N. Nathwani, I. Gyssens, I. Harding, M. Akova (Dundee, UK; Nijmegen, NL; Upwell, UK; Ankara, TR)

- **ABS international final conference on 17 October 2008**

ABS I www.abs-international.eu Data and presentations to be found on the website. IC Gyssens presented a lecture on behalf of ESGAP: "Antibiotic policies: no time to lose"

C. ORGANISATION OF SCIENTIFIC MEETINGS AND WORKSHOPS

ESGAP Interactive Symposium at 18th ECCMID, Barcelona, Spain, 19 - 22 April 2008

Antibiotic Stewardship in the ICU: Today and Tomorrow

Chairs: IC Gyssens, *Nijmegen, NL*, WA Craig, *Madison, US*

The presentations were the following:

- Future antibiotics for intensive care patients? U Theuretzbacher, *Vienna, Austria*
- CARE/ ICU IPSE WP 5: consumption, resistance and policies in European ICUs. H Hanberger, *Linköping, SE*
- Impact of antibiotic shortages of antibiotics on usage patterns and policy S Harbarth, *Geneva, Switzerland*
- Panel Q &A: Antibiotic empirical therapy in the ICU, 2008: How broad is broad enough? Chairs, speakers and a panel expert IM Gould, *Aberdeen, Scotland*

The symposium was very well attended (approx. 350 p).

D. EDUCATIONAL ACTIVITIES

Pre-conference courses and workshops

- ***PGE course Measuring, Auditing and Improving Antimicrobial Use, 17-19 April 2008 Barcelona, Spain.***

Organized by S Harbarth, P M Filius and M Pujol, Barcelona. The 3 day course had 18 Faculty and 67 participants from 28 countries. ESCMID provided grants for junior applicants. Evaluation report by H Saenz in annex A. The evaluation results (overall good to excellent) will guide the adaptations for the next course.

- ***Pre- meeting DC48th ICAAC/46th IDSA Workshop, Washington, US, 24 October 2008 in cooperation with ASM***

"Monitoring, Evaluating and Managing Antimicrobial Use in Hospitals". S Harbarth and IC Gyssens (convener) participated in the full day workshop. Other faculty were from the US: R Polk (convener), H Sandiford, R Drew and R Gaynes.

The course was well attended: 140 participants. Approx 95% of participants were from the US, a few French and Japanese colleagues participated. The majority were

ID physicians. Evaluation report by Henri Saenz in annex B. The evaluation results (overall good to excellent) will guide the adaptations for the next course.

Courses in Eastern Europe

ESGAP pays travel costs for its speakers in Eastern Europe but local scientists are expected to cover costs of the workshop, accommodation and subsistence and also to organize the workshop on location. A guideline **Organisation document** (by Milan Cizman) is available.

The Prudent Antibiotic User Website (PAUSE)

This e-learning resource was launched in 2007 by BSAC. The PAUSE project replaces and expands the BSAC undergraduate e-learning tool APT that was presented at the last ESGAP educational workshop at the ECCMID in Munich. The ESCMID executive approved the BSAC proposal to endorse PAUSE (R. Read, contact person). IC Gyssens is serving as ESCMID's representative for the PAUSE Steering Committee.

E. RESEARCH PROJECTS

Antibiotic shortages are still a problem in EU hospitals. The European Survey from 2007 will be repeated in collaboration with Nijmegen University in 2009 to obtain data for trends.

2. PLANNED ACTIVITIES

Due to former successes, ESGAP will continue its educational activities (PGEC courses) and propose a scientific symposium at the 20th ECCMID 2010. The collaboration with ASM (pre-ICAAC courses) and with BSAC (PAUSE project) will be continued.

- **ANKEM, Turkey, 29 April -3 May 2009** <http://www.ankem2009.org/>

ESGAP session for this 24th national Antibiotic and Chemotherapy Turkish conference. Speaker support for a session on Antibiotic policy to be filled by IC Gyssens and B Cookson (also ESGNI). ANKEM can support travel and accommodation.

- **EACID (former ICCAIDs), Baku, Azerbaijan, 1-4 October 2009**

A 2009 course will be supported by ESGAP if minimal requirements are fulfilled (45 participants).

- **PGE course 8-10 April 2010, before ECCMID Vienna, Austria.**

Dr. Agnes Wechsler-Foerdoes has been invited to be the local organiser. The ABS project consulting company (Roland Gareis) will eventually be involved if expenses remain within budget limits.

3. ADMINISTRATION

A. NUMBER OF THE CURRENT MEMBERS

As provided by the ESCMID Executive Office, 692 ESCMID members showed interest in ESGAP (ESCMID registration, November 2008). ESGAP is among the largest Study Groups. Another 150 persons are non ESCMID members

B. AGENDA FOR GENERAL ASSEMBLY

The ESGAP Annual General Assembly of members took place during the 18th ECCMID in Barcelona, Germany on Sunday 20 April 2008. About 20 persons attended the meeting.

During the meeting the chair of ESGAP provided an overview of research activities, scientific meetings and workshops, and educational activities by ESGAP in 2007/2008. Announcements were made of possible future activities in 2008/2009. Moreover the accounts were presented.

ESGAP executive members

Inge C. Gyssens (chair), P. Margreet Filius (secr), **Barry** Cookson (treasurer)
Milan Čížman, Roxana Filip, Stephan Harbarth, Håkan Hanberger, Biljana Jovanovic,
Dilip Nathwani.

4. FINANCES

BC provided an update of the accounts, sent by Barbara Siegrist (ESCMID). According to the journal, the balance in account 24 February 2009 is EUR 52'949.21. The final balance of the PGEC 2008 in Barcelona will be delivered in due time.

ESGAP Accounts, 3 March 2008 – 24 February 2009

	Credits (Euros)	Debits (Euros)
Balance in account 3 March 2008	52'449.21	
PGEC, Barcelona, 2008		
To be delivered	???	
Miscellaneous		
ESCMID: support of administrative duties	500.00	
Bank charges		
Bank interest		
Capital gains tax/emergency contribution		
Balance in account 24 February 2009	EUR 52'949.21	

Rating scale: 1 (poor), 2 (fair), 3 (good), 4 (excellent)

Number of Participants	67
Number of Responders	60
Response Rate (%)	90

General Questions about the Programme of the Course

Issue	Mean Rating
Was the course structured in a logical way?	3.45
Were your expectations of the course met?	3.38

Rating of the Organisational Set-up

Issue	Mean Rating
Usefulness of information provided prior to the course (announcement, leaflet, website ...)	3.39
Registration	3.47
Location	3.42
Time schedule in general (breaks, length of sessions, ...)	3.04
Tuition fee (cost/benefit assessment)	3.43

Rating Organization	3.37
Rating Faculty	3.39
Course rating	3.38

Where did you find the course advertised?

ESCMID website (20x)
Colleague (11x)
ESCMID in general (email, News, etc.) (7x)
Internet (3x)
Contacted by organizer (2x)

Would you suggest advertising it somewhere else additionally? Where?

No (9x)
Medical Journal (2x)
Through other scientific organizations (ISID, IDSA and also national ID societies of the EU).
National antimicrobial committee for dissemination.
Infection management section of UK clinical pharmacists association website
UK infection management pharmacist group, www.ukcpa.org.uk - infection management group
SEIMC (Spanish Society for ID and CD)

Infectious Diseases Congress
At the hospital

What did you especially like that should be maintained for future courses?

Scientific Programme in general

I think that almost every lecture was extremely useful, so you can just proceed in the same direction.
All the speakers are the top in their field. Good organization, needs of participants were considered. Good respect of timing.
It was my first course of antibiotic policy and it has made for me a very good impression.
Accessibility of faculty. Absence of industry sponsorship.
I liked the choice of lecturers, well-known experts in their field. I liked the choice of venue.
The speakers.
Case study on improving antimicrobial use (Dilip Nathwani). First talk on impact of resistance.
Contents on education and technology information in ID and AB prescribing.
Antibiotic policy experiences. How to measure and to study.
The quality of the presentations, the high level of the professors, the recent reports and data.
I think everything was good. The group 2 session on the first day I liked most.
Broad-spectrum information and subjects. Thank you very much for the excellent quality of the topics and presentators.
The lectures on Thursday and first part of Friday.
Methodology. Best practices.
Small audience. Interactive sessions. [From the rating: Location: Rooms: 4; Food: 4]

Practical exercises

The intensive structure in a plan (?) where there are not other options rather than the course and the interaction with fellows and teachers. The practical exercises.
It is better if there will be more cases and workshops than presentation.
Case studies, interactive.
Practical exercises.

Specific topics: Auditing

The audit by Inge was brilliant.
Auditing talks. Psychologist and cases.
How to plan a different research about antibiotic consumption, audit, ...
Auditing and indicators. Antimicrobial exposure /resistance. Educational interventions.
Audit sessions and general DDD session.
Exercises, e.g. calculation of DDD

Specific topics: Implementing change

Barriers to implementation. Socio-cultural aspects of antibiotic use.
Interpersonal aspects of implementing change.
Exercises: consumption, changes implementation.
How individual practitioners develop interventions but also the talks on overcoming the barriers to implementing change using interpersonal skills.
Workshop on change of practice and implementation.
Interactive clinical cases. Implementing change and barriers for implementing policy.

General organization

Location. Organization.
The basic and the advanced levels.
Very helpful organizing committee.
[From the rating: Location: hotel and food: 4]
Tuition fee.

What did you miss that should be considered for future courses?

None (3x)

Programme recommendations

Case study: investigation and control of an outbreak due to MDR bacteria: IC and AB use.
More practical issues on designing, implementing and conducting. Stewardship programm: there has been perhaps an overrepresentation of methodological issues for research, design and conduction.
Surveillance system on antimicrobial use/infection/antimicrobial resistance in hospital but also in community/primary care.
Maybe more information on community antibiotic consumption.
More audit.
A benchmarking session about comparison between hospitals.
Consumption in particular area such as paediatrics and emergency. How to share with other specialists (other clinicians, not only ID physicians) the antibiotics use problem.
Statistics.
What constitutes good antimicrobial prescribing - focus on choice of drug and dose, relationship between antibiotics and resistance. More case studies and discussion, pro and con of different treatment options.
Maybe mechanisms of resistance.
Contents about how to "practically" develop an antimicrobial stewardship program.
Antibiotic policy strategies and experiences in hospital.
The practical thing about time series, the software and the statistics. [From the rating: Location: The big room needed a microphone for some speakers.]
An orientation of cost-effectiveness analysis.
How to perform data analysis when using an ITS design. Statistical concepts used in ITS design.
I missed a good lecture on implementing changes: how to organize, who should be the "driver" i.e. for instance I would have liked very much to hear someone speak about the "saving 100'000 lives campaign" since they have a very structured way (presented on the web) of introducing goals, testing ways of achieving the goals and so on...

Organizational issues

Potentiate interaction between fellows and teachers. More time to practical examples. A bigger participation of the attendees. More discussions and exercises. Probably a little more social activities, just enough to potentiate the interaction between the students of different countries and different backgrounds.
Extend one more day because it is really a tight program. To get credit hours for the course.
The sessions and the days were too long. You should make the long session shorter. Most people can be concentrated for 90 min. Some presentations of the animal data. More general data from ESAC (I might have got this if I had been in group 2 from Herman Goossens).
Put lecturer in the internet to be available to other people. More exercises.
Maybe the first day should be a little bit more relaxed.
Please make it less intensive!
Too condensed.
More group work, e.g. using ABC calculator and process of audit, preferably in smaller groups.
Missed: information resources. The talk of Richard Drew should have been available in both groups.
Send the "assignment" (the stone paper) in advance (at least ten days).
A list of all the participants with their contact details (email) as well as the lecturers emails. A more clinical approach of the subject. [From the rating: Location too far from Barcelona: 1; Session room too cold, noisy on Friday: 1; Time schedule: Sessions too long: 1; Breaks too short: 1]
Post-course transport arrangement: many people going back to airport, could have arranged transport for them rather than have to go to Barcelona. Difficult to choose between parallel sessions - both of interest or some sessions of one were of interest - could we move between groups? List of delegates, title, place of work, email may be useful. [From the rating: Registration: not much feedback or information on whether registration had been successful and ver short notice to book flights etc. Location: too far from Barcelona: 1; conference room very noisy, difficult to hear, cold: 2; Time schedule: not enough time during breaks, sometimes no breaks because of overtime; Tuition fee: cost of course good value but extra costs such as flights, taxis etc. very expensive]
Loudspeaker for the faculty and audience are needed.
The number of hours spent in the coursesto be included in the certificate.
More practical workshops (...unreadable). More timely distribution of talks (...unreadable).
Lectures should not run until past 8pm.
Instructions for whether you are basic level or advanced. I was in basic, but I guess I should have been in advanced.

Rating scale: 1 (poor), 2 (fair), 3 (good), 4 (excellent)

Number of Participants	125
Number of Responders	63
Response Rate (%)	50

General Questions about the Programme of the Course

Issue	Mean Rating
Was the course structured in a logical way?	3.41
Were your expectations of the course met?	3.25
Time schedule in general (breaks, length of sessions...)	2.97

Rating Organization	3.21
Rating Faculty	3.54
Course rating	3.38

Where did you find the course advertised?

Website (congress, ASM, IDSA) (36x)
Pre-meeting information (mail, email) (9x)
Word of mouth (4x)
Information at the meeting (1x)

Would you suggest advertising it somewhere else additionally? Where?

Explicitly stated "no" (8x)
Postcards sent through mail.
Mail (e.g. similar to satellite symposia advertising)
Direct emails to subscribers of Medical & Pharma Societies.
Affiliated societies
Major journals (NEJM, Annals, ICHE, APIC)
Pharmacy Journals
American Journal of Healthcare Pharmacists
AJHP, Pharmacotherapy
American Society of Healthsystem, Pharmacists Journal

What did you especially like that should be maintained for future courses?

The practical aspect.
Practical exercises
The presentations with a more practical approach were more useful. Use less "statistical overload".
Multidisciplinary approach (i.e. physician, pharmacist). International focus/presenters.
Extended time for Q&A
Excellent faculty
Discussions. Excellent experience. Excellent speakers. Excellent review of literature.
The afternoon sessions were great. The morning sessions were a bit to esoteric for anyone but a researcher, very impractical for most clinicians.
Epidemiology/Stephen Harbarth
How to start and maintain a successful programme.
How to make an antimicrobial stewardship programme work.
Start and maintain the antimicrobial programme: Excellent presentation with valuable information.
How to set up programme.
Examples what other hospitals have done as far as implementing a stewardship programme.
Good examples of stewardship programmes.
Measuring and benchmarking of antibiotic use. Usefulness of technology.
Benchmarking antibiotic use, economics & clinical outcome.
Case examples of how to do audit of prophylaxis is very helpful. Would be helpful to see case examples of how to initiate a project to demonstrate how C. diff. Can be controlled by stewardship, also how to demonstrate control or reduction in resistance to various antibiotics.
How the implementation and maintenance of antibiotics control programmes do overtime. Updates in future courses.

What did you miss that should be considered for future courses?

Include a break (5x)
Include a break. More time for monitoring, evaluating and maintaining use.
Include a break. Hands-on approach. How to deal with faculty resistance against implementing an antimicrobial stewardship programme.
Include a break. Key educational activities related to antibiotic stewardship. Tools for community hospitals without access to physicians/pharmacists specialty trained in ID.
Include a break. Better handling of time series analysis for the non-statistician.
Lunch at a round table to foster colleague communication. Somehow enlarge "busy" slides in booklet.
Please less use of tradenames, not applicable across the world. How to practically perform benchmarking, i.e. step by step to build on the theory.
Looked like a topic which is highly controversial and not fully evolved was chosen, but they could not do justice to the topic because there really is very little data.
Please make all handouts available. Structured suggestions to improve antimicrobial stewardship was missing.
More active approach by practical implication. Vegetarian food was not served.
Limitations of antimicrobial stewardship programme: not all aspects can be controlled. Experience of community hospital, not just medical centre. [Last comment is not readable]
Information technology: costs and implementation of different software programmes. Specifics of how stewardship programmes operate on a day to day basis.
More interactivity.
How to best educate/convince pharmacists to attend.
Clinical rationale/basis for antibiotic prescribing. Most common errors in antibiotic prescribing. More interactive sessions/small groups for discussion.
You did not state that we had to pay \$300 [unreadable end of sentence].
More data about pediatric patients.
Half a day sufficient for this workshop. [additional comments not readable]
I missed reading slides where the font was too small; there is no point showing a slide like that; it is equally unreadable in the handout...unless you would like to hand out magnifying glasses at the same time.
Panel of MDs/PharmIDs to tell about successes and failures of running programmes.
Practical cases with interactive discussions.