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A survey of access to clinical case definitions and management guidelines for severe infectious disease syndromes across Europe

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Background: The re-emergence of pathogens causing severe infectious disease outbreaks, together with an increase in antibiotic resistant strains is a growing public health concern. Harmonized case definitions and clinical management guidelines (CMGs) are important tools for early identification of (re-)emerging outbreaks and for facilitating multi-centre clinical research responses to pandemics, to advance research into management and effective treatments. To review current access to clinical case definitions and CMGs for severe infectious disease syndromes across Europe, a survey was distributed to clinicians, with the aim to inform harmonization of definitions and pre-approved research protocols for rapid, pan-European clinical research responses to (re-)emerging infectious diseases with epidemic potential.

Material/methods: The survey covered use of clinical case definitions and CMGs for syndromes of CNS infections, acute respiratory infections (ARI) in adult (a) and paediatric (p) populations and sepsis-like-syndrome (SLS) in infants, and asked for CMGs to be submitted. It was designed, piloted, modified and distributed by Research online to clinicians in 33 European countries.

Results: The response rate was 66% (n=76 clinicians) from 30 European countries, covering 84% of EU/EEA member states; 55% of WHO European countries. 9% of respondents covered paediatrics, 43% adults & paediatrics and 41% adults only. The proportion of respondents (a&p) using CMGs >75% of the time was significantly higher for CNS infections vs. ARI (66% vs.49%, p<0.05). This was reflected in higher usage of clinical case definitions for CNS infections vs. ARI (49% vs.34%). 65% (n=30) used CMGs >75% of the time for SLS in infants. 131 CMGs were returned or quoted, covering ARI (30%), CNS infections (22%), SLS (19%), all/general (25%), unknown 4% (Fig.1). The CMGs were produced by national (40.5%), international (40.5%) or local (19%) organisations, representing

43 different organisations, including 15 international organisations. A majority of international guidelines were produced by IDSA (36%), followed by ESCMID (23%).

Conclusions: The survey showed a high response rate and coverage across Europe. The preliminary results showed that a significantly higher proportion of respondents frequently used CMGs to guide management of CNS infections compared to ARI, which was reflected in higher usage of clinical case definitions for CNS infections compared to ARI. Two-thirds used CMGs frequently to guide management of SLS in infants. The results show that there are a wide range of CMGs in use across the region, produced by more than 40 different organisation, including 15 international organisations, highlighting potential variations in recommendations. The CMGs returned will be further explored, including case definitions and presented with the aim to inform harmonization of definitions and pre-approved research protocols for facilitation of pan-European clinical research responses to (re-) emerging infectious disease syndromes with epidemic potential.