

P2045 The Global and ECDC Point Prevalence Survey of antimicrobial use and healthcare-associated infections: antimicrobial prescribing and outcomes of urinary tract infections in Belgium

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Background: The Urinary Tract Infection (UTI) working group of the Belgian Antibiotic Policy Coordination Committee (BAPCOC) promotes prevention and control of UTI and appropriate antibiotic prescribing for the treatment of UTI. We aimed to assess antibiotic prescribing for UTI in Belgian acute care hospitals to identify priorities for antimicrobial stewardship programmes and quality of care.

Materials/methods: Prevalence surveys (PPS) on antimicrobial use and resistance were performed in Belgian hospitals in 2015 (Global-PPS) and 2017 (Global-PPS and ECDC-PPS). Data were collected at hospital/ward/patient level using a standardized methodology and through a web-based application (www.Global-PPS.com). Data on patients treated with antimicrobials for lower and higher UTI were analysed.

Results: In 2015, 69 hospital entities (degree of participation=67.6%; 26365 patients included); and in 2017, 83 hospital entities (degree of participation=81.4%; 28007 patients included) participated in a PPS. Overall, the mean prevalence of patients treated for UTI was 3.8% (n=956; 95%CI: 3.5-4.2%, max=12.9% of admitted patients at hospital level) in 2015 and 4.1% in 2017 (n=1076; 95%CI: 3.7-4.5%; max=12.6% of admitted patients at hospital level). Hospital acquired UTI (HA-UTI) represented 43.1% and 39.7% of patients treated for UTI in 2015 and 2017. Intervention-related HA-UTI represented 16.5% and 15.2%; and UTI acquired in long-term care facilities (LTCF) 5.2% and 4.7% in 2015 and 2017, respectively. Overall, 75.0% of patients with intervention-related HA-UTI and 55.1% of patients with UTI from LTCF was microbiology-based, and ESBL-producing Enterobacteriaceae were the most commonly detected organisms (6.7% and 5.7% in 2015 and 2017). Overall, 50.7% of patients with a community-acquired UTI and 40.5% with an HA-UTI were treated based on biomarker results (CRP). Most frequently prescribed antibiotics were ciprofloxacin (23.5%), amoxicillin/enzyme inhibitor (17.4%) and temocillin (10.7%). Quality indicators showed that 77.5% of prescriptions followed local guidelines, 85.2% had documented the reason in notes, while stop/review date was less documented (44.1%).

Conclusions: PPS allow assessing antibiotic prescribing in patients with UTI, pointing out priorities for national and local antimicrobial stewardship programmes such as the high rate of intervention-related HA-UTI in hospitals. Further initiatives are carried out by the UTI working group to support Belgian healthcare facilities in preventing and managing UTI.

