News from ESGAP

The link between antibiotic use and resistance is clear. Consequently, concerns about inappropriate antibiotic prescribing has never been greater. Reversal of resistance problems is often feasible by changing patterns of antibiotic use. Audits repeatedly show tremendous variations in standards for antibiotic prescription, but the common topic is one of unnecessary use. Unfortunately, there are no reliable comparative data on antibiotic prescribing and control measures, although the importance of collecting such data was emphasised in the recent Copenhagen Declaration.

With these facts in mind, a group of like-minded researchers have formed the European Study Group for Antibiotic Policies. ESGAP has gained official recognition from the ESCMID Executive Committee and elected its first executive officers at the 9th ECCMID, 1999, Berlin, Germany.

ESGAP made numerous presentations and publications. An important event to come is the Postgraduate Education course on Management and Control of Health Care-Associated Bloodstream Infections

Participation to ESGAP activities requires filling in a membership application and submitting it.

News on antimicrobial stewardship

AMC Tool is a programme to calculate antimicrobial consumption. It is aimed to replace the old ABC Calc tool. As its predecessor, AMC Tool computes antimicrobial consumption data provided as numbers of packages into numbers of Defined Daily Doses (DDD) using the ATC/DDD index.

AMC Tool is a completely new programme, freely available. AMC Tool has extended the basic functionalities of ABC Calc in order to provide a better user experience.

AMC Tool includes additional ATC groups and can process consumption data for antibiotics, antimycotics, antifungals and antivirals.

AMC Tool uses two indicators to report antimicrobial consumption:

- DDD per 1000 inhabitants per day
- DDD per 100 bed-days

and allows the calculation of consumption data from either healthcare settings or the community.

In addition to manual data entry, AMC Tool can read files provided in a standardised format in order to facilitate the process of data entry.

AMC Tool exports the computed consumption data in DDD in a standardised format ready for further analyses.

It is freely downloadable.
Focus on a paper


**Background:** Previous studies, largely based on chart reviews with small sample sizes, have demonstrated that infectious diseases (ID) specialists positively impact patient outcomes. We investigated how ID specialists impact mortality, utilization, and costs using a large claims dataset.

**Methods:** We used administrative fee-for-service Medicare claims to identify beneficiaries hospitalized from 2008 to 2009 with at least 1 of 11 infections. There were 101,991 stays with and 170,336 stays without ID interventions. Cohorts were propensity score matched for patient demographics, comorbidities, and hospital characteristics. Regression models compared ID versus non-ID intervention and early versus late ID intervention. Risk-adjusted outcomes included hospital and intensive care unit (ICU) length of stay (LOS), mortality, readmissions, hospital charges, and Medicare payments.

**Results:** The ID intervention cohort demonstrated significantly lower mortality (odds ratio [OR], 0.87; 95% confidence interval [CI], .83 to .91) and readmissions (OR, 0.96; 95% CI, .93 to .99) than the non-ID intervention cohort. Medicare charges and payments were not significantly different; the ID intervention cohort ICU LOS was 3.7% shorter (95% CI, -5.5% to -1.9%). Patients receiving ID intervention within 2 days of admission had significantly lower 30-day mortality and readmission, hospital and ICU length of stay, and Medicare charges and payments compared with patients receiving later ID interventions.

**Conclusions:** ID interventions are associated with improved patient outcomes. Early ID interventions are also associated with reduced costs for Medicare beneficiaries with select infections.

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**On the Web**

*Global Point Prevalence Survey of Antimicrobial Use: an Opportunity Knocking on your Door:*

- Global-PPS is project aiming to expand a standardised surveillance method to monitor rates of antimicrobial prescribing in hospitalized patients.
- The Global-PPS assesses antimicrobial use in all hospitalized patients (adults and children) of the participating centres at 8:00 am on the day of survey, and receiving an antimicrobial agent.
- It is aimed to conduct a *one-day* cross-sectional PPS including each ward within the hospital just once within this period.
- Foreseen timeline for the Global-PPS is February-April 2015.
- More information on [OVLC website](#)

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**Announcements**

Two courses supported by ESGAP:

1. Postgraduate Education Course on “Management and Control of Health Care-Associated Bloodstream Infections” held in Copenhagen, Denmark, from 23 - 24 April 2015 (just before ECCMID 2015), organised by the following Study Groups:
   - ESCMID Study Group for Antibiotic Policies (ESGAP)
   - ESCMID Study Group for Bloodstream Infections and Sepsis (ESGBIS)
   - ESCMID Study Group for Nosocomial Infections (ESGNI)

The course is targeting medical doctors, scientists and clinical pharmacists involved in management and control of health care-associated bloodstream infections. Register now online via the following link! Deadline for registration is 1 March 2015.

2. Soon to be, a MOOC (Massive Online Open Course) on Antimicrobial Stewardship organized by Pr Dilip Nathwani

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**Contact Information:**

Guillaume BERAUD.
University Hospital of Poitiers, Poitiers, France
beraudguillaume@gmail.com

To apply for membership to ESGAP, you just need to fill in an application form.

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**!!!The event of the year in antimicrobial stewardship!!!**

Postgraduate Education Course on *Management and Control of Health Care-Associated Bloodstream Infections* held in Copenhagen, Denmark, from 23 - 24 April 2015 (just before ECCMID 2015)