

P2044

Results of the Global and ECDC Point Prevalence Surveys of antimicrobial use and healthcare-associated infections in Belgian acute care hospitals in 2017

Eline Vandael*¹, Katrien Latour¹, Herman Goossens², Koen Magerman³, Boudewijn Catry^{1,4}, Ann Versporten^{2,5}

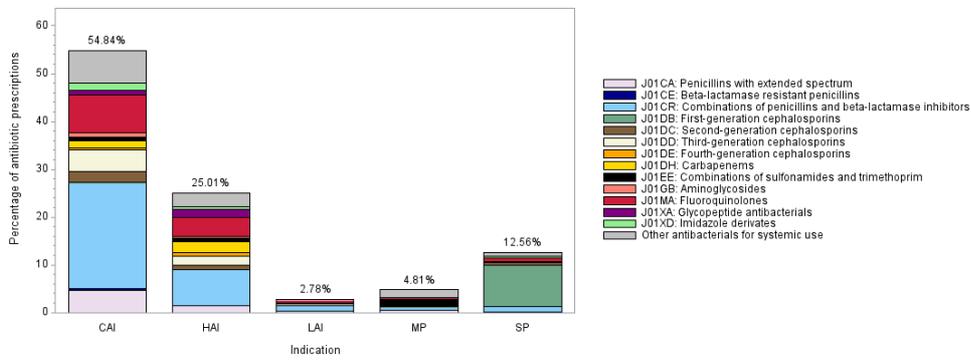
¹ Sciensano, Brussels, Belgium, ² University of Antwerp, Laboratory of Medical Microbiology, Antwerp, Belgium, ³ University of Hasselt, Department of Microbiology, Hasselt, Belgium, ⁴ Université Libre de Bruxelles (ULB), School of Public Health, Brussels, Belgium, ⁵ Belgian Antibiotic Policy Coordination Committee (BAPCOC), Federal Public Service Health, Food Chain Safety and Environment, Brussels, Belgium

Background: The second ECDC point prevalence survey (PPS) of healthcare-associated infections (HAIs) and antimicrobial use and the second Global PPS of antimicrobial use and resistance were simultaneously performed in Belgian acute care hospitals.

Materials/methods: Belgian acute care hospitals were invited to participate in either the ECDC PPS or the Global PPS. Between September-December 2017, data were collected on hospital/ward/patient levels using a standardized methodology and through a web-based application. All patients present on the wards at 8 a.m. on the day of the PPS were included. The data of the ECDC PPS and Global PPS on antimicrobial use and quality indicators were pooled. In addition, more detailed data on HAIs were collected in the hospitals that performed the ECDC PPS.

Results: In total, 83 acute care hospitals (28007 included patients) participated in the ECDC PPS (N=33) and Global PPS (N=50) with a countrywide participation rate of 81.4%. Overall, the crude prevalence of patients with at least one antimicrobial was 27.1% (95% confidence interval (CI) 26.5-27.6%; tertiary hospitals: 29.5%; intensive care units (ICU): 51.0%). The most frequently reported diagnoses for therapeutic use were pneumonia (23.2%) and skin and soft tissue infections (11.9%). In figure 1, the distribution of the antibiotic prescriptions per subclass and per indication are presented. In 76.6%, the antibiotic prescriptions were compliant with the local antibiotic guidelines (compliance for surgical prophylaxis (SP): 73.2%, > 1 day SP: 25.2%). The reason for antimicrobial use and a stop/review date was available for 81.9% and 40.8% of the antimicrobial prescriptions, respectively. In the ECDC PPS, a crude prevalence of patients with at least one HAI of 7.3% (95%CI 6.8-7.7%; tertiary hospitals: 9.1%; ICU: 20.9%) was detected. The most frequently reported HAIs (N=911) were pneumonia (21.6%) and urinary tract infections (21.3%). In the Global PPS, the prevalence of patients with a HAI as an indication for at least one antimicrobial was 6.8% (95%CI 6.4-7.2%).

Conclusions: In comparison with previous PPS, the prevalence of antimicrobial use and HAIs remained stable in Belgian acute care hospitals. Belgian hospitals should further be stimulated to participate regularly in a PPS and to set local targets to improve.



CAI = community-acquired infection, HAI = acute-hospital-acquired infection, LAI = infection acquired in long-term care facility or chronic-care hospital, MP = medical prophylaxis, SP = surgical prophylaxis

Figure 1: Distribution of antibiotic (J01) prescriptions per antibiotic subclass (Anatomical Therapeutic Chemical level 4) and per indication in Belgian acute care hospitals, total results for the Global and ECDC point prevalence surveys 2017

29TH ECCMID
 13-16 APRIL 2019 AMSTERDAM, NETHERLANDS
 POWERED BY M-ANAGE.COM

