

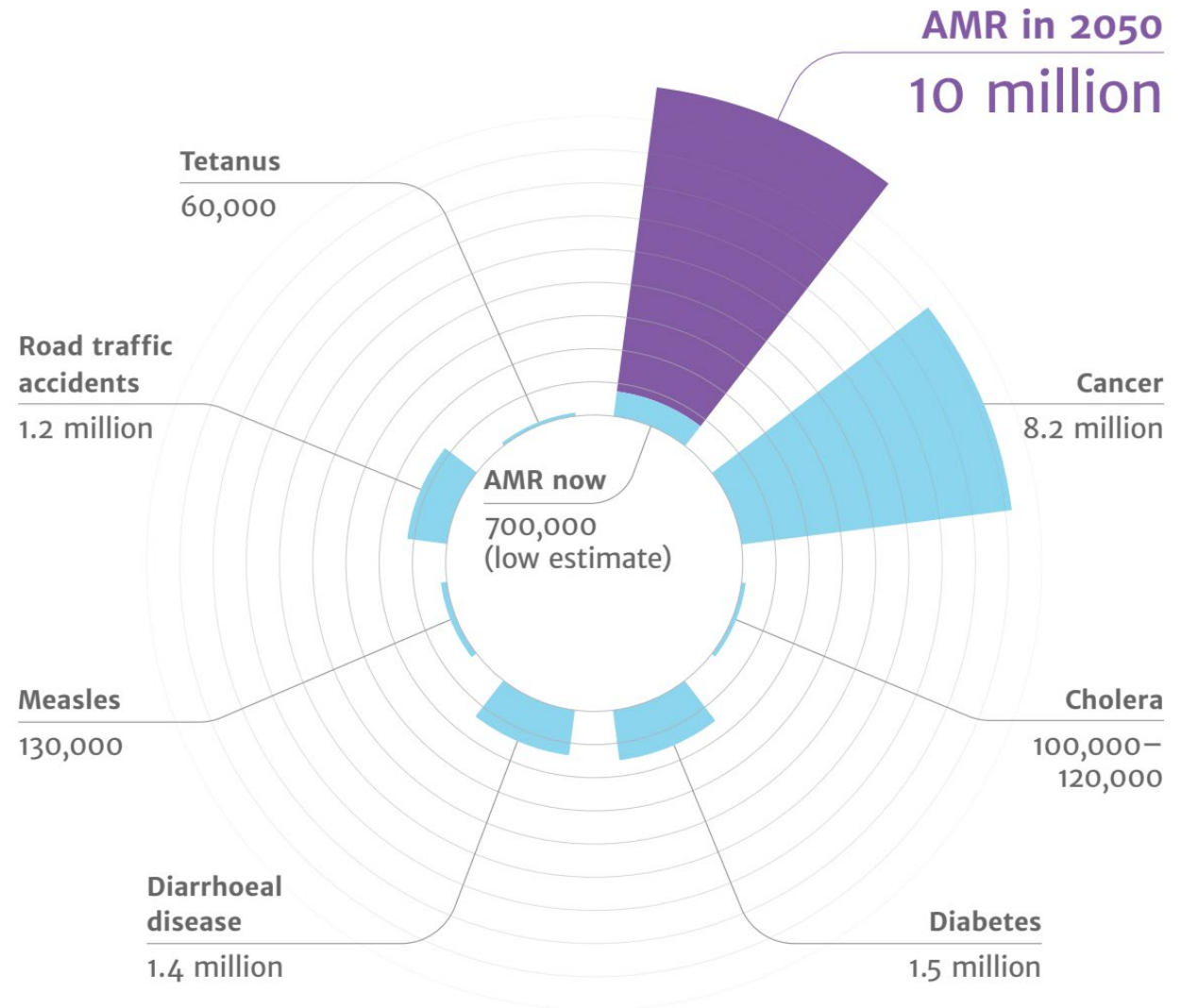


Antimicrobial Resistance in Gram-negative bacteria from Urinary Specimens (ARGUS)

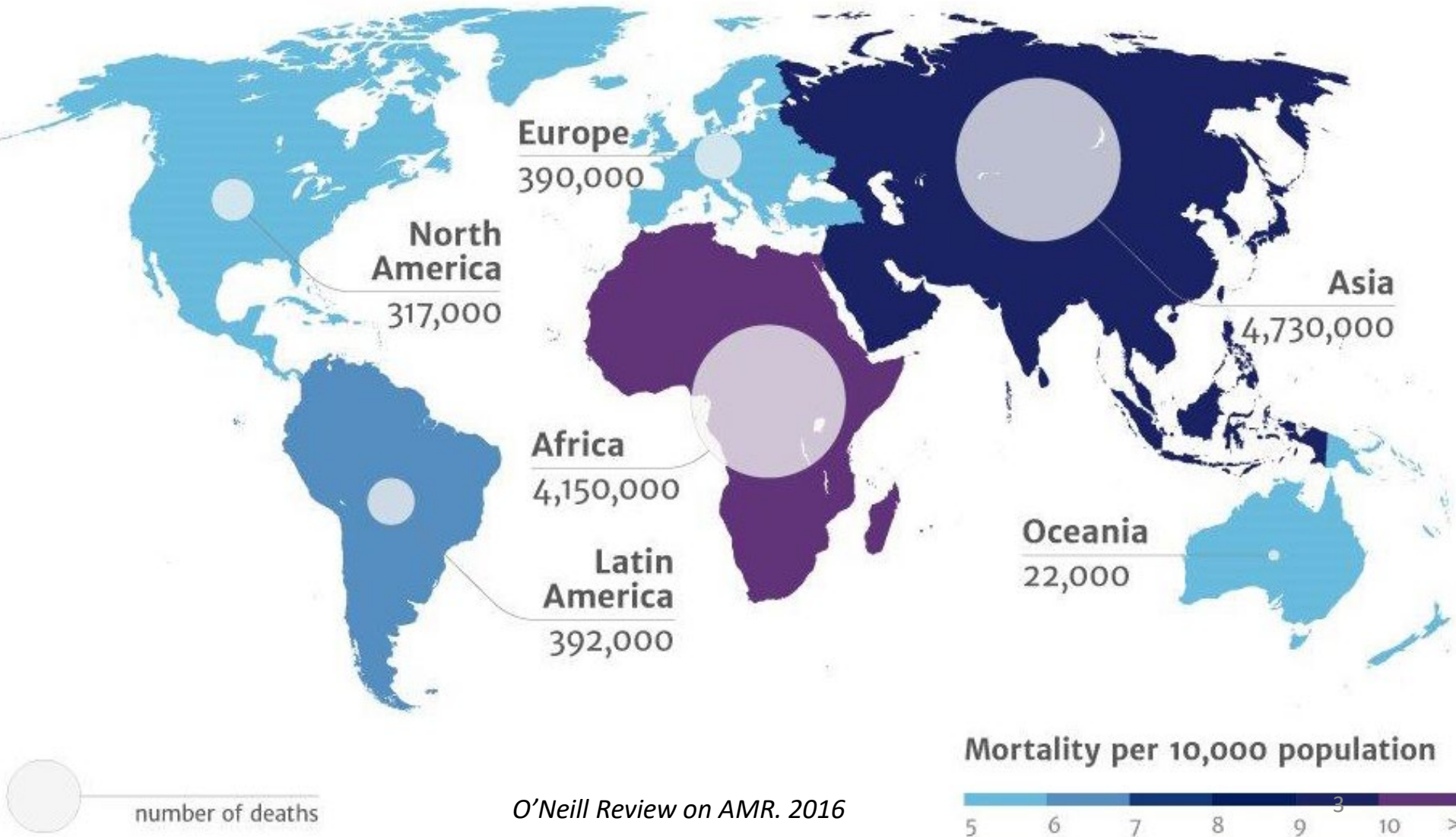
Dr. Ioana D Olaru



Mortality due to AMR in 2050



AMR-related deaths in 2050



United Nations high-level meeting on antimicrobial resistance

Antimicrobial resistance summit to shape the international agenda



“...acknowledge that, due to antimicrobial resistance, many achievements of the twentieth century are being gravely challenged...”

Date: 21 September 2016

Place: New York, USA



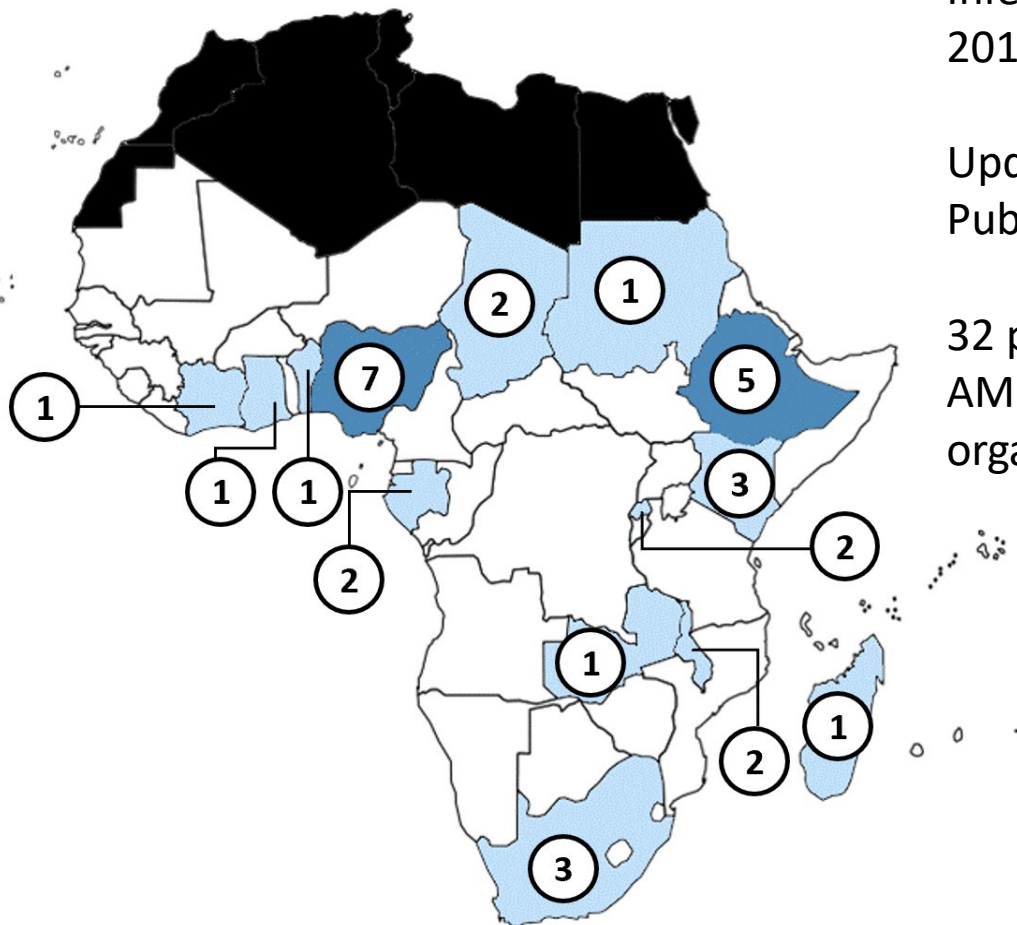
GAP-AMR OBJECTIVES

1. to improve awareness of AMR;
2. to strengthen knowledge through surveillance and research;
3. to reduce the incidence of infection;
4. to optimize the use of antimicrobial agents;
5. develop sustainable investment for new medicines, diagnostic tools, vaccines and other interventions.

GLOBAL ACTION PLAN
ON ANTIMICROBIAL
RESISTANCE



AMR prevalence studies in *E. coli* and *Klebsiella pneumoniae*



Systematic review by Tadesse et al. (BMC Infect Dis 2017) on AMR in Africa 2013-2016

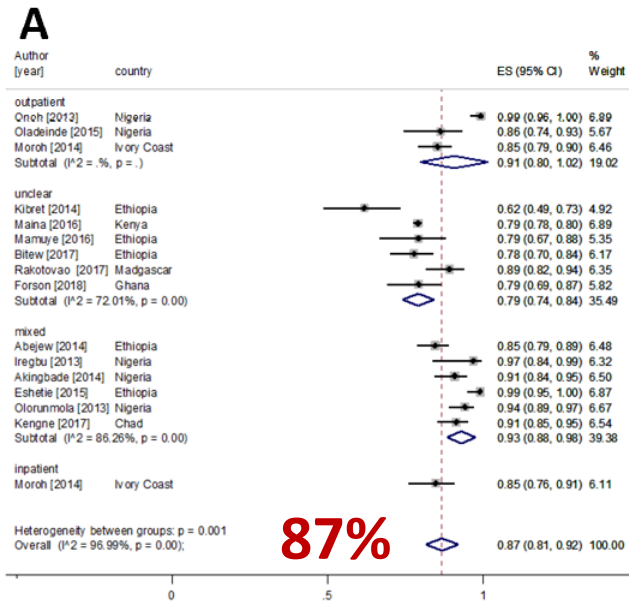
Updated search to July 2019 (MEDLINE and PubMed)

32 publications reporting on prevalence of AMR in *E. coli* and *K. pneumoniae* (priority organisms)

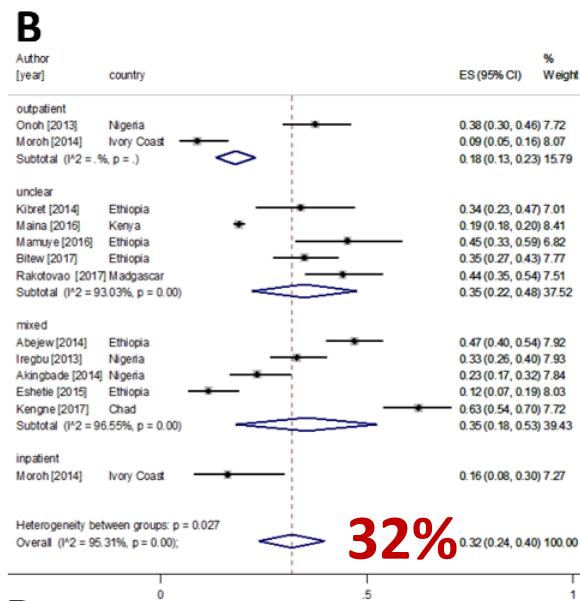
Prevalence of resistance in *E. coli*



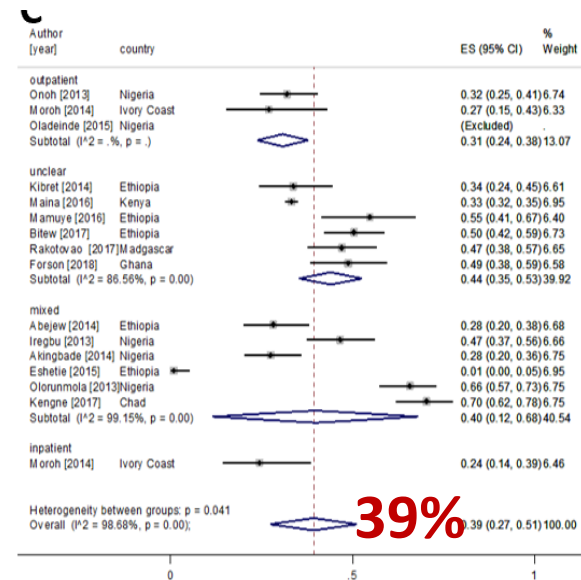
Amoxicillin



Cephalosporins



Fluoroquinolones

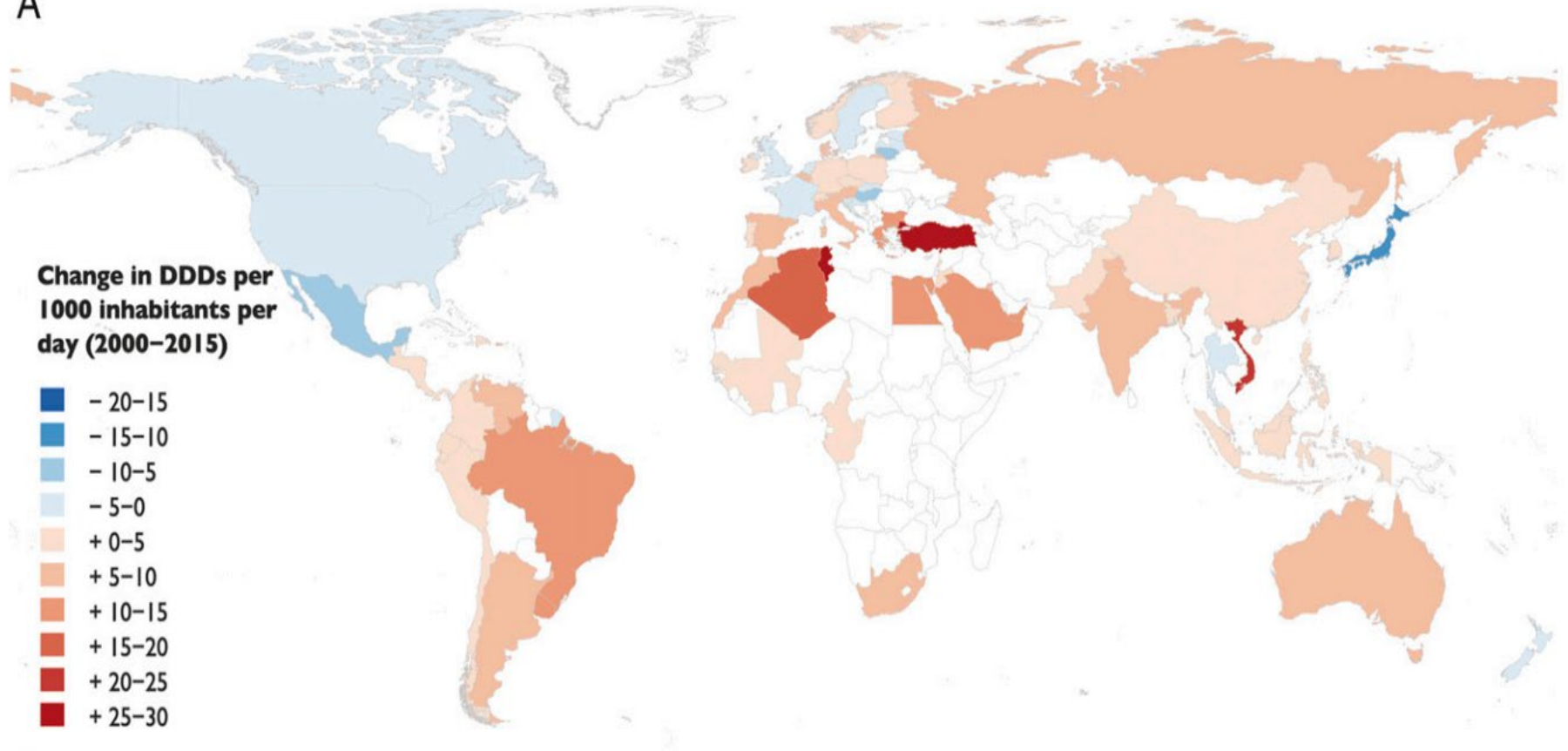


Most data from large hospitals/ laboratories
Few studies in outpatients

Global trends in antimicrobial use

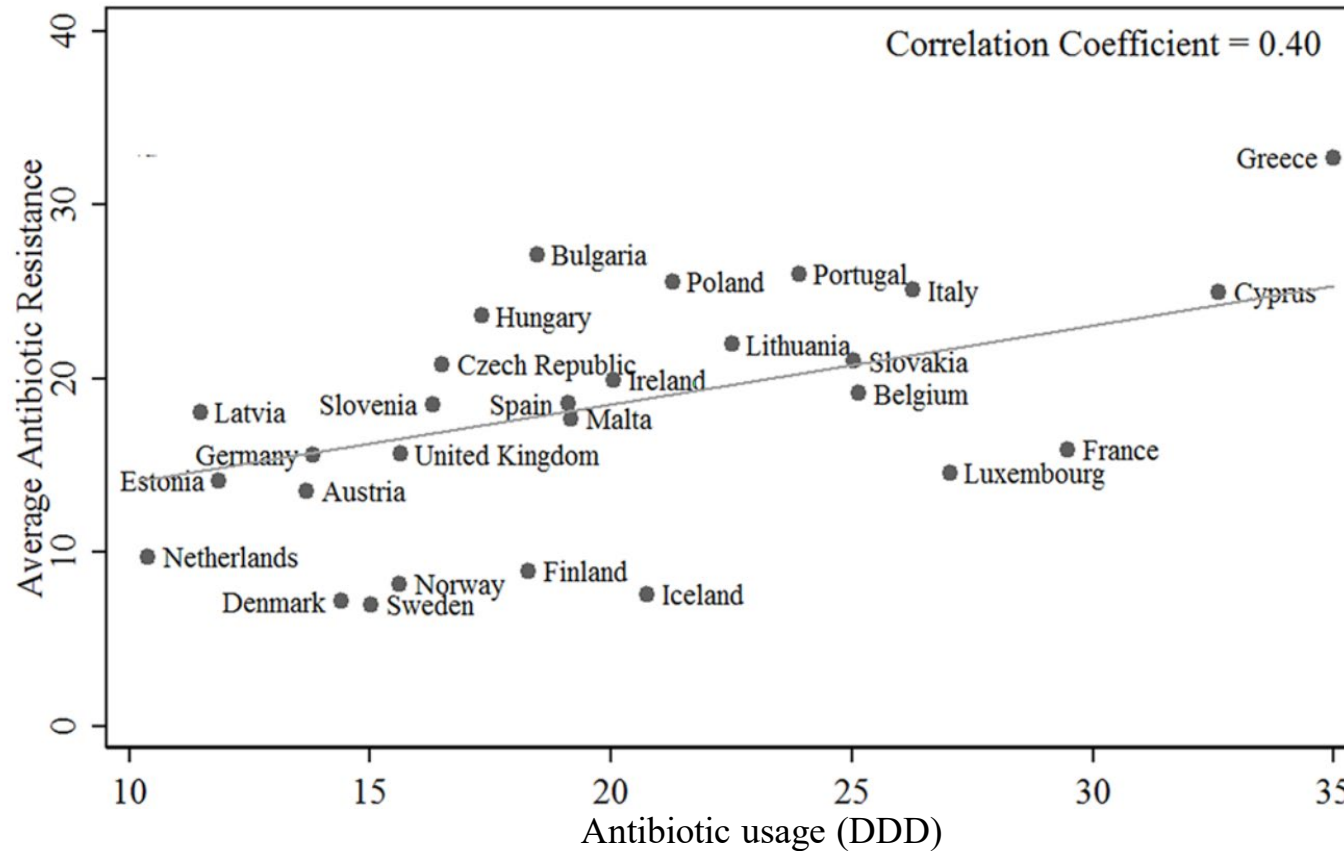


A



Little data on antimicrobial usage from sub-Saharan Africa

Antimicrobial consumption and AMR



Strategies to combat AMR



Global action plan on antimicrobial resistance (World Health Assembly)

Strengthen surveillance



Current needs to achieve objectives

Understand prevalence of resistance

Optimize antibiotic use



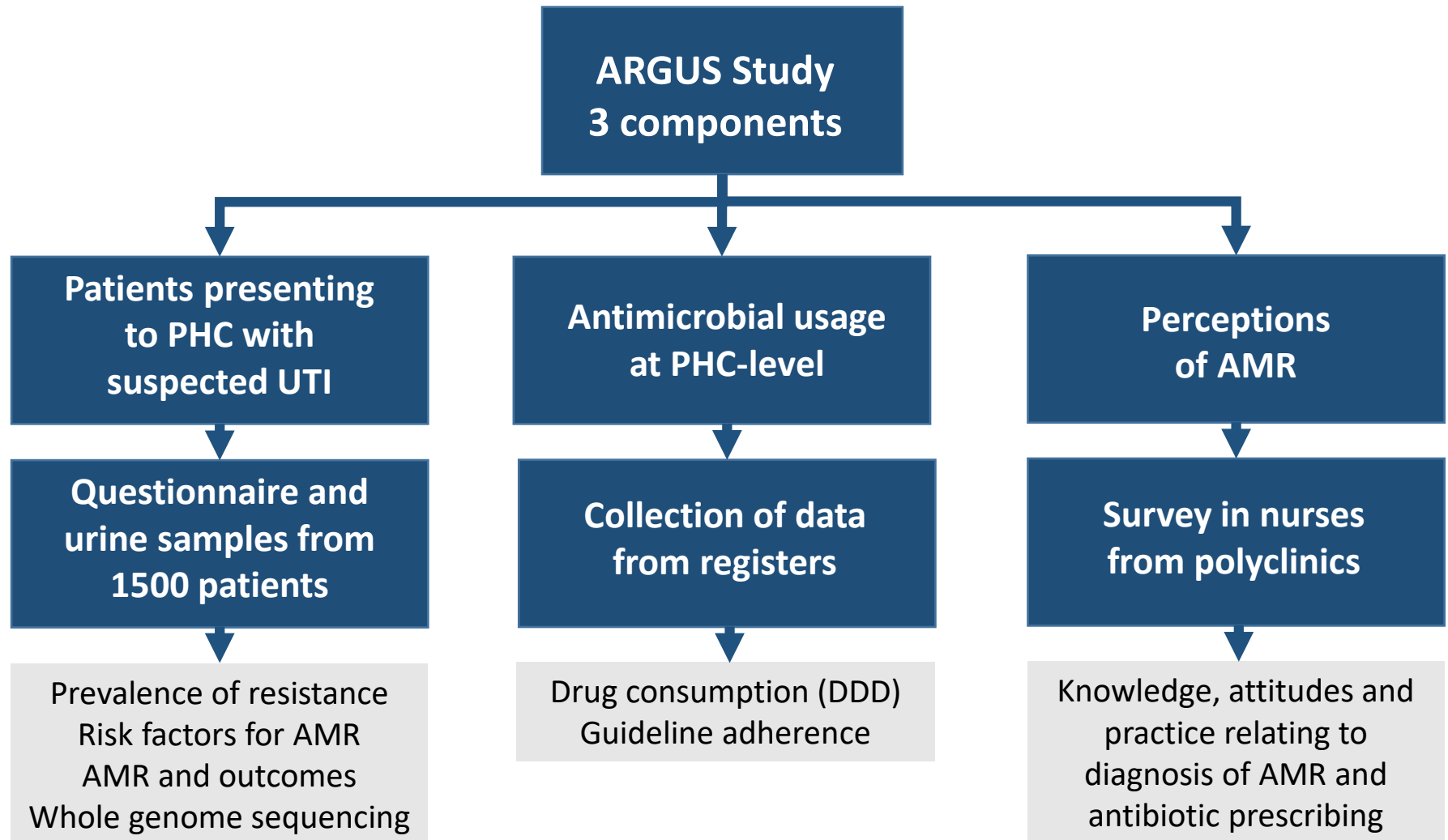
Evaluate antibiotic prescribing

Improve awareness and knowledge of AMR



Improve prescriber knowledge of AMR

Study overview





Prevalence of resistance



Eligibility criteria



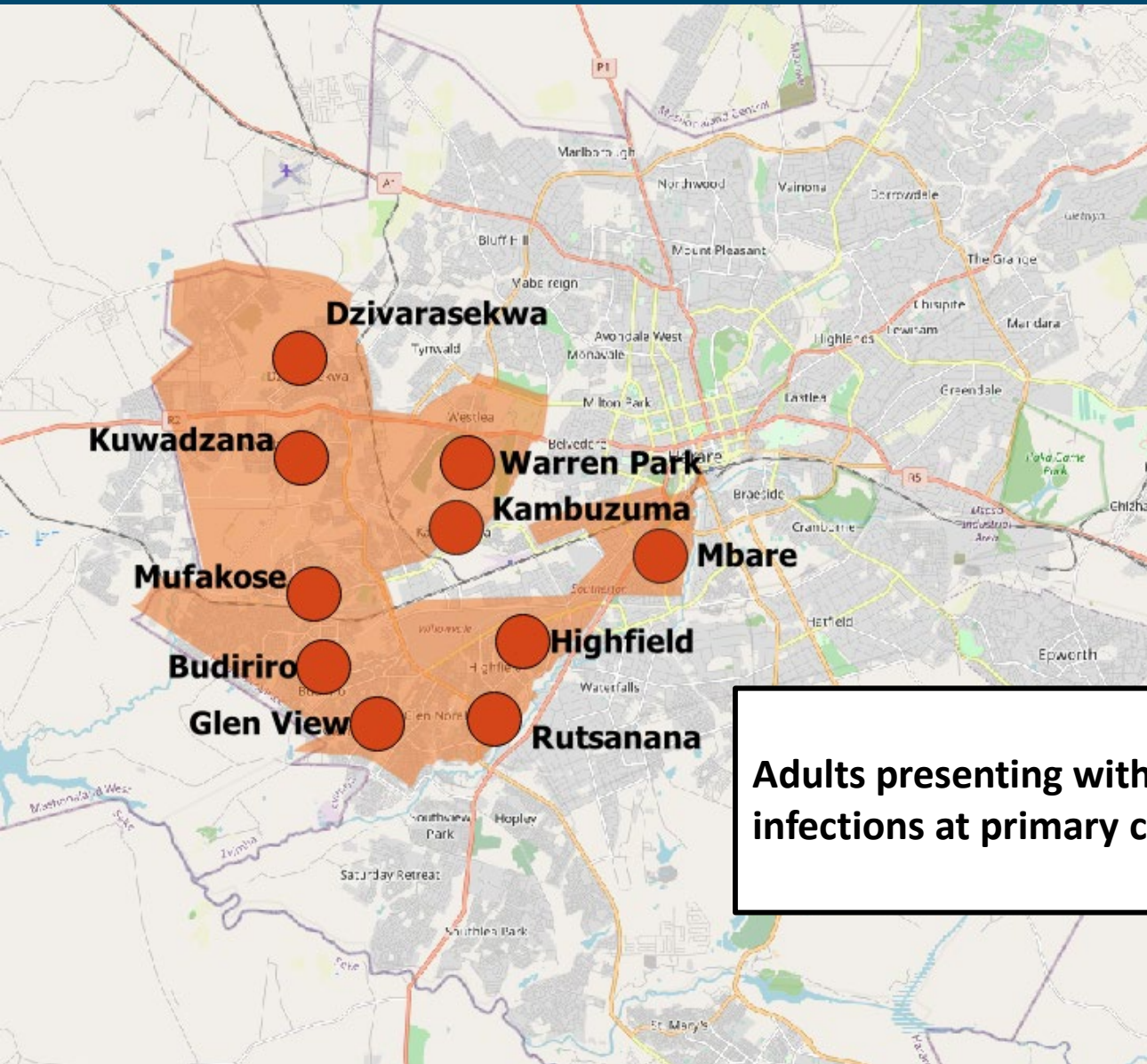
Inclusion criteria:

- age ≥ 18 years
- symptoms of UTI
 - ≥ 2 of the following: dysuria, urgency, frequency, suprapubic pain and/or flank pain
- onset of symptoms within two weeks prior to presentation
- presence of symptoms within the last 24 hours
- provision of written informed consent.

Exclusion criteria:

- discharge from hospital within the previous 72 hours
- having a urinary catheter in-situ

ARGUS clinic sites



Adults presenting with symptoms of urinary tract infections at primary clinics in Harare

Prevalence of AMR

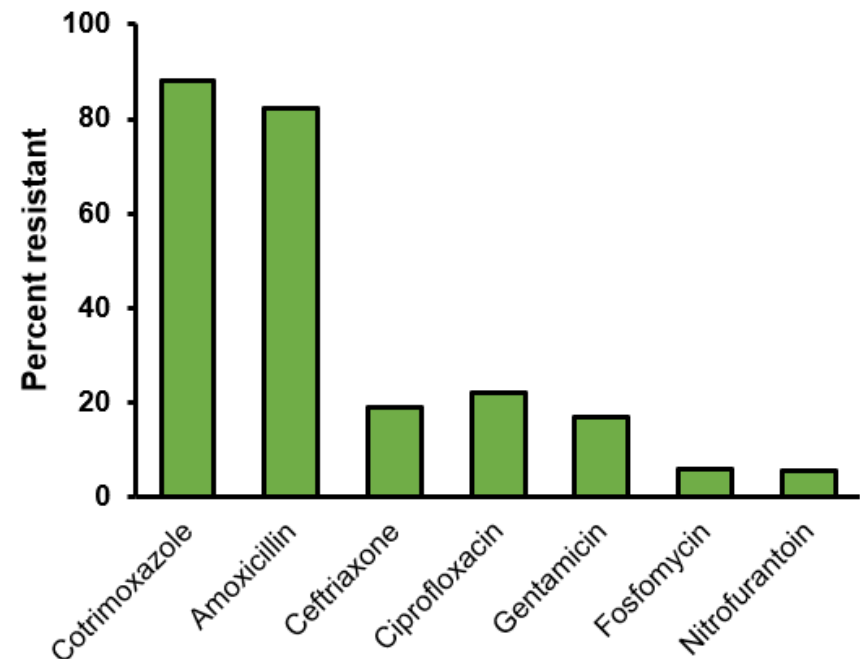
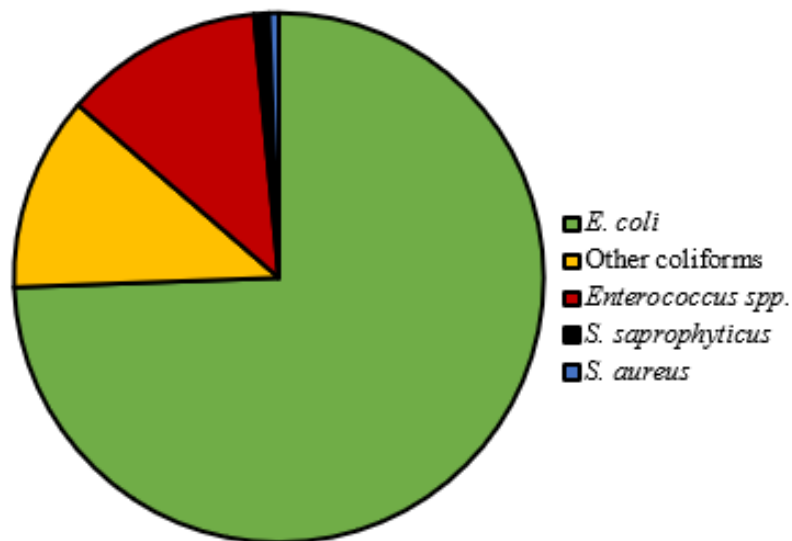


1164 participants recruited

64% female

15% pregnant women

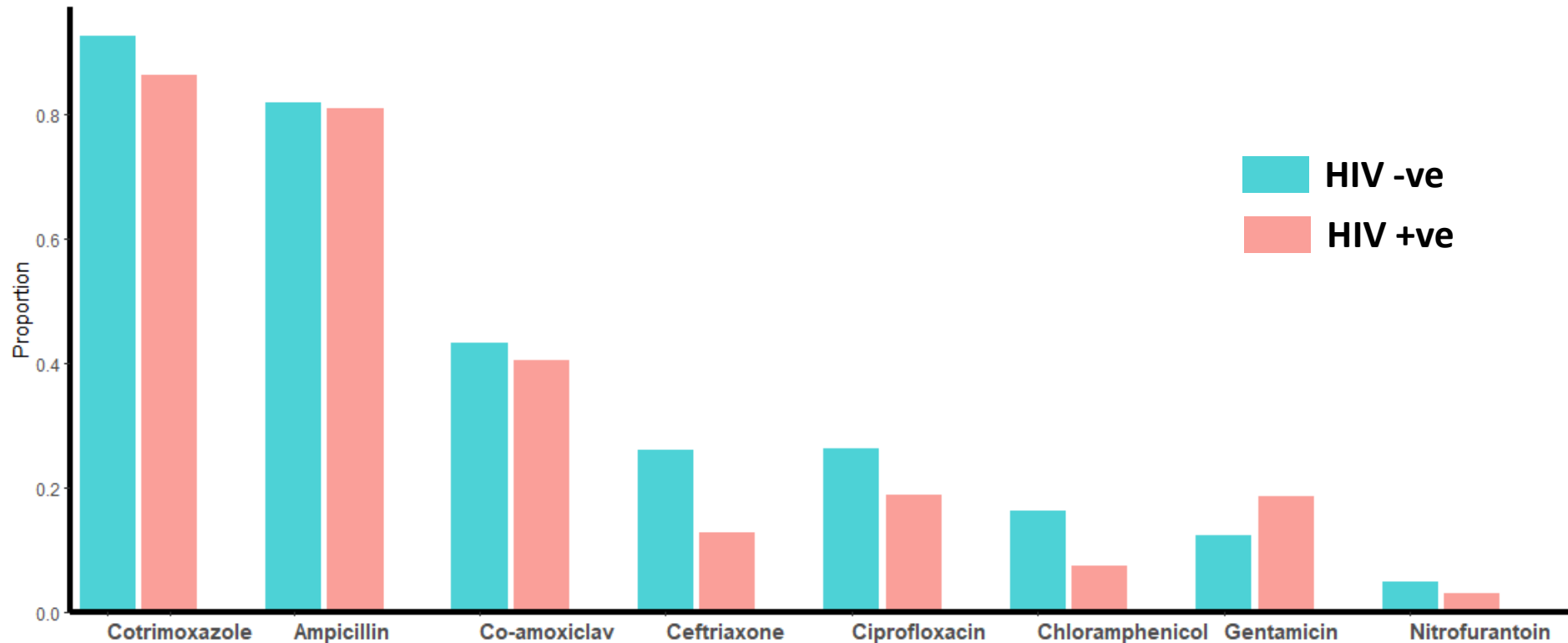
36% HIV+



Resistance according to HIV status in *E. coli*



<i>E. coli</i>	HIV+ N=81	HIV- N=142	OR (95% CI)
Ceftriaxone resistance	21 (26%)	18 (13%)	2.41 (1.2-4.9)



Evaluation of new culture systems

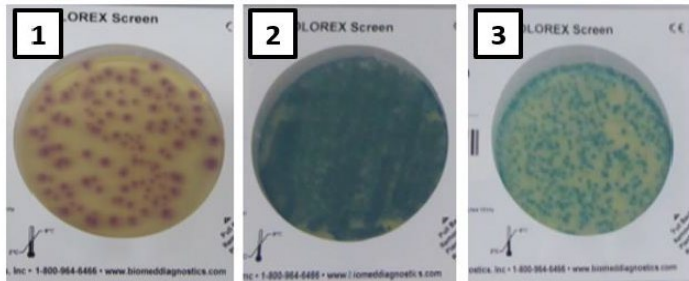


Brilliance UTI agar (reference)



Urine samples from 414 participants tested in parallel with the 3 systems

InTray COLOREX Screen

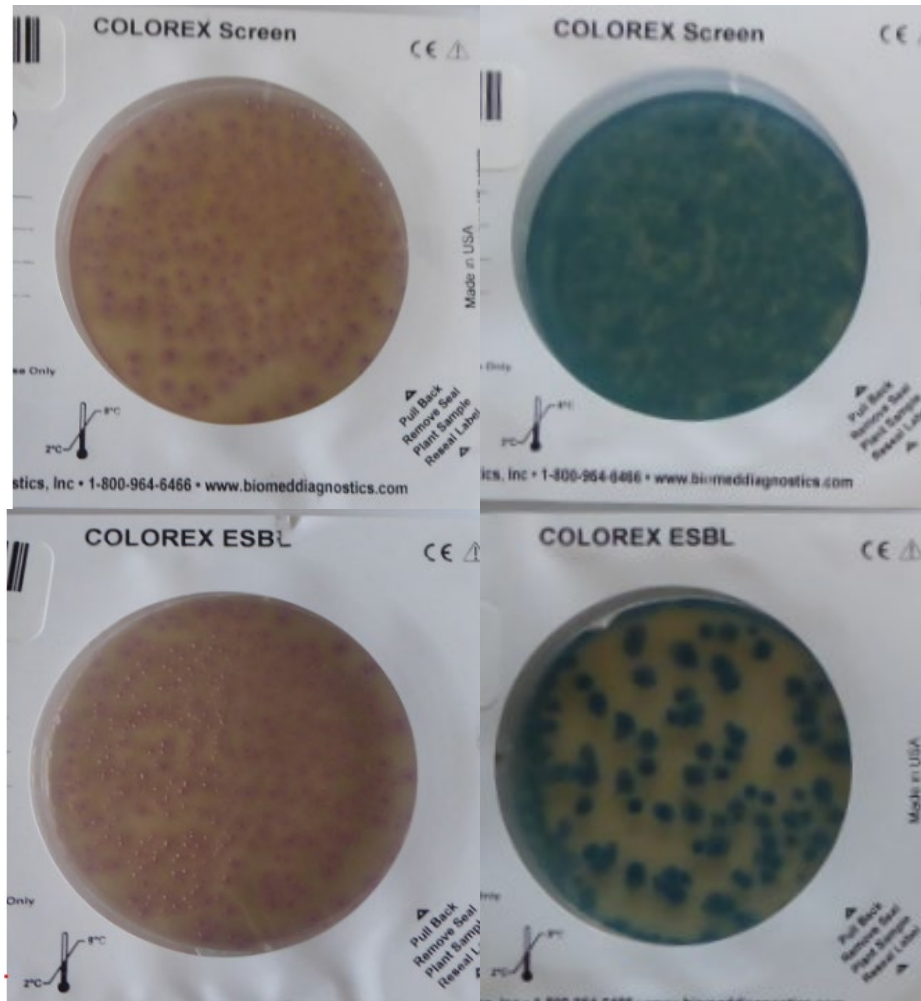


	Sensitivity (95% CI)	Specificity (95% CI)
InTray Screen	89 (82-96)	98 (97-100)
Compact Dry	95 (91-100)	100 (99-100)

Compact Dry EC



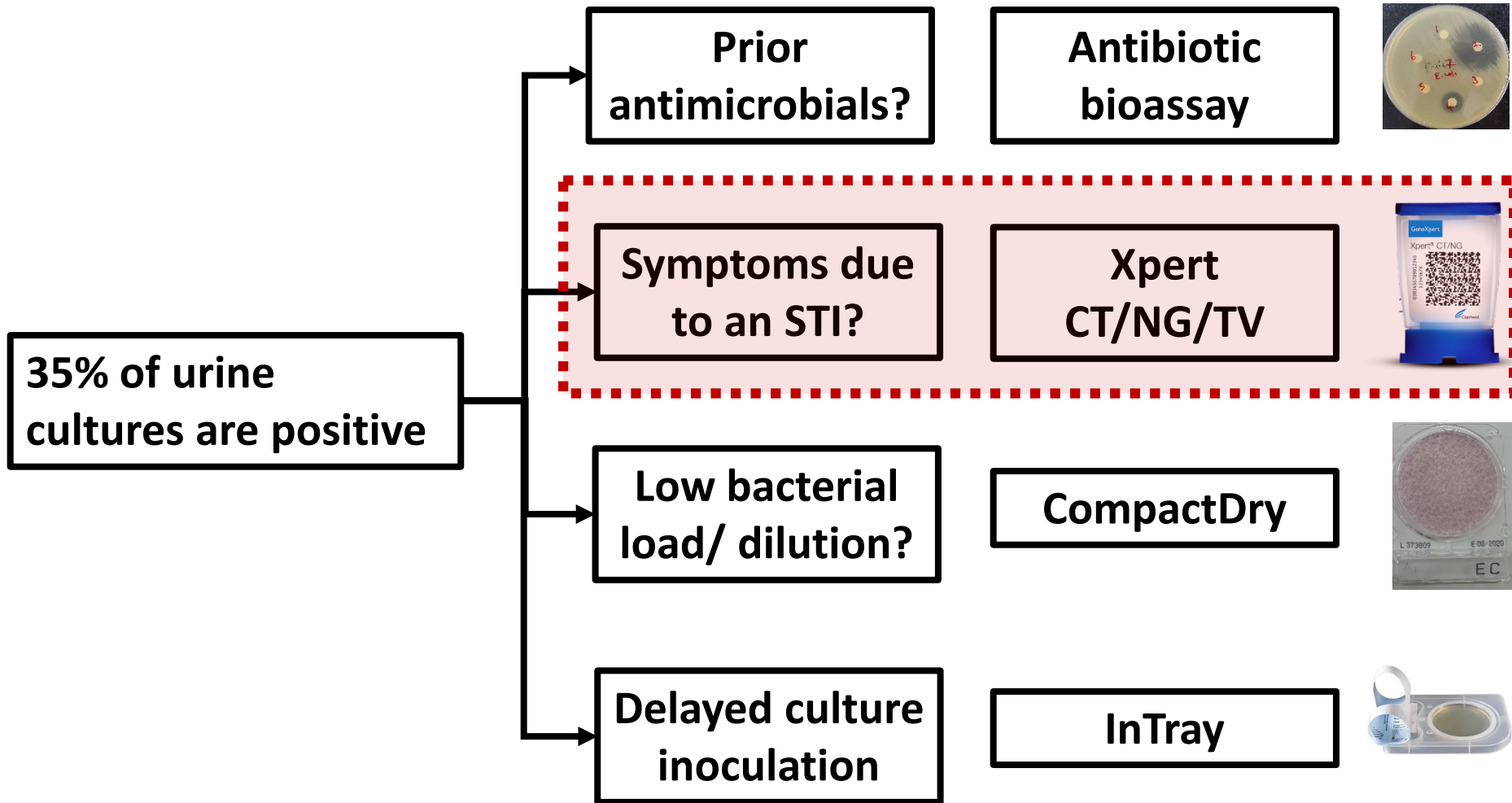
Rapid ESBL detection



**Reduced time to resistance
detection to 1 day (or less)**

**Sensitivity 96%
Specificity 100%**

Negative urine cultures



STI prevalence

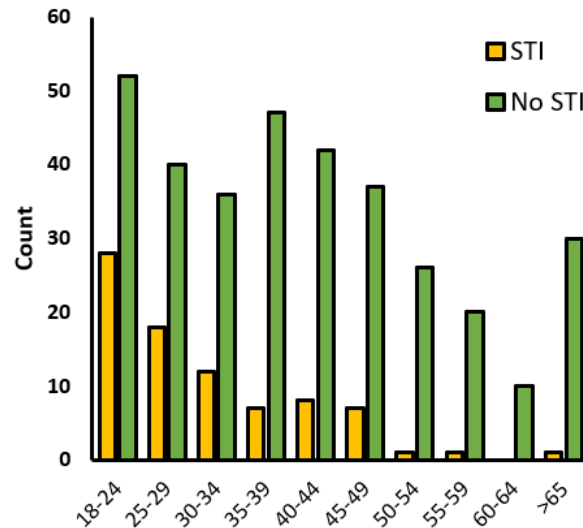
	Number tested	Number positive	Prevalence (95%CI)
<i>Chlamydia trachomatis</i>	425	43	10.1 (7.4-13.4)
<i>Neisseria gonorrhoeae</i>	425	37	8.7 (6.2-11.8)
<i>Trichomonas vaginalis</i>	175*	14	8.0 (4.4-13.1)
Any STI	425	83	19.5 (15.8-23.6)

**For TV - a subset of consecutively enrolled women were included*

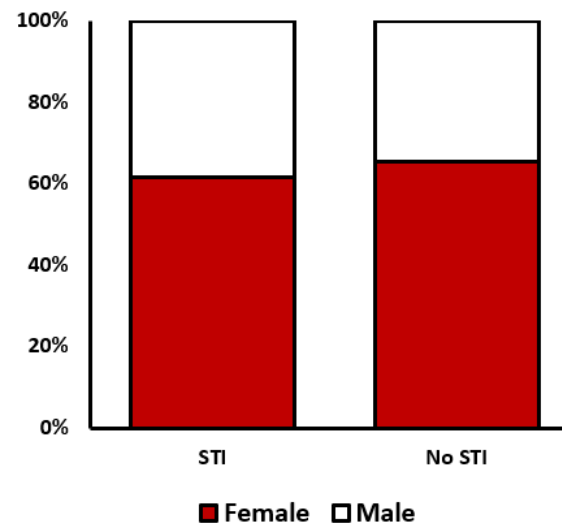
Characteristics of participants tested for STIs



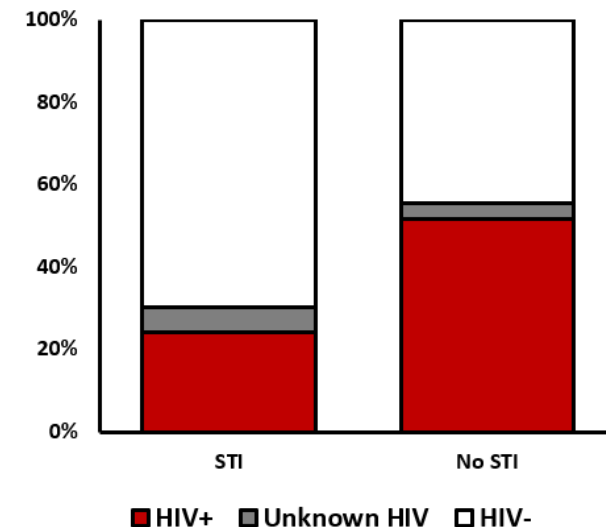
Age group



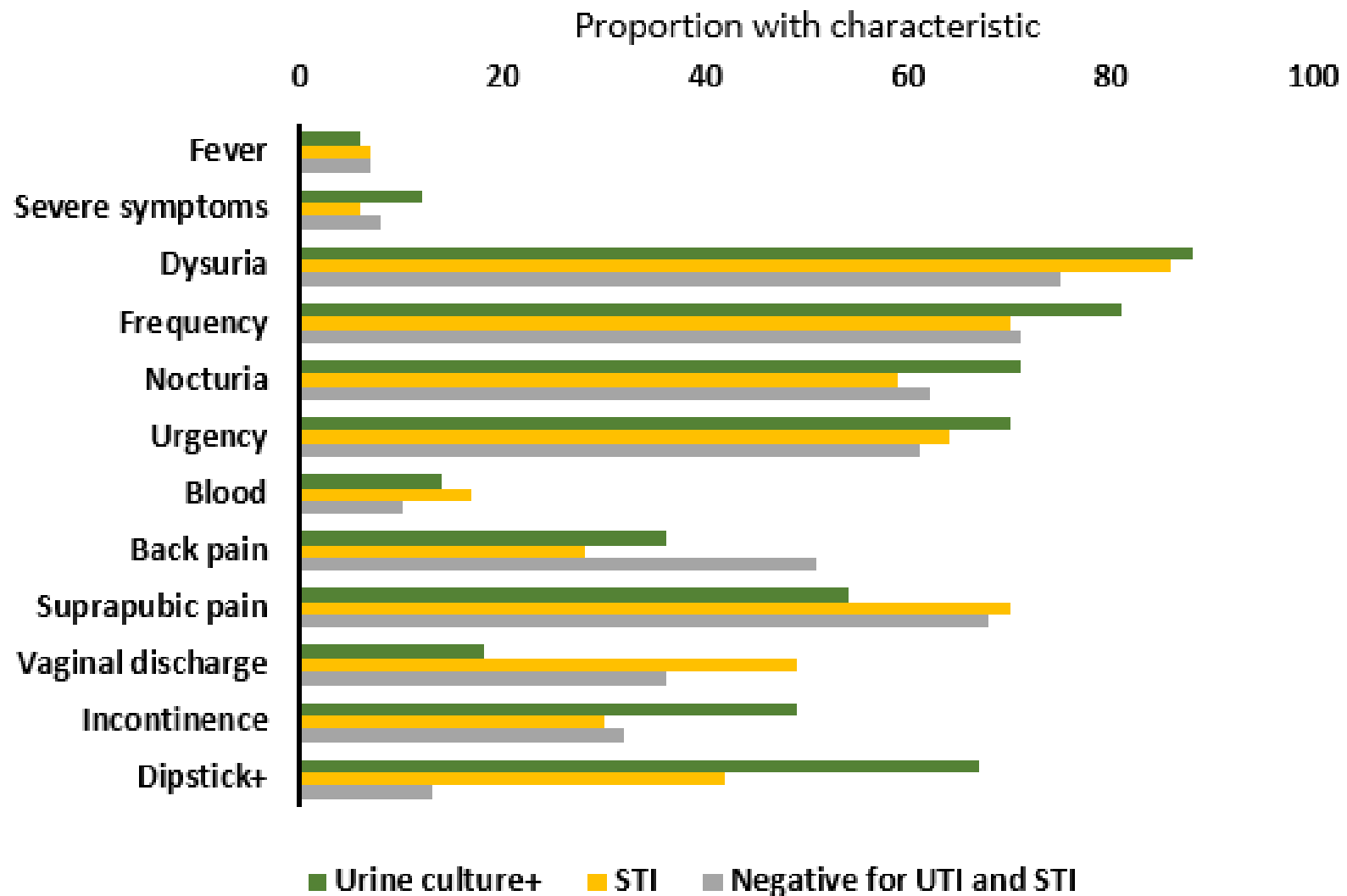
Sex



HIV status



Presenting symptoms





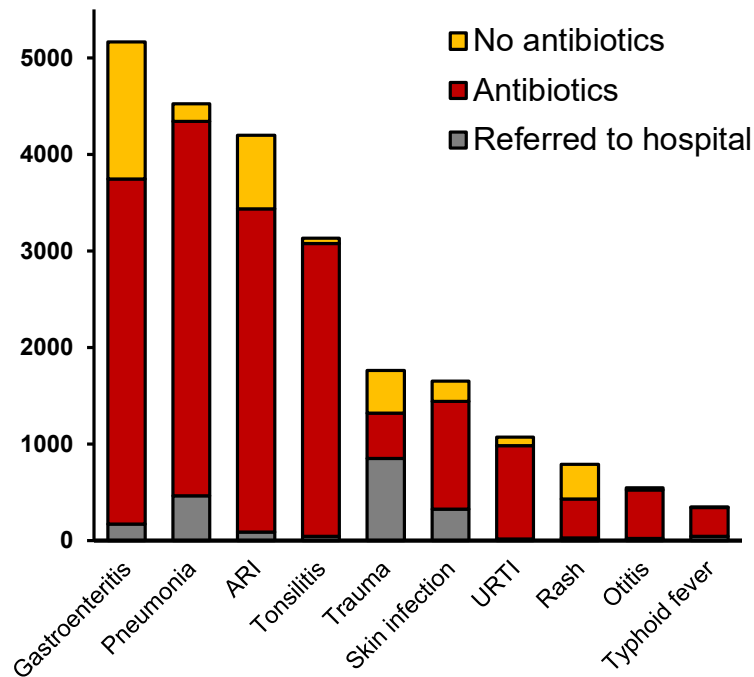
Antimicrobial prescriptions

Diagnoses and prescribed antibiotics

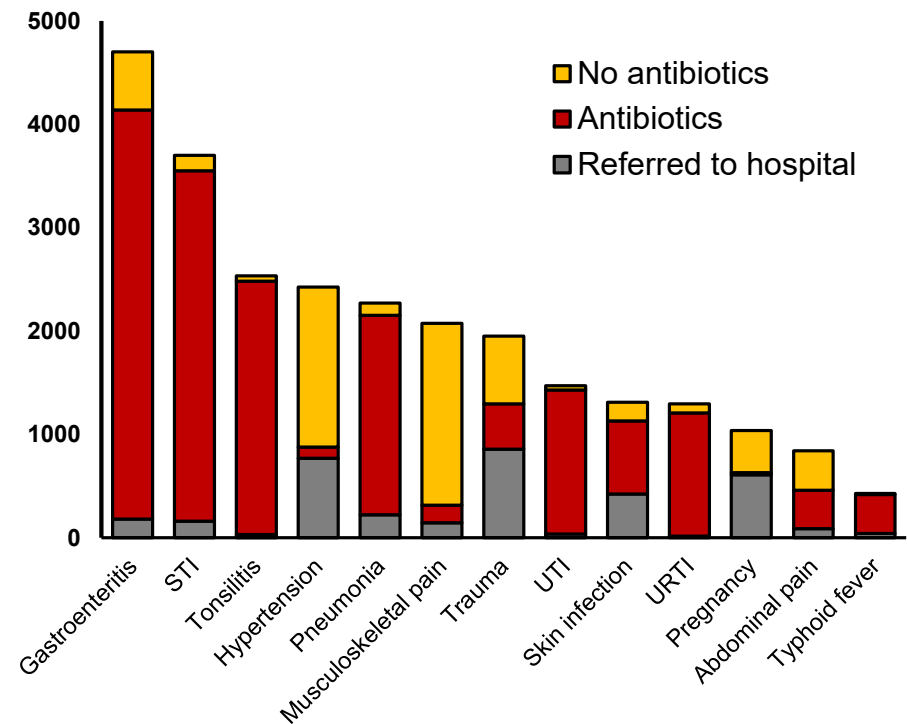


Data from clinic registries 2016-2020 (ongoing data collection)

Children: 68% received antibiotics



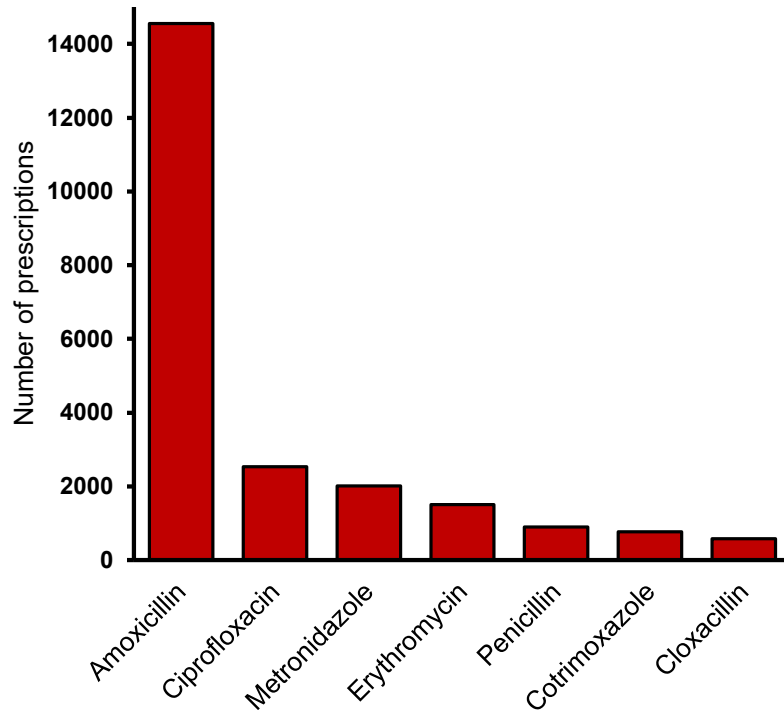
Adults: 54% received antibiotics



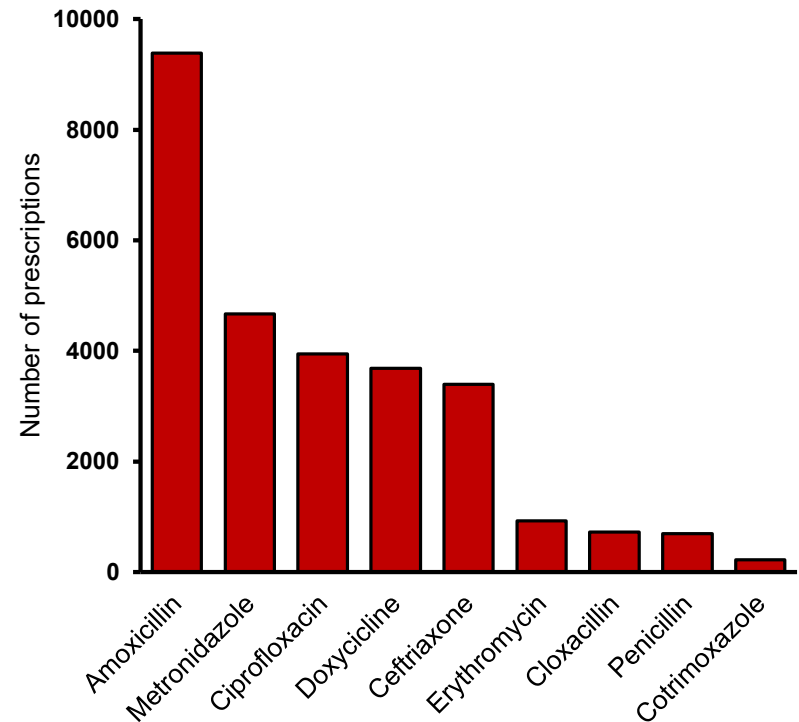
Antibiotic prescriptions



CHILDREN



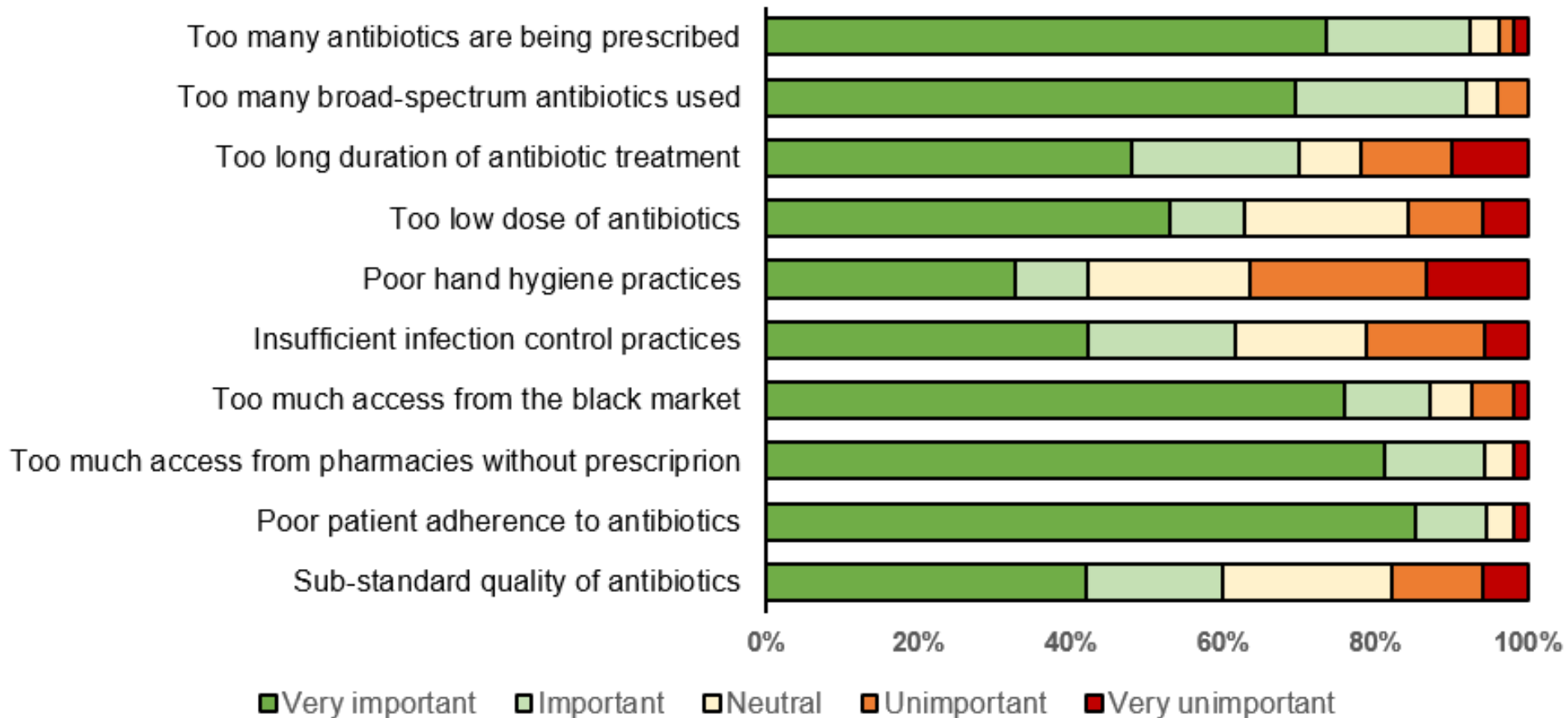
ADULTS



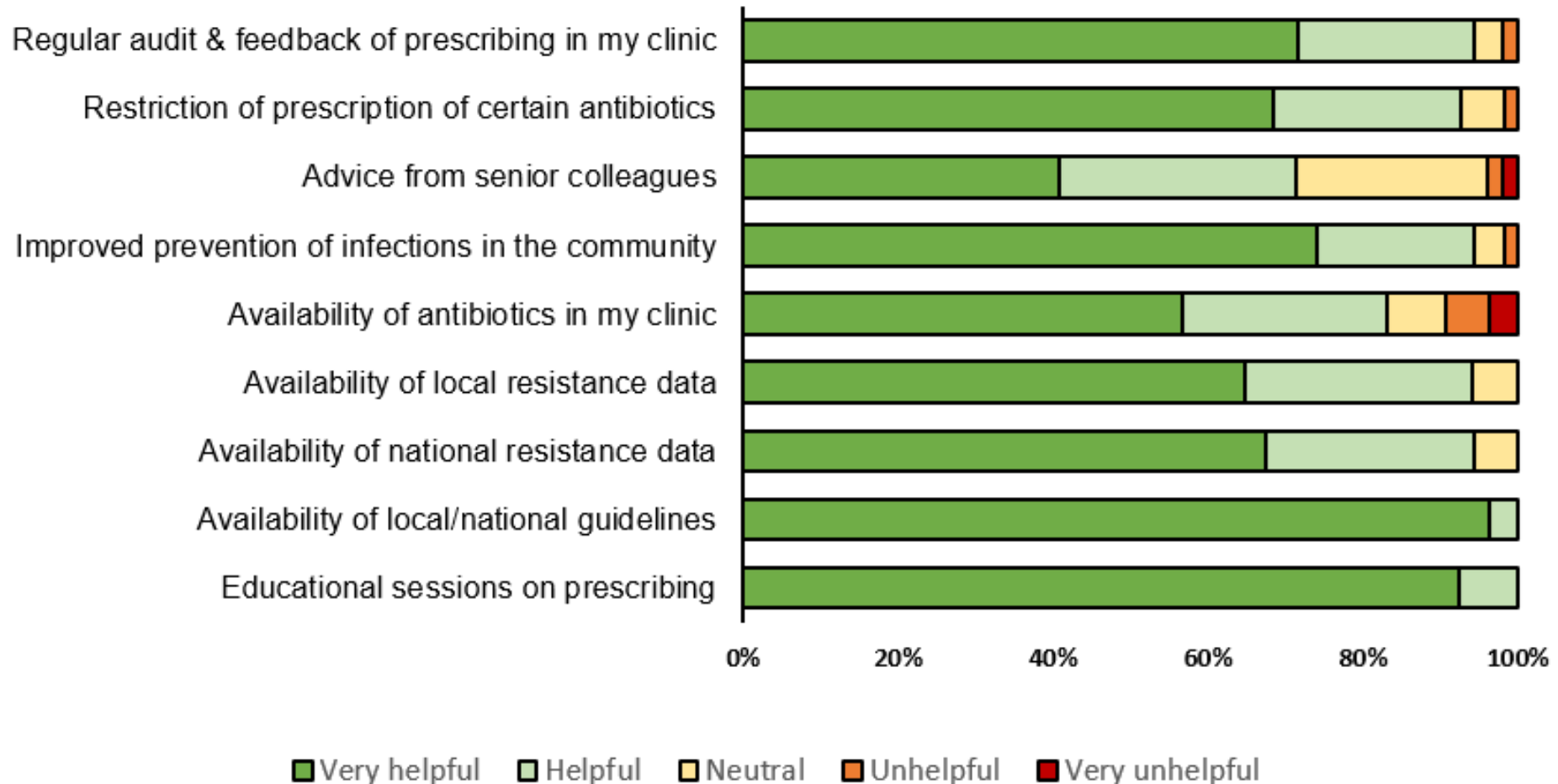


Prescriber survey

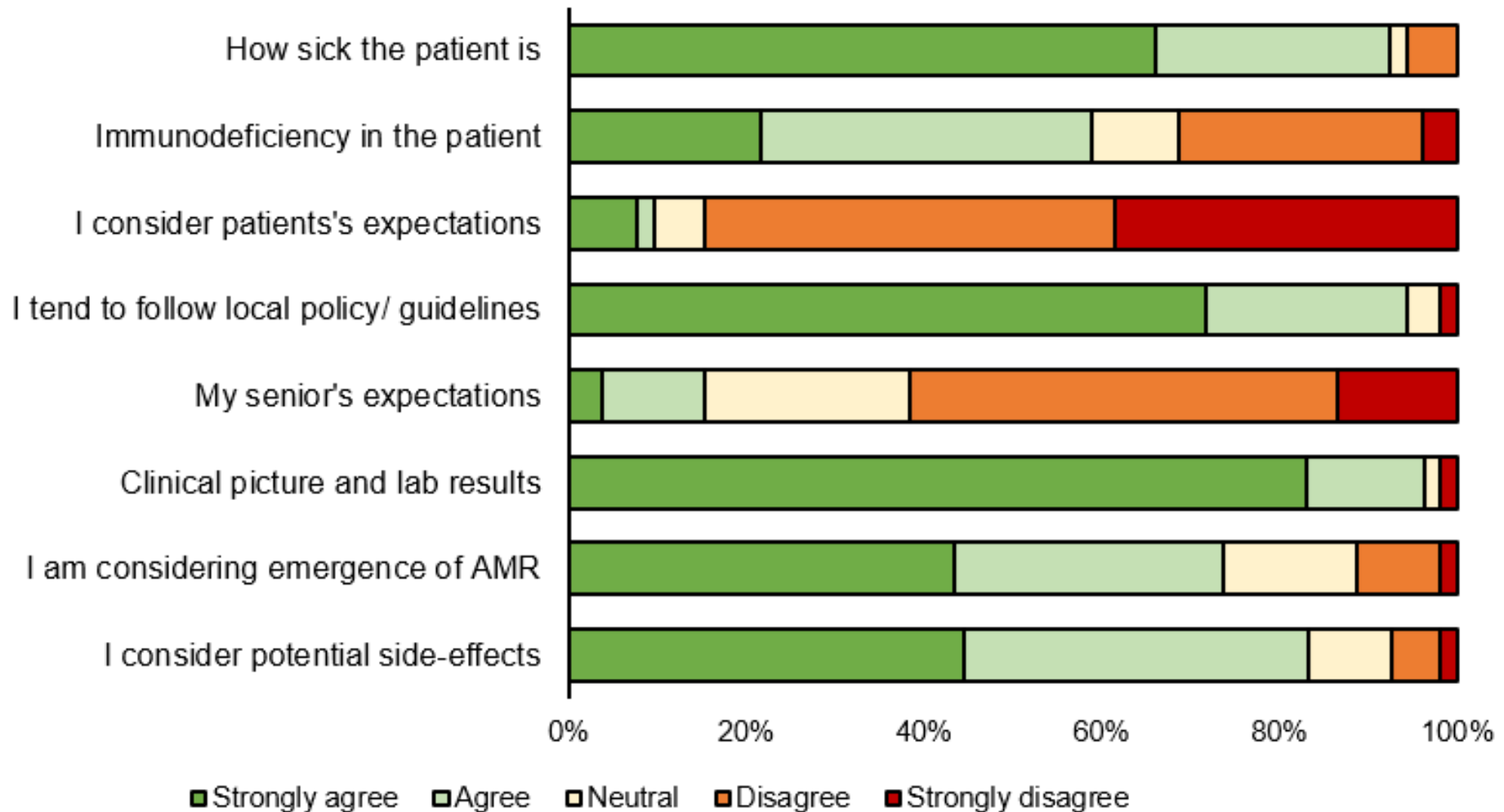
Causes of AMR



Measures to improve antibiotic prescribing



Decision to start antibiotics



- Urinary tract infections
 - High prevalence of resistance to first-line antibiotics (amoxicillin in particular)
 - Ceftriaxone resistance higher in patients with HIV
 - Resistance to nitrofurantoin and Fosfomycin very low
- Sexually transmitted infections
 - ~20% STI prevalence
 - STIs are also the 2nd most common diagnosis in adults presenting to polyclinics (registry data)
- Clinic registers
 - 54% of adults and 68% of children received antibiotic prescriptions

Acknowledgements



Zimbabwe

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Thank you!

LONDON
SCHOOL of
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& TROPICAL
MEDICINE

