



Joint Conference on Antimicrobial Resistance: State of Play of the 5-year action plan

Professor Johan Giesecke
Chief Scientist, ECDC
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1. Do we need a global research agenda? If yes, should Europe take the lead in developing this agenda?



Yes!

We must make sure that research questions on AMR in humans and in animals – and their interaction – get addressed and receive proper funding.

In 2009, ECDC and DG Research convened an expert meeting in Stockholm to identify research needs in AMR

These research needs are reflected in the calls from DG Research and the strategic research agenda currently prepared by Member States under the Joint Programming Initiative (JPI) on AMR.

2. Which specific data are needed in order to be able to assess individual control options to limit the spread of AMR?

The spread of AMR and healthcare-associated infections takes place at the local level

⇒ data must be collected at the local level:

- prevalence of infection
- indicators for structures/processes (single rooms, use of alcohol hand rub...)

Such process indicators were tested in the ECDC Point Prevalence Survey in Acute Care Hospitals 2011-2012 (published last July).

ECDC will start collecting data from hospitals on AMR/HAI, antimicrobial use, structure and process indicators (safeguarding anonymity)

3. Could current surveillance systems detect emerging risks?

ECDC is coordinating several networks, e.g:

- EARS-net – 7 important bacteria found in blood
- FWD-net – resistance in *Salmonella* and *Campylobacter*
- EURO-Gasp – resistant gonorrhoea

But no surveillance for all bacteria and all antibiotics...

The ECDC EPIS platform → MS can quickly communicate news/questions about AMR outbreaks

Also the EWRS, coordinated by the Commission

TATFAR with the US - first model for global exchange

4. What is the impact of international trade (products and animals) and travel on the development /spread of resistance in humans and animals in the EU?



Patients receiving medical treatment outside the EU may come back with resistant bacteria ⇒ a cross-border problem.

In 2011, ECDC published a "*Risk Assessment on the spread of carbapenemase-producing Enterobacteriaceae (CPE) through patient transfer between healthcare facilities, with special emphasis on cross-border transfer*"

But even travellers who have not been ill may come back with resistant bacteria – especially in their digestive tract

So back to the first question: what is the role of international travel for the spread of AMR in the EU? ⇒ **research needed!**