

Workshop on Combatting Antimicrobial Resistance in the Caribbean

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Key actions in response to AMR in Hospital : Today

- ▶ No national plan in response to Antimicrobial resistance

In the Hospital

- ▶ Since 2013: Antibiotic guidelines is introduced
- ▶ Restriction on reserve antibiotics:
 - ▶ Amikacine, Caspofungine, Colistine, Carbapenems, Levofloxacin, linezoilid, norfloxacin, teicoplanine, tigecycline, voriconazol
- ▶ Iv to oral switch: interventions
- ▶ Hygiene is being lectured and monitored

Key actions in response to AMR in Hospital : Future

- ▶ Expand MDO's and consultations
- ▶ Recognition of patients
- ▶ Local/ regional guideline development with GP
- ▶ Expanding hygiene control ABC
- ▶ Monitoring, reviewing and reporting

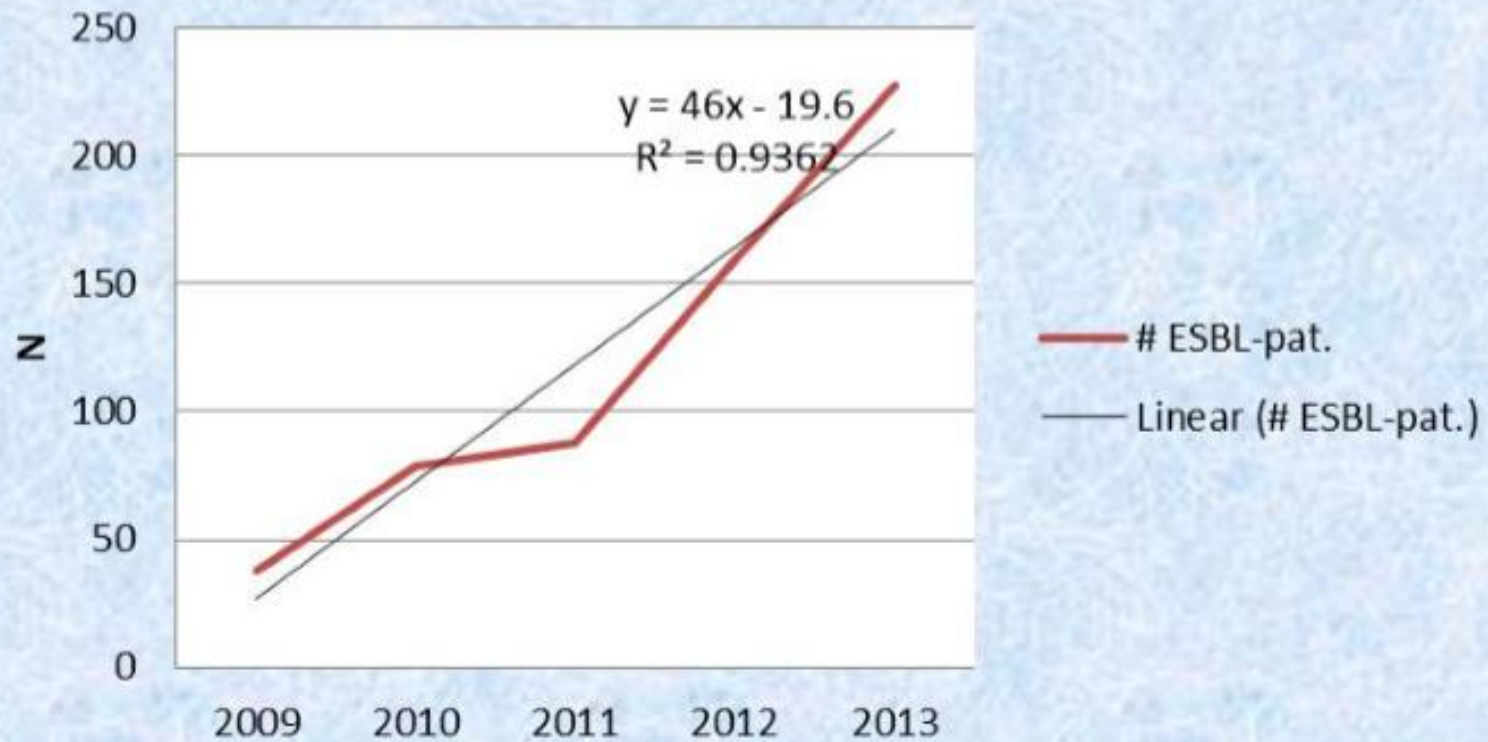
Surveillance systems

- ▶ Laboratory: tracking Antimicrobial resistance
 - ▶ Good connection between Landlaboratory and Department Hygiene & Infection control
 - ▶ MRSA and MDR are notified and isolated
- ▶ Pharmacy: Tracking Antibiotic consumption
 - ▶ Special Pharmacist is tracing Antibiotic consumption
 - ▶ Choice of Antibiotics correlates with the culture
 - ▶ Date start → switch to oral
 - ▶ Correct dosage
 - ▶ All restricted antibiotics should be prescribed only after consulting the infectiologist
- ▶ Future:
 - ▶ Tracing and Tracking on National level
 - ▶ Continuous monitoring & MDO's

Priority pathogens

- ▶ National level → No data
 - ▶ However, practical few amounts of community acquired E.coli ESBL
- ▶ Facility
- ▶ MDR: E.coli ESBL, Klebsiella, Enterobacter cloacae, Pseudomonas, Acinetobacter
- ▶ MRSA
- ▶ KPC'S

Trend aantal ESBL patiënten



Identification of areas that need to be strengthened: Hospital

- ▶ Education of personal in hospital and GP
- ▶ Better multidisciplinary approach and stricter consultations in the hospital
- ▶ Therefore is manpower needed
- ▶ And should be invested in!

Identification of areas that need to be strengthened: National level

- ▶ Surveillance on National level
- ▶ Antibiotic surveillance
- ▶ Regional/Caribbean: Strengthen the bonds

In the end, best outcomes and healthier patients are the right and noble reasons we must strive for responsible antibiotic stewardship.

