



BAKTERIÆMI-SAMARBEJDE MELLEM SSI OG KMA'ERE

Kåre Mølbak

Præsenteret for:

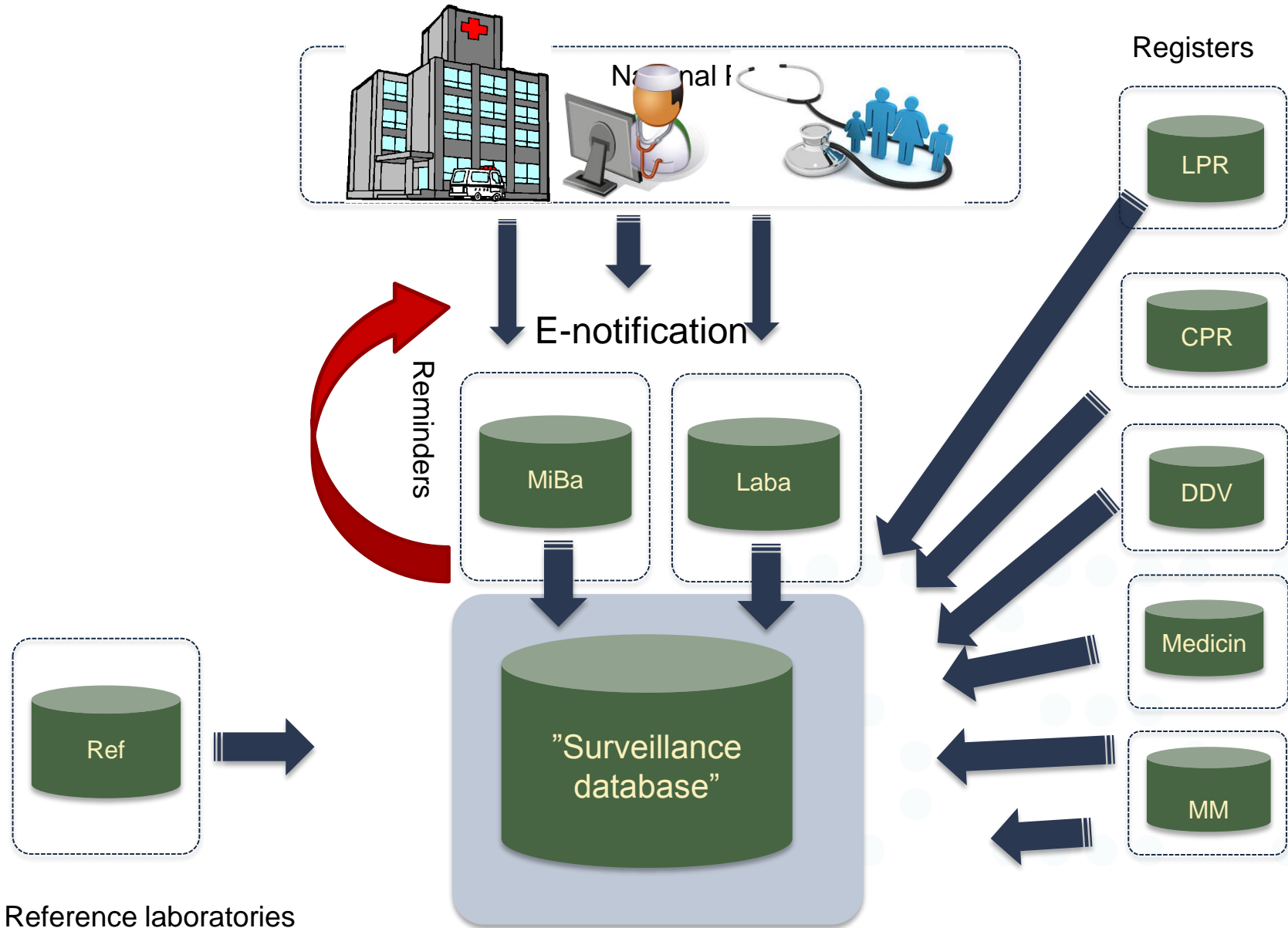
Arbejdsgruppen for bakteriæmi under DSKM

- ❖ Lovpligtige overvågningssystemer
- ❖ Frivillig overvågning
 - Stafylokokker
 - Pneumokokker
 - Gruppe B streptokokker
- ❖ Samarbejde om MiBa, HAIBA og eRES
 - MiBa blev oprettet på basis af samarbejde mellem KMA'er og SSI
 - HAIBA udviklet med væsentlige bidrag fra KMA'er og andre gode kræfter
 - Bakteriæmi erhvervet i sygehus
 - HAIBA åbner mulighed for mere general bakterieæmiovervågning
 - Kortlægning af bloddyrkingernes epidemiologi
 - "Ulempeindikator"

HVORDAN SKAL SAMARBEJDET UDVIKLE SIG FREMOVER?

- ❖ Vi skal have mere af det vi allerede har !!
- ❖ Men skal vi også arbejde på en mere formaliseret datadrevet bakteriemioovervågning?
 - Altså et "CABA" ovenpå HAIBA?
 - Community associated bacteremia database?
- ❖ Formål:
 - Dokumentere de store tendenser over tid
 - Dokumentere ændringer i fordeling og dyrkningspraksis
 - Beskrive sygdomsbyrde, risikofaktorer og udfald
 - Levere de grundlæggende (nævner)tal
 - Til AMR overvågning
 - Til indsatsprojekter
 - Til forskning og udviklingsprojekter
 - Studere sammenhæng mellem behandling og udfald
 - Dermed understøtte behandling
 - Hypotesedannelse

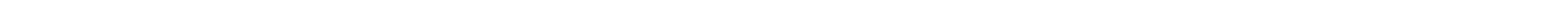
FUTURE SYSTEM



Reference laboratories

- ❖ Hvordan og hvor ofte formidles data?
 - Til KMA'er og forskere
 - Til offentligheden?
- ❖ Hvordan kan det understøtte andre og eksisterende initiativer?
 - Synergi og ikke duplikering
- ❖ Hvor meget kan etableres inden for de givne rammer?
 - SSI har begrænsede midler som alle ved
- ❖ Juridiske aspekter:
 - Kommer det i bekendtgørelse?
 - Lettere for SSI at give data tilbage til forskningsprojekter og kvalitetssikring da SSI får ansvaret
 - Bliver det frivilligt:
 - Knap så forpligtende, men anvendelsen kan blive ret besværlig uden legalt grundlag

**ER BAKTERIÆMIER VIGTIGE
NOK TIL OVERVÅGNING ?**



Public health importance of the problem:

- ❖ incidence, prevalence,
- ❖ severity, sequela, disabilities,
- ❖ mortality caused by the problem,
- ❖ socioeconomic impact,
- ❖ communicability,
- ❖ potential for an outbreak,
- ❖ public perception and concern, and
- ❖ international requirements.

Kilde US CDC



Ability to prevent, control, or treat the health problem:

- ❖ preventability and
- ❖ control measures and treatment.

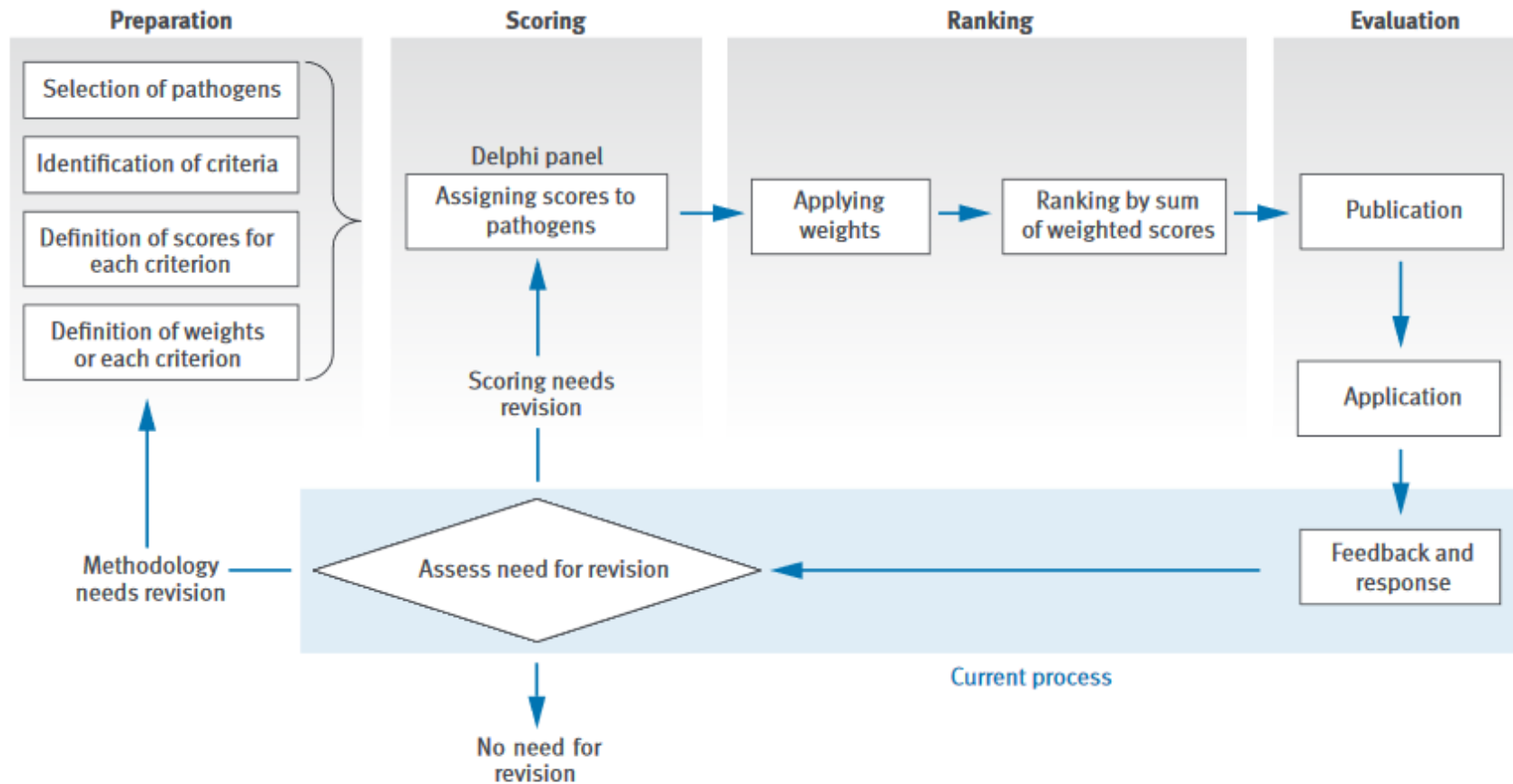
Capacity of health system to implement control measures for the health problem:

- ❖ speed of response,
- ❖ economics,
- ❖ availability of resources, and
- ❖ what surveillance of this event requires.

Kilde US CDC

FIGURE

Prioritisation workflow, Robert Koch Institute, 2008–10



Adapted from [15].

[Gilsdorf A. Euro Surveill. 2011;16\(18\):pii=19861.](https://doi.org/10.2807/ese.16.18.19861-en)
<https://doi.org/10.2807/ese.16.18.19861-en>

TABLE 2

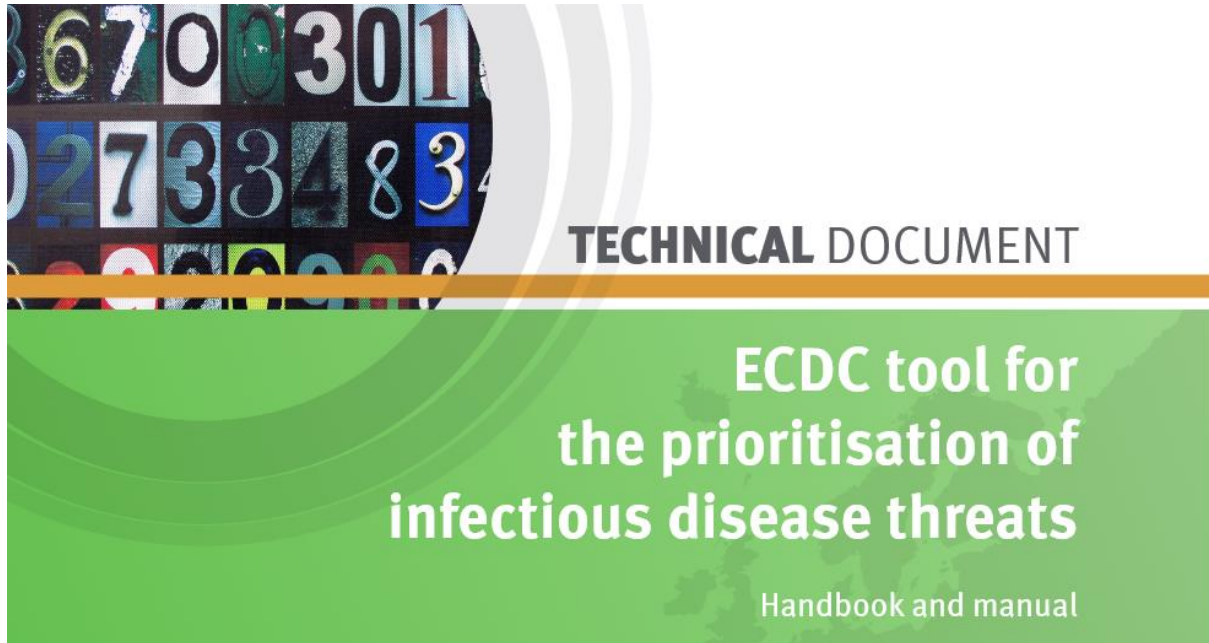
Criteria and definition of the respective scores for the prioritisation of pathogens, Robert Koch Institute, 2008

Criteria	Values		
	-1	0	1
Burden of disease			
Incidence	<1/100.000	1/100.000-20/100.000	>20/100.000
Severity	hospitalisation is very rare, work loss less than 2 days, no persisting handicaps	hospitalisation is rare, work loss of more than 5 days is rare, very rarely persisting handicaps	hospitalisation is frequent, work loss of more than 5 days is frequent, persisting handicaps do occur
Mortality*	<50 deaths/year in Germany	between 50 und 500 deaths /year in Germany	more than 500 deaths /year in Germany
Epidemiologic dynamic			
Outbreak potential	outbreaks are very rare	outbreaks with 5 or more cases are rare	outbreaks with 5 or more cases are frequent
Trend	diminishing incidence rates	stable incidence rates	increasing incidence rates
Emerging potential	disease already endemic or very unlikely to be introduced to Germany	disease has the potential to be introduced to Germany sporadically	disease is likely to emerge in Germany in a relevant way
Information need			
Evidence for risk factors /groups	risk factors and risk groups are identified based on scientific evidence	risk factors and risk groups are basically known but scientific evidence is missing	risk factors and risk groups are not known
Validity of epidemiologic information	epidemiologic situation is well known and scientifically valid	epidemiologic information exists but is scientifically not very valid	epidemiologic information is insufficient
International duties and public attention	no international duties or political agenda, minor public attention	no international duties but informal political expectations, moderate public attention	international duties or explicit political agendas, high public attention
Evidence for pathogenesis	information on pathogenesis and transmission routes is available and well supported by scientific evidence	information on pathogenesis and transmission routes is basically available but not well supported by scientific evidence	information on pathogenesis and transmission routes is hardly available
Health gain opportunity			
Preventability	there are hardly any possibilities for prevention or there is no need for prevention	concepts for prevention are established but there is need for further research to improve its effectiveness	strong need for further research on preventive measures because need for prevention is clear but concepts for prevention are missing
Treatability	medical treatment is rarely necessary or effective treatments are available to positively influence the burden of disease or the prognosis	medical treatment is frequently indicated but medical treatments only have a limited influence on the burden of disease or the prognosis	medical treatment is desirable but currently there is no treatment available that positively influences the burden of disease or the prognosis

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- ❖ Epidemic potential
- ❖ Management of single cases/disease outbreaks with contact tracing, guidance and preventive measures
- ❖ Follow effect of preventive measures eg. vaccinations
- ❖ Follow effect of infection control measures at hospitals
- ❖ Follow the burden of diseases eg. in risk groups, as a result of environmental or climatic change etc.
- ❖ Follow microbiological evolution including antimicrobial resistance

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