

# Antimicrobial Resistance and Infection Control: Practical Considerations in Resource-Limited Settings

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National Center for Emerging and Zoonotic Infectious Diseases  
Division of Healthcare Quality Promotion

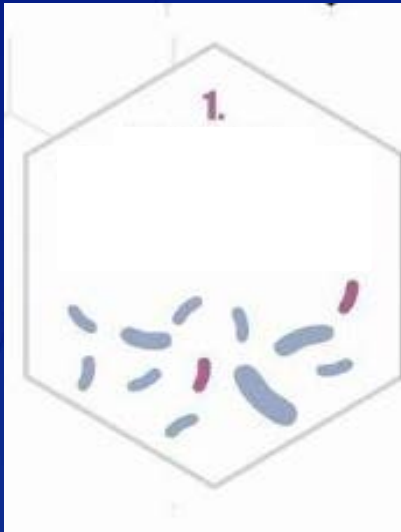


# Outline

- ❑ **How resistance happens and spreads**
- ❑ **Major antimicrobial resistant (AMR) organisms in healthcare settings**
- ❑ **Prevention and control**
- ❑ **Practical considerations**
  - **Surveillance**
  - **Infection control precautions**
  - **Antimicrobial stewardship**
- ❑ **Summary**

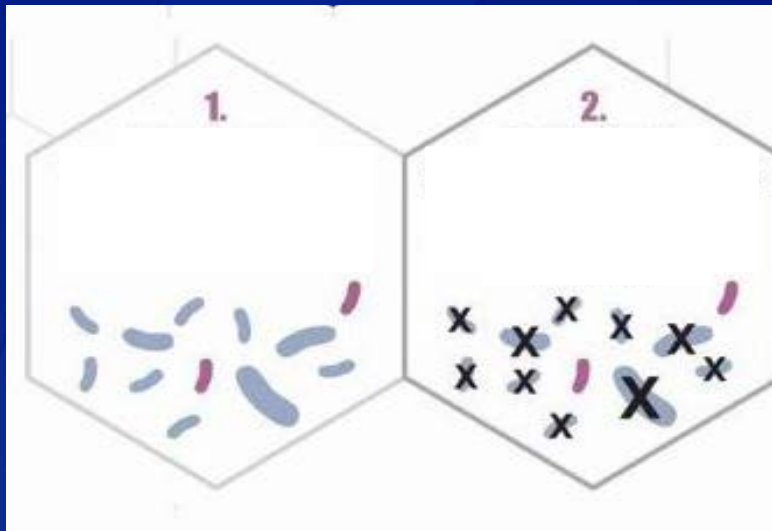
# How Resistance Happens

- ❑ Resistance is accelerated by use of antimicrobials
- ❑ Resistant strains survive and multiply



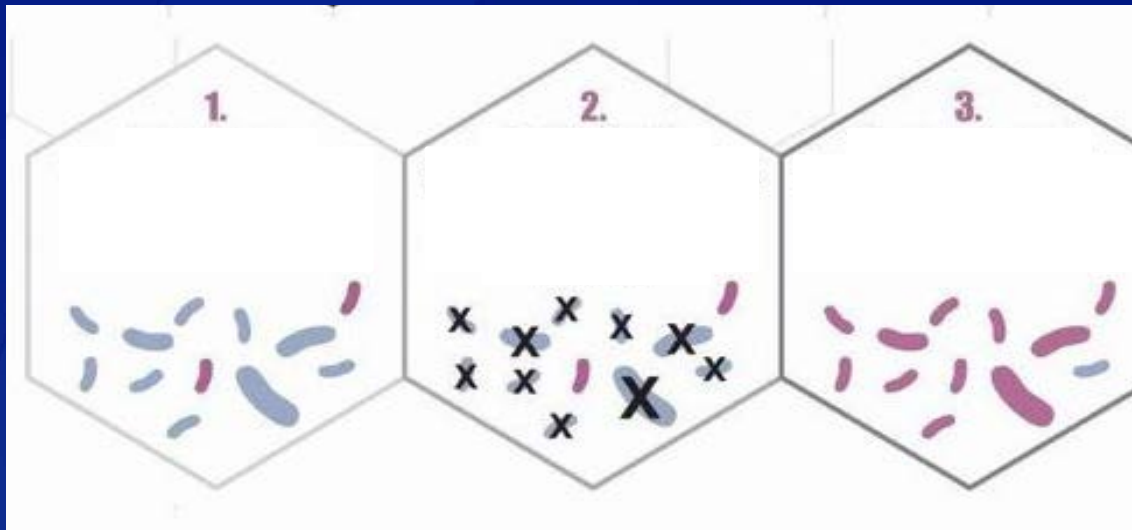
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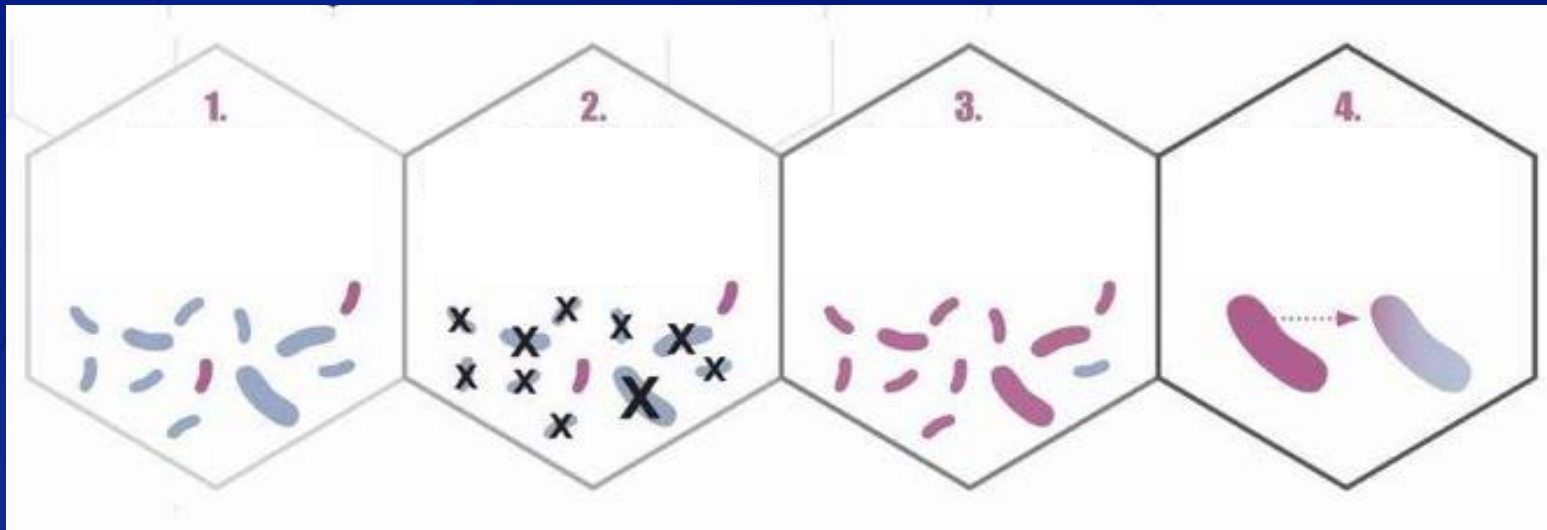
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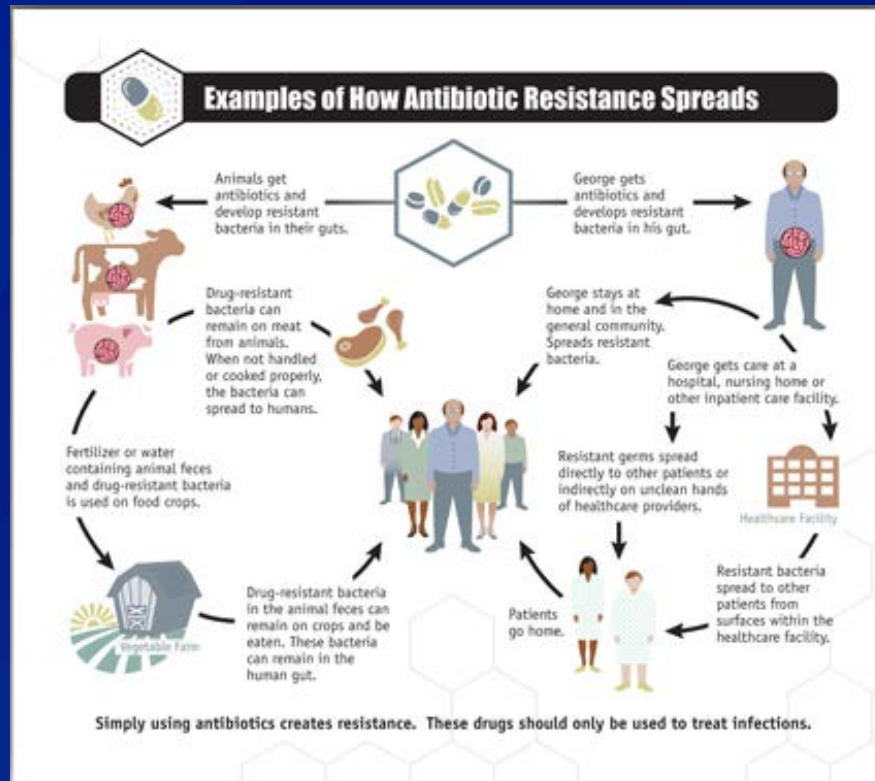
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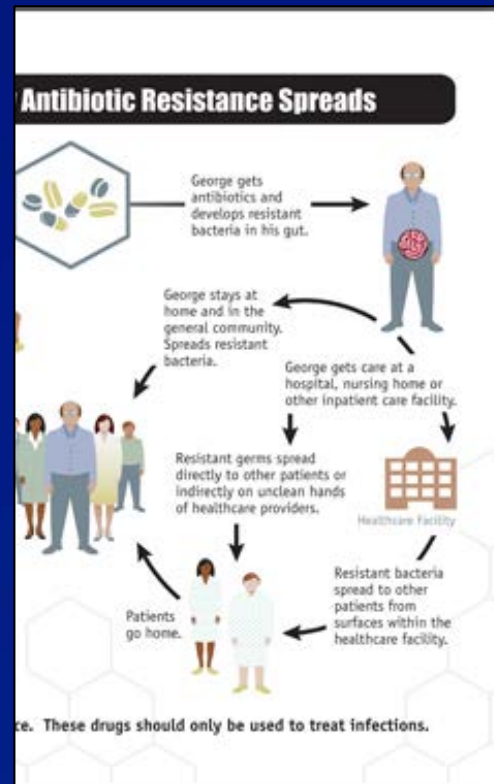
# How Resistance Spreads

- Community—  Healthcare settings—
- most cases most deaths



# AMR and Infection Prevention and Control (IPC)

- Healthcare settings





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# AMR in Healthcare Settings

- ❑ Methicillin-resistant *Staphylococcus aureus* (MRSA)
  - Infections: blood stream, pneumonia and surgical site

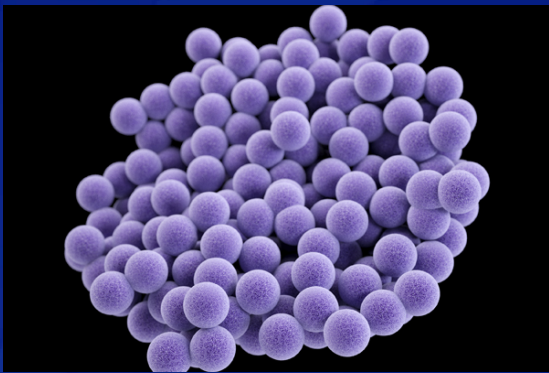
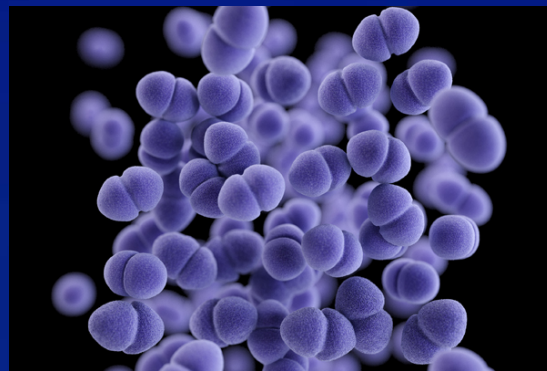
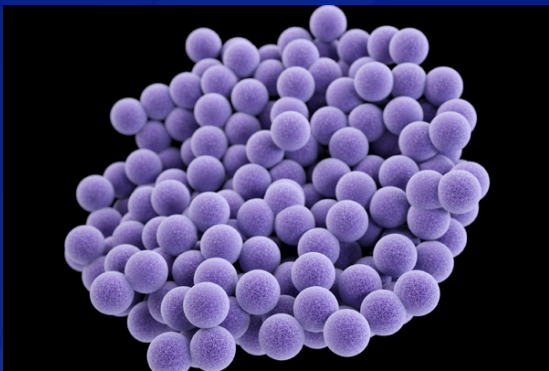


Image: <http://www.cdc.gov/media/dpk/2013/dpk-untreatable.html>

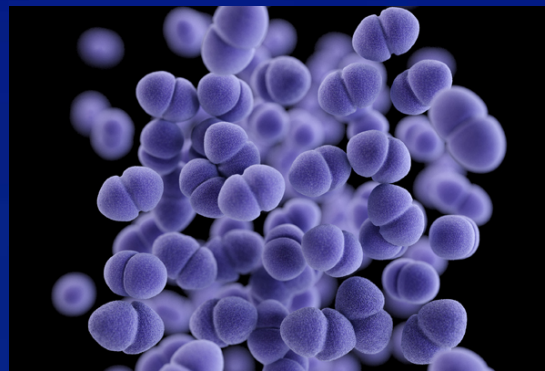
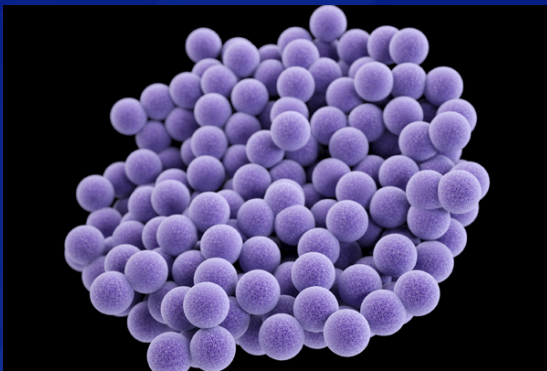
# AMR in Healthcare Settings

- ❑ Methicillin-resistant *Staphylococcus aureus* (MRSA)
- ❑ Vancomycin-resistant Enterococcus (VRE)
  - Infections: urinary tract, bloodstream, or wound

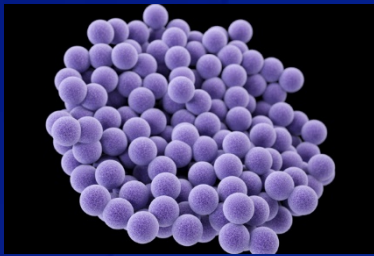


# AMR in Healthcare Settings

- ❑ Methicillin-resistant *Staphylococcus aureus* (MRSA)
- ❑ Vancomycin-resistant Enterococcus (VRE)
- ❑ **Multidrug-resistant gram-negative bacilli (MDR-GNB)**
  - Infections: pneumonia, bloodstream, wound or surgical site, & meningitis



# AMR Organism Introduction



# Transmission and Persistence

- **Contact transmission**
  - **Direct**
  - **Indirect**



# Transmission and Persistence

## □ Contact transmission

- Direct
- Indirect

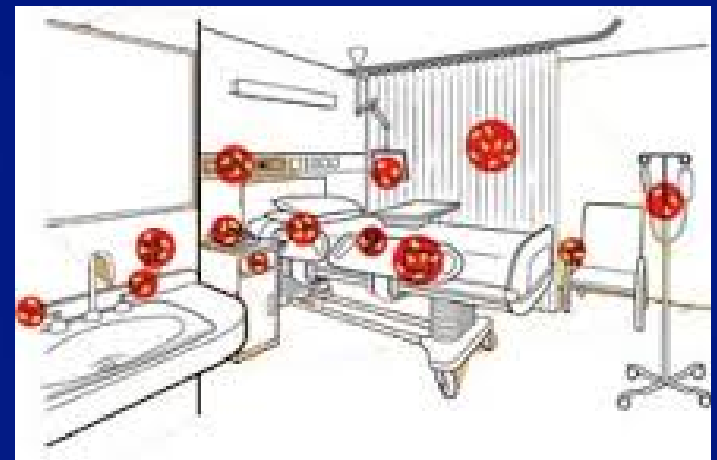


Image: <http://icnsk1.blogspot.co.uk/>

Image: <http://www.yourdictionary.com/instrument>

Image: [http://www.radiation-therapy-review.com/Infection\\_Control.html](http://www.radiation-therapy-review.com/Infection_Control.html)

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- ❑ **Practical considerations**
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  - Antimicrobial stewardship
- ❑ **Summary**



# Prevention and Control Recommendations



Image: <http://www.guldigroup.com>

# Prevention and Control Recommendations

## □ Administrative measures



# Prevention and Control Recommendations

- ❑ **Administrative measures**
- ❑ **Education & training**



# Prevention and Control Recommendations

- ❑ Administrative measures
- ❑ Education & training
- ❑ Surveillance



<http://www.cdc.gov/hicpac/pdf/MDRO/MDROGuideline2006.pdf>

Image: <http://www.mavrck.co/social-media-statistics-that-fueled-the-biggest-topics-of-2014/>

# Prevention and Control Recommendations

- ❑ Administrative measures
- ❑ Education & training
- ❑ Surveillance
- ❑ Infection control precautions

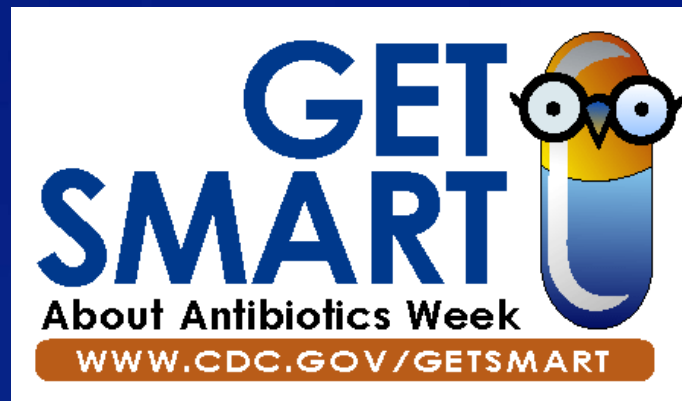


<http://www.cdc.gov/hicpac/pdf/MDRO/MDROGuideline2006.pdf>

Image: <http://hepbblog.org/2011/09/13/infection-prevention-is-everyones-business-that-means-you/>

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- ❑ Education & training
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- ❑ Infection control precautions
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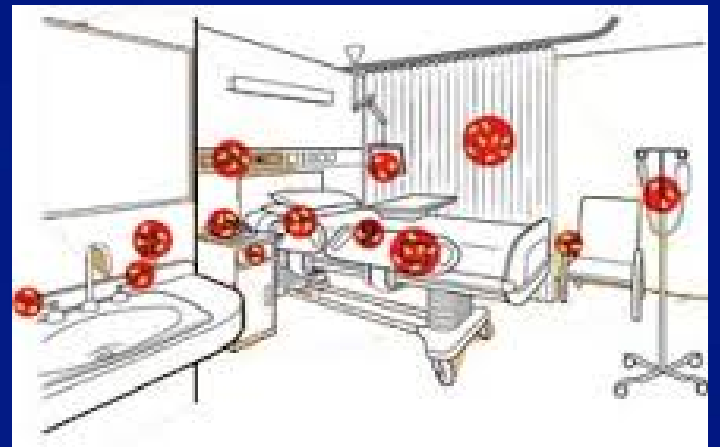


<http://www.cdc.gov/hicpac/pdf/MDRO/MDROGuideline2006.pdf>

Image: <http://www.cdc.gov/getsmart/week/>

# Prevention and Control Recommendations

- ❑ Administrative measures
- ❑ Education & training
- ❑ Surveillance
- ❑ Infection control precautions
- ❑ Antimicrobial stewardship
- ❑ Environmental measures



<http://www.cdc.gov/hicpac/pdf/MDRO/MDROGuideline2006.pdf>

Images: <http://www.ipacconsulting.com/> and <http://www.scientificamerican.com/article/hospitals-bring-janitors-front-lines-of-infection-control/>

# Prevention and Control Recommendations

- ❑ **Administrative measures**
- ❑ **Education & training**
- ❑ **Surveillance**
- ❑ **Infection control precautions**
- ❑ **Antimicrobial stewardship**
- ❑ **Environmental measures**
- ❑ **Decolonization**



# Prevention and Control Recommendations

- ❑ Administrative measures
- ❑ Education & training
- ❑ Surveillance
- ❑ Infection control precautions
- ❑ Antimicrobial stewardship
- ❑ Environmental measures
- ❑ Decolonization



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# Surveillance

- Use standardized laboratory methods



# Surveillance

- ❑ Use standardized laboratory methods
- ❑ Promptly notify resistance (phone call)



# Surveillance

- ❑ Use standardized laboratory methods
- ❑ Promptly notify resistance (phone call)
- ❑ Prepare facility-specific antimicrobial susceptibility test reports
  - Monitor trends
  - Guide treatment options



Images: [www.cdc.gov](http://www.cdc.gov), <http://www.clker.com>, <http://jfb-levage.com/tag-computer.html>, and <https://www.surveymonkey.com>

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# Infection Control Precautions

- Standard precautions

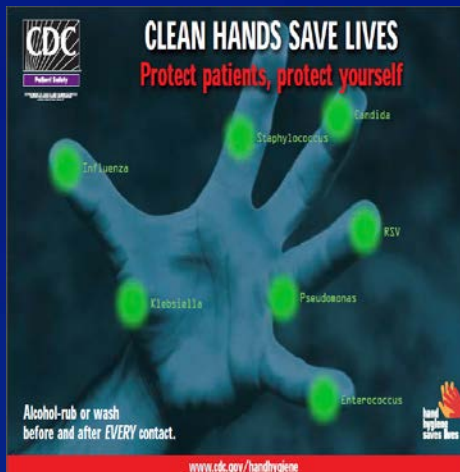
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- Contact precautions



# Infection Control Precautions

- ❑ Hand hygiene
- ❑ PPE (mask, gloves, and gown)
- ❑ Patient placement (single room/cohort)
- ❑ Equipment/instruments (dedicated equipment)



# Hand Hygiene

- ❑ **Availability of soap and water and/or alcohol rub**
- ❑ **When and how to wash**
- ❑ **Monitoring adherence**

# Hand Hygiene

- Availability of soap and water and/or alcohol rub
- When and how to wash
- Monitoring adherence

## Your 5 Moments for Hand Hygiene

<b>1</b>	<b>BEFORE TOUCHING A PATIENT</b>	<b>WHY?</b> To protect the patient against health-care-associated infections.
<b>2</b>	<b>BEFORE CLEAN/ASEPTIC PROCEDURE</b>	<b>WHY?</b> To protect the patient against health-care-associated infections, including the patient's own, from entering his/her body.
<b>3</b>	<b>AFTER BODY FLUID EXPOSURE RISK</b>	<b>WHY?</b> To protect yourself and the healthcare environment from health-care-associated infections.
<b>4</b>	<b>AFTER TOUCHING A PATIENT</b>	<b>WHY?</b> To protect yourself and the healthcare environment from health-care-associated infections.
<b>5</b>	<b>AFTER TOUCHING PATIENT SURROUNDINGS</b>	<b>WHY?</b> To protect yourself and the healthcare environment from health-care-associated infections.

World Health Organization | Patient Safety | SAVE LIVES Clean Your Hands

## How to Handwash?

World Health Organization | Patient Safety | SAVE LIVES Clean Your Hands

# Hand Hygiene

- ❑ Availability of soap and water and/or alcohol rub
- ❑ When and how to wash
- ❑ **Monitoring adherence**



[http://www.who.int/gpsc/5may/Hand\\_Hygiene\\_Why\\_How\\_and\\_When\\_Brochure.pdf?ua=1](http://www.who.int/gpsc/5may/Hand_Hygiene_Why_How_and_When_Brochure.pdf?ua=1)  
[http://www.jointcommission.org/assets/1/18/hh\\_monograph.pdf](http://www.jointcommission.org/assets/1/18/hh_monograph.pdf)

# Monitoring Adherence



## ❑ Normal transient skin bacteria, but can cause:

- Pneumonia
- Sepsis
- Urinary tract infections
- Surgical site infections

Image: Acknowledgments to S.J. hospital IPC program

# Infection Control Precautions

- ❑ Hand hygiene
- ❑ **Personal Protective Equipment (PPE)**
- ❑ Patient placement (single room/cohort)
- ❑ Equipment/instruments (dedicated equipment)

<http://www.cdc.gov/hicpac/pdf/MDRO/MDROGuideline2006.pdf>

[http://www.who.int/csr/resources/publications/EPR\\_AM2\\_E7.pdf?ua=1](http://www.who.int/csr/resources/publications/EPR_AM2_E7.pdf?ua=1)

# PPE

- ❑ Gowns
- ❑ Gloves
- ❑ Mask



# PPE

- ❑ “Contact precautions” sign
- ❑ Don before entering and doff before exiting

**Mask**



**Sign**

**Gloves**

**Gowns**



# Infection Control Precautions

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# Patient Placement

- ❑ Single rooms



Image: [https://http://well.blogs.nytimes.com/2010/12/16/a-hospital-room-with-a-view/?\\_r=0](https://http://well.blogs.nytimes.com/2010/12/16/a-hospital-room-with-a-view/?_r=0)

# Patient Placement

- ❑ Single rooms
- ❑ If not possible, cohort



# Patient Placement

- ❑ Single rooms
- ❑ If not possible, cohort
- ❑ If not possible, place in rooms
  - ❑ Low risk and
  - ❑ Short-length stay patients



Image: [https://http://well.blogs.nytimes.com/2010/12/16/a-hospital-room-with-a-view/?\\_r=0](https://http://well.blogs.nytimes.com/2010/12/16/a-hospital-room-with-a-view/?_r=0)

Image: <http://www.maxlite.com/applications/healthcare>

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Image: <http://www.cliparthut.com>

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# Antimicrobials Stewardship

- ❑ Review antimicrobial utilization
- ❑ Review local antibiograms (susceptibility pattern)

# Antimicrobials Stewardship

- ❑ Review antimicrobial utilization
- ❑ Review local antibiograms (susceptibility pattern)
- ❑ Foster appropriate antimicrobial use
  - Order laboratory tests
  - Record indication, dose and duration
  - Re-assess within 48 hours

## Every time antibiotics are prescribed:



**1.** Order recommended cultures before antibiotics are given and start drugs promptly.



**2.** Make sure indication, dose, and expected duration are specified in the patient record.

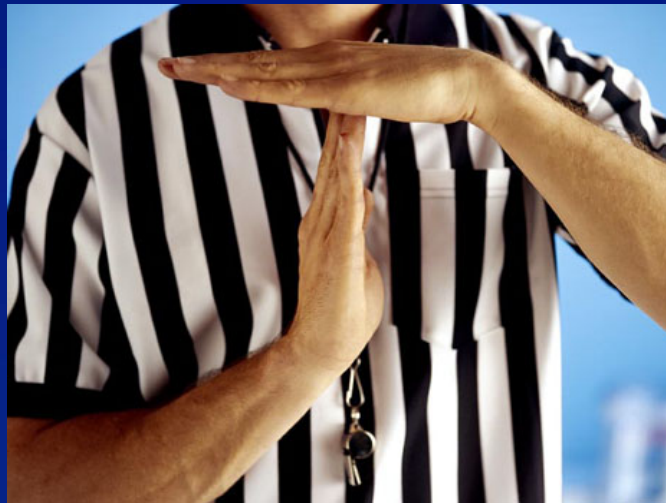


**3.** Reassess within 48 hours and adjust Rx if necessary or stop Rx if indicated.



# Antibiotic “Time Out”

- ❑ Antibiotics are started empirically
  - ❑ Providers don't revisit
  - ❑ More clinical and laboratory data become available
- TIME OUT within 48 hours**



[http://www.cdc.gov/getsmart/healthcare/implementation/core-elements.html#\\_ENREF\\_26](http://www.cdc.gov/getsmart/healthcare/implementation/core-elements.html#_ENREF_26)

Image: <http://www.basketballhow.com/information/rules/time-outs/>

# Antibiotic “Time Out”

- ❑ Antibiotics are started empirically
- ❑ Providers don't revisit
- ❑ More clinical and laboratory data become available

## **TIME OUT within 48 hours**

- ❑ Patient has infection to respond to antibiotics
  - ❑ Right antibiotic, dose, duration, and route of administration
  - ❑ Can a more targeted antibiotic be used
- ## **RE-ADJUST if necessary**

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# Summary

- ❑ **Resistance is accelerated by use of antimicrobials**
- ❑ **Prevention and control has many components**
- ❑ **Three overlapping programs are essential**
  - **Surveillance systems**
  - **Infection control precautions**
  - **Antimicrobial stewardship**

# Resources

## Management of Multidrug-Resistant Organisms In Healthcare Settings, 2006

Jane D. Siegel, MD; Emily Rhinehart, RN MPH CIC; Marguerite Jackson, PhD; Linda Chiarello, RN MS; the Healthcare Infection Control Practices Advisory Committee

**Acknowledgement:**  
The authors and HICPAC gratefully acknowledge Dr. Larry Strausbaugh for his many contributions and valued guidance in the preparation of this guideline.

**HICPAC**  
HEALTHCARE INFECTION CONTROL  
PRACTICES ADVISORY COMMITTEE



## Infection control programmes to control antimicrobial resistance

Lindsay E. Nicolle



## Infection Prevention Guidelines for Healthcare Facilities with Limited Resources



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# Thank You!

For more information please contact Centers for Disease Control and Prevention

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Web: [www.cdc.gov](http://www.cdc.gov)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

National Center for Emerging and Zoonotic Infectious Diseases

Division of Healthcare Quality Promotion



# CRE Interventions

## □ Core

- Hand hygiene
- Contact Precautions
- HCP education
- Minimizing device use
- Patient and staff cohorting
- Laboratory notification
- Antimicrobial stewardship
- CRE screening

## □ Supplemental

- Active surveillance cultures
- Chlorhexidine bathing

# MRSA



## Summary of Prevention Strategies



### Core Measures

- Assessing hand hygiene practices
- Implementing Contact Precautions
- Recognizing previously colonized patients
- Rapidly reporting MRSA lab results
- Providing MRSA education for healthcare providers

### Supplemental Measures

- Active surveillance testing
- Decolonization
- Chlorhexidine bathing

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# Intensified Surveillance

- ❑ **Implement active surveillance culture (ASC)**
  - Target AMR organism
  - Population at risk
- ❑ **Conduct culture surveys to assess interventions**
  - Point prevalence culture surveys
- ❑ **If necessary, obtain cultures from healthcare providers**

# Antimicrobials Stewardship

- ❑ Collaborate with existing programs/networks
  - USAID program—Systems for Improved Access to Pharmaceuticals and Services (SIAP)



<http://siapsprogram.org/2015/07/31/fighting-amr-in-resource-limited-settings/>

<http://siapsprogram.org/2015/05/21/using-a-health-systems-strengthening-approach-to-contain-amr-a-south-african-experience/>