

Type: Sponsored Symposium

Final Abstract Number: 03.004
 Session: *Implementing Antimicrobial Stewardship in an Era of Multidrug Resistance*
 Date: Thursday, April 3, 2014
 Time: 10:15-12:15
 Room: Room 1.40

Practical considerations for implementing antimicrobial stewardship in hospitals

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The increasing emergence and uncontrolled spread of antimicrobial resistance worldwide threatens patient outcomes and raises overall healthcare costs. The emergence of antimicrobial resistance combined with the downturn in the development of new antimicrobial agents in the pharmaceutical industry poses unanticipated challenges in the effective management of infection. The question arises, how can we most effectively utilize this invaluable resource, antimicrobials, in the face of ever more difficult to treat infections? This question serves as the fundamental basis for the concept of antimicrobial stewardship (AMS). Antimicrobial stewardship refers to coordinated interventions designed to improve and measure the appropriate use of antimicrobial agents by promoting the selection of the optimal antimicrobial drug regimen including dosing, duration of therapy, and route of administration. The major objectives of antimicrobial stewardship are to achieve best clinical outcomes related to antimicrobial use while minimizing toxicity and other adverse events, thereby limiting the selective pressure on bacterial populations that drives the emergence of antimicrobial-resistant strains. Antimicrobial stewardship may also reduce excessive costs attributable to suboptimal antimicrobial use. The implementation of such a program is complicated and requires a wholesystems approach. To be successful, an antibiotic stewardship program should be multifaceted and should comprise policies, guidelines, surveillance, prevalence reports, education, and audit practices to optimize prescribing methods. There are some factors that are important in crafting effective hospital-based antimicrobial stewardship programs like ensuring the proper use of antimicrobials to provide the best patient outcomes, lessen the risk of adverse effects, promote cost-effectiveness, and reduce or stabilize levels of resistance. Proper guidelines for the rational use of antibiotics is a cornerstone in any AMS program and should take into account: local epidemiologic data of the hospital where the AMS will take place, consider the most important mechanism of resistance of the bacteria involved, incorporate concepts of Selective Pressure in order to choose the right antibiotic for the bacteria that will be treated and finally, once the culture identifies the bacteria, “de-escalation”.

<http://dx.doi.org/10.1016/j.ijid.2014.03.436>

Type: Sponsored Symposium

Final Abstract Number: 04.001
 Session: *Transforming the Landscape of Meningococcal Disease Prevention*
 Date: Thursday, April 3, 2014
 Time: 10:15-12:15
 Room: Room 1.60

The global epidemiology of meningococcal disease: Surveying a shifting terrain

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Presenter did not provide an Abstract

<http://dx.doi.org/10.1016/j.ijid.2014.03.437>

Type: Sponsored Symposium

Final Abstract Number: 04.002
 Session: *Transforming the Landscape of Meningococcal Disease Prevention*
 Date: Thursday, April 3, 2014
 Time: 10:15-12:15
 Room: Room 1.60

Comprehensive protection against ACWY meningococcal disease

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Presenter did not provide an Abstract

<http://dx.doi.org/10.1016/j.ijid.2014.03.438>

Type: Sponsored Symposium

Final Abstract Number: 04.003
 Session: *Transforming the Landscape of Meningococcal Disease Prevention*
 Date: Thursday, April 3, 2014
 Time: 10:15-12:15
 Room: Room 1.60

Breaking barriers in the fight against meningococcal serogroup B disease

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Presenter did not provide an Abstract

<http://dx.doi.org/10.1016/j.ijid.2014.03.439>