



Session group 1

HAI-Net: Point prevalence survey (PPS)

Moderators:

Bruno Coignard (InVS, France) Susan Hopkins (HPA, UK) & Carl Suetens (ECDC)

| Agenda | |
|---------------|--|
| 08:30 - 08:40 | Welcome and nomination of rapporteurs Bruno Coignard (InVS, France) & Susan Hopkins (HPA, UK) |
| 08:40 – 08:55 | Overview of PPS in 2011: tools and reports Carl Suetens (ECDC) |
| 08:55 – 09:10 | Experience with national Point Prevalence Survey: England <i>Susan Hopkins</i> (HPA, UK) |
| 09:10- 09:30 | Discussion All |
| 09:30 – 10:15 | Comments of Network committee on HAI case definitions: part I Bruno Coignard (InVS, France) & Carl Suetens (ECDC) |
| 10:15 – 10:45 | Coffee break |
| 10:45 – 11:00 | Comments of Network Committee on HAI case definitions: part II Bruno Coignard (InVS, France) & Carl Suetens (ECDC) |
| 11:00 – 12:00 | Pilot validation study of the PPS: experiences and feasibility Jacqui Reilly (NHS/HP Scotland, UK) |

PPS Planning for 2012 & communication of PPS results

12:00 - 12:30

12:30- 14:00

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Lunch Break



Summary of findings

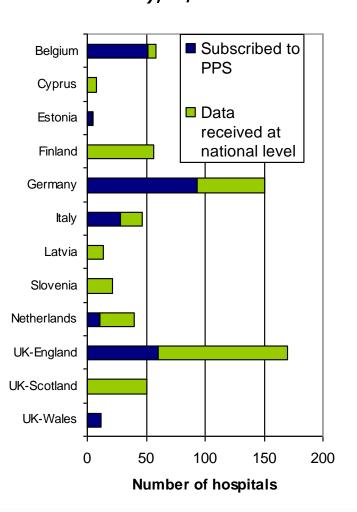


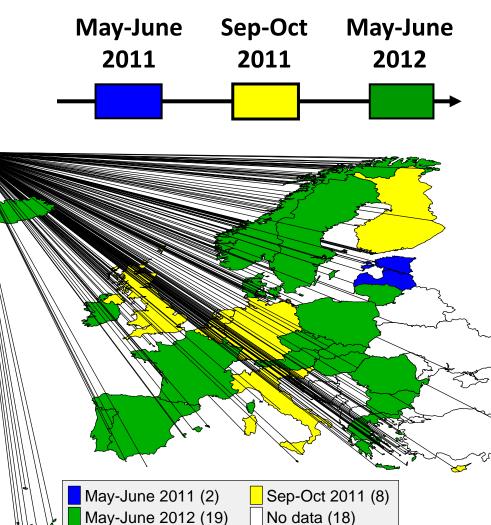
- Overview of PPS 2011, tools and reports
- PPS experience in England
- Comments on HAI definitions of Network committee
- Evaluation of pilot PPS validation study
- PPS 2012: round table

Summary - National PPS 2011

2011: 10 countries, 631 hospitals subscribed, 2/3 HWN (YouTube video in BE), 1/3 national software







Summary - Overview of tools and reports



 Tools: Protocol, HelicsWin.Net (HWN) V1.2 software, HAI-Net extranet, TESSy upload page now available (data call deadline 16/1)

Reports:

TESSy validation report after upload – data quality, summary results

by hospital and ward

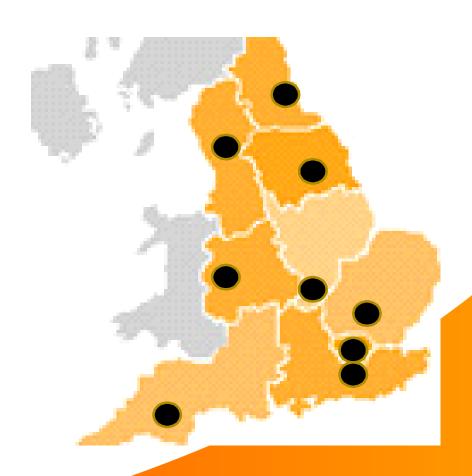
| Validation Summary for HAI-NET Point Prevalence Study | | | | | | | |
|---|--|-------------------|------------|-------------------|------------|--|--|
| No Infection data | | | | 0 | | | |
| No Microbiological data | 0 | | | | | | |
| Receives antimicrobials | 84 | | | | | | |
| No Antimicrobial data 1 | | | | | | | |
| Non-Unique hospital Ids | | | 0 | | | | |
| Non-unique Pneumonia | 0 | | | | | | |
| Duplicated CRI3 & BSI-CVC | 0 | | | | | | |
| Duplicated BSI | 0 | | | | | | |
| Crude prevalence | | | | | | | |
| | | Infected patients | | Antimicrobial use | | | |
| Total number of surveyed patients in hospitals | Total number of patients surveyed by specialties | N. | Prevalence | N. | Prevalence | | |
| 23 | 260 | 20 | 7.7% | 83 | 31.9% | | |

 Detailed hospital report including stratified /risk-adjusted comparisons with national/ real-time EU data, within 2 weeks after upload

Summary — ECDC-PPS experience England

Training to 480 hospital staff

- Comprehensive ECDC accredited one day course
- Min 1 per hospital (max limited by space ~4):
 - IPCT & AMT
 - Microbiology/ID physicians, surveillance officers
 - PPS epidemiology
 - Data collection methods
 - Application of case definitions
 - Interpretation of PPS data
 - Submission of case study



Health Protection

Agency

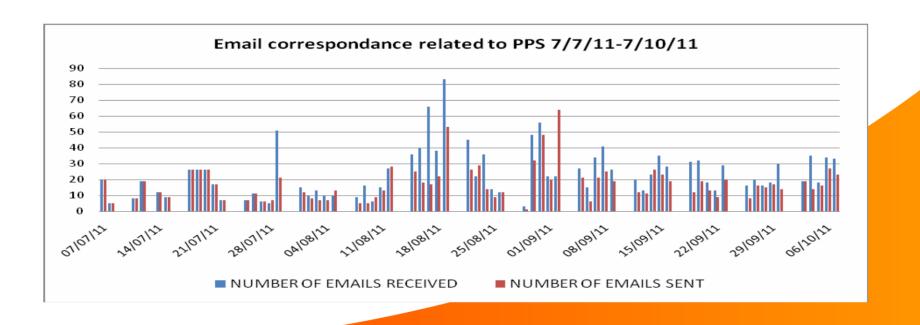
Summary – ECDC-PPS experience England Health Protection Agency

Generic email account - ppsengland@hpa.org.uk

Also emails to and from individual accounts.....

Phonecalls where necessary and ad-hoc as we were "found"

Questions: definitions, specialty, paeds, AM subjectivity......



Summary



- Main comments of Network Committee on HAI case definitions discussed, partially also referred to ICU working group
- Pilot validation study Oct-Nov 2011
 - 10 countries/20 hospitals, 5 performing PPS in 2011, 5 2012 countries
 - Discussion on tested methodology
- 2012 PPS: 19 countries, but 1 of them unsure
 - National training sessions starting in Jan-Feb
 - Some countries expect fewer hospitals (voluntary)
 - Issues with financial support for training etc related to economic crisis – ECDC support for validation in 2012
 - HWN: 13/19, 6/19 national

Conclusions – Decisions



- HAI case definitions comments of Network Committee
 - Agreed reply for most important comments: pneumonia, bloodstream infection, "healthcare-associated" infection
 - Other comments: no time for reviewing them, the full list of comments (with answer from ECDC) will be circulated by ECDC to HAIGEN contact points
 - Note: if any changes, they will not apply to the current, ongoing PPS (2011-2012)
- PPS validation:
 - Focus on validation of HAI and AM use only
 - Sample size: balance between practical feasibility and science

Perspectives

(what will happen in 2012, and possibly 2013 onwards)



- 18 countries will perform national PPS from late March/April to June 2012, 1 unsure
- Data call PPS 2011 data deadline 16 January, but accepted afterwards; 2012 data call Sep 2012
- PPS Validation protocol will be revised and available by March (incl HWN)
- Communication of PPS results: European Antibiotic Awareness Day
 - Publish national results first? => limited details at EAAD?
 - Invitation ICAAC Sep 2012: interim results/ validation