Current Policies and Strategies for AMR at Taiwan CDC

Jen-Hsiang Chuang, MD, MS, PhD
Taiwan Centers for Disease Control

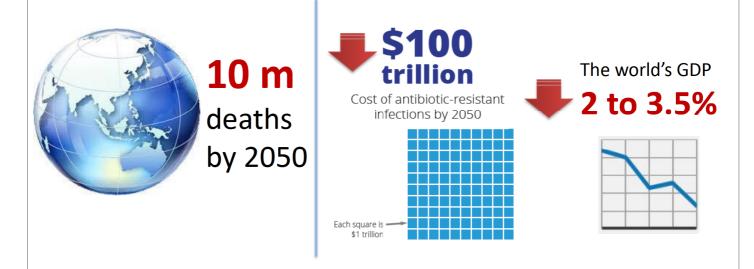
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Outlines

- AMR Threat in Taiwan
- Surveillance & Responses for bacterial infections and AMR in Taiwan
- Multi-sectoral collaborations for antimicrobial stewardship program (ASP) in Taiwan

Global AMR Threat

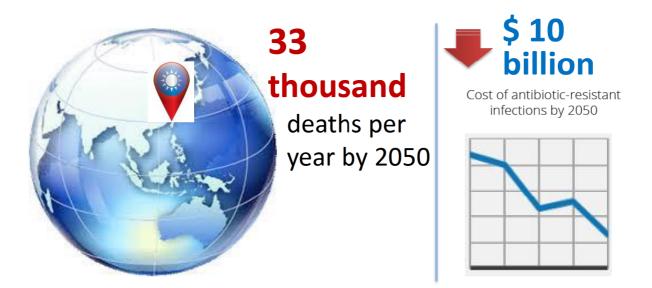
If the current trend is not altered and no action is taken to counter this threats...



Jim O'Neill. (2016) Tackling Drug-Resistant Infections Globally: Final Report and Recommendations

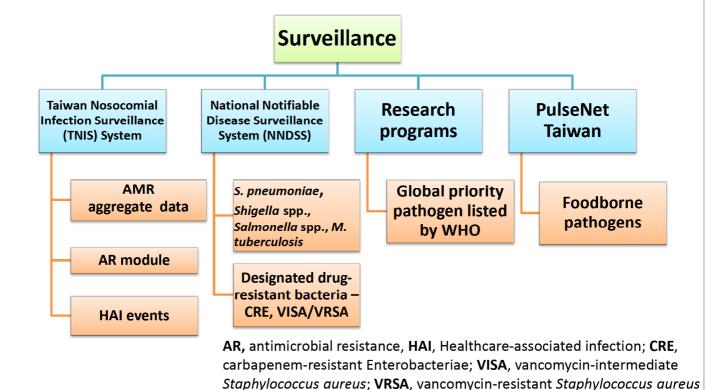
AMR Threat in Taiwan

If the current trend is not altered and no action is taken to counter this threats...



Adapted from Jim O'Neill. (2016) Tackling Drug-Resistant Infections Globally: Final Report and Recommendations

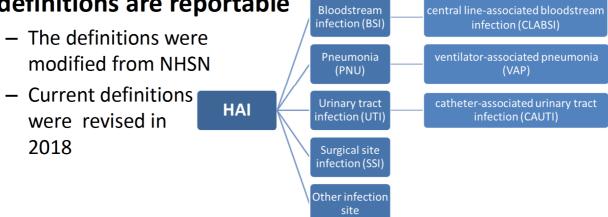
Multi-faceted Bacterial Infections & Antimicrobial Resistance Surveillance



TNIS System – HAI Events

- Established since 2007
 - Voluntary, event-based reporting system
 - More than 470 hospitals enrolled

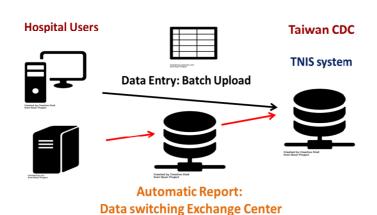
 Hospitalized patients compatible with case definitions are reportable



TNIS System – Hospital-wide Aggregate Data of AMR

Established since 2009

- Hospital-level reports
- Specimen: blood, urine



Designated bacteria for secondary aggregate data Escherichia spp. Klebsiella spp. Enterobacter spp. Proteus spp. Enterococcus spp. Acinetobacter calcoaceticus-Acinetobacter baumannii complex Staphylococcus aureus Pseudomonas aeruginosa

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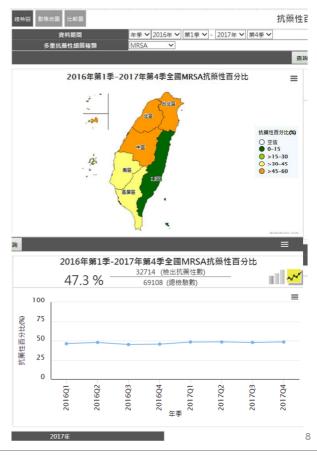
TNIS System – AR Module

Established since 2017

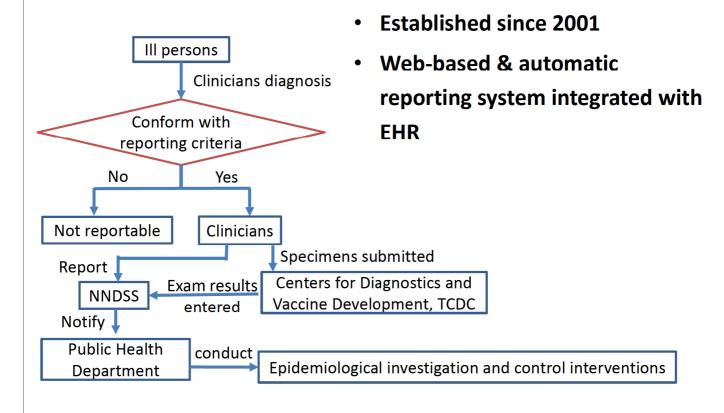
- Isolate-level reports
- Specimen: all kinds of specimen
- 23 designated bacteria species
- Around 130 hospitals participated

Data visualization

Inquiry interactive interface



System Flow of NNDSS





WHO Priority List for AMR Surveillance in Taiwan, 2017-2020

- Medical centers (N=11)
- ▲ Regional hospitals (N=5)



2017 (n=2,500)

- 1. Staphylococcus aureus (sterile sites)
- 2. Streptococcus pneumoniae (sterile sites)
- 3. Escherichia coli (blood)
- 4. Klebsiella pneumoniae (blood)
- 5. Non-Typhoid *Salmonella* (any sites)
- 6. Shigella species (any sites)
- 7. Neisseria gonorrhoeae (any sites)

Comparison of CLABSI Incidence in ICUs

Surveillance networks/reviews, study period, country/economy	1,000 Patient-Days	CLABSI/1000 catheter-days	1,000 Catheter- days
TNIS, 2008-2010, Taiwan ^{\$}	4,717	4.3	2,241
KISS, 2005-2009, Germany#	5,877	1.3	4,002
NHSN, 2009, USA#	9,186	1.7	4,589
NHSN, 2009, USA*	774	1.7	447
Systematic review (WHO),			
high-income countries,		3.5	5,339
1995-2010			
INICC, 25 developing		7.4	363
countries, 2003-2008		7.4	303

^{\$} All ICUs in major medical centers and regional hospitals

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National Central-Line Care Bundles Campaign

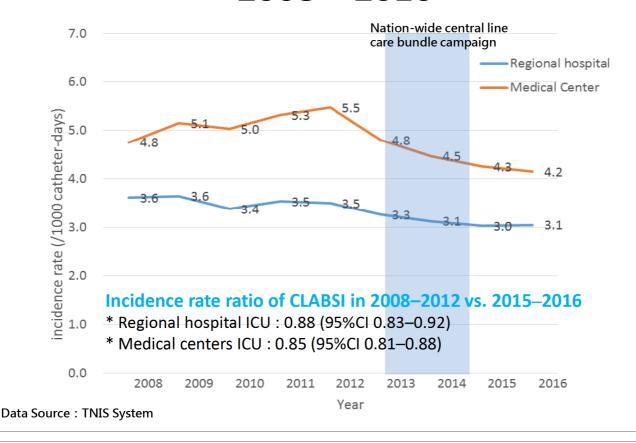
- Implemented during 2013 2014
 - More than 110 hospitals involved
- Bundle elements
 - Optimal catheter site selection
 - Hand hygiene
 - Maximum barrier precautions
 - Appropriate disinfectant for skin preparation
 - Daily review of line necessity

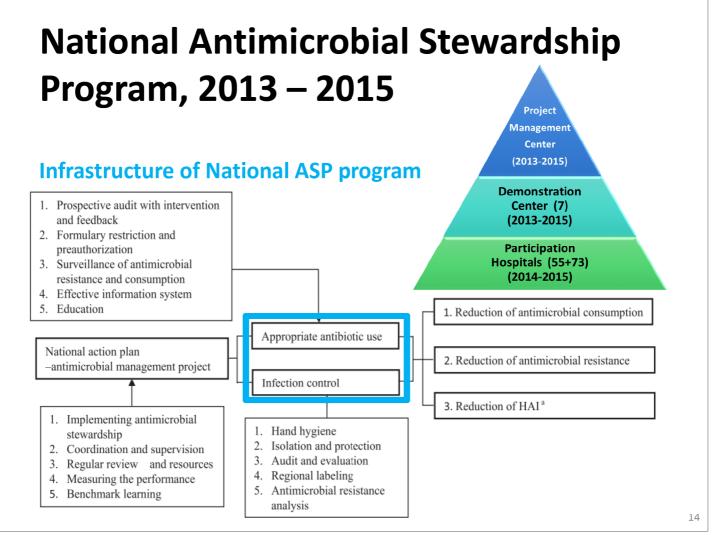


[#] All ICUs

^{*} Medical/surgical ICUs in major teaching hospitals

Incidence rates of CLABSI in ICUs, 2008 – 2016





Outcomes of National ASP Programs

Reduction of AMR



MRSA 5%

L CRAB **10%**

Reduction of HAI



0.4

infection per thousand patient-days

Reduction of Antimicrobial use



18% DDD

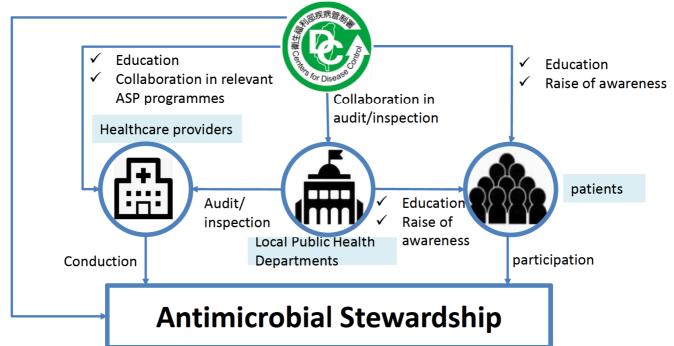
per thousand patient-days

DDD: Defined Daily Dose

DDD. Defined Daily Dose

Roles of TCDC in Promotion of Antimicrobial Stewardship

- ✓ National policies & strategies making
- ✓ Implementation & evaluation of programs



Conclusions

- AMR is one of the ominous threats to Taiwan public health
- To secure more resources for multi-sectoral collaboration to implement multi-faceted interventions to combat AMR