



Uso ottimale degli antibiotici in Italia

AMR week: 18-24 Novembre

Conferenza Stampa,
Roma, 17 Nov 2022

- Due nuove linee-guida su terapia mirata infemzioni resistenti
- Materiale informativo e media contents
- AIFA building illuminato alla sera per AMR week

Dicembre 2022

- Traduzione italiana Handbook OMS su uso ottimale antibiotici e infografiche
- Edizione italiana delle 10 syndrome infettive più frequenti calibrate per il contesto italiano per medicina generale (MMG) e pediatri
- App dedicata a WHO AWARE Handbook e due volumetti italiani per MMG e pediatri

Raccomandazioni AIFA per uso ottimale antibiotici in pubblicazione domani 18 Novembre AMR week



Communication activities around WHO AWaRe Antibiotic Book & adaptation to the Italian context (week 18-24 november 2022)

AD activities:

- TV/Radio promo
- Out-of-home (OOH) advertising
- Slogan projection on AIFA building
«Antibiotics: less use, better use»
- Social communication
- Final survey





THANKS FOR YOUR ATTENTION

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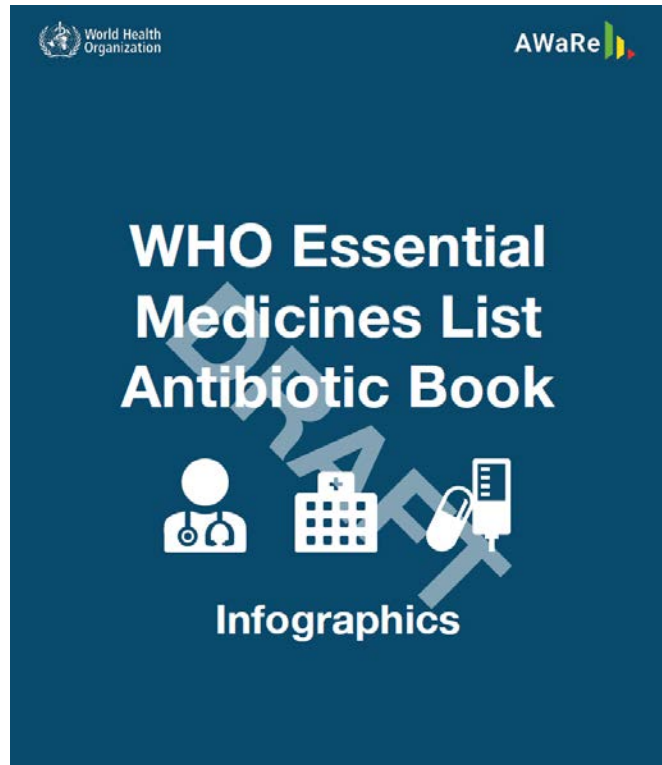
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Obiettivo strategico: avere un documentp di riferimento tradotto in italiano basato WHO AWaRe Antibiotic Book

Traduzione italiana del AWaRe Antibiotic Book (457 pages) + Infographics (150 pages)

- Entro metà dicembre



Bronchitis

Definition

A self-limiting inflammation of the trachea and bronchi characterized by persistent cough +/- fever usually caused by a viral infection

Diagnosis

Clinical Presentation

- Acute onset (<2 weeks) of cough lasting > 5 days +/- sputum production and shortness of breath (colour of the sputum does not indicate bacterial infection) +/- fever
- Generally a mild condition; cough usually lasts 10-20 days (can last longer)

Important: Symptoms can overlap with pneumonia and this can lead to inappropriate treatment with antibiotics. This should be avoided with a careful patient assessment

- **Bronchitis:** Less severe presentation, usually self-limiting (but cough may take weeks to resolve)
- **Pneumonia** (see "Community-acquired pneumonia" infographic): More severe presentation with shortness of breath and systemic signs of infection (e.g. increased heart and respiratory rate)

Microbiology Tests

Usually not needed; consider testing for Influenza virus or SARS-CoV-2 (e.g. during influenza season or outbreaks based on local epidemiological risk/situation/protocols)

Other Laboratory Tests

Usually not needed

Imaging

Usually not needed

Most Likely Pathogens

Respiratory viruses:

- Rhinovirus
- Influenza virus (A and B)
- Parainfluenza virus
- Coronavirus (including SARS-CoV-2)
- Respiratory syncytial virus
- Metapneumovirus
- Adenovirus

Treatment

No Antibiotic Care

- Symptomatic treatment
- Bronchodilators (in case of wheezing), mucolytic or antitussive agents, can be considered based on local practices and patient preferences

Patients should be informed that:

- Great majority of cases are self-limiting and of viral origin
- Cough can persist for several weeks

Symptomatic Treatment

Ibuprofen 200-400 mg q6-8h (Max 2.4 g/day)

OR

Paracetamol (acetaminophen) 500 mg-1 g q4-6h (max 4 g/day)

- Hepatic impairment/cirrhosis: Max 2 g/day

Antibiotic Treatment

Antibiotic treatment is not recommended and should be avoided as there is no evidence of a significant clinical benefit and there is a risk of side effects of antibiotics

Bronchitis

Definition

A self-limiting inflammation of the trachea and bronchi characterized by persistent cough +/- fever usually caused by a viral infection

Diagnosis

Clinical Presentation

- Acute onset of cough lasting > 5 days, usually with runny nose and mild fever, with no clinical signs of pneumonia
- Generally a mild condition, cough usually lasts 1-3 weeks

Important: Symptoms can overlap with pneumonia and this can lead to inappropriate treatment with antibiotics. This should be avoided with a careful patient assessment

- **Bronchitis:** Less severe presentation, usually self-limiting (but cough may take weeks to resolve)
- **Pneumonia** (see "Community-acquired pneumonia" infographic): More severe presentation with shortness of breath and systemic signs of infection (e.g. increased heart and respiratory rate)

Microbiology Tests

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Treatment

No Antibiotic Care

- Symptomatic treatment
- Bronchodilators (in case of wheezing), mucolytic or antitussive agents, can be considered based on local practices and patient preferences

Patients/parents should be informed that:

- Great majority of cases are self-limiting and of viral origin
- Cough can persist for several weeks

Symptomatic Treatment

Ibuprofen (do not use if <3 months of age)

- Pain control/antipyretic: 5-10 mg/kg q6-8h
- Oral weight bands:

6-10 kg	50 mg q6h
10-15 kg	100 mg q6h
15-20 kg	150 mg q6h
20-30 kg	200 mg q6h
≥30 kg	Use adult dose

OR

Paracetamol (acetaminophen)

- Pain control/antipyretic: 10-15 mg/kg q6h
- Oral weight bands:

3-6 kg	60 mg q6h
6-10 kg	100 mg q6h
10-15 kg	150 mg q6h
15-20 kg	200 mg q6h
20-30 kg	300 mg q6h
≥30 kg	Use adult dose

Antibiotic Treatment

Antibiotic treatment is not recommended and should be avoided as there is no evidence of a significant clinical benefit and there is a risk of side effects of antibiotics

al contesto italiano: **adulti e pediatria**

Due volumetti con le 10 sindromi infettive più frequenti – adulto e pediatrico – saranno estratte e adattate al contest italiano (con calibrazioni minori) con un box speciale per gli adattamenti e Infographiche correlate. Le 10 sindromi sono

1. Acute otitis media (OMA)
2. Pharyngitis
3. Acute sinusitis
4. Bronchitis
5. Exacerbation of chronic obstructive pulmonary disease (COPD)
6. Community-acquired pneumonia (CAP)
7. Oral and dental infections
8. Skin and soft tissue infections (impetigo/erysipelas/cellulitis)
9. Bites and wounds
10. Lower urinary tract infections (UTIs)

Adattamento/calibrazione: resistenze locali, formulazioni e dosaggi, e test consigliati

Riacutizzazione della broncopneumopatia cronica ostruttiva (BPCO)

ADULTI

Pagina 1 di 2

Specifiche AIFA OPERA rispetto a raccomandazioni globali OMS

- Nelle indicazioni del dosaggio di amoxicillina e amoxicillina-clavulanato si distingue una forma lieve-moderata ed una forma severa
- Nelle opzioni di imaging si include la ecografia del torace (accuratezza diagnostica superiore alla radiografia del torace per la diagnosi di polmonite)

Definizione

Peggioramento acuto dei sintomi respiratori del paziente oltre le normali variazioni giornaliere che si traduce in una terapia aggiuntiva nei pazienti con sottostante broncopneumopatia cronica ostruttiva (BPCO). La BPCO si riferisce a un gruppo di malattie che bloccano il flusso d'aria e alterano la respirazione e comprende l'emfisema e la bronchite cronica.

Agenti patogeni più probabili

Virus respiratori (maggioranza dei casi)

- Virus dell'influenza (A e B)
- Virus respiratorio sinciziale
- Virus parainfluenzale
- Rhinovirus
- Coronavirus (compreso SARS-CoV-2)
- Altri virus respiratori

Batteri (raramente)

- Haemophilus influenzae*
- Moraxella catarrhalis*
- Streptococcus pneumoniae*
- Batteri Gram-negativi incluso *Pseudomonas aeruginosa* (compresi ceppi multiresistenti)

Prevenzione

Si raccomanda di suggerire al paziente di smettere di fumare e di migliorare se possibile la qualità della aria negli ambienti interni e di somministrare beta-2-agonisti inalati a lunga durata d'azione (con o senza anticolinergici) e vaccinazioni rilevanti (es. contro influenza, *S. pneumoniae* e SARS-CoV-2).

Diagnosi

Presentazione

Peggioramento recente e prolungato della dispnea e della tosse con aumento della produzione di espettorato purulento rispetto al basale dei pazienti

Importante: i sintomi sono sovrapponibili con la polmonite (polmonite più probabile se sono presenti tachicardia, tachipnea a riposo e crepitazioni che persistono dopo la tosse)

Test

Di solito non necessari ma da considerare nei casi gravi: il tratto respiratorio delle persone con BPCO può essere colonizzato da batteri (es. *S. pneumoniae*, *H. influenzae*, *M. catarrhalis*, *P. aeruginosa*, *S. maltophilia*) e una coltura positiva può indicare una colonizzazione piuttosto che un'infezione acuta

Altri test di laboratorio

Considerare proteina C-reattiva e/o procalcitonina, emocromo completo, ed emogasanalisi

Imaging

Considerare una radiografia o ecografia toracica nei pazienti che necessitano di ricovero ospedaliero al fine di escludere altre diagnosi e in pazienti ambulatoriali se si sospetta polmonite

al contesto italiano: **adulti e pediatria**

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La **WHO App (Firstline)** sarà adottata e sviluppata per l'Italia

AIFA-OPERA - Ottimizzazione della PrEscRizione Antibiotica

Sept 2021

- Costituzione GdL (AIFA-OPERA) per il supporto alla Agenzia per uso ottimale antibiotici

Nov 2022

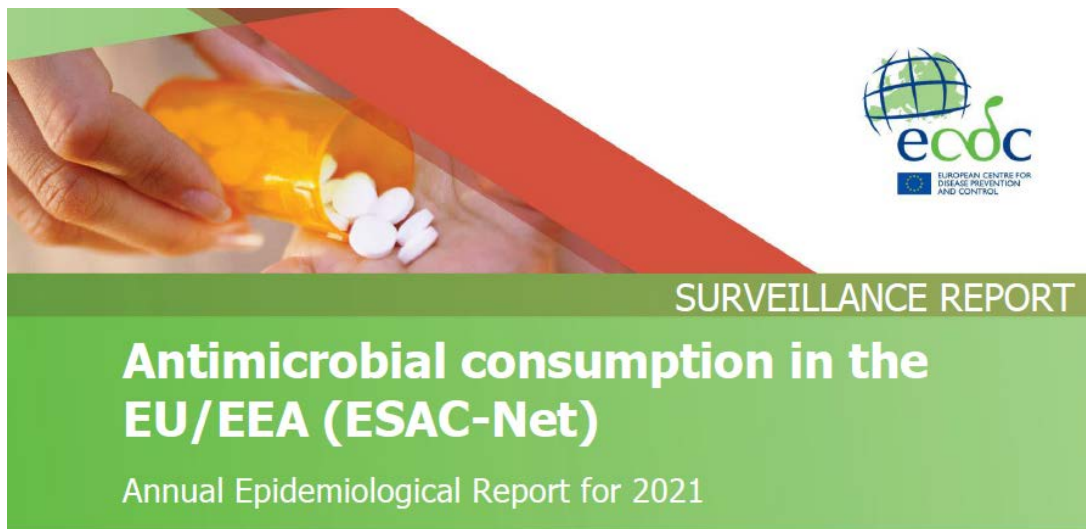
- Primo set di raccomandazioni: **Terapia mirata delle infezioni causate da batteri Gram negativi resistenti a multipli antibiotici**

Dicembre
2022

- Traduzione Manuale OMS
- Pubblicazione e diffusione 10 sindromi più frequenti *WHO-EML Antibiotic Book per pz adulti e pediatrici*
- Infographiche e APP

2023
onwards

- Guidance on Empiric treatment of Gram- resistant pathogens
- Establish a national network for clinical research in ID
- Promote educational interventions and audits to improve prescription



Key facts

- For 2021, 29 countries (27 European Union (EU) Member States and two European Economic Area (EEA) countries – Iceland and Norway) reported data on antimicrobial consumption. Twenty-seven countries reported consumption data for the community and hospital sectors separately, one country (Cyprus) reported total consumption for both sectors combined, and one country (Germany) reported only community consumption.

Antimicrobial consumption in the EU/EEA (ESAC-Net)

Annual Epidemiological Report for 2021

- “We see concerning increases in the number of deaths attributable to infections with antimicrobial-resistant bacteria, especially those that are resistant to last-line antimicrobial treatment,” said Andrea Ammon, ECDC director, pointing out that, daily, nearly 100 people die from these infections in the region.
- In 2021, the number of reported cases of *Acinetobacter* species resistant to different antimicrobial drugs increased by 121 percent, compared with the average for 2018–2019.
- And cases of *Klebsiella pneumoniae* that are resistant to carbapenems — an antibiotic often used as a last resort — saw a 31 percent increase in 2020 and a further 20 percent increase in 2021.
- These pathogens are difficult to eradicate once established in health care settings, the ECDC said.

Antimicrobial consumption in the EU/EEA (ESAC-Net)

Annual Epidemiological Report for 2021

- Broadly, the report finds that the lowest AMR percentages were reported by countries in northern Europe, and the highest by countries in the south and east of Europe.
- Meanwhile, between 2012 and 2021, the region saw a 23 percent decrease in total antimicrobial use in humans.
- However, there has been a significant rise in the rate of use of broad-spectrum antibiotics over this time: with a 15 percent overall rise, including a 34 percent rise in the use of carbapenems. These antibiotics should be used sparingly given their impact on fuelling drug-resistance.
- The proportion of so-called reserve antibiotics — that should be reserved only for treatment multi-drug-resistant infections — more than doubled in the same timeframe.

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