Session 3: ECDC – focus on consumption data and campaign support

Giovanni Mancarella, Group leader Press, Media and Information
Andrea Nilsson, Communication specialist, EAAD project manager

London, 19 September 2017
This presentation

I. ECDC work on AMR
   - Brief introduction about ECDC
   - ARHAI programme and its networks
   - Latest data on consumption/resistance, policy briefing and other ECDC resources
   - Collaboration with EMA, EFSA, TATFAR, WAAW and international partners

II. European Antibiotic Awareness Day (EAAD)

III. National perspective: UK and Antibiotic Guardian
ECDC - European Centre for Disease Prevention and Control

• An agency of the European Union, located in Stockholm, Sweden
• Founded in 2005; nearly 300 employees in 2017
• European Union (EU) (28) and European Economic Area (EEA) (3) = 31 countries with a total of more than 500 mio. people

www.ecdc.europa.eu
Our mission and disease programmes

- Identify, assess and communicate current and emerging threats to human health from communicable diseases.

- In the case of other outbreaks of illness of unknown origin, which may spread within or to the Community, the Centre shall act on its own initiative until the source of the outbreak is known.

- In the case of an outbreak not caused by a communicable disease, ECDC shall act only in co-operation with the competent authority upon its request.

- Antimicrobial resistance and healthcare-associated infections
- Emerging and vector-borne diseases
- Food- and waterborne diseases and zoonoses
- Influenza and other respiratory viruses
- Tuberculosis
- HIV/AIDS, sexually transmitted and blood-borne infections
- Vaccine preventable diseases
Core functions of ECDC

- Disease surveillance
- Epidemic intelligence
- Risk assessment
- Scientific advice and guidance
- Response support
- Preparedness and capacity strengthening
- Training

Every working day at 11:30h, a Round Table meeting in ECDC’s Emergency Operations Centre assesses threats, official alerts and epidemic intelligence across the EU and the world.

Photo: ECDC
Organisational structure

Director and Director's Office

- Office of the Chief Scientist
- Surveillance and Response Support
- Public Health Capacity and Communication
- Resource Management and Coordination
Disease and event monitoring: our health radar

**TESSy\(^1\)**

Disease monitoring

- collect, analyse, interpret
- assess
- investigate

→ Cases

**EWRS\(^2\)**

Event monitoring

- capture, filter, validate
- disseminate

Signal

Alert

Communicate and control

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1 The European Surveillance System - a database system
2 Early Warning Response System
Antimicrobial resistance
A threat to patient safety

Limited options for treatment

Increased length of hospital stays

Increased patient morbidity and mortality

Each year, in EU/EEA:
(underestimate: only 5 multidrug-resistant bacteria and 4 types of infection)
≈2.5 million attributable extra hospital days
≈25,000 attributable deaths


Update: 2018
Antimicrobial Resistance and Healthcare-Associated Infections (ARHAI) Networks

- **European Antimicrobial Resistance Surveillance Network (EARS-Net)**
  (formerly EARSS, integrated in January 2010)

- **European Surveillance of Antimicrobial Consumption Network (ESAC-Net)**
  (formerly ESAC, integrated in July 2011)

- **Healthcare-Associated Infections surveillance Network (HAI-Net)**
  (formerly HELICS / IPSE, integrated in July 2008)
How are surveillance data collected?

**EARS-Net**
(antimicrobial resistance)
Electronically, from laboratory information system (LIS) - isolate level

**ESAC-Net**
(antimicrobial consumption)
Electronically, from medicines agencies / pharmacies / national insurance system - aggregated data

**HAI - Net**
(healthcare-associated infections)
In the wards, at patient bed - patient level
Community
**Defined daily doses (DDD) per 1000 inh. and per day**

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**Packages per 1000 inh. and per day**

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* Total care data, including the hospital sector.
† Reimbursement data (i.e. not including consumption without a prescription and other non-reimbursed courses).

(a) Countries that changed the type of reported data (reimbursement versus sales data) between 2011 and 2015.
(b) Countries that did not report data for all years during the period 2011–2015.

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**Consumption of antibiotics for systemic use (ATC group J01) in the community, EU/EEA, 2011-2015**

Source: ESAC-Net, 2016. The symbols † and ‡ indicate a significant increasing or decreasing trend for the period 2011-2015, respectively.
Hospitals

Photo: Luis García
Staphylococcus aureus: % of invasive isolates with resistance to meticillin (MRSA), EU/EEA, 2012 & 2015

Source: EARS-Net, 2016. The symbols ↑ and ↓ indicate a significant increasing or decreasing trend for the period 2012-2015, respectively. These trends were calculated on laboratories that consistently reported during this period.
Klebsiella pneumoniae: % of invasive isolates with combined resistance* EU/EEA, 2012 & 2015

*Third-generation cephalosporins, fluoroquinolones and aminoglycosides

Source: EARS-Net, 2016. The symbols ↑ and ↓ indicate a significant increasing or decreasing trend for the period 2012-2015, respectively. These trends were calculated on laboratories that consistently reported during this period.
Consumption of last-line antibiotics in the hospital sector, EU/EEA, 2011-2015 (1)

**Carbapenems**

(DDD per 1000 inh. and per day)

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* Cyprus and Romania: total care data, including consumption in the community. These data were not used to calculate the EU/EEA population-weighted average.

(a) These countries did not report data for all years during the period 2011–2015.

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Source: ESAC-Net, 2016. The symbols ↑ and ↓ indicate a significant increasing or decreasing trend for the period 2011-2015, respectively.
Klebsiella pneumoniae: % of invasive isolates with resistance to carbapenems, EU/EEA, 2012 & 2015

Source: EARS-Net, 2016. The symbols \( \uparrow \) and \( \downarrow \) indicate a significant increasing or decreasing trend for the period 2012-2015, respectively. These trends were calculated on laboratories that consistently reported during this period.

Update with 2016 data: 15 Nov. 2017
### Consumption of last-line antibiotics in the hospital sector, EU/EEA, 2011-2015 (2)

**Carbapenems**  
(DDD per 1000 inh. and per day)

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**Polymyxins** (mainly colistin)  
(DDD per 1000 inh. and per day)

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Source: ESAC-Net, 2016. The symbols \( \uparrow \) and \( \downarrow \) indicate a significant increasing or decreasing trend for the period 2011-2015, respectively.

Update with 2016 data: 15 Nov. 2017
Last-line antibiotics are failing: options to address this urgent threat to patients and healthcare systems

Source: ECDC, 2016
Options to address the threat of bacteria resistant to last-line antibiotics

- **National multidisciplinary task force** (experts, with political support)
- Adequate ratio of appropriately trained **infection control practitioners**
- **Active screening** of ‘at risk’ patients upon admission to a hospital
- **Isolation of patients** who are carriers of highly resistant bacteria (single rooms, ‘cohort wards’)
- **Hand hygiene** - the ‘single most important measure’ to prevent transmission of bacteria in hospitals

2nd ECDC point prevalence survey (PPS) of healthcare-associated infections and antimicrobial use in European acute care hospitals, 2016-2017

Outcome indicators (Infections, resistance)

Structure and process indicators (antimicrobial consumption, infection control)

ECDC report: November 2018

Source: ECDC, 2015.
Antibiotics are effective against cold and flu. True or false?

% respondents with correct answer (i.e., “false”): 56% (range: 30 – 79%)

Unnecessary use of antibiotics makes them ineffective.
Taking antibiotics often has side-effects such as diarrhea.
Antibiotics are not effective against cold and flu.
Antibiotics do not kill viruses.
Took antibiotics in the last 12 months.

Directory of online resources for prevention and control of antimicrobial resistance (AMR) and healthcare-associated infections (HAI)

Guidelines for specific infections and organisms

<table>
<thead>
<tr>
<th>Healthcare-associated infections</th>
<th>Multidrug-resistant organisms</th>
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<tr>
<td>Carbohydrate-resistant Enterobacteriaceae (CRS)</td>
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<td>Methicillin-resistant Staphylococcus aureus (MRSA)</td>
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Prevention and control measures in healthcare settings

- Strategies, action plans, projects
- Prudent use of antibiotics
- Infection and control measures
- Training

Useful links
- European Commission - Antimicrobial resistance - Policy
- European Commission - Patient safety (including Healthcare-associated infections) - Policy
- Responses to the Antimicrobial Resistance Threat: A comparative study of selected national strategies and policies
- World Health Organization - Worldwide country situation analysis: Response to antimicrobial resistance
Carbapenem-resistant Enterobacteriaceae (CRE)

AGENCIES

EUROPEAN CENTRE FOR DISEASE PREVENTION AND CONTROL (ECDC)
- Overview review of the effectiveness of infection control measures to prevent the transmission of carbapenemase-producing Enterobacteriaceae through cross-catering transfer of patients (2016)
- Risk assessment of the spread of carbapenemase-producing Enterobacteriaceae (CRE) through patient transfer between healthcare facilities, with special emphasis on cross-border transfer (2017)

US CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)
- CDC.gov (2012) CRE Tools - Guidelines for Control of Carbapenemase-Producing Enterobacteriaceae (CRE)

US Agency for Healthcare Research and Quality (AHRQ)
- Carbapenem-resistant Enterobacteriaceae (CRE): Control and Prevention Toolkit

PROFESSIONAL SOCIETIES

EUROPEAN SOCIETY OF CLINICAL MICROBIOLOGY AND INFECTIOUS DISEASES (ESCMID)
- Suggestions for infection and control of carbapenemase-producing Enterobacteriaceae are part of the guidelines on multidrug-resistant Gram-negative bacteria (ESCMID, 2015)

EU/EEA MEMBER STATES

AUSTRIA
- Control of carbapenemase-producing Enterobacteriaceae in Austria. Zeneus, 2011

BELGIUM
- Measures to apply following the emergence of carbapenemase-producing Enterobacteriaceae in Belgium (Regional Government of Flemish Brabant, 2011)

BELARUS
- Recommendations for the handling of infections by multidrug-resistant bacteria. This document includes guidance for infection prevention and control of carbapenem-resistant Enterobacteriaceae (CPE) – Carbapenemase Producing Enterobacteriaceae (2016)

CZECH REPUBLIC
- Control of hospital-acquired infections and the prevention of carbapenem-resistant Enterobacteriaceae (2015)

FINLAND
- Guidance for the handling of infections by multidrug-resistant bacteria. This document includes guidance for infection prevention and control of carbapenem-resistant Enterobacteriaceae (Ministry of Health, 2012)

FRANCE
- Prevention of cross-transmission of emerging highly resistant bacteria. This document includes guidance targeting carbapenemase-producing Enterobacteriaceae (Paul Condou, 2017)

GERMANY
- Infection control measures for infections or colonisation by multidrug-resistant Gram-negative bacteria. This document applies to carbapenemase-resistant Enterobacteriaceae (University Medical Institute, 2015)

GREECE
- Action plan for the management of infections by multidrug-resistant Gram-negative pathogens in healthcare settings. Preventable Guidance on infection prevention and control of carbapenem-resistant Enterobacteriaceae is a part of the national action plan (National Centre for Disease Control and Prevention, 2015)

HUNGARY
- Guidelines for national centers for epidemiology on the identification and prevention of spread of carbapenemase-producing Enterobacteriaceae in healthcare settings (National Center for Epidemiology, 2011)

IRELAND
- Guidelines for the prevention and control of carbapenem-resistant Enterobacteriaceae. These guidelines are an integral part of the national guidelines on nosocomial infection prevention and control (2015)

ITALY
- Surveillance and control of infections caused by carbapenemase-producing Enterobacteriaceae (CRP-ROMA) (Italian Ministry of Health, 2013)

LUXEMBOURG
- Control of the spread of multidrug-resistant bacteria: carbapenemase-producing Enterobacteriaceae (CRP) (Centre National de Santé et d'Assistance aux Malades de l'Intercommunale de Luxembourg, 2015)

NETHERLANDS
- Guidelines for multi-resistant microorganisms (MRMO). This document includes guidelines for treatment and control of carbapenem resistant microorganisms. (2012)

NORWAY
- Examination and control of transmission of multidrug-resistant Gram-negative and multidrug-resistant bacteria in healthcare settings. This document applies to carbapenemase-producing Enterobacteriaceae (Helsestreddet Interface Multiresistente bakterier, 2015)

POLAND
- Recommendations for the control of epidemic cases and outbreaks caused by Gram-negative bacteria of the family Enterobacteriaceae. This document focuses on carbapenemase-producing Enterobacteriaceae. (Delivery of 2012)

SLOVENIA
- Recommendations for the control of multidrug-resistant bacteria. The Ministry of Health in coordination with the Clinical Microbiology and Infectious Diseases Unit of the National Registry for Infections, 2012

SWEDEN
- ESCMID guidelines for the management of infections caused by multidrug-resistant Enterobacteriaceae in healthcare settings (Söderman, 2012)

UNITED KINGDOM
- Expert advice on the management of colonization or infection due to carbapenemase-producing Enterobacteriaceae in England, to prevent or reduce their spread into (adult) acute and community settings (NHS England, 2015)

OTHER DOCUMENTS
- IR/CRP (National Centre for Epidemiology, 2011)
- EMERGING (EpiRisiko, 2016)
- EU/EEA PHAD (European Public Health Advisory Committee, 2015)
- US CDC (2012) CRE Tools - Guidelines for Control of Carbapenemase-Producing Enterobacteriaceae (CRE)
Country visits to discuss antimicrobial resistance (AMR) issues, 2006-2017

As of 8 September 2017

- Based on Council Recommendation of 15 November 2001 on the prudent use of antimicrobial agents in human medicine (2002/77/EC)
- Reports (observations, conclusions, suggestions, examples of best practice)
- **22 EU Member States** and 1 EU enlargement country (see map)
- 5 follow-up visits (Greece × 2 and Hungary × 2, Malta)
- **2017: 1 additional visit** (Belgium)
- **2018: 6 visits** jointly with DG SANTE/F, in a One Health perspective
Resistance spreads among humans, animals and the environment
Collaboration between ECDC, EMA and EFSA

I. Together we paint the big picture of antibiotic resistance in the EU

II. We turn data into evidence for rational policy-making

III. We help make the EU a best practice region in the fight against AMR

IV. We help fight antibiotic resistance through research, development and innovation
2nd Joint Interagency Antimicrobial Consumption and Resistance Analysis (JIACRA) Report, 2017

Published 29 July 2017.

International partners

CDC

Public Health Agency of Canada

Australian Commission on Safety and Quality in Health Care

NPS MedicineWise

Get Smart

Antibiotic Awareness Week

Preserve the Miracle
Transatlantic Task Force on Antimicrobial Resistance (TATFAR)

TATFAR Purpose

The Transatlantic Taskforce on Antimicrobial Resistance (TATFAR) was created in 2009 with the goal of improving cooperation between the U.S. and the EU in three key areas: (1) appropriate therapeutic use of antimicrobial drugs in medical and veterinary communities, (2) prevention of healthcare and community-associated drug-resistant infections, and (3) strategies for improving the pipeline of new antimicrobial drugs.

2016-2020
EU, U.S., Canada, Norway

Source: CDC, 2016 (http://www.cdc.gov/drugresistance/tatfar/).
This presentation

I. ECDC work on AMR

II. European Antibiotic Awareness Day (EAAD)
   - European Antibiotic Awareness Day
   - Available campaign materials
   - New toolkit for professionals in hospitals and other healthcare settings
   - Ways for your organisation to contribute to EAAD in 2017

III. National perspective: UK and Antibiotic Guardian
European Antibiotic Awareness Day

• A European health initiative coordinated by ECDC.

• Launched in 2008 with support from the European Commission, European Parliament, EU Member States and non-governmental health stakeholders across the EU.

• European Antibiotic Awareness Day is marked across Europe on 18 November.

• The campaign builds on successful national campaigns to raise awareness about the threat to human health of antibiotic resistance and communicate about prudent use of antibiotics.
EAAD objectives

• Support national activities aimed at raising awareness of prudent antibiotic use among the general public as well as particular target audiences such as primary care prescribers and prescribers in hospitals and other healthcare settings.

• Support national activities aiming at maintaining the efficacy of antibiotics and slowing down the emergence and spread of resistant bacteria.

European Antibiotic Awareness Day provides a platform and support to national campaigns about prudent antibiotic use in the community and in hospitals.
Target audiences/topics so far

- General public
- Primary care prescribers
- Hospital prescribers
- Self-medication with antibiotics
European Antibiotic Awareness Day, 2008-2017

2008  Toolkit for the general public
      32 countries participated
2009  Toolkit for primary care prescribers
2010  Toolkit for hospital prescribers and hospitals
      Matched Get Smart week in the U.S. and the campaign in Canada
2011  Patient stories and Euronews movie
      Social media guidance
      37 countries participated
2012  Collaboration with WHO/Europe:
      43 countries participated
      First EAAD Twitter chat
      Australia becomes a partner
2013  Start work on self-medication with antibiotics, with PGEU and CPME
      Training module and pilot course
2014  Toolkit for the general public
      on self-medication with antibiotics
      New Zealand becomes a partner
      European Twitter chat + Global Twitter conversation
2015  Participation in the first WAAW
2016  Start work on the update of the toolkit for hospital
      prescribers with professional organisations
      Policy briefing on AMR, translated in all EU languages
2017  Toolkit for professionals in hospitals
      Event marking the 10th European Antibiotic Awareness Day
45 European countries join WAAW / EAAD  (15 non-EU countries)

Albania, Armenia, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Kosovo*, Republic of Moldova, Russian Federation, Serbia, Tajikistan, The former Yugoslav Republic of Macedonia, Turkmenistan, Turkey, Ukraine, Uzbekistan

* In accordance with UNSCR 1244, 1999
Toolkit on self-medication with antibiotics

- Key messages
- Template letters to pharmacists and primary care prescribers
- Posters
- Animation
- Visual for pharmacy bag
Visuals

Is this an effective protection against colds or flu? Neither are antibiotics.

Antibiotics. Use them wisely – and never against colds and flu.

Antibiotics. Ask your doctor for advice: other medicines can help relieve your symptoms.

Antibiotics. Use them wisely – and never against colds and flu.
New EAAD toolkit for professionals in hospitals and other healthcare settings

- **Expansion** of the target audiences
- **Literature review** of published guidelines, systematic reviews and original articles for the object of interest to update key messages.
- **Consultation** with experts, ECDC networks, the European Commission, WHO Europe and professional organisations.
- **Focus groups** in 6 countries.
- **Timing of the launch:** to the countries in April/May, publicly available on the EAAD website as from October, with the key messages translated in all EU/EEA languages.
The template materials in this toolkit

• Aim at creating a sense of individual responsibility in tackling antibiotic resistance and at empowering professionals to take action.
• Include one slogan, linking all materials: “Antibiotics: handle with care”.
• Are based on scientific evidence, in the form of key messages.
• Are available in Adobe InDesign, Microsoft Word and Microsoft PowerPoint, which makes it easy to adapt them by anyone with experience in any of these three softwares.
• Need to be adapted to national contexts to better respond to specific communication needs.
What is in the new toolkit?

- **Key messages + guidance document**
- **Infographic** on antibiotic stewardship (all target audiences)
- **Letters** for hospital managers, hospital prescribers, nurses, hospital pharmacists, infectious disease specialists, clinical microbiologists
- **Presentation** (all target audiences)
- **Leaflets** for hospital prescribers, infection control teams, nurses, physicians in long-term care facilities
- **Checklists** general to be used by hospital pharmacists, junior doctors, microbiologists.
- **Posters** for hospital prescribers – adaptable for e.g. intensivists, emergency departments.
- **Factsheet** general for hospital pharmaceutical committees and hospital antibiotic stewardship committees.
- **Template social media info cards / fact cards / support cards**

Key messages are the cornerstone of any communication campaign. They provide a set of water-tight statements, each of which is accompanied by a reference, that will be used as basis for the content of the template materials.
Antibiotics: handle with care!

As a hospital prescriber, you have a responsibility to use antibiotics prudently and to ensure that they remain effective. In your role, you must:

- Follow infection prevention and control guidance;
- Initiate antibiotic treatment as soon as possible in patients with severe infection;
- Ensure that relevant cultures are taken timely;
- Re-evaluate treatment after 48–72 hours, or when results from microbiological samples are available;
- Prescribe according to evidence-based hospital antibiotic guidelines for common infections and for surgical prophylaxis;
- Inform your patients of any antibiotics prescribed, and their potential adverse effects.

Antibiotic resistance keeps increasing in Europe, threatening patient safety in all healthcare settings

As a nurse, you have a responsibility to use antibiotics prudently and to ensure that they remain effective. In your role, you must:

- Follow infection prevention and control guidance;
- Administer antibiotics to patients according to the prescription;
- Coordinate the taking and sending of microbiological specimen and their reporting back to physicians;
- Report adverse effects of antibiotic therapy to physicians and to appropriate review committees;
- Manage antibiotic stocks on your ward, and ensuring the trace of antibiotic use;
- Provide information on treatments to patients and families.

In this hospital we are committed to use antibiotics prudently and to ensure that they remain effective.

We follow infection prevention and control guidance;
We initiate antibiotic treatment as soon as possible in patients with severe infection;
We ensure that relevant cultures are taken timely;
We re-evaluate treatment after 48–72 hours, or when results from microbiological samples are available;
We prescribe according to evidence-based hospital antibiotic guidelines for common infections and for surgical prophylaxis;
We inform our patients of any antibiotics prescribed, and their potential adverse effects.
Antibiotics: handle with care!

Antibiotic resistance:
You are responsible to ensure that antibiotics remain effective

This checklist is supported by scientific evidence. Visit http://antibiotic.eucr-europe.eu or scan the QR code.

A checklist of reminders:

☐ Is there a high probability of a bacterial infection, rather than colonization or a viral infection?
☐ Does the patient have an infection that will respond to antibiotics?
☐ Have you checked the patient’s recent antibiotic use, drug allergies, hospitalisation or institutionalisation, use of immunosuppressive therapy and microbiology results for the previous 3 months?
☐ Is the patient on the right antibiotics, dosage, and route of administration?
☐ Can an antibiotic with a narrower spectrum be used to treat the infection?
☐ Have you prescribed the shortest possible duration of treatment?
☐ Have the appropriate cultures been taken?
☐ Do the culture results necessitate starting antibiotic therapy or modifying ongoing antibiotic therapy?
☐ Have you documented the indication of antibiotic treatment, drug choice, dosage, route of administration and duration of treatment in the patient chart?
☐ Does the choice of antibiotic therapy comply with your hospital’s guidelines?
☐ Does the choice of antibiotic therapy comply with your hospital’s antibiotic resistance patterns?

If you have doubts, consult antibiotic stewardship programme, microbiologists, infectious disease specialist in your hospital. Contact [email address] or call [phone number]. See more information at [hospital website] or [EAMD website].

Letters

Factsheet

Leaflets
EUROPEAN ANTIBIOTIC AWARENESS DAY

Plan a campaign | For prescribers | Get informed | Get involved | Campaigns in Europe | News | About

Do not self-medicate with antibiotics
New infographic
Patient stories

Last-line antibiotics are failing
Show latest data

How does antimicrobial resistance spread?

TWEET #EAAD2016

#EAAD2016

Oxford Medicine @OUPMedicine
Join the fight against antibiotic resistance on #EAAD2016 @EAAD bit.ly/2fXWhRs
@BSACandJAC @FEMSTweets

What is antibiotic resistance and prudent antibiotic use? How to use antibiotics responsibly?
See patient stories, infographics, videos

How to encourage your patients to use antibiotics responsibly? And how to manage antibiotic prescriptions in hospitals?
Materials for primary care and hospitals, prescribers
How does antibiotic resistance spread?

Antibiotic resistance is the ability of bacteria to combat the action of one or more antibiotics. Humans and animals do not become resistant to antibiotic treatments, but bacteria carried by humans and animals can.

1. Animals may be treated with antibiotics and they can therefore carry antibiotic-resistant bacteria. Vegetables may be contaminated with antibiotic-resistant bacteria from animal manure used as fertilizer.

2. In animal farming, antibiotic-resistant bacteria can spread to humans through food and direct contact with animals.

3. Humans sometimes receive antibiotics prescribed to treat infections. However, bacteria develop resistance to antibiotics as a natural, adaptive reaction. Antibiotic-resistant bacteria can then spread from the treated patient to other persons.

4. Through travel, travelers returning from a country with a high prevalence of antibiotic resistance may return with antibiotic-resistant bacteria.

5. Even if not in contact with healthcare, travelers may carry and import resistant bacteria acquired from food or the environment during travel.

1/6 of Europeans are not aware that the misuse of antibiotics makes them less effective.
Patient stories

Stories of people whose lives were dramatically changed by antibiotic-resistant superbugs
Ways for your organisation to contribute to EAAD in 2017

1. Acting as multipliers of the EAAD messages, e.g. by using and sharing further the new toolkit and any other EAAD materials.
2. Sharing information about EAAD with your national member organisations.
3. Adding a banner on your website & communicating via your organisation’s newsletter.
4. Attending the launch event in Brussels on 15 November, and making a short intervention about your organisation’s role in tackling antibiotic resistance.
5. Contributing to the discussions on site and through social media using #EAAD.
6. Taking part and promoting participation to ECDC’s social media campaign.
7. Producing a video pledge.
8. Contributing with an entry on the EAAD blog, starting in 2018
EU event, Brussels, 15 November 2017

EUROPEAN ANTIBIOTIC AWARENESS DAY
A EUROPEAN HEALTH INITIATIVE

Thank you!

E-mail: EAAD@ecdc.europa.eu
Website: http://antibiotic.ecdc.europa.eu
Facebook: EAAD.EU
Twitter: @EAAD_EU (#EAAD)
Global Twitter: #AntibioticResistance

WORLD ANTIBIOTIC AWARENESS WEEK
13-19 NOVEMBER 2017