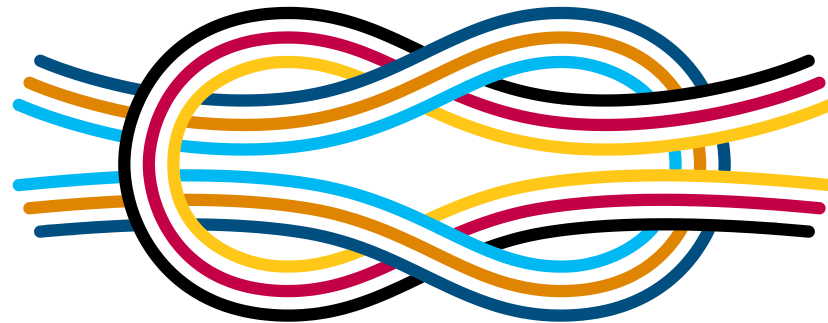




Federal Ministry  
of Health

Federal Ministry  
of Food  
and Agriculture



# **G20 GERMANY 2017**

Meeting of the Public Health and  
Veterinary Public Health Institutes of the G20

## **Veterinary Infection Prevention and Control**

**Donald A. Prater, DVM**

presentation reflects the views of the author and does not represent the position or policy of the U.S. Food and Drug Administration

**Petra Gastmeier, MD**

# Guiding question 1

What kind of national guidelines for infection prevention should be available

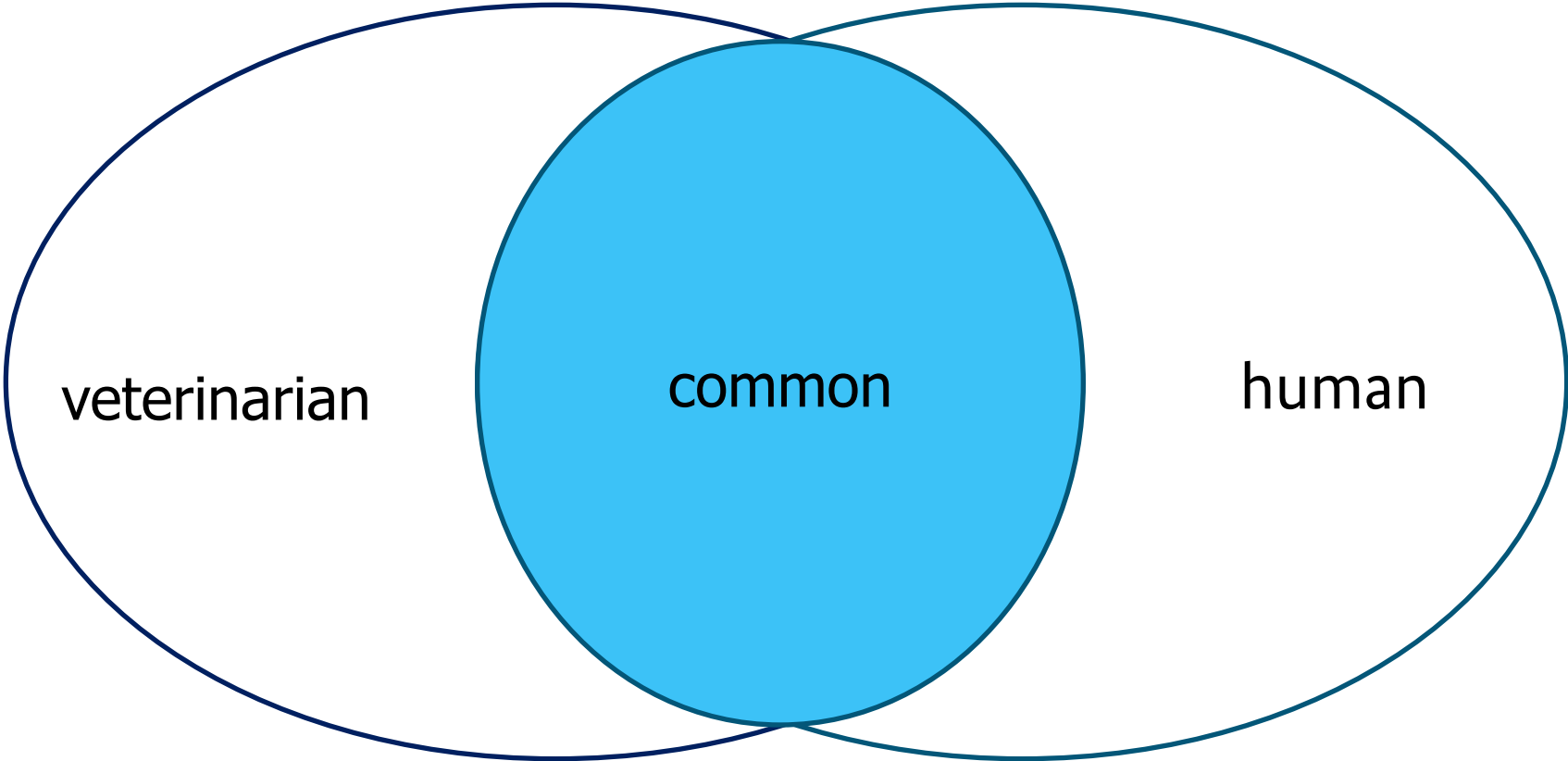
(addressing a certain species,  
a certain illness or certain setting,  
e.g. clinic, ambulatory practice, retirement home,  
stable, outbreak situation ....)

and can their implementation be ensured?

# Why infection prevention and control (IPC) in health care to combat AMR?

1. To reduce occurrence of infections in order to save antibiotics (about 20 % of antibiotics in hospitals are used to treat HAI)
2. To stop transmission of MDRO

# Guidelines



## Guidelines common:

- General principles/core components:  
keep it out, detect it early, prevent  
transmission, stamp it out
- Algorithms:  
risk assessment,  
guidelines/best practice standards  
-> self assessment, risk communication
- Make it as simple as possible
- A common language should be used

# Guideline implementation

## veterinarian

- Farmers
- Vet clinics

## human

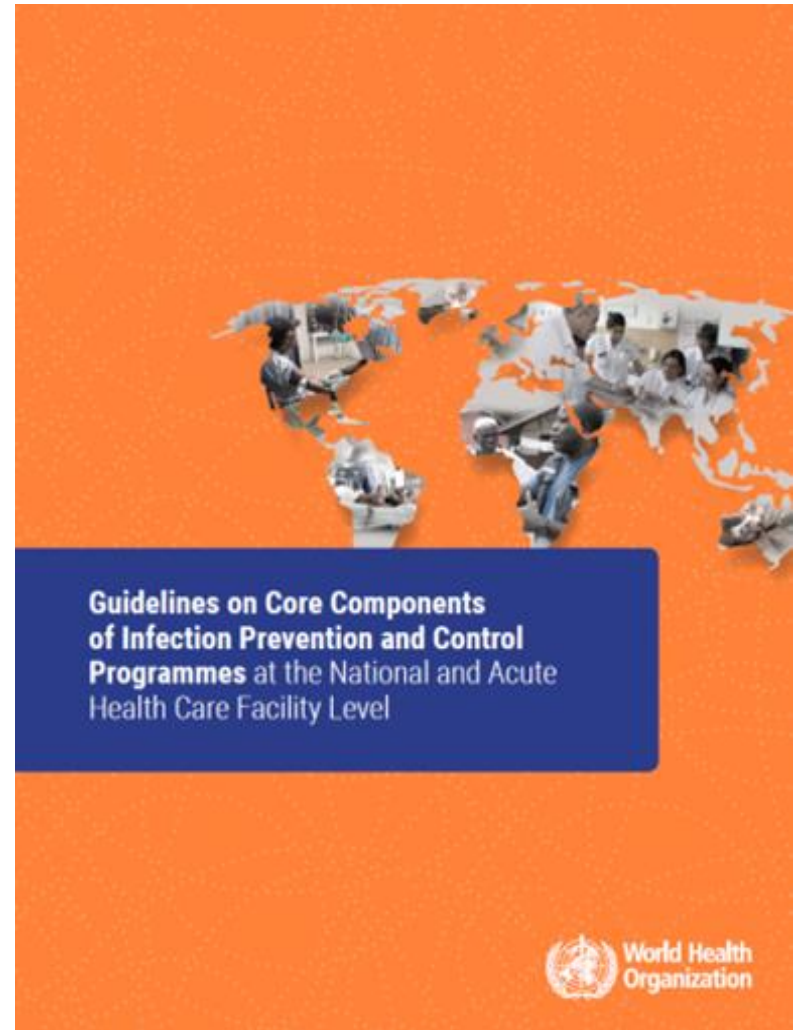
- Hospitals  
(professionals in the field of IPC)
- Long term care facilities

# New WHO Guidelines on Core Components of IPC Programmes

*at the National and  
Acute Health Care Facility  
Level*

<http://www.who.int/gpsc/ipc-components/en/index.html>

Courtesy B. Allegranzi



# Development of assessment forms

## Self

- Opportunity for learning - benchmarking
- Opportunity for cross-discipline team building
- Requires big time commitment
- Less costly

## External

- Efficient – less time drain on staff
- External expert lens to provide strategic & technical advice
- Higher cost



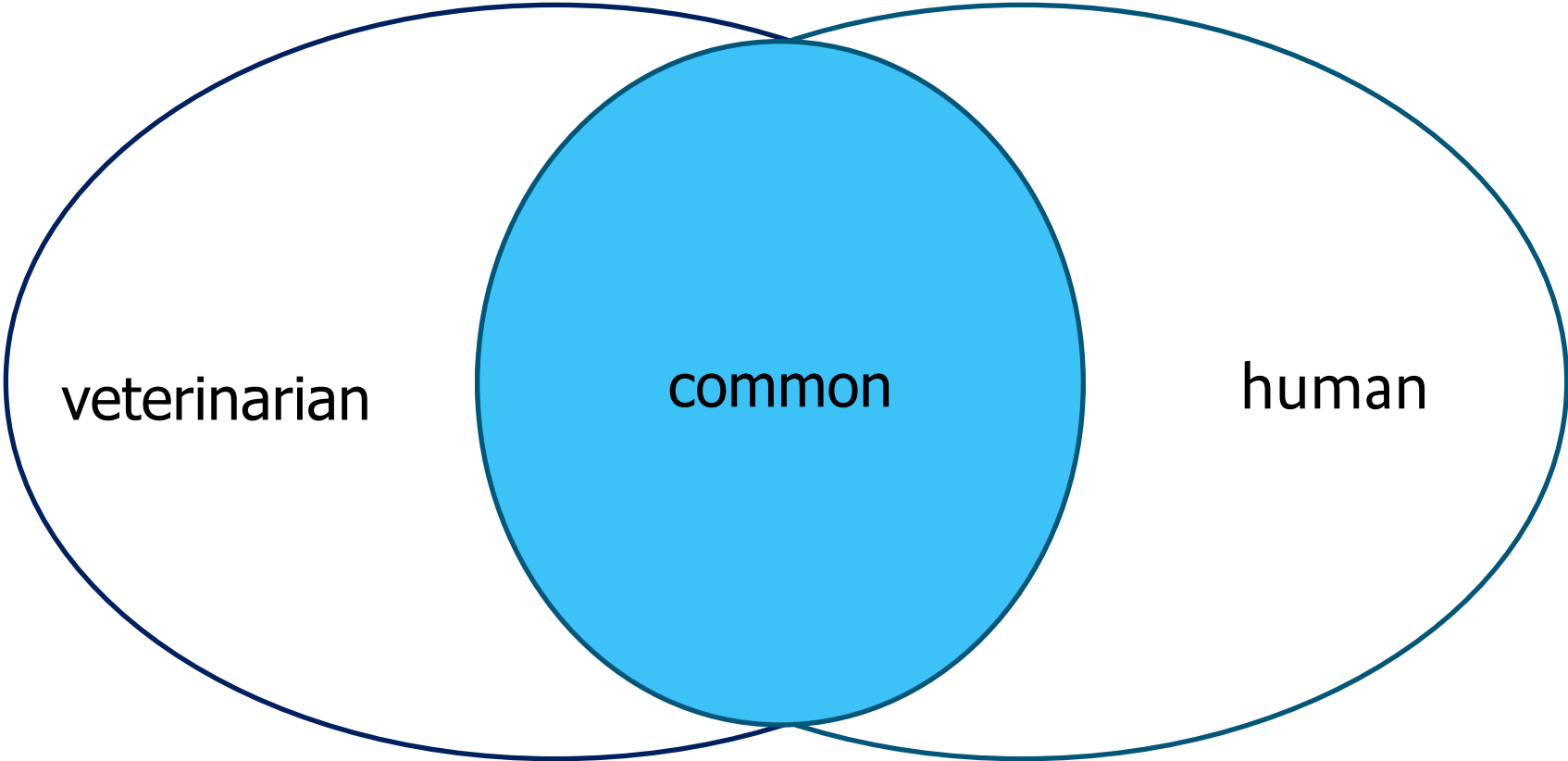
# Guiding question 2

How can the application of guidelines for infection prevention be improved?

What are the main obstacles in the different areas human/veterinary?

Are there examples for success stories?  
What are obstacles?

# Obstacles



# Obstacles common

- Economical constrains
- Environment is a black box for both
- Role of companion animals
- Communication to the public is crucial

# Obstacles

## veterinarian

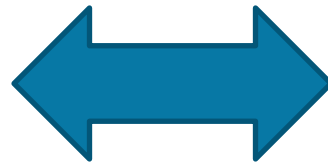
- Lack of awareness
- Poor education
- Missing professionals in many countries
- Close contact of animals (poultry)

## human

- Human behavior
- Understaffing/overcrowding
- Missing leadership
- Imperfect facilities (single rooms)
- LTCF are difficult to handle
- POCT

# What should be preferred?

Doing only if required  
by law/ regulations



Doing voluntary  
(Incentives?)

# Further points

- We need more intervention studies to investigate what works
- Measuring outcomes and performance is important
- Transparency is crucial to avoid duplication of activities

# Success stories

## veterinarian

- Decrease of antibiotic use (Germany/Netherlands) without impairing animals
- Ideal success story: decrease of MDRO, economic benefit for the farmer, improved image of the farmers

## human

- Hand hygiene improvement campaigns
- Bundle approach
- National targets to decrease MDRO

# Guiding question 3

What is the impact of vaccinations in reducing antibiotic resistance

taking into account that the majority of the currently available vaccines is directed against viral pathogens?



# Vaccination

Vaccine development is probable not a very relevant strategy in the human field today....

Thank you for  
attention !