



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

Guiding questions for the workshops

WS I – Infection Prevention

1. What kind of national guidelines for infection prevention should be available (addressing a certain species, a certain illness or a certain setting, e.g. clinic, ambulatory practice, retirement home, stable, outbreak situation, ...) and can their implementation be ensured?
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?
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?

WS II – Rational Antibiotic Use

1. What are the core elements of rational antibiotic use?
2. How can their application be implemented in different settings (outpatients vs clinics) and sectors (human and veterinary medicine)? Are there examples for success stories? What are obstacles?
3. What is the impact of laboratory diagnostic, in particular sensitivity tests (antibiograms), in strengthening the rational use of antibiotics?
4. How could the outpatient sector be better integrated into activities to ensure the rational use of antibiotics?

WS III – Surveillance-Systems

1. Do we need a “One health” data basis with resistance data from the different sectors? What obstacles will come up, when consolidating monitoring/surveillance data from different sectors in a One health approach?
2. How can data from different systems (human/veterinary) be standardized and what are the main obstacles with the standardization, in particular in the context of having different break-points for sensitivity testing?
3. How could the feed-back of data from the surveillance-systems to the prescribers (doctors or vets respectively) be organized?
4. Where should data for surveillance systems of antimicrobial resistance and/or antimicrobial consumption be collected (doctors/veterinarians, farms, clinics, ambulatory practices, health insurance system, laboratories)?
5. What kind of data on antibiotic consumption is most suitable (e.g. package numbers, tons, DDDs)?