

Location and timing

Meeting Room: Room 202 of the Square meeting center.

Meeting Date: **21.03.2017**

Meeting Start Time: **14.00h**

Meeting End Time: **15.30h**

Attendees

H Bracht, JF Timsit, J Wauters, K Thevissen, E GarciaPieto, J Schouten, M Papanikolaon, X Wittebole, R Hashemian, R Bellmenn, Y Hayashi, P Depuydt, S Dhaese, B Tamowicz, A Mikstacki, A Struijs, S Blot, S Nseir, F Abillama, J De Waele.

Excused

J Garnacho Montero, D Koulenti, B Borgatta

1. Welcome.

J De Waele welcomes all the attendees.

2. 2018 ESICM meeting

J De Waele explains all the main topics that have been proposed by the section, and the input from the section has been considerable. The topics will include:

- PKPD in the critically ill (Continuous professional education)
- Antimicrobial use in the ICU: Focus on antimicrobial resistance (State of the Art)
- Improving infection management at the bedside
- Managing pneumonia in the ICU
- Rationalizing antibiotic use
- Intra-abdominal infections
- Antimicrobial stewardship
- Clinical Challenge Session
 - Fever
 - Antibiotics in obesity
- Debate
 - Safely stopping antibiotics - guidelines, biomarkers or common sense?

There have been strict rules regarding the number of faculty and gender balance, which will impact the number of speakers at the meeting.

The section intends to develop an educational track – which will be done together with the DPD and the ESICM office. Currently the learning material is in different locations online (e.g. webinars, webcasts, journal reviews) and also face-to-face e.g. masterclasses, congresses and fellowships. The idea is to align these and allow members to follow a track combining all these approaches. More to follow, the section is doing a pilot with this project.

The 2019 meeting will be in Berlin. The Infection Section proposals will be discussed in 2018 LIVES meeting (in Paris).

3. INF section Research initiatives

- a. ABSES (S Blot). S Blot updates the section on the current status of the project. Data analysis is ongoing, and an investigators meeting is organized later this week.
- b. DIANA (J De Waele). J De Waele updates the section on the current status of the project. Data collection has finished, and data cleaning will start soon.
- c. Pneumo-inspire. Stijn Blot briefly updates the section – inclusion is progressing nicely.
- d. BLING-3 (J De Waele). Several EU countries will participate in the collaborative project.
- e. EURECA. JF Timsit updates the group, those interested to join should contact him at jean-francois.timsit@bch.aphp.fr.

4. Future projects

- a. EUROBACT 2.0 (JF Timsit). JF Timsit proposes to do a new EUROBACT study. Details in the ppt.
- b. POSAFlu (J Wauters). This project on prophylactic therapy with antifungals in patients with Influenza is discussed.
- c. AURORA (J De Waele). J De Waele presents an annual or bi-annual study on antibiotic resistance. Details in the ppt.

The group can propose up to 3 projects for the Trial Group Award. The EUROBACT and POSAFLU are selected and the Chair and Deputy will await any other proposals.

5. Courses at Brussels office

There is now the possibility to organize courses at the ESICM office in Brussels. The Managing Pneumonia in ICU was the first course to run in this new format. Feedback was positive and members are encouraged to attend the next course and/or encourage their junior doctors and residents to join!

6. Trial Group Award proposals

The members are encouraged to submit proposals to the section chair and deputy.

7. Guideline development

The section is working on a number of guidelines, some of them with other societies:

- Antibiotic de-escalation (Jose GarnachoMontero)
- TDM (Jason Roberts, with ESCMID, IATDMCT, ISC)
- Pneumonia (Despoina Koulenti)
- MDR infections (with ESCMID)
- Severe CAP (with ERS)

8. Update WG Antibiotic use in the ICU

Hendrik Bracht updates the section on the activities of the Workgroup. The Group has prioritized a number of projects and will work on this in the next months. Members who are interested in collaborating should contact Barbara Borgatta (barbarabo@gmail.com) or Hendrik Bracht (hendrik.bracht@uniklinik-ulm.de).

9. Update WG Pneumonia

Stijn Blot updates the section on the activities of the WG on Pneumonia. Several projects are underway, among them the PNEUMOINSPIRE study. The ALL-ICU project is currently on hold (details in the ppt). The Group also is working on guidelines regarding the Non-pharmacological prevention of VAP. Another project underdevelopment involves the TAHI section, more to follow. The group will also develop a survey regarding the empirical therapy.

10. INF section and education

Saad Nseir has been coordinating the INF section educational activities. One of the major items is updating the PACT module, and the group has been successful in updating the topics 'pyrexia' and 'infection control strategies'. Members (senior and junior) are most welcome, as other chapters will need revision; those interested should contact Saad Nseir (s-nseir@chru-lille.fr). JDW thanks Saad for his hard work. The updated SOPs of the society will recognize this important role.

11. Any other business

- Both the chair and deputy will end their mandate in October. Members who are interested to play an active role in the organization of the societies should consider taking the opportunity to be a candidate for the upcoming elections.
- Unfortunately, the communication in the section is still problematic – the website is under development.
- HB suggests using Slack or Trello to manage section projects.

INF section meeting

ISICEM18



The Intensive Connection

Agenda

1. Welcome
2. 2018 ESICM meeting
3. INF section Research initiatives
 - ABSES (S Blot)
 - DIANA (J De Waele)
 - Pneumo-inspire
 - BLING-3 (J De Waele)
 - EURECA
4. Future projects
 - EUROBACT 2.0 (JF Timsit)
 - POSAFlu (J Wauters)
 - AURORA (J De Waele)
 - ...



2018 LIVES – INF section program

- Strict criteria
 - Diversity and age
 - Faculty cannot increase
- More sessions from INF!
- PG course on antimicrobial use
 - Focus on interaction
- Infection pathway
 - Blended learning
 - Individualized learning track



2018 LIVES – INF section program

- PKPD in the critically ill (Continuous professional education)
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- Antimicrobial stewardship
- Clinical Challenge Session
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 - ...



EUROBACT 2

Epidemiology and determinant of outcomes of hospital acquired bacteremia in the intensive care, a reappraisal by the infection section of the ESICM.

A Tabah (Australia) Jean-Francois Timsit (France)

Aim

- To provide descriptive stats after Eurobact
- To focus on more precise secondary endpoints

Objectives:

- To describe the current epidemiology of HA-BSI and to compare to historic data.
- To describe the determinants of outcomes of HA-BSI and specifically the effects of
 - Antimicrobial therapy
 - Timing
 - Spectrum and adequacy
 - Combination therapy
 - Dose
 - Mode of administration
 - Modifications including escalation and de-escalation.
 - Source control
 - Patient specific factors
 - Organisational factors
- To describe the determinants of management of HA-BSI, including
 - Type and duration of antimicrobial therapy
 - Source control
 - Other treatments for sepsis

Design:

Prospective observational multicenter cohort study.

Intervention:

none

Patient Inclusion criteria:

All patients with a Hospital Acquired Bloodstream Infection (HA-BSI) treated in the ICU. HA-BSI is defined as a positive blood culture (BC) sampled after 48 following hospital admissions.

Duration of the study:

3 consecutive months or 10 consecutive hospital-acquired bacteraemia per intensive care unit.

A flexible start of the inclusion period will be allowed for each ICU to facilitate participation in the study.

Unit participation criteria:

Definitions of Intensive Care vary over the world. Any department specifically designed to manage patients with organ failures within a health facility and to provide organ supportive therapy is defined as ICU for the purpose of this study.

Timelines

- **Timeline**

- **March 2018:**

- First announcement of the study.
- A team of experts constitutes the organisational committee.
- Country coordinators are recruited.
- Protocol and data requirements are designed.
- An e-crf is designed.

Grant from the Trial group
Other grants

- **October 2018:**

- The study is announced at the ESICM lives congress
- Expressions of interest are sought from prospective participating centres
- Ethical requirements are completed by country coordinators

- **February-September 2019**

- Flexible 3 months recruitment period

- **October 2019**

- Preliminary results presented at ESICM LIVES 2019
- Completion of 28 days follow-up
- Data-quality controlled and tidying-up the database.

- **Early 2020**

- Data analysis and write up of the core epidemiological description of the database.

- **Late 2020**

- Presentation of full results at ESICM LIVES 2020
- Publication of the core paper
- Analysis and write up of ancillary analysis.

Practical points

- Ecrf (OUTCOMEREA/ ICURESEARCH SA)
- Data analysis
 - Inserm U 1137 (Paris Diderot university)
- Country coordinators?

Jean-Francois.timsit@aphp.fr

atabah@gmail.com

POSAFlu:

posaco prophylaxis to prevent IAA in severe
influenza

Joost Wauters, MD, PhD
Medical ICU, UZLeuven, Belgium
On behalf of the Dutch-Belgian Mycosis Study Group (DB-MSG)

Infection section ESICM
ISICEM, Brussels, 21-3-2018

AURORA project

**Annual survey of
antimicrobial resistance in
intensive care
(AURORA project)**



AURORA project

STUDY OBJECTIVES

PRIMARY OBJECTIVE

- To describe the prevalence of colonization and infection with antibiotic resistant pathogens in critically ill patients

SECONDARY OBJECTIVES

- To describe antibiotic use in the treatment of antibiotic resistant infections
- To describe outcome of critically ill patients colonised or infected with antibiotic resistant pathogens
- To describe country and region specific differences in prevalence of colonization and infection with antibiotic resistant pathogens



AURORA project

STUDY POPULATION

- Patients admitted to participating ICUs on xx/xx/xx

INCLUSION CRITERIA

- For inclusion in the study, subjects must fulfil all of the following criteria:
- Age 18 or older
- Patient is admitted to an ICU on xx/xx/xx (for at least 2h or longer)

EXCLUSION CRITERIA

- None.



Agenda

5. Trial Group Award proposals
6. Courses at Brussels office
7. Report from the ESICM Research Committee
8. Guideline development
9. Update WG Antibiotic use in the ICU
10. Update WG Pneumonia
11. ECDC collaboration
12. INF section and education
13. Any other business



5. Courses at Brussels office

INF section masterclasses

- Managing pneumonia in the ICU
- Sepsis management

Online course

- Infection course with NAHP

Webinars

- MDR
- Peritonitis





Managing pneumonia in the ICU

State of the art

#MPICU

- 1, 5 day course
- INF section coordinated
- Interactive case based discussion

- Second course planned end of May
- New concept – focus on cutting-edge learning formats
- Support from ESICM – Melania Istrate

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Guideline development

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- Pneumonia (Despoina Koulenti)
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WG on Pneumonia Update

**Infection Section Meeting, 21.3.18 (14:00-15:30)
Brussels**

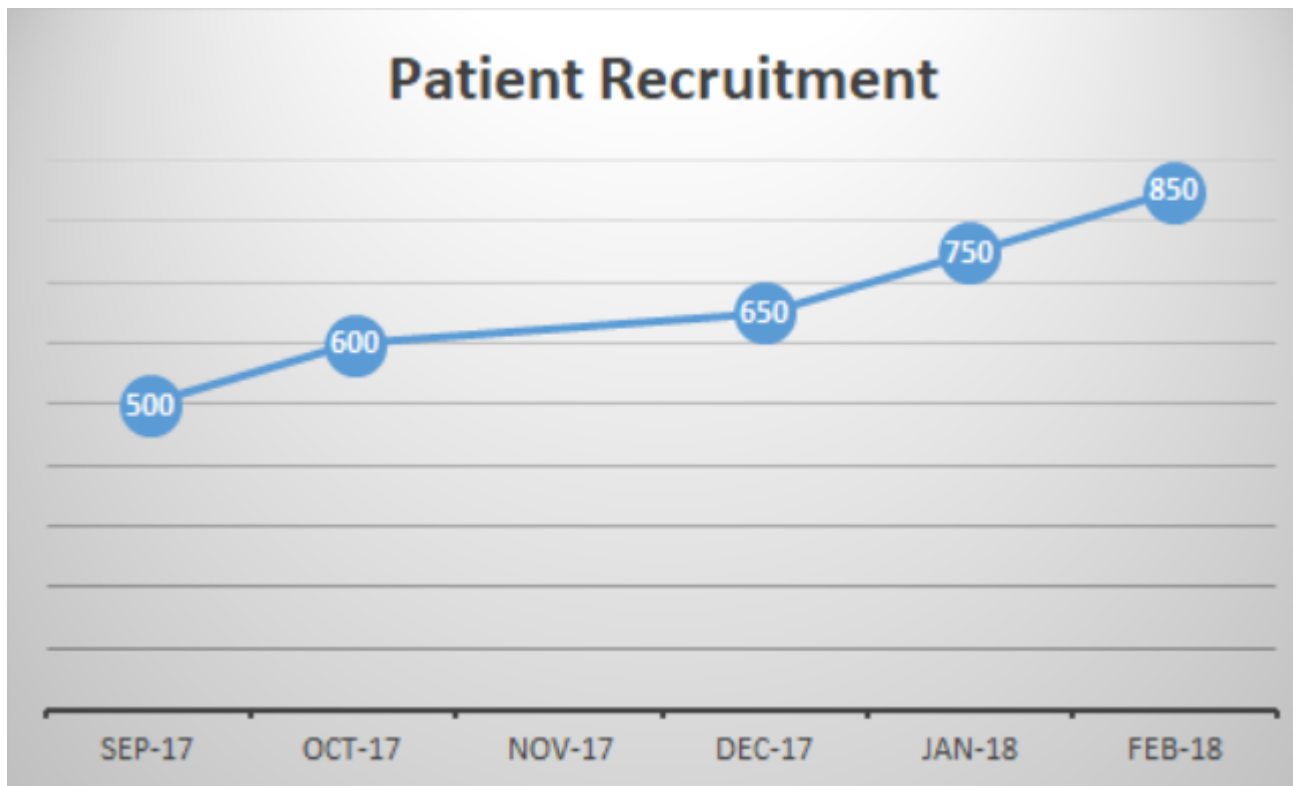
Despoina Koulenti

Head of the WG on Pneumonia

deskogr@yahoo.gr & d.koulenti@uq.edu.au

Update – PneumoINSPIRE study

PneumoINSPIRE study: >900 patients in e-CRF, patient recruitment extended to 8.2018



Update - VAP prevention guidelines

Non-pharmacological VAP prevention guidelines:

Joint initiative of the WG on Pneumonia and N&AHP and WG on Physiotherapy

- Proposal, including topics, design & work flow, submitted to ESICM for approval
- Duo of experts for each topic invited
- Expert panel for the reviewing committee to be invited after the proposal approved

Update: ALL-ICU project

ALL-ICU study (Antibiotic Levels in the Lungs of ICU patients with pneumonia):

Joint project with the WG on Antibiotic Use in the ICU

ON HOLD UNTIL FUNDING FOR SAMPLES TRANSFER TO BTCCRC SECURED:

- Funding application (results November 2017): unsuccessful
- New application for funding submitted & other sources of funding to be explored

Update: Contribution to Journal Club

- **Contribution of WGP to ESICM Journal Club:**
New members that will contribute reviews to the ESICM JC on behalf of the WGP:
 - Antoine Roquilly
 - Savino Spadaro
 - Andrea Cortegiani

Update: Other

- **Collaboration with TAHI proposal:** sub-study related to PneumoINSPIRE; 69 eligible ICUs with HGD recording identified- protocol drafted (Dr Kyprianou)
- **Proposal for online Survey** (survey on VAP management by A. Cortegiani; detailed draft expected)
- **Welcome:** project proposals

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**ESICM Multidisciplinary Distance Learning Programme
For Intensive Care Training**

Infection section

Editor: Saad Nseir, Lille Univ Hosp, Lille France

PACT Module: Pyrexia

- George Dimopoulos (Athens, Greece)
- Juan Jose Garcia Martinez (Geneva, Switzerland)
- Mohan Gurjar (Lucknow, India)
- Elisabeth Paramythiotou (Athens, Greece)

1 INTRODUCTION

1.1 LEARNING OBJECTIVES

2 ASSESSING AND MEASURING FEVER IN ICU

2.1 Assessment of fever of recent onset

2.2 Clinical appraisal

2.3 Fever – notable features and measurement

2.4 Laboratory appraisal

2.5 Imaging

2.6 Culture techniques

2.7 Microbiology

2.8 Systemic inflammatory response syndrome (SIRS)

3 DETERMINING THE CAUSE OF FEVER IN THE CRITICALLY ILL PATIENT

3.1 Infective causes

3.1.1 Ventilator-associated pneumonia

3.1.2 Central venous catheter-related infections

3.1.3 Sinusitis

3.1.4 Urinary tract infections

3.1.5 Acute acalculous cholecystitis

3.1.6 Other causes

3.2 Non-infective causes

4	FEVER IN SPECIFIC CATEGORIES OF CRITICALLY ILL PATIENT
4.1	The surgical critical care patient – determining the cause of fever
4.1.1	Wound infection
4.1.2	The abdomen
4.2	Fever in immunocompromised patients
4.3	Fever in neurological disease
4.4	Identifying special forms of fever
5	UNDERSTANDING AND TREATING FEVER
5.1	Pathogenesis and pathophysiology
5.2	Treating fever
5.2.1	Cooling techniques
5.3	Malignant hyperthermia, neuroleptic malignant syndrome and lethal catatonia
6	CONCLUSION
7	SELF-ASSESSMENT
7.1	Type A questions
7.2	Type K questions
7.3	Quizzes
7.4	PACT Original Questions
7.4.1	EDIC-style Type K
7.4.2	EDIC-style Type A

PACT Module: Infection control Strategies

Dr. Maria Deja

Section of Interdisziplinäre Operative Intensive Care Medicine, Universitätsklinikum Schleswig-Holstein, Campus Lübeck

Dr. Golschan Asgarpur

Operative Intensive Care Medicine, Charité, Universitätsmedizin Berlin, Campus Benjamin Franklin

Dr Nilesh Parekh

Dr Tony Whitehouse

University Hospital Birmingham

Dr Sarah Milton White

University Hospital Birmingham

Dr Kerstin Hoppe

Klinik für Anästhesiologie, Intensivmedizin und Schmerztherapie, Universitätsklinikum Frankfurt

1. INTRODUCTION

Learning Objectives

2. UNDERSTANDING THE SCALE OF NOSOCOMIAL INFECTION AND ANTIMICROBIAL RESISTANCE

Epidemiology

Incidence and aetiology of nosocomial infection

Epidemiology of infections in the critically ill

Microbial ecology in the acutely ill patient

Risk factors for nosocomial infections

3. CATHETER-RELATED BLOODSTREAM INFECTIONS

Factors accounting for geographical variation

Impact of Nosocomial Infection on Morbidity and mortality

Multi-drug resistant pathogens

4. MECHANISMS OF ANTIBIOTIC RESISTANCE

Scale of the Problem of Antimicrobial Resistance (AMR)

Mechanisms of antibiotic resistance

Drug inactivation

Reduced permeability

Efflux of drugs

Alteration of molecular targets

5. RISK FACTORS FOR NOSOCOMIAL INFECTION

Risk factors for acquisition of multi-drug resistant pathogens

Factors accounting for variations in MDR micro-organisms

Morbidity and mortality

6. RECOGNITION OF NOSOCOMIAL COLONISATION AND INFECTION

Surveillance of colonisation and infection

National and international surveillance systems

Local surveillance measures

Laboratory techniques in infection control

Microbial typing

The infection control team: a multi-disciplinary approach

Goals of infection control teams

Members of the infection control team

7. INFECTION CONTROL MANAGEMENT

Source identification

Colonisation versus infection

Antimicrobial therapy

Infectious diseases / clinical microbiology consultation

8. PREVENTION OF NOSOCOMIAL INFECTION AND ANTIMICROBIAL RESISTANCE

General (environmental) preventative

Factors related to hand hygiene

Barrier precautions: gloves, gowns and masks

Isolation / cohorting

The environment

Architecture and layout

Staff workload

Specific (patient-related) preventative measures

Reduction in ventilator-associated pneumonia

Reduction in catheter-related bloodstream

Reduction in selection of MDR pathogens

9. Conclusion

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