



The Intensive Connection

2nd European Sepsis Alliance Report

A number of important, key messages were agreed at last month's meeting of the European Sepsis Alliance. The meeting took place in Brussels on 18 March and brought together healthcare professionals, policymakers, researchers, and industry representatives, as well as patient and family representatives.

Future actions include:

- The **inclusion of patients and families** in future discussions
- The creation of a **network and guidelines** created by an interdisciplinary committee, e.g. intensivists, nurses, microbiologists, etc
- Creation and **implementation of national strategies**, taking into account countries' specificities
- Creation of an **action plan** at EU-level
- Sharing of **good practices** among disciplines and countries
- Increase in **communication and interaction** with patients and their families
- Creation of an **awareness campaign** for laypersons and policymakers
- Improved training of healthcare professionals
- Better diagnosis and early care

The European Sepsis Alliance calls for a **joint action**, involving policymakers, professionals and patients to tackle and prevent sepsis cases, as well as improve the quality of life of sepsis survivors.

In order to improve the situation and significantly decrease the risks at national level, a joint action at EU-level is requested, allowing an exchange of good practices, harmonisation and cooperation.





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It was highlighted at the meeting that interdisciplinary action is needed to tackle sepsis because at its core it is a challenge at many levels. Sepsis is considered the most preventable cause of death and disability in Europe. Often, authorities concentrate on the number of deaths from sepsis. In Europe there are 678,649 deaths per year and one third of survivors die the following year.

Something that is rarely emphasised is the disability generated by sepsis. An estimated 2 million patients surviving sepsis could suffer from long-term disability. Many cases arrive through emergency departments and are often diagnosed with a delay or mis-diagnosed.

Despite the wide scale of sepsis consequences, there are few actions, and no action at EU-level. The issue is a challenge for public health in terms of death and disabilities, but there is also an overall cost to society. Early and appropriate diagnosis and care would decrease costs, preventable deaths and disabilities, as well as increase chances of survival, quality of life and quality of care.

Over the last few years, some countries, such as Germany, saw their sepsis-related mortality rate decreased. Nevertheless, and despite the high-ranking healthcare system in Germany, the large number of ICU and resources (human, technical, financial) available, the rate of deaths related to sepsis is still considerable in Germany (about 41.7%¹) and the chances of survival depend also on the hospital in which the patient is treated.

This shows that there is a need for a specific strategy, optimisation of the healthcare system, optimised triage process and specific procedures.

¹ Fleischmann-Struzek, Intensive Care Med. 2018



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Few countries have a rehabilitation programme for sepsis survivors. Some countries, such as Ireland, have a national strategy. In Ireland, there is a specific committee on sepsis at the level of the Ministry of Health and in each hospital, with interdisciplinary teams implementing international guidelines in a local context. Algorithms have been created to help triage and calculate the risk of sepsis, and antibiotics are given only after diagnosis, and if relevant.

Speakers at the March meeting mentioned ways to improve the implementation of national strategies, with the help of an EU global strategy, the necessity of rapid response teams and the training of healthcare professionals on sepsis beyond the ICU.

They also stressed that the issue is linked to vaccination and antimicrobial resistance; it is important to raise awareness, increase knowledge, optimise professionals' training, improve prevention, better screening and adapted therapies.

From the perspective of patients and families, the Global Sepsis Alliance (GSA) wishes to know how to identify symptoms to seek help quickly and for those who have never heard about sepsis and its consequences before. The GSA deplores the fact that healthcare professionals do not explain to patients what they had, or what the long-term consequences are for those who survived. Some survivors were sent home and the symptoms worsened until collapse. Some felt sepsis was not known by all practitioners and thus there were failures to prevent and act quickly before patients needed to be transferred to an ICU.

More [information](#).²

Read [ESA-GSA Call to Action documents](#)

² Drafted by Sherihane Bensemmane and revised by Celia McClements

