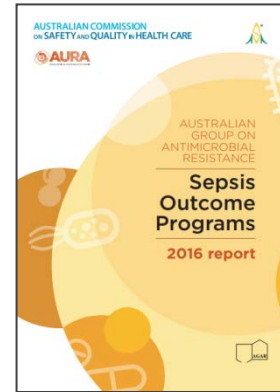
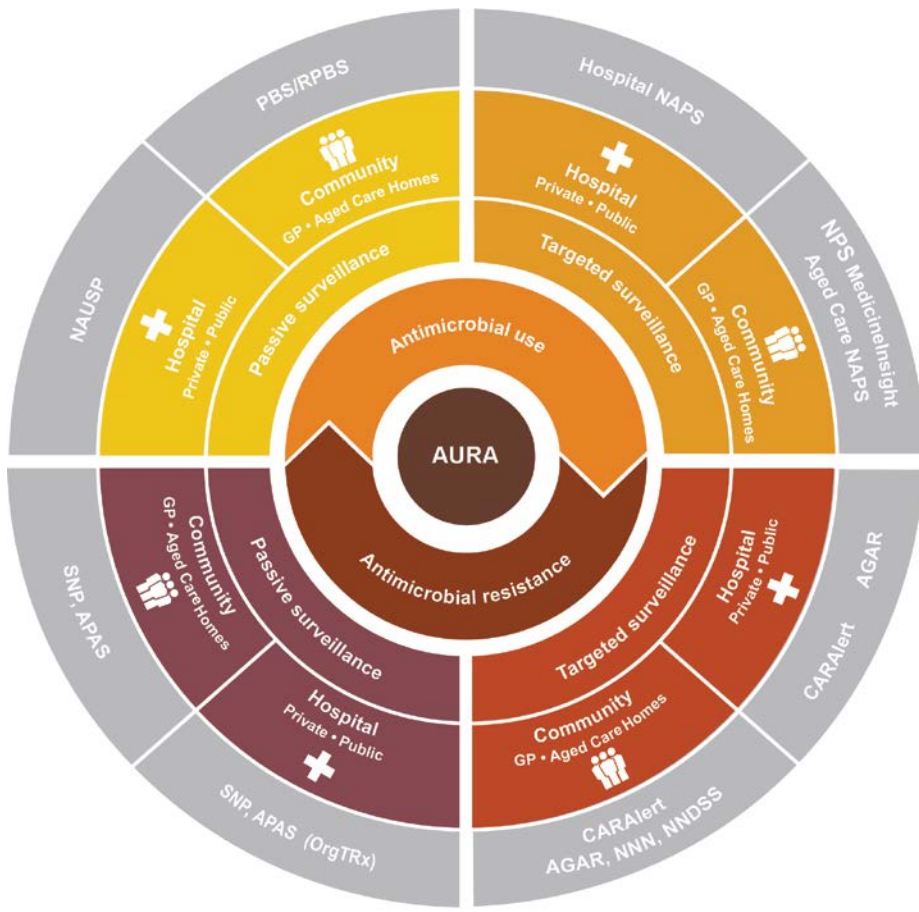


Australian Passive Antimicrobial Resistance Surveillance (APAS): MRSA trends by setting and jurisdiction 2015-2017

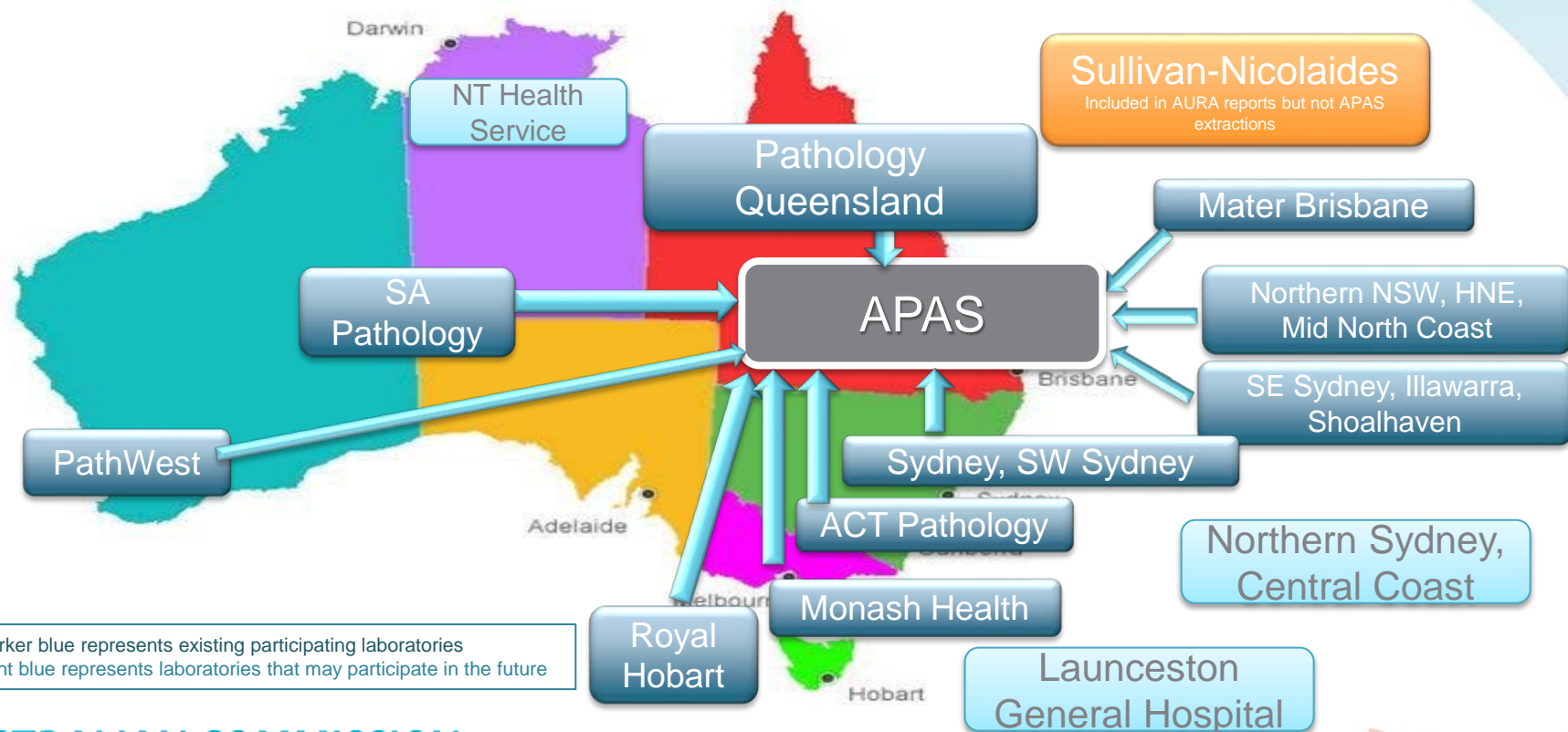
K. Daveson, J.M. Bell

Dr Kathryn Daveson
Clinical Director, AURA Surveillance System

February, 2019



Australian Passive AMR Surveillance



*The darker blue represents existing participating laboratories
*The light blue represents laboratories that may participate in the future

APAS First Report Focus

- Methicillin resistance in *Staphylococcus aureus*
- Fluoroquinolone non-susceptibility in *E. coli*
- Vancomycin non-susceptibility in *Enterococcus faecium*

AUSTRALIAN PASSIVE ANTIMICROBIAL RESISTANCE SURVEILLANCE

**First report: multi-resistant
organisms**

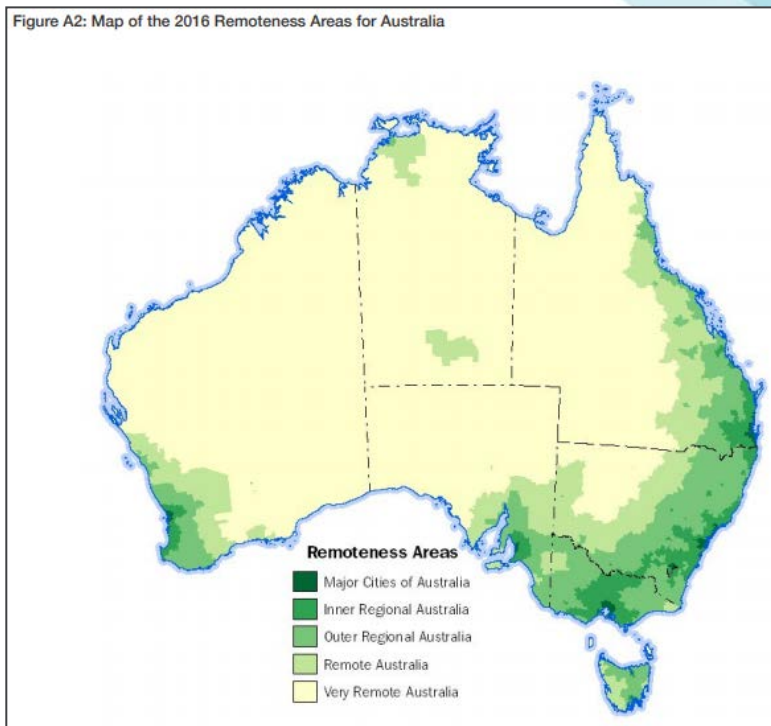
November 2018



Methods

- Based on Specification for Hospital Cumulative Antibiograms (2013)
- Minimum 30 isolates, 75% of isolates tested for all analyses
- Contributor reported methicillin susceptibility
- Environmental and surveillance samples excluded
- Nine specimen types available
- ABS Australian Statistical Geography Standard (ASGS) for remoteness
- “Other” category dependent on contributor definitions

Figure A2: Map of the 2016 Remoteness Areas for Australia



Pathology services and settings

Table A3: Number of facilities that are associated with each APAS contributor by setting*

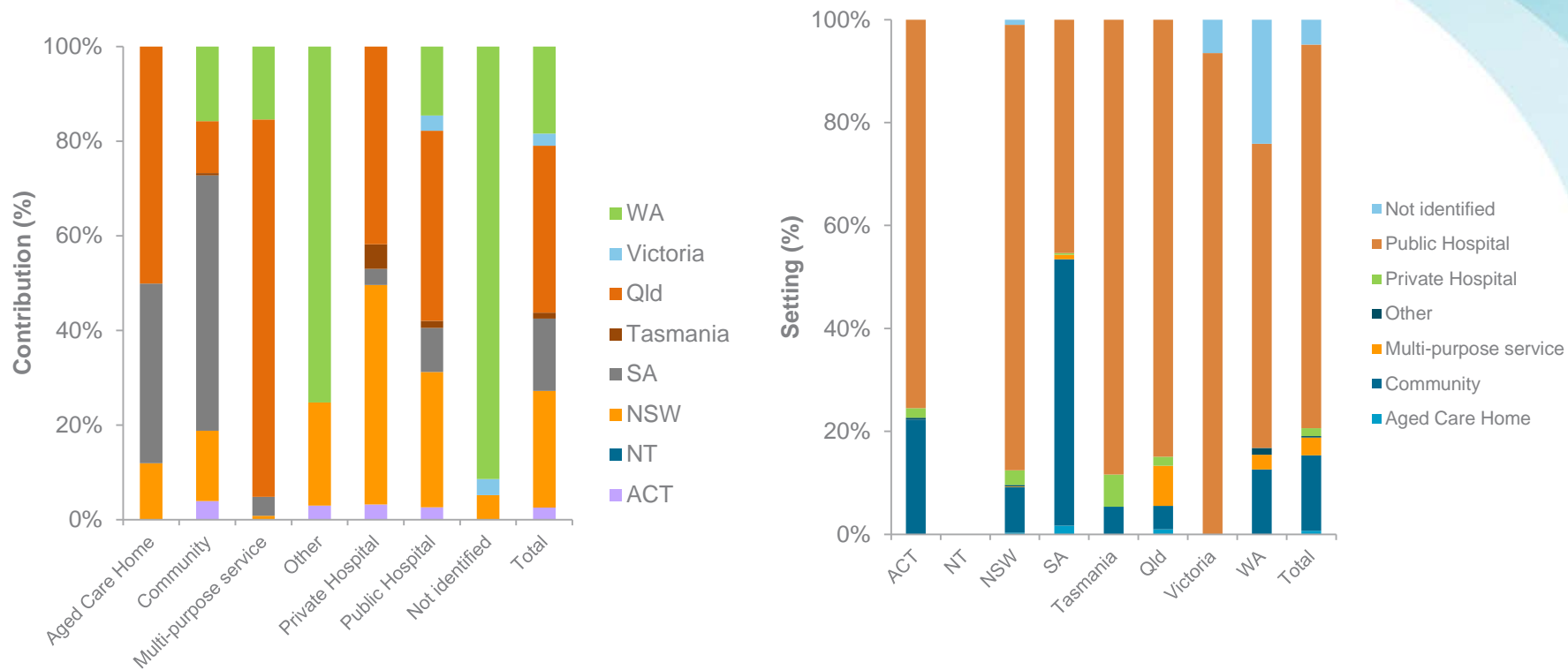
Contributor	Aged Care Home	Community	Multi-purpose service	Other†	Private hospital	Public hospital	Unknown	Total
ACT Pathology	0	19	0	2	4	3	10	38
Mater Pathology Brisbane	128	12	0	0	28	4	4	176
Monash Health Pathology Service	0	1	0	0	0	7	1	9
Pathology North Pathology Service §	29	17	15	6	14	44	11	136
PathWest Pathology Service	0	13	36	18	9	46	21	143
Pathology Queensland	4	13	80	1	2	89	53	242
Royal Hobart Hospital Pathology Service	0	6	0	1	2	1	8	18
SA Pathology Service	156	135	19	2	18	48	48	425
South Eastern Area Laboratory Service §	0	0	0	0	3	17	3	23
Sydney South West Pathology Service §	4	16	0	2	1	11	6	40
Total	320	232	150	32	81	270	165	1,250

* Facilities from which isolates were sourced were allocated to a setting using postcode data from myagedcare.gov.au, myhospitals.gov.au, and the Australian Institute of Health and Welfare listing of public and private hospitals¹¹

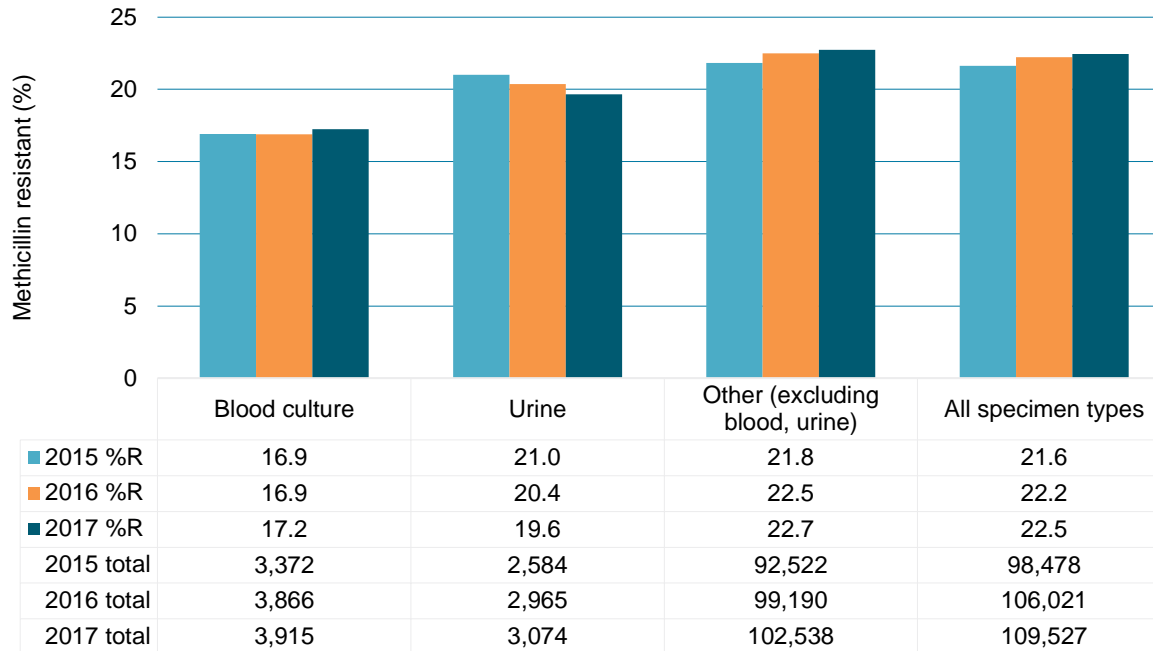
† Other includes facilities that APAS contributors have categorised as correction services; the approach to use of this categorisation is not consistent across states and territories

§ NSW has, since APAS commenced, brought together all public laboratories as the statewide service NSW Health Pathology. The laboratory names used in this report reflect naming conventions during the period 2015–2017.

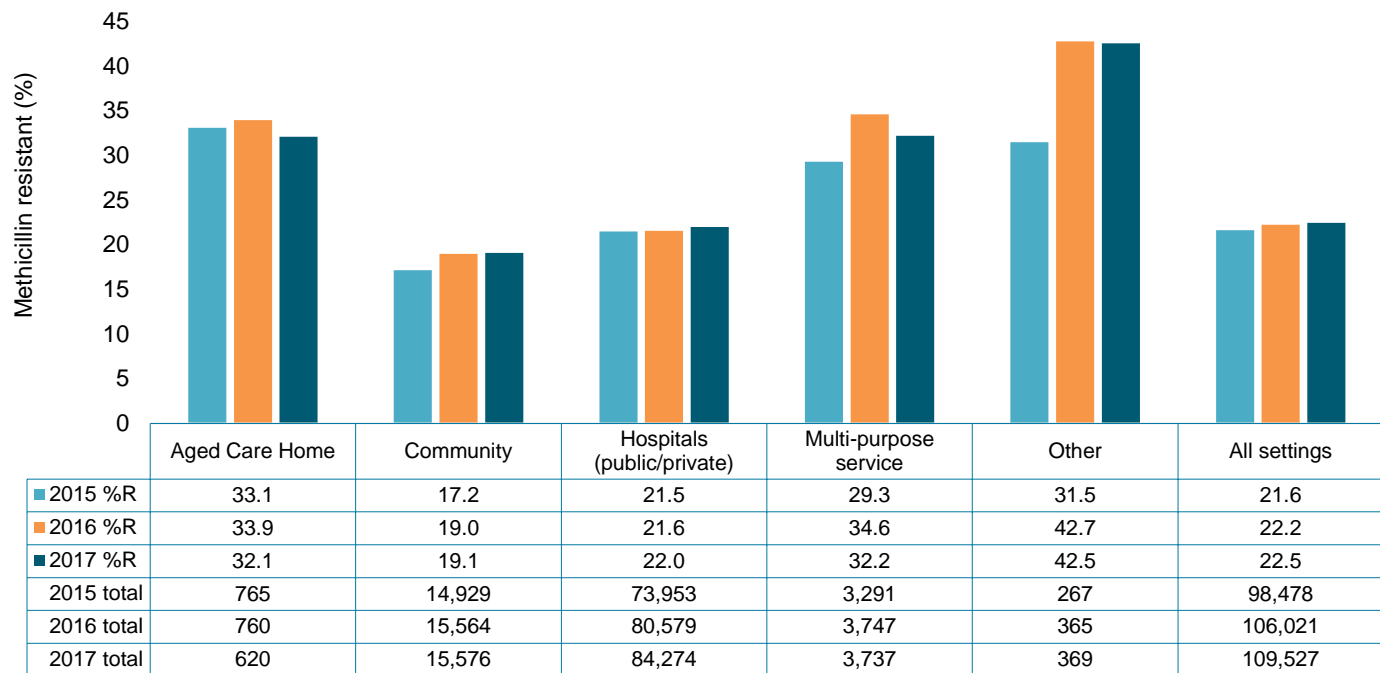
Participation – settings and state & territory



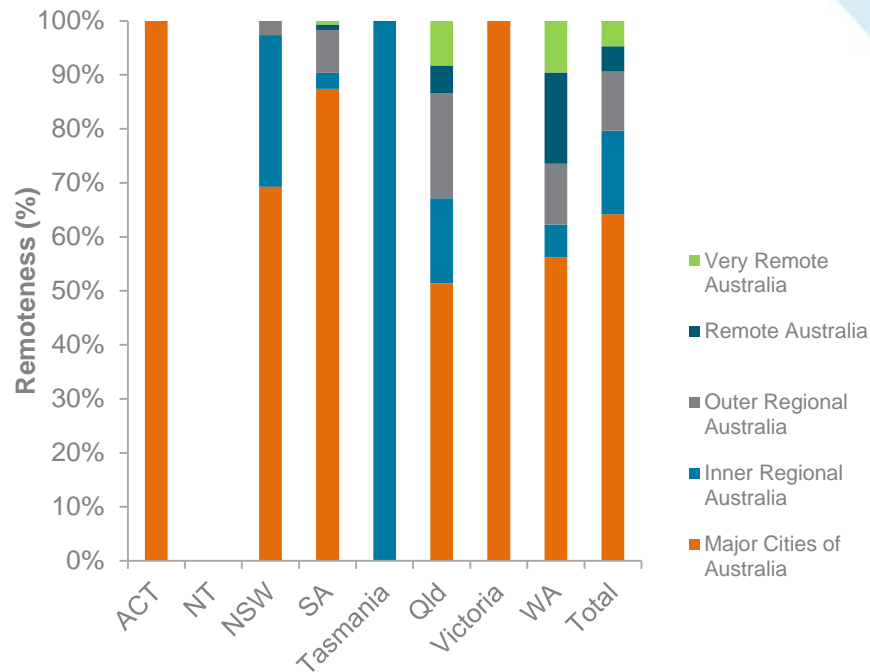
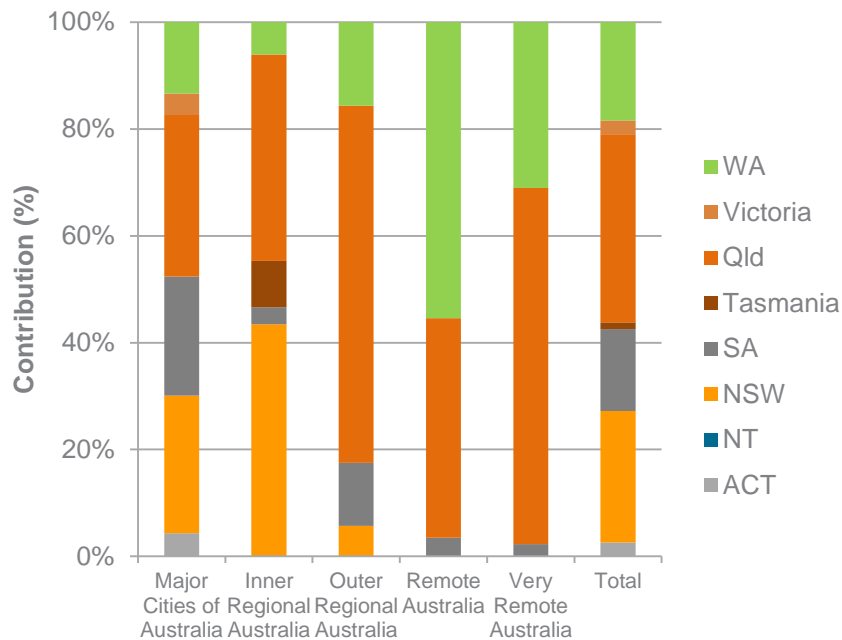
MRSA – specimen source



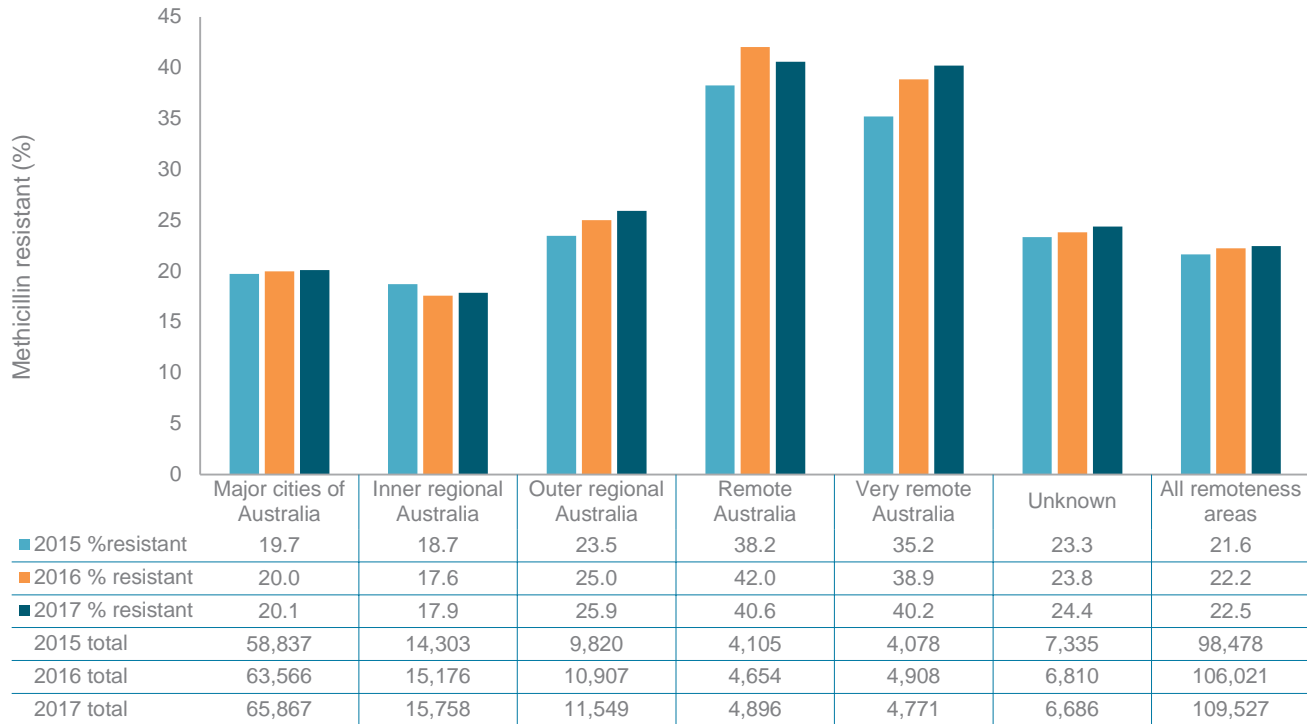
MRSA - settings



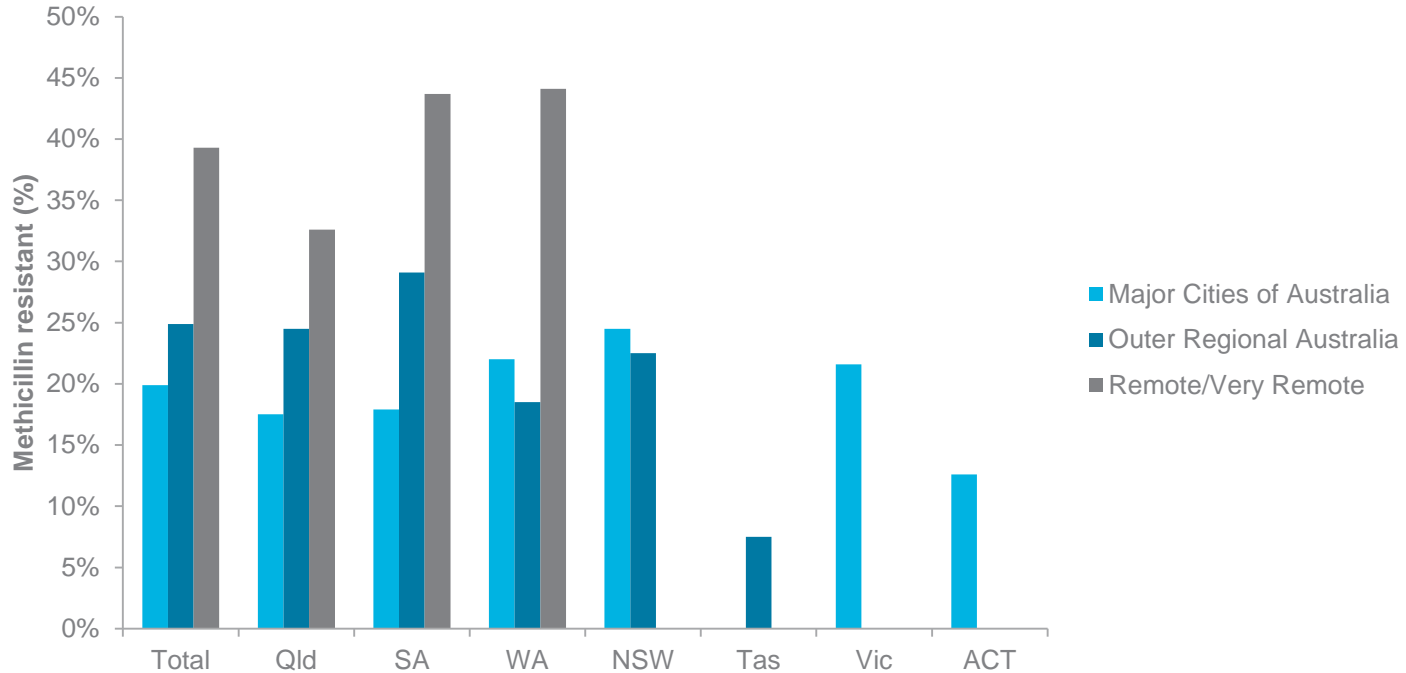
Participation – by state & territory, and remoteness category



MRSA – remoteness category



MRSA - state & territory of pathology services



Clinical implications

- Hospital based, metropolitan isolates dominate cumulative proportions
- Appreciable variation occurs across Australia
- APAS: comparing and contrasting these patterns of care
- Delivering quality care requires flexible and local responses
- Other AURA partners e.g. AGAR can be used to inform dedicated control strategies for MRSA
- How do we use this for local control and improvements in clinical care?

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