Antimicrobial Resistance and COVID-19, what do we know so far?

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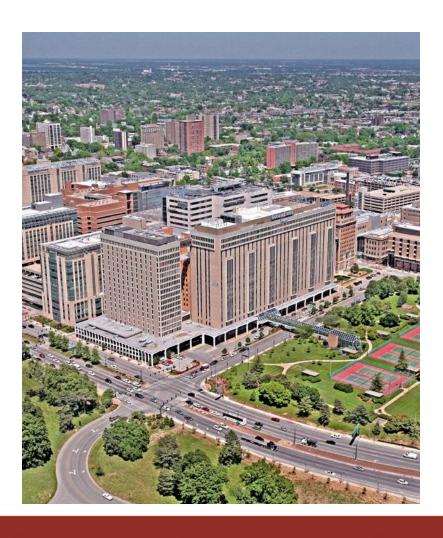
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Learning Objectives

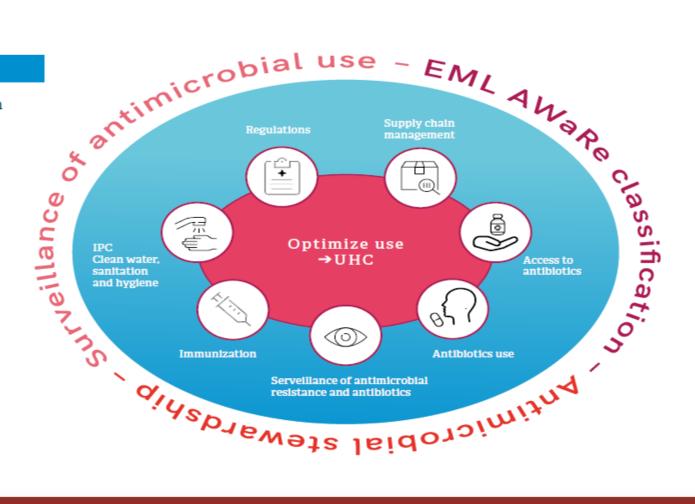


- Review of optimization of antibiotic use
- Describe processes affected by COVID-19
- Review the available evidence on bacterial infections and COVID-19

A brief review

FIGURE 1

Integrated approach to optimizing use of antimicrobials towards universal health coverage

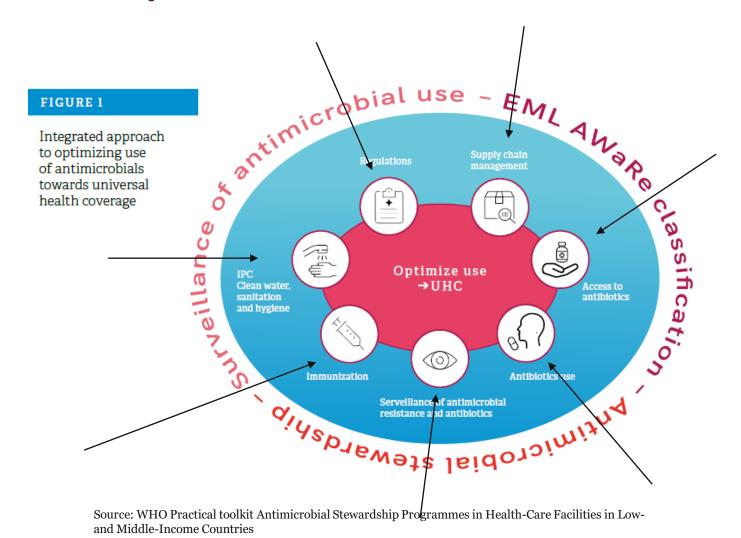


What is happening during this pandemic?



- Many changes in healthcare systems
- Fear, anxiety from patients' side
- Possible delays in presentation for care
- Changes in supply chains and regulations on export of medical products
- Availability of testing and surveillance
- Decreased access to personal protective equipment

In Summary



During the COVID-19 pandemic

Supply Chain disruptions

- Quarantined workers- Closed factories
- Hardest hit areascontributions to the antibiotic production

Regulations

- Travel restrictions/stay at home orders/curfews etc
- Restrictions of movement of medical supplies/medicines

During the COVID-19 pandemic

Access

- Further restricted → out-ofpocket expenses, economic hardships, job losses
- Public health facilitiesoverwhelmed → purchasing ability decreases → funds

Immunizations

- Expanded immunizations programs halted
- Redeployment of staff
- Vaccine availability drops

During the COVID-19 pandemic

- Surveillance
 - Surveillance Programs → stop
 - Testing facilities and labs→ repurposed for COVID-19
 - Some molecular testing→ same reagents
 - Shortages in reagents, necessary tools etc
 - Human Resources

- Infection Control and Prevention
 - Isolation for MDRO stops
 - Lack of isolation supplies
 →PPE
 - Infection control practitioners→ focus shifts towards pandemic

Understanding COVID-19 presentations



- CXR with multifocal opacities
- High fever
- Oxygen requirement
- Shock
- Progressive multi-organ failure

CXR images from twitter Radiology RSNA

Understanding COVID-19 presentations

- Increase in inflammatory markers: CRP, D-Dimer, LDH
- Increase in WBC count (lymphopenia common)
- The longer the hospital stay → increase risk of secondary bacterial infection

A quick review of the literature

Lancet:

- 191 patients from Wuhan
- Hospitalized
- Looking at risk factors and mortality
- SOFA score, D-dimer, lymphocyte count etc
- Secondary infection in 15% of patients but 95% received antibiotics

	Total (n=191)	Non-survivor (n=54)	Survivor (n=137)	p value
Treatments*				
Antibiotics	181 (95%)	53 (98%)	128 (93%)	0.15
Antiviral treatment	41 (21%)	12 (22%)	29 (21%)	0.87
Secondary infection	28 (15%)	27 (50%)	1 (1%)	<0.0001

A quick review of the literature

NEJM

- 1099 patients from 3 provinces in China
- 154 patients with severe disease
- 58% received antibiotics
 - Culture data missinghospitals overwhelmed

Treatments			
Intravenous antibiotics — no. (%)	637 (58.0)	498 (53.8)	139 (80.3)
Oseltamivir — no. (%)	393 (35.8)	313 (33.8)	80 (46.2)

Issues with the current COVID-19 literature

- Pandemic situation: no rigorous study designs
- Push for rapid publication- sometimes without proper peerreview
- Many articles- retrospective and very small sample sizes
 - Others with the same patients included in more than one study

Proposed way forward

- Concomitant Bacterial infections in COVID-19 patients → exception not the norm
- Critically-ill patients → cautious management
- Some of the proposed therapies for COVID-19 may predispose to secondary bacterial infections
- In patients presenting with shock → diagnostics to prove Bacterial infection + use pro-calcitonin if available
- → Discontinue antibacterials within 48 hours

References and additional readings

- Fei Zhou, Ting Yu, Ronghui Du, et al. Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: a retrospective cohort study, The Lancet, Volume 395, Issue 10229, 2020, Pages 1054-1062.
- Philippe Gautret, Jean-Christophe Lagier, Philippe Parola et al. Hydroxychloroquine and azithromycin as a treatment of COVID-19: results of an open-label non-randomized clinical trial, International Journal of Antimicrobial Agents 2020.
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