ANSORP HAP Project

Minutes of the 3rd Investigator Meeting

A prospective multinational surveillance of hospital-acquired pneumonia (HAP) and ventilator-associated pneumonia (VAP) in adults in Asian countries

: ***etiology, clinical outcome, and impact of antimicrobial resistance***

November 28, 2008
Grand Hyatt Taipei, Taiwan

CONTENTS

I. Participants

Country	Name	Center
Korea	Dr. Jae-Hoon Song	Samsung Medical Center Organizer, Asian Network for Surveillance of Resistant Pathogens (ANSORP)
Korea	Dr. Doo Ryeon Chung	Samsung Medical Center
Korea	Dr. So Hyun Kim	Asian-Pacific Research Foundation for Infectious Disease (ARFID) Project Manager, ANSORP
Hong Kong	Dr. Thomas So	Princess Margaret Hospital
Singapore	Dr. Li Yang Hsu	National University of Singapore
India	Dr. M. K. Lalitha	Madras Medical Mission
Malaysia	Dr. Rohani Md Yasin	Institute for Medical Research
Malaysia	Dr. Balan Subramaniam	Hospital Sultanah Aminah Johor Bahru
Indonesia	Dr. Latre Buntaran	Children's and Maternity, Harapan Kita Hospital
Taiwan	Annie Lee	Janssen-Cilag
Philippines	Dr. Janis Mae Pagtakhan	Janssen-Cilag
Indonesia	Dr. Rospita Dian Aprily Tobing	Janssen-Cilag
Hong Kong	Edward Cherk	Janssen-Cilag

II. Meeting agenda

Moderator: Dr. Jae-Hoon Song (Organizer, ANSORP)

Times (approx)	Discussion Topic	Contributor
9:00 am	Welcome & Introduction	Dr. Jae-Hoon Song (Organizer, ANSORP)
9:15 am	Overview of the current status of the project	Dr. Doo Ryeon Chung (Korea)
9:30 am	The current status of the project in each country	Local organizer in each country
	Korea	Dr. So Hyun Kim (Korea)
	Singapore	Dr. Li Yang Hsu (Singapore)
	Malaysia	Dr. Rohani Md Yasin (Malaysia)
	India	Dr. M. K. Lalitha (India)
	Indonesia	Dr. Latre Buntaran (Indonesia)
	Hong Kong	Dr. Thomas So (Hong Kong)
10:30 am	Break	
10:45 am	The current status of the project in China, Taiwan, Thailand, and Philippines	Dr. Doo Ryeon Chung (Korea)
11:00 am	Discussion	Dr. Jae-Hoon Song (Korea)
12:00 pm	Lunch	

III. Introduction

Hospital-acquired pneumonia (HAP), including ventilator-associated pneumonia (VAP) and healthcare-associated pneumonia (HCAP), remain important causes of morbidity and mortality despite advances in antimicrobial therapy and better supportive care modalities. Since the initial 1995 American Thoracic Society (ATS) guideline on nosocomial pneumonia, a number of new developments have appeared, mandating a new evidence-based guideline for HAP. The recent document, prepared by a joint committee of the ATS and Infectious Diseases Society of America (IDSA), focused on the epidemiology and pathogenesis of bacterial pneumonia in adults, and emphasized modifiable risk factors for infection.

The major pathogens causing HAP/VAP may vary by hospital, region, patient population and exposure to antibiotics, and changes over time, emphasizing the need for timely, local surveillance data. However, most data on pathogens distribution of HAP/VAP have been reported from western countries, while only a few data were available in Asian countries. Proper treatment of patients with HAP/VAP in the Asian region might be complicated due to lack of epidemiologic data and high prevalence of resistant pathogens. Although we have several treatment guidelines from different organizations, treatment guidelines for HAP/VAP in Asian countries should be based on the epidemiological information on pathogens distribution and antimicrobial resistance patterns among major respiratory pathogens in the Asian region. Therefore, prospective surveillance studies on etiology and clinical outcome of HAP/VAP are imperative for appropriate treatment in Asian countries.

Therefore, the aim of the current study is to investigate the pathogen distribution, antimicrobial resistance patterns for major pathogens, and clinical characteristics of HAP and VAP among adults in Asian countries. Based on these epidemiological and clinical data of HAP and VAP, specific treatment guideline of HAP and VAP in adults in Asian countries will be prepared in the future.

IV. Meeting summary

The objectives of the 3rd Investigator Meeting were to:

- check the current status of the project
- discuss current problems and solutions
- make future plans.

[Overview of the current status of the project]

- This study is prospective, multicenter, observational study on HAP/VAP among adults in Asian countries with focus on antimicrobial-resistant organisms. A total of 92 centers, including 16 non-ANSORP centers, in 10 countries are participating in this project as of November 22.
- Among the 92 centers participating in this project, 65 centers (71%) have been activated as of November 22.
- The target number of cases is 4100 in total and the total number of cases enrolled was 1392 (34%) as of November 22.
- The four major causative pathogens causing HAP/VAP were *Pseudomonas aeruginosa* (23.5%), *Staphylococcus aureus* (21.7%), *Acinetobacter* spp. (17.6%), and *Klebsiella* spp. (13.6%) with differences in proportions of each species among countries.
- Among the major pathogens, 76.8% of *S. aureus* were methicillin-resistant *S. aureus* (MRSA), and 31.3%, 70.8%, and 41.9% of *P. aeruginosa*, *Acinetobacter* spp. and *Klebsiella* spp. were multi-drug resistant strains, that are resistant to more than three antimicrobial classes, respectively.

[Discussion]

- Since enrollment status is only 34% and most of the countries, except Korea and Hong Kong, have still not reached their target enrollment as of November 22, adding more centers and/or extending the study period to July 2009 were proposed.
- Even though the study period is extended, it is difficult to reach the target enrollment in some countries such as Singapore and Indonesia. Therefore, it was suggested that new target enrollment should be considered as well.
- To activate participating centers and motivate the investigators, it was suggested to hold local investigator meetings supported by Janssen-Cilag in some countries such as Malaysia and India.
- It is getting difficult to send bacterial isolates to other countries due to new regulation for isolates transportation in some countries such as Indonesia. Therefore, it was suggested that we need to make a backup plan in case the isolates cannot be sent to the central lab of ARFID in Seoul, Korea.

Please find attached appendix, the presentation files for the Investigator Meeting, for further detailed information on the current status and interim results of the project.