# Hospital Universitario Fundación Alcorcón

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# Impact of the COVID-19 Pandemic on Antimicrobial Consumption and Antimicrobial Resistance

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## **BACKGROUND AND IMPORTANCE**

Recent studies have reported an increase of antimicrobial use during the COVID-19 pandemic. The impact of overuse on the propagation of antimicrobial resistance could be an indirect adverse consequence of the pandemic.

#### **AIM AND OBJECTIVES**

To describe the impact of the COVID-19 pandemic on antimicrobial prescription trends and analyse the relationship with the evolution of antimicrobial susceptibility.

## **MATERIALS AND METHODS**

Descriptive study to investigate the prescription of antimicrobials (ATC J01) and the evolution of resistance before and after of COVID-19 pandemic in adult patients admitted to a tertiary-care hospital. □ Antimicrobial use was expressed into defined daily doses per 100 discharges (DDD/100D). We compared first wave COVID (March-June 2020) versus preCOVID period (March-June 2019). Antimicrobial sensitivity (EUCAST v11.0) was evaluated as percentage of bacterial strains resistant isolated between January-June 2021 versus preCOVID situation (January-December 2019).

## RESULTS

During first wave 4465 adult patients were admitted to the hospital versus 5318 in the same period of 2019 In this context antimicrobial consumption increased +79.09% (735.85/ 410.89 DDD/100D).

The most important changes in bacterial sensitivity

The most important changes of antimicrobials consumption compared to preCOVID period			Pootorio	No. isolated	No. isolated	Druc			Pearson's
Drug	COVID/preCOVID	Increase DDD/100D	Bacteria	Jan-Dec 2019	Jan-Jun 2021	Drug	Jan-Dec 2019	y Jan-Ju 2021	chi-square sig
	(DDD/100D)	(%)	Escherichia coli	4085	1648	no-change			
amoxicillin	60.23 / 2.19	+ 2650.98	Klebsiella spp.		425	gentamicin	93%	86%	p=0.000
azithromycin	107.73 / 5.69	+ 1791.68				cefuroxime	78%	73%	p=0.036
cefotaxime	0.99 / 0.18	+ 461.22				cefotaxime	81%	76%	p=0.028
ceftriaxone	139.24 / 28.97	+ 380.67				nitrofurantoin	87%	81%	p=0.010
vancomycin	24.25 / 8.33	+ 199.40				aztreonam	74%	70%	p=0.226
aztreonam	2.61 / 0.92	+ 185.49				ceftazidime	81%	77%	p=0.076
meropenem	43.29 / 24.39	+ 77.48				cefepime	82%	78%	p=0.069
cefuroxime	14.6 / 9.23	+ 60.77	Pseudomonas aeruginosa	507	195	gentamicin	83%	78%	p=0.114
linezolid	27.57 / 17.19	+ 60.40							
cefixime	2.72 / 1.82	+ 49.32	Staphylococcus aureus	878	400	no-change			
piperacillin / tazobactam	49.81 / 33.75	+ 47.58	Enterococcus faecalis	572	266	no-change			
amoxicillin /	95.23 / 79.96	+ 19.09	Enterococcus faecium	146	87	nitrofurantoin	92%	83%	p=0.120
clavulanate						ampicillin	12%	6%	p=0.305

#### **CONCLUSION AND RELEVANCE**

Important increase in hospital antimicrobial consumption was observed, especially b-lactams and carbapenems.

Minimal changes in antimicrobial susceptibility was observed, detected only in Klebsiella spp, Pseudomonas aeruginosa and Enterococcus faecium.

Antimicrobial stewardship strategies can help to keep the consumption of antimicrobials within  $\checkmark$ acceptable levels.