

# Antibiotic use among suspected enteric fever cases in Nepal, Bangladesh and Pakistan

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# Outline

Background → Objectives → Methods → Results → Limitations → Conclusions



# Background

- Antibiotic resistance is an emerging threat due to easy access and indiscriminate use of antibiotics
- The accuracy of blood culture is dependent on antibiotic use
- Prior antibiotic use is usually assessed by interview (self-report)
- Validity of interviews for prior antibiotic use is not clear

# Study Objectives

- To describe the **pattern** of reported pre-hospital antibiotic use among suspected enteric fever cases in Nepal, Bangladesh and Pakistan
- Determine **validity of reported antibiotic use** by comparing with **antibiotics excreted in urine**
- To describe relationship between prior antibiotic use and subsequent blood culture positivity

# Methods

**SAMPLE SELECTION**



LAB PROCEDURE



ANALYSIS

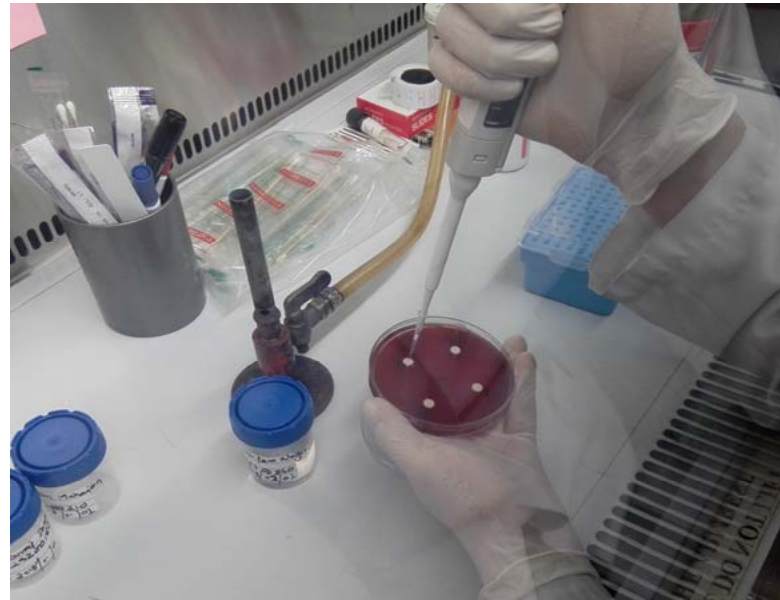
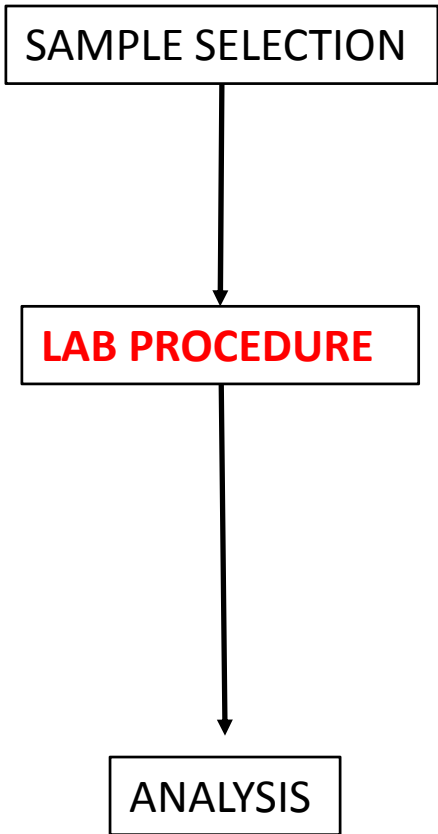
1. **Study site:** Bangladesh, Nepal and Pakistan
  2. **Study Population:** Outpatients with  $\geq 3$  days of fever
  3. **Sample Size:** 1000 per country
- Administered questionnaire to ascertain self-reported antibiotic use
  - Collected blood for culture
  - Collected urine to look for presence of antibiotics

For this episode of fever:

***“Before arriving for this visit did you/the participant take any of the following medications?”***

- ***Antibiotics***
- *Antipyretics*
- *Analgesics*
- *Antidiarrheals*

# Methods



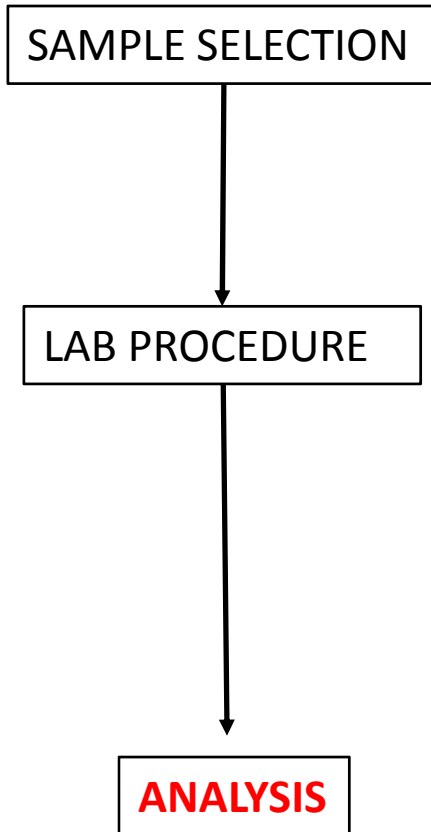
## Blood culture:

1. Blood (Adult: 8-10mL, Pediatric: 1-3mL) collected
2. Standard, automated culture procedure using BacTec system

## Urine antibiotic analysis:

1. Prepared a bacterial lawn of pan-susceptible *Kocuria rhizophila* (*Micrococcus luteus*)
2. Dispensed urine onto a blank antibiotic disc
3. Incubate at room temperature for 18-24 hours
4. Observed any zone of inhibition

# Methods



- General trends in antibiotic use
- Sensitivity and specificity for reported antibiotic use
- Blood culture positivity by antibiotic use

# Results

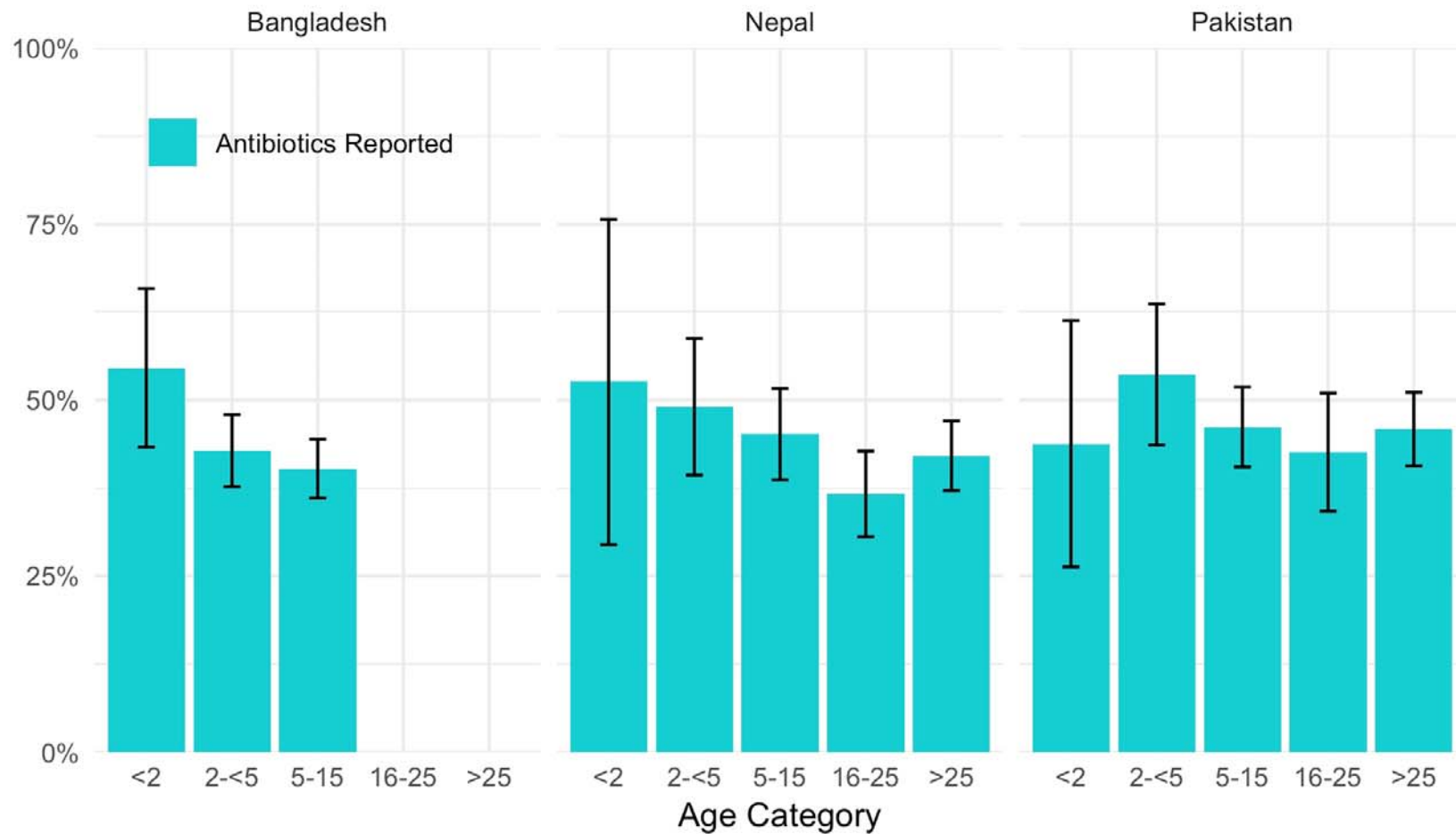
## *Study participant characteristics*

	<b>BANGLADESH</b>	<b>NEPAL</b>	<b>PAKISTAN</b>
<b>N</b>	989	1000	927
Median age (IQR)	5 (3 – 7)	20 (9 – 34)	17 (7 – 34)
N (%) Female	427 (42.5%)	413 (41.3%)	404 (43.5%)
Respondent			
Self	0	585 (58.6%)	457 (49.2%)
Mother	739 (73.8%)	222 (22.2%)	256 (27.6%)
Father	212 (21.2%)	119 (11.9%)	149 (16.1%)
Grandparent	25 (2.5%)	15 (1.5%)	8 (0.9%)
Sibling	7 (0.7%)	23 (2.3%)	17 (1.80%)
Aunt or Uncle	17 (1.7%)	20 (2.0%)	31 (3.3%)
Other	2 (0.2%)	15 (1.5%)	10 (1.1%)



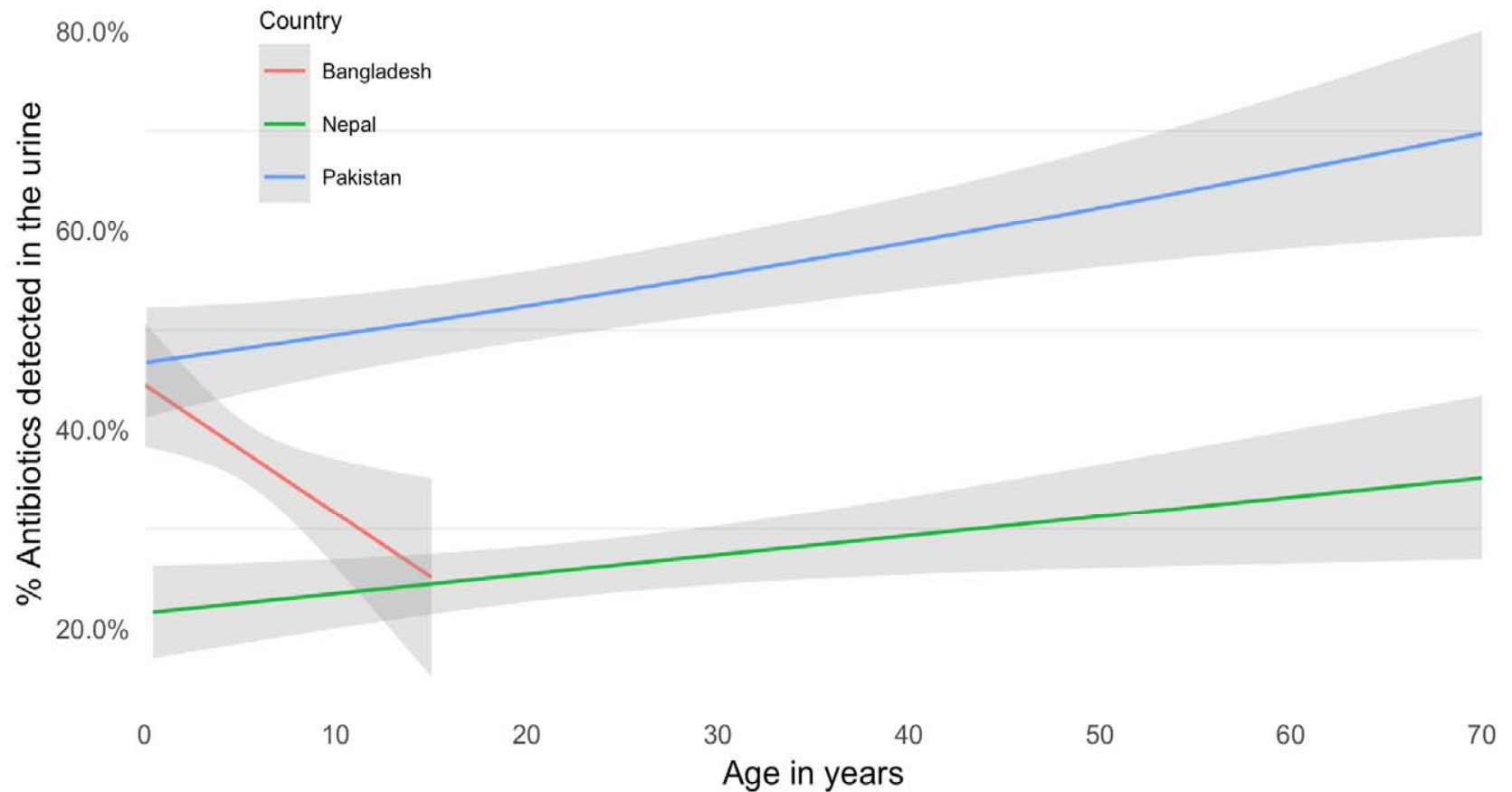
# Results

*Reported antibiotic use, by country and age group*

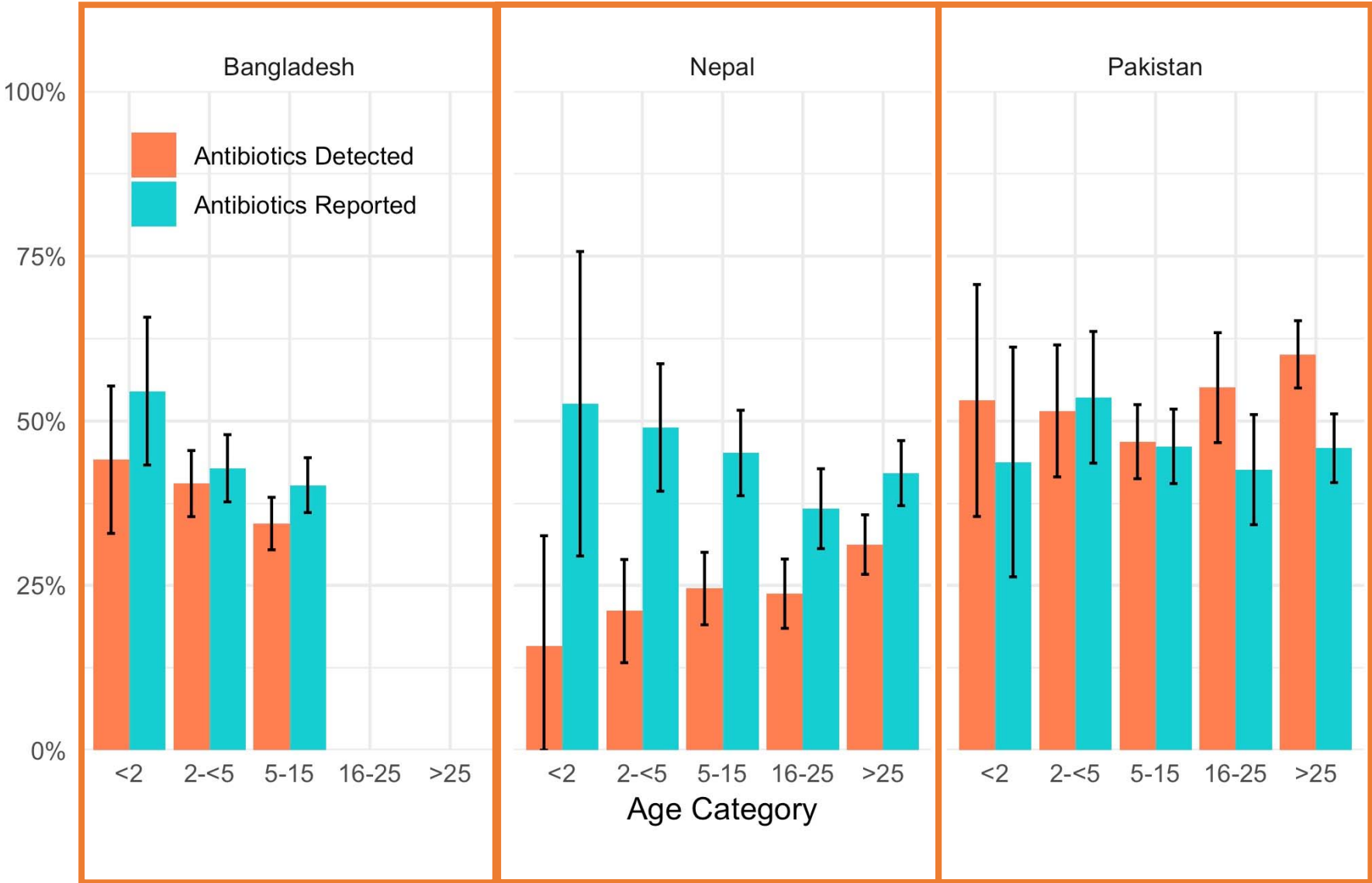


# Results

*Antibiotics detected in urine, by country and age group*



# Results



# Results

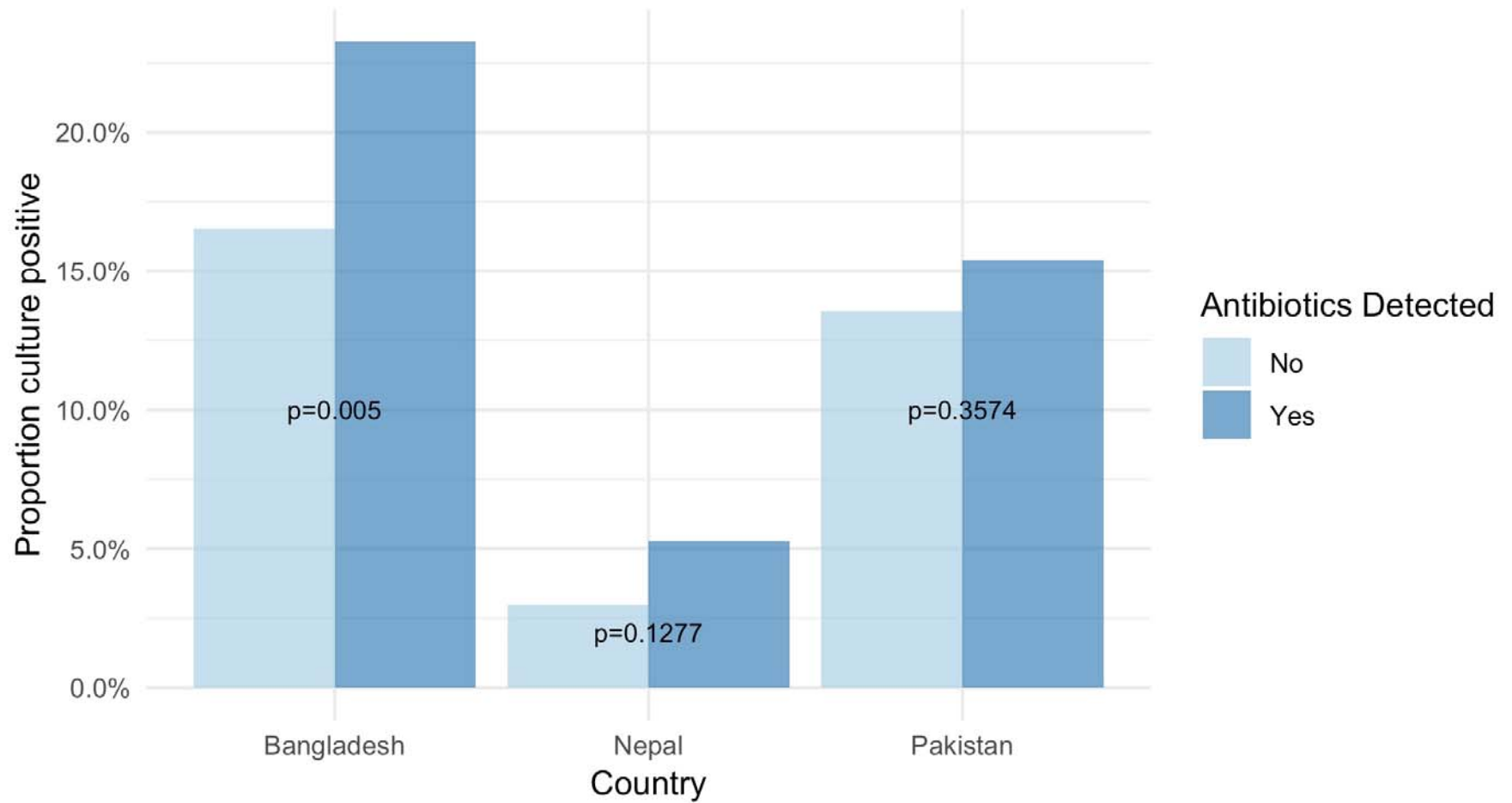
*Sensitivity and specificity of reporting antibiotic use with urine antibiotic detection as a reference*

	<b>SENSITIVITY</b>	<b>SPECIFICITY</b>
BANGLADESH	0.79 (0.75, 0.83)	0.80 (0.77, 0.83)
NEPAL	0.79 (0.73, 0.83)	0.80 (0.77, 0.83)
PAKISTAN	0.58 (0.53, 0.62)*	0.67 (0.63, 0.72)*

\*Pakistan sensitivity and specificity significantly different from Nepal and Bangladesh,  $p < 0.0001$

# Results

*Comparing antibiotic detected in urine and subsequent blood culture positivity*



# Limitations

- Unknown validity of the lab assay
- Unknown type of antibiotic used by patient prior to seeking medical care
- Time since reported antibiotic use

# Conclusions

- Substantial pre-hospital antibiotic use in patients with suspected enteric fever
- Sensitivity and specificity of reported antibiotic use varies by setting
- Relationship between prior antibiotic use and subsequent blood culture positivity is unclear

# Acknowledgements



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- Steve Luby
- Caitlin Barkume
- Kashmiri Date
- Ashley Tate
- Samir Saha
- Farah Qamar

## ○ Bangladesh team

## ○ Pakistan team



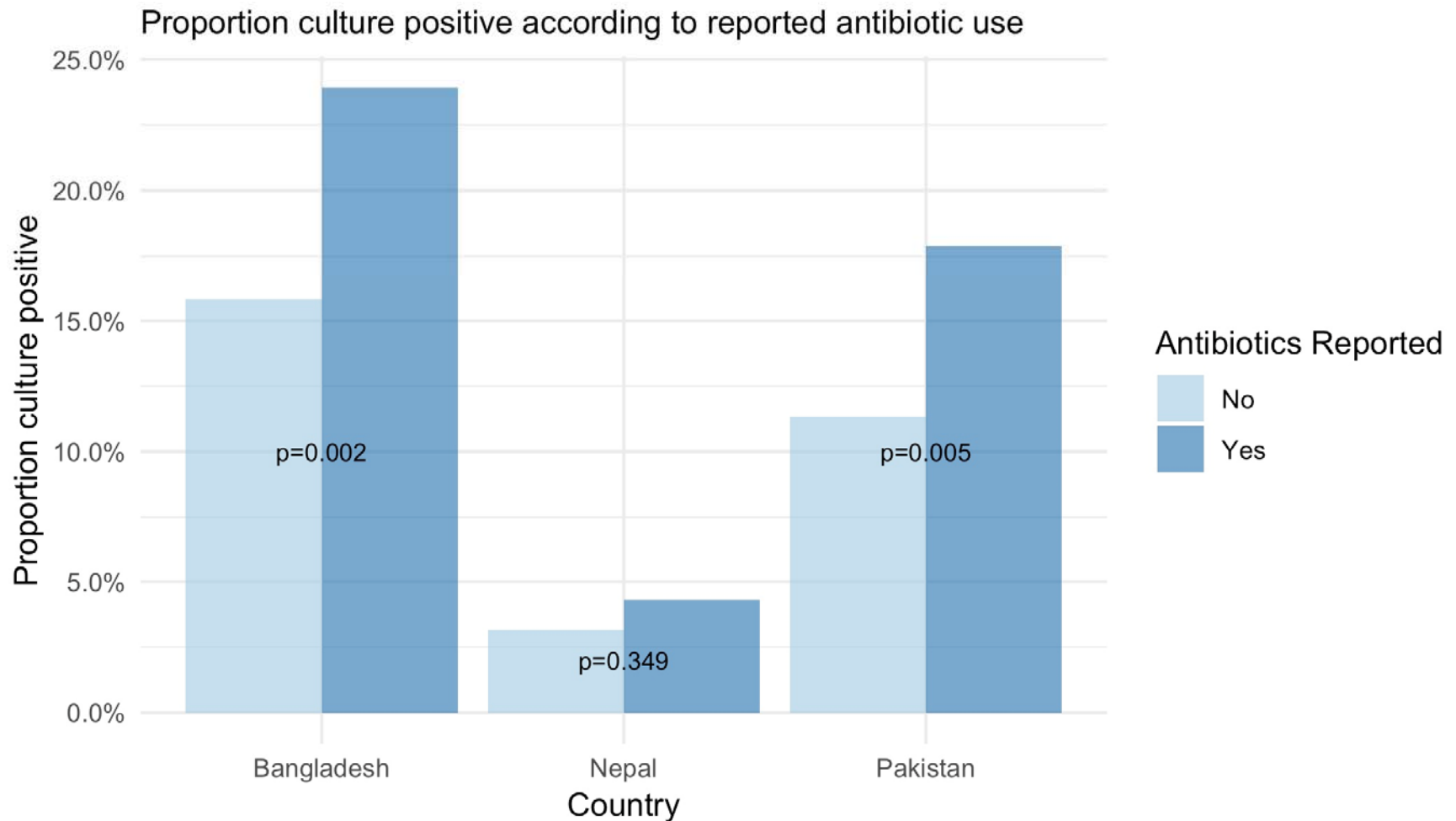
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**EXTRA SLIDES**

# Results

*Comparing reported antibiotic use and subsequent blood culture positivity*



# 3. Methods

SAMPLE SELECTION



LAB PROCEDURE



**STATISTICAL METHOD**

	Antibiotics detected in the urine Reference standard		Total
Reported Antibiotic use	Yes	No	
Yes	TP	FP	TP + FP
No	FN	TN	FN + TN
Total	TP + FN	FP + TN	

$$\text{Sensitivity} = \text{TP}/(\text{TP}+\text{FN})$$

$$\text{Specificity} = \text{TN}/(\text{FP}+\text{TN})$$

# 4. Results

*Restricted to report by mother or father*

	<b>SENSITIVITY</b>	<b>SPECIFICITY</b>
BANGLADESH	0.81 (0.76, 0.85)	0.80 (0.77, 0.83)
NEPAL	0.88 (0.79, 0.94)	0.66 (0.60, 0.72))
PAKISTAN	0.56 (0.49, 0.63)	0.63 (0.56, 0.70)

# 4. Results

*Restricted to self report (Age  $\geq$  18)*

	<b>SENSITIVITY</b>	<b>SPECIFICITY</b>
BANGLADESH	-	-
NEPAL	0.75 (0.68, 0.81)	0.73 (0.68, 0.77)
PAKISTAN	0.58 (0.52, 0.64)	0.74 (0.67, 0.80)

# 4. Results

*Restricted to Age < 5*

	<b>SENSITIVITY</b>	<b>SPECIFICITY</b>
BANGLADESH	0.79 (0.73, 0.85)	0.78 (0.73,0.83)
NEPAL	0.57 (0.46, 0.67)	0.76 (0.55, 0.91)
PAKISTAN	0.52 (0.40, 0.65)	0.50 (0.37, 0.63)

# 4. Results

*Restricted to Age 5 to <16*

	<b>SENSITIVITY</b>	<b>SPECIFICITY</b>
BANGLADESH	0.81 (0.74, 0.86)	0.80 (0.76,0.84)
NEPAL	0.91 (0.81, 0.97)	0.70 (0.63, 0.77)
PAKISTAN	0.59 (0.51, 0.68)	0.66 (0.58, 0.73)