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Antibiotic Consumption in a Healthcare System in Bolivia During the First Wave of the COVID-19 Pandemic Rodolfo E. Quirós, MD, MSc, MBA, PhD^{1*}; Elvio D. Escobar²; Juan Carlos Tapia-Torrez²; Valeria Fabre, MD³ ¹PROAnet Project Lead, Buenos Aires, Argentina. ² Clínica Ángel Foianini - Viltalia Salud, Santa Cruz de la Sierra, Bolivia. ³ Department of Medicine, Division of Infectious Diseases, Johns Hopkins University School of Medicine, Baltimore, MD.



BACKGROUND

- Several countries in Latin America reported an increase in during the first wave of the COVID-19 pandemic
- In April 2020, the antibiotic stewardship (AS) team develop treatment guidelines for ambulatory and hospitalized patie disseminated within the healthcare system
- Additionally, the AS team provided followed all COVID-19

OBJECTIVE

 To compare antibiotic consumption between pre-pandem the first wave of the COVID-19 pandemic in a private hea in Bolivia

METHODS

- We retrospectively evaluated outpatient and inpatient ant large private healthcare system in Santa Cruz de la Sierra between Jan-Dec 2019 (pre-pandemic) and Jan-Aug 202
- We calculated defined daily doses (DDD) per 1,000 mem 100 ambulatory visits, and per 100 inpatient-days
- Antibiotics were categorized using the World Health Orga classification (Access, Watch, and Reserve)
- During the pandemic period and due to local restrictions, interactions and hospitalizations were mostly limited to C

RESULTS

- Overall pandemic and pre-pandemic antibiotic consumption member-days was 8.48 and 18.37, respectively (diff. -9.89, to -9.67) (**Table 1**)
- DDD/100 ambulatory visits was 67.68 vs. 86.20 (diff. –18.52) to -17.10), and hospital DDD/per 100 inpatient-days was 39 (diff. -21.92, 95% CI -26.20 to -17.68) for pandemic and pr periods, respectively (**Table 2**)
- During the pandemic period, an overall reduction in macroli observed (-2.09 DDD/1,000 member-days, 95% CI -2.20 to DDD/100 ambulatory visits, 95% CI –3.84 to –2.44, and –2. inpatient-days, 95% CI –2.88 to –1.26) (**Figure**)
- Additionally, an increase in "access" antimicrobials (83.3%) 3.8%, 95% CI 0.3% to 7.4%) and a reduction in the "watch" 20.5%; diff. -3.7%, 95% CI -7.4% to -0.1%) were observed and pre-pandemic periods, respectively (**Table 3**)

		RESULTS																
n antibiotic use	Table 1. Co	omparis	on of an	tibiotio	c consu	mption	between	pandemic and	pre-pandemic	period	Figure. Co	mpariso	n of ma	crolides o		otion betw	en pandem	ic and pre-
ned COV/ID-19	Antibiotic group*				DDD per 1,000 member-days						pandemic and in inna	Deriod in tient are	ambula a (**_2	atory (*-3 05 95%	.13, 95% CL_2 88	₀ CI –3.84 3 to _1 26	to -2.44, p < n < 0.0000	0.0000),
ents which were				Ja (pi	Jan-Dec 2019 (pre-pandemic)		n-Aug 2020 andemic)	Difference (pandemic vs	95% CI	p	25,00						μ	
) innatients					0.50			pre-pandemic)			20.00		20,05*					
πραιοπισ	1G Cephalosp	oorins			0,52		0,28	-0,24	-0,29 to -0,21	0,0000	20,00 -			16,91*				
	Penicillins + b	eta-lactan	nase inhibi	tors	7,50		2,99	-4,51	-4,64 to -4,37	0,0000	15,00 -							
nic period and althcare system	Beta-lactamase sensitive penicillins			IS	0,16		0,05	-0,11	-0,13 to -0,09	0,0000								
	Aminogiycosides				0,17		0,09	-0,08	-0,09 to -0,05	0,0000	10,00 –							
	36 Cephalosporins				1,58		0,83	-0,75	-0,81 to -0,68	0,0000	E 00							
					4,13		2,04	-2,09	-2,20 to -1,99	0,0000	5,00 -					3,10)** ■ 1 ∩5**	
					U,UX		0,04	-0,04	-0,05 to $-0,02$	0,0000	0,00 -						1,05	
tidiotic use in a	Fluoroquinolo		- 41		1,02		0,66	-0,36	-0,42 to $-0,30$	0,0000			Ambul	atory	- :4 - \		Inpatient	
ra, Bolivia,	Suitametnoxazoie+trimetnoprim				0,87		0,31	-0,56	-0,61 to -0,52	0,0000		(DDD p	er 100 an	nbulatory vi	sits) D 🗖 🗖 📿	(DDD per 2020	100 inpatient-da	ays)
20 (pandemic)	Carbapenems		.1 (0,02		0,01	-0,01	-0,02 to $-0,01$	0,0035				2013	5 2	.020		
nber-days, per	Chronoptidee			ן	1,20		0,52	-0,68	-0,74 to $-0,63$	0,0000								
	Glycopeptides				0,01		0,00	-0,01	-0,02 to $-0,01$	0,0011	Table 3.	Antibio	tic co	nsump	otion ('	'access	" group) ຮ	stratified
anization	4G Cephalosporins				0,01		0,00	-0,01	-0,02 to $-0,01$	0,0000	by area k	betwee	n pan	demic	and pr	e pande	mic peric	bd
	INITROTURANTOIN				0,43		0,23	-0,20	-0,23 to -0,16	0,0000	Δrea	A /	W	% of a	ccess	Differenc	e 95% Cl	Р
nationt					0,60		0,39	-0,21	-0,25 to -0,16	0,0000		2019	2020	2019	2020			
, patient COVID-19 cases	Beta-lactamase resistant penicillins			S	0,06		0,04	-0,02		0,0031	Ambulatory	1.55	1.20	60.8%	54.4%	-6,34%	/.3% to -5.	4% NS
	Ισται				18,37		8,48	-9,89	-10,11 to -9,67	0,0000	Inpatient	3.88	4.97	79,5%	83,3%	3.80%	0.3% to 7.4	4% 0.0000
	References: *J	l01 group o	of ATC-WHC) classific	ation; 95%	CI: 95% C	Confidence Inte	erval; DDD: Defined D	aily Doses		References:	AWaRe \	NHO cla	ssification	(Access	, <i>Watch</i> , an	d Reserve); 95	5% CI: 95%
ו in DDD/1,000											Confidence I	nterval; A	vv acces	ss/watch f	atio			
, CI 95% –10.11	Table 2 Co	mnaris	on of ant	tihiotic	consur				CON	CI USI	ONS							
	nandomic a	and nro.	nandom	nic nori		a la thia		d bool	lth notu			wood o rod	Luction in					
2, 95% CI –19.94 9.79 vs. 61.71 re-pandemic	panuemic and pre-panuemic p										• III IIIS CIUSEU HEAIIII HEIWOIK, WE ODSEIVEU A FEUUCION IN							
		# D	# DDD				per 100	Difference			anupi	Olic co	nsum	puon in during d	DOUN L	ne amp	Jialory an	a
	Ambulatory _			VISIts		ampui	alory visits	(pandemic vs)	95% CI	р	inpau	ent sei	ungso	auring	ine pa	ndemic		
		2019	2020	2019	2020	2019	2020	pre-pandemic)			• We b	elieve	the ea	irly imp	lemen	tation of	enhance	5 .
ides use was also o –1.99, –3.13 .05 DDD/per 100		43,840	12,934	50,859	19,111	86.20	67.68	-18.52	-19.94 to -17.10	0,0000	antibi	otic ste	wards	ship for	COVI	D-19 pa	tients play	/ed a
	Inpatient	# DDD		Inpatient-days		DDD inpat	per 100 ient-days	Difference (pandemic vs	95% CI	р	role in syste	n limitir m	ng anti	imicrob	ial use	; in this	orivate he	althcare
		2019	2020	2019	2020	2019	2020	pre-pandemic)										
vs. 79.5%; diff. "group (16.7% vs. d for pandemic		1,880	586	3,046	1,473	61.71	39.79	-21.92	-26.20 to -17.68	0,0000			A	CKNOV	VLED (SEMEN		
	References: 95°	% CI: 95%	Confidence	Interval;	DDDs: Defi	ned Daily	Doses				 All per Santa 	rsonne a Cruz	el of Vi de la S	italia Sa Sierra,	alud at Bolivia	the Foi	anini Clini	c in



