

PACCARB – DoD Antimicrobial Stewardship

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DoD INSTRUCTION 6025.SS

DoD PROGRAM FOR COMBATING ANTIBIOTIC-RESISTANT BACTERIA (CARB)

Originating Component: Office of the Under Secretary of Defense for Personnel and Readiness

Effective: Month Day, Year

Releasability: Cleared for public release. Available on the Internet from the DoD Issuances Website at <http://www.dtic.mil/whs/directives>.

Approved by: A. M. Kurta, Performing the Duties of the Under Secretary of Defense for Personnel and Readiness

Purpose: This issuance establishes policy and assigns responsibilities for the DoD program for CARB in accordance with the authority in DoD Directive (DoDD) 5124.02 and pursuant to Presidential Executive Order 13676; the National Strategy for Combating Antibiotic-Resistant Bacteria; and the National Action Plan for Combating Antibiotic-Resistant Bacteria.



Defense Health Agency PROCEDURAL INSTRUCTION

NUMBER 6025.xx

NCR-MD/J-11

SUBJECT: DoD Program for Combating Antibiotic-Resistant Bacteria (CARB)

References: See Enclosure 1. |

1. **PURPOSE.** This Defense Health Agency-Procedural Instruction (DHA-PI), based on the authority of References (a) through (c), and in accordance with the guidance of References (d) - (h), and (j), establishes procedures for the development, implementation, and review of Antimicrobial Stewardship Programs (ASPs). This DHA-PI:
 - a. Provides development and coordination processes for enterprise-wide procedural and technical guidance, regulations, and instructions to support the Assistant Secretary of Defense for Health Affairs (ASD(HA)) in the administration of all authorized DoD ASPs.
 - b. Supports the Defense Health Agency (DHA) as a Combat Support Agency in accordance with Reference (e), specifically the mission involving support for operating forces (Combatant Command-level and below) engaged in planning for, or conducting military operations, including support during conflict or in the conduct of other military activities related to countering antimicrobial resistant threats to U.S. national security.
 - c. Establishes educational programs, both annual and refresher, that will be available for provider and support staff-level learning regarding stewardship (m), (n).
 - d. Details medical staff Joint Commission or other accrediting body requirements on antibiotic prescribing practices that will be upheld.

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The Antimicrobial Resistance Monitoring and Research (ARMoR) Program: The US Department of Defense Response to Escalating Antimicrobial Resistance

Emil P. Lesho,^{1,3} Paige E. Waterman,^{1,2,3} Uzo Chukwuma,⁴ Kathryn McAuliffe,⁴ Charlotte Neumann,⁴ Michael D. Julius,¹ Helen Crouch,⁵ Ruvani Chandrasekera,² Judith F. English,⁶ Robert J. Clifford,¹ and Kent E. Kester³

¹Multidrug-Resistant Organism Repository and Surveillance Network, Walter Reed Army Institute of Research, and ²Armed Forces Health Surveillance Center, Global Emerging Infections Surveillance and Response System, Silver Spring, and ³F. Edward Hébert School of Medicine, Uniformed Services University of the Health Sciences, Bethesda, Maryland; ⁴Navy and Marine Corps Public Health, EpiData Center Department, Portsmouth, Virginia;

⁵Brooke Army Medical Center, San Antonio, Texas; and ⁶Navy Bureau of Medicine and Surgery, Falls Church, Virginia

(See the Editorial Commentary by Doron and Boucher on pages 398–400.)

Lesho et al. CID. 2014, 59(3):390-7

ARMoR (Antimicrobial Resistance Monitoring and Research)



Unclassified

ARMoR-D

Antimicrobial Resistance Monitoring & Research

Database collection of targeted MDRO submissions from all participating clinical laboratories cryopreserved at the centralized laboratory at The WRAIR. Laboratory staff determines basic and extended phenotypic and phylogenetic analyses, determines genetic relatedness, and archives specimens indefinitely. Information from these analyses is relayed to hospitals/submitters, medical leaders, and policymakers.

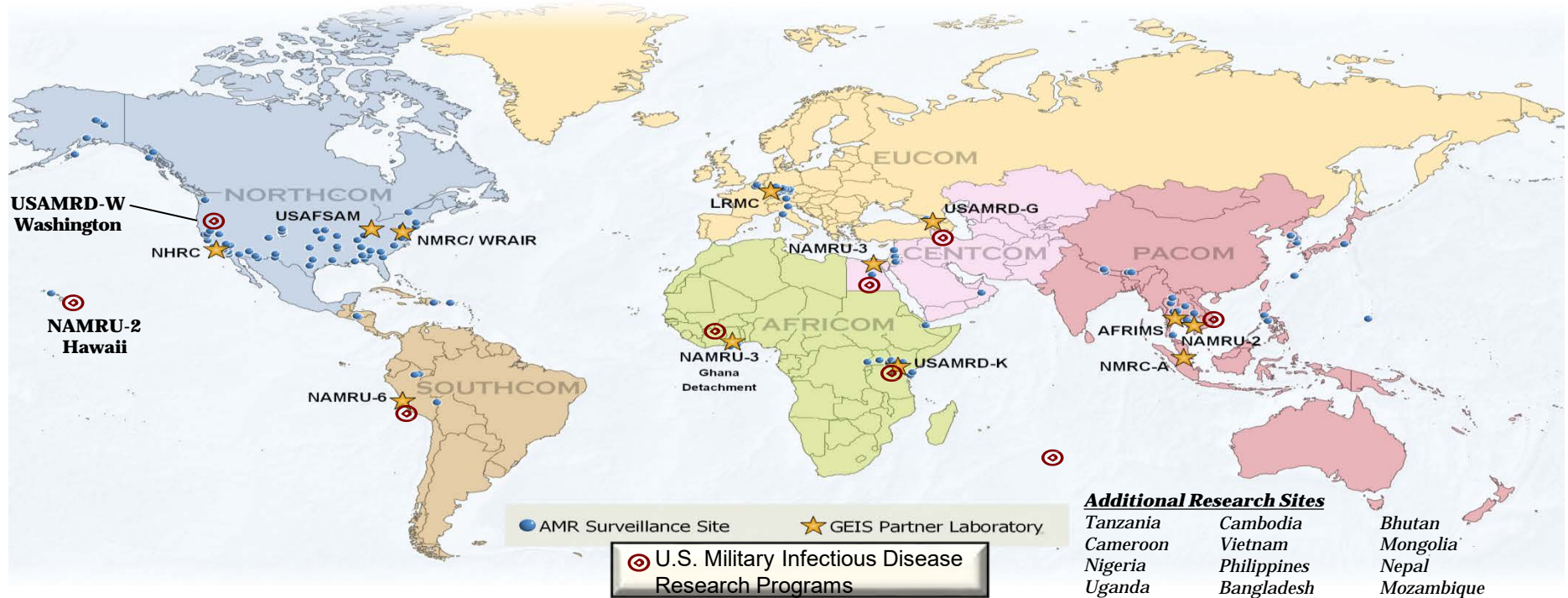
[Learn more >](#)

Responding to the epidemic of Gram-negative multidrug-resistant organism (MDRO) nosocomial and wound infections in the U.S. Military Health System, the Walter Reed Army Institute of Research (WRAIR) launched the Multidrug-resistant Organism Repository and Surveillance Network (MRSN) in July 2009.

Until then, no agency within the Department of Defense collected and characterized these organisms across the enterprise to inform best clinical practices, influence policy, and enhance infection prevention and control efforts.

The MRSN currently comprises a microbiology laboratory, organism repository and enterprise-wide network of military hospitals, to include those in combat zones. The network also receives participation by the Naval and Air Force medical facilities, in addition to other foreign military medical partners.

FY17 DoD AMR Activities



Unclassified

Welcome

Antimicrobial Stewardship in the Military Health System

Sharon Bradley, RN, CIC
Senior Infection Prevention Analyst
ECRI Institute

LTC James Masterson, MPH, PharmD
Deputy Director
Army Pharmacovigilance Center

LTC Paige Waterman, MS, MD
Director of Translational Medicine, Walter Reed Army Institute of Research

The webinar will begin promptly at 1:00 p.m. eastern time.

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- HRO PIC
- Integration
- NMCPH
- Patient Safety
- RHC-PH
- SDD Data
- Wellness



MHS Quarterly Antibiotic Utilization Report
 Antibiotic Utilization for the MHS
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Health Statistics

Inpatient Antibiotic Usage Report

inpatient antibiotic usage report for Army MTFs

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Historical Antibiotic Prescribing Rates by DMIS and MEPRS (FY2014-FY2016)
 This report shows quarterly outpatient antibiotic prescribing (prescription counts and prescriptions per 100 patients seen) by DMIS and MEPRS across the MHS.

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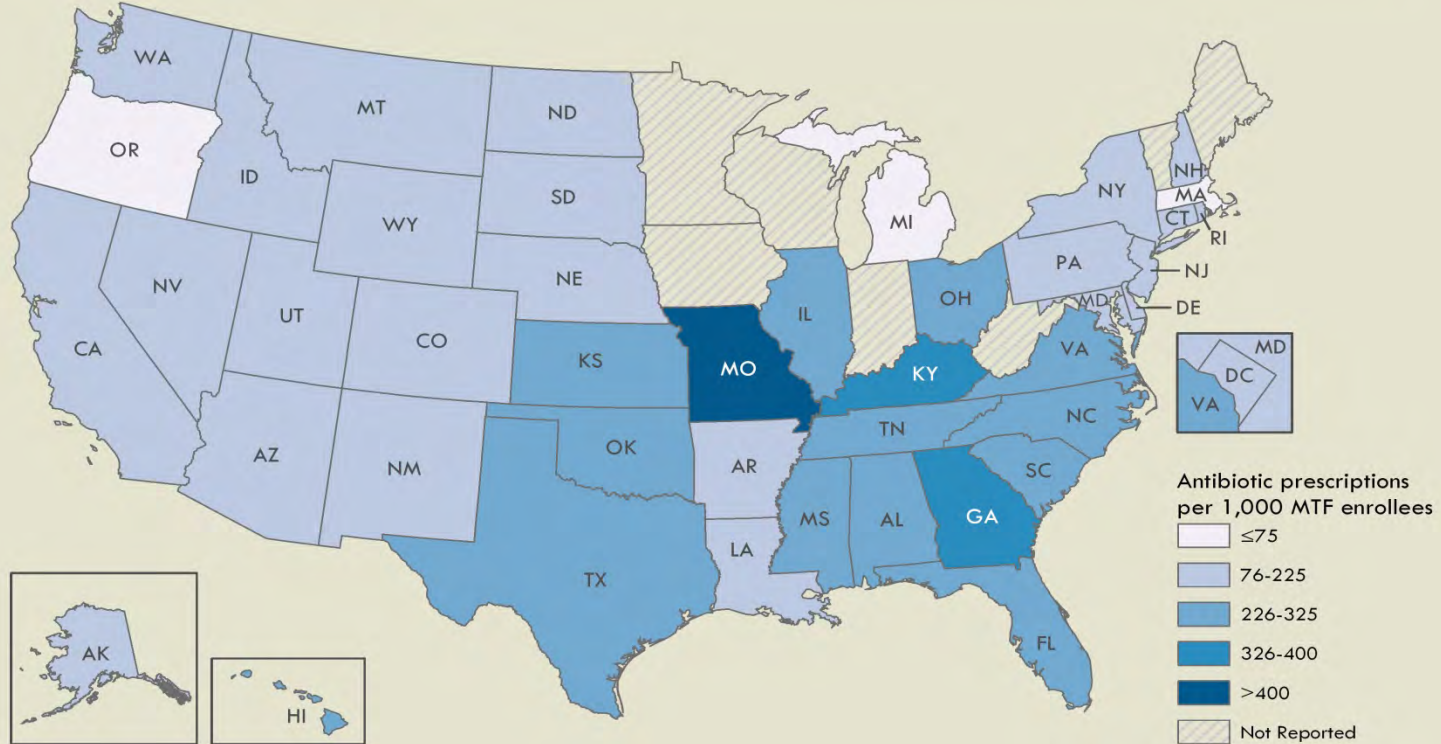
Health Statistics



Inpatient Antibiotic Usage Report
 inpatient antibiotic usage report for Army MTFs

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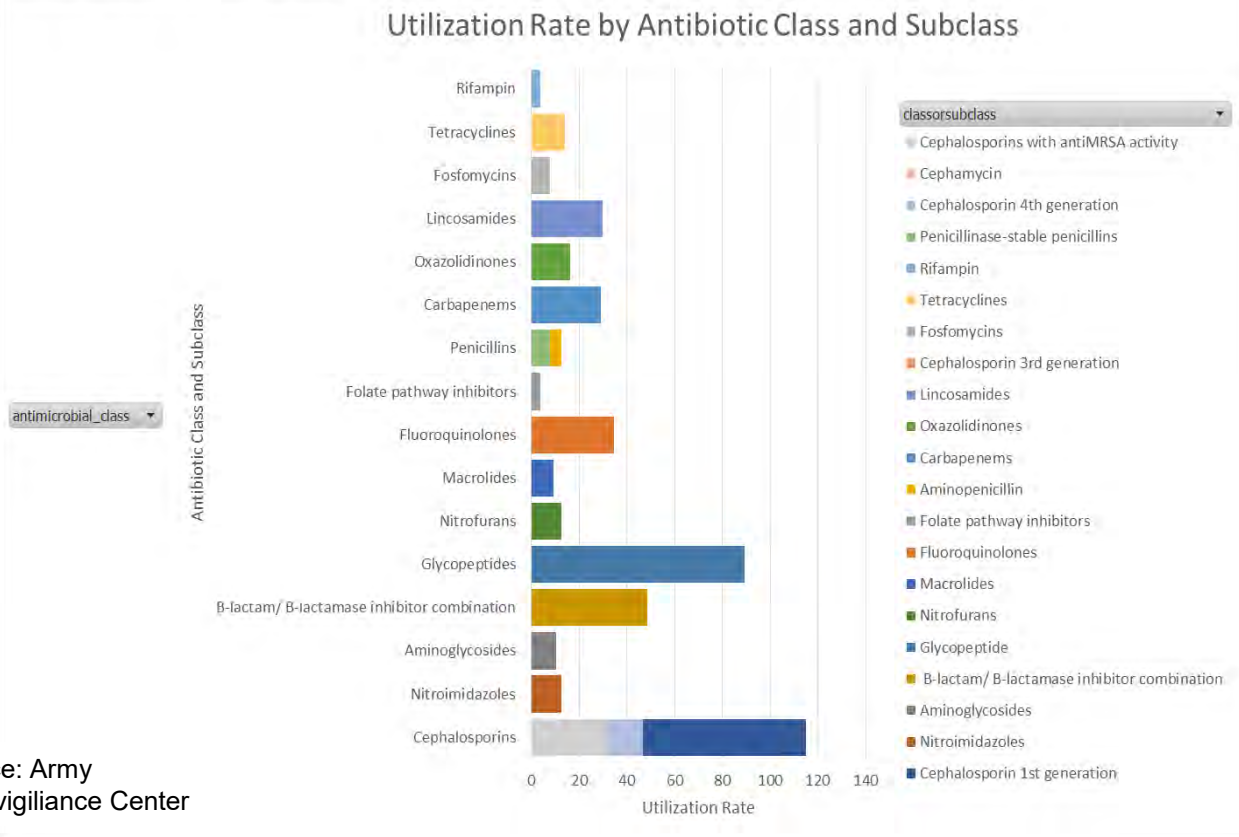
Antibiotic Prescriptions per 1,000 Military Treatment Facility (MTF) Enrollees by State—2016



[Text version of MTF enrollees by state](#)

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Utilization Rate by Antibiotic Class and Subclass

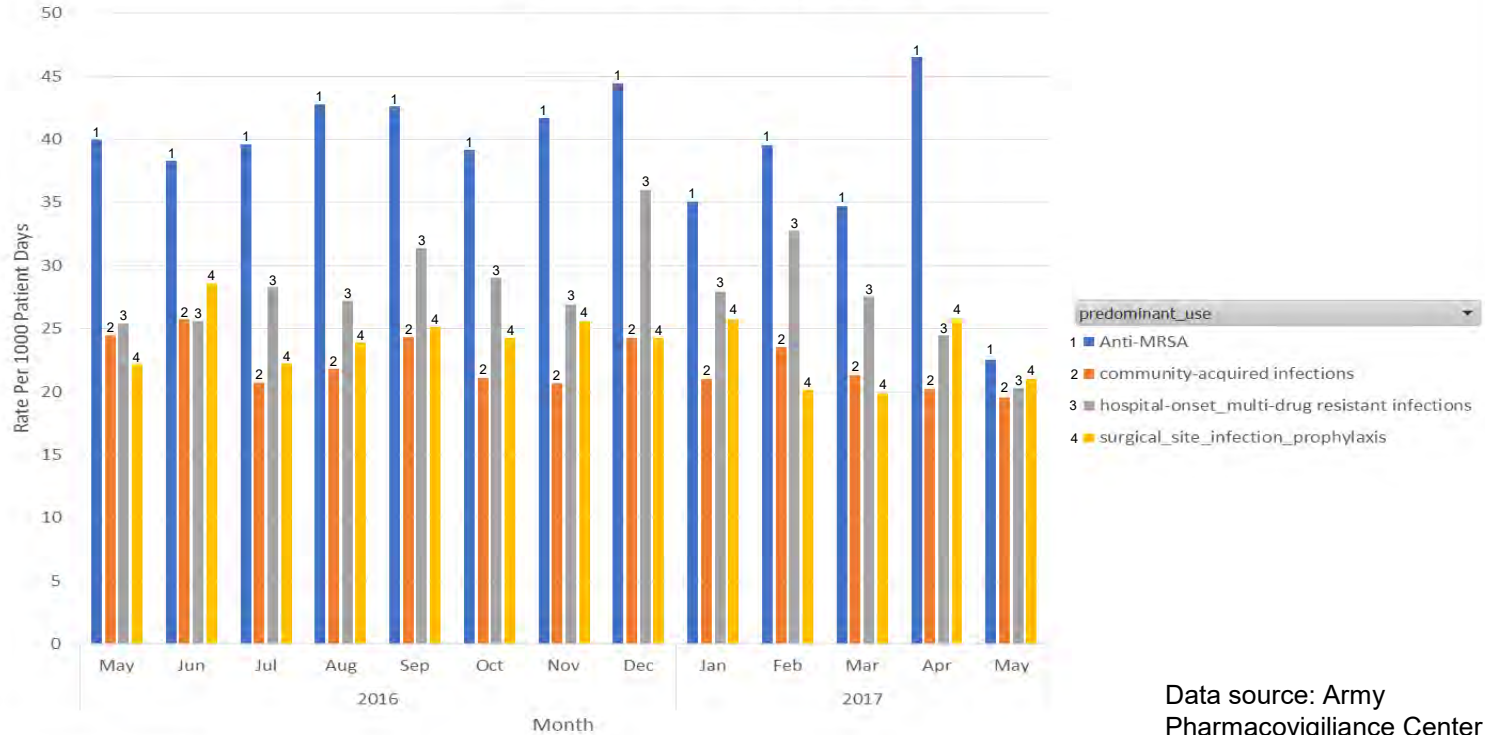


Data source: Army Pharmacovigilance Center

dmisid Location

Predominant Use Class Rate

Predominant Use Class Rate



Data source: Army Pharmacovigilance Center

Years: Month

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Regional Susceptibility Map



NAVY AND MARINE CORPS PUBLIC HEALTH CENTER
PREVENTION AND PROTECTION START HERE

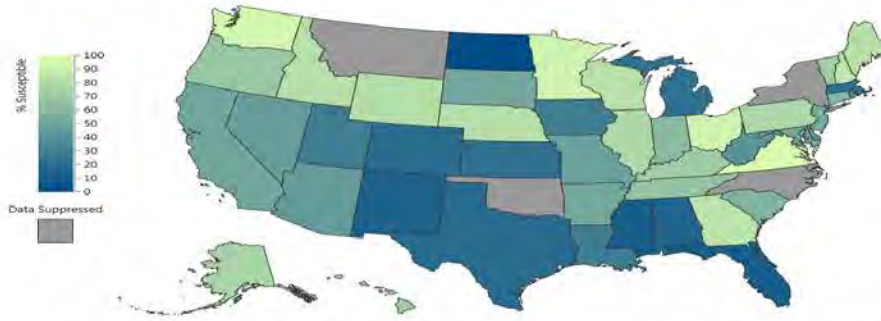
Resistance Map

Resistance Trend

Resistance Chart By Pathogen

Resistance Chart By State

Susceptibility of *Pseudomonas aeruginosa* to Imipenem, MHS Beneficiaries, 2015



Data source: Navy/Marine Corps Public Health Center

Antibiogram data includes the first isolate per person and organism for each year and state. Please refer to methodology, for a more detailed description.

2015
Prev Year Play Next Year

Culture Type: [All Cultures]
Age Category: [All]
Year: [2015]

Pathogen:

Gram Negative:

- Acinetobacter species
- Citrobacter species

Gram Positive:

- Coagulase negative staphylococci

MDRO Gram Negative:

- CR *E. aerogenes*
- CR *F. cloacae*

- Enterobacter species
- Escherichia coli

- Enterococcus species

- CR *E. coli*
- CR *K. pneumoniae*

- Klebsiella pneumoniae
- Proteus mirabilis

- Staphylococcus aureus

- ESBL *E. aerogenes*
- ESBL *E. cloacae*

- Pseudomonas aeruginosa*

- Streptococcus pneumoniae

- ESBL *E. coli*
- ESBL *K. pneumoniae*

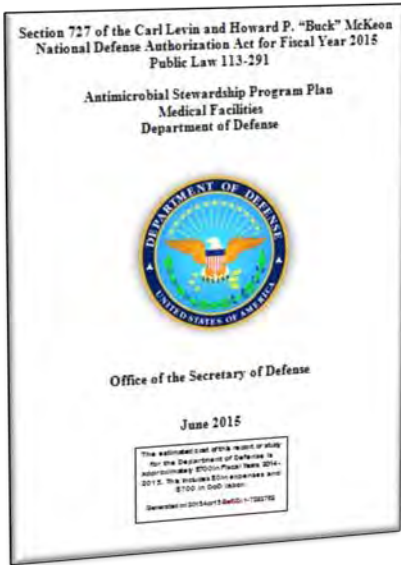
- Serratia marcescens

- MDR Acinetobacter

- Stenotrophomonas maltophilia

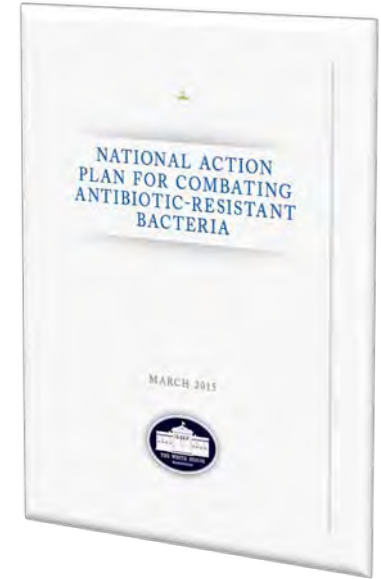
- MDR *P. aeruginosa*

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Summary

- Establish stewardship policy and implementation
- Improve antibiotic stewardship in all healthcare settings
- Meet requirements
- Monitor important resistant organisms
- Monitor antibiotic use
- Provide feedback and technical assistance to healthcare facilities
- Link efforts with federal partners



Text Version of Military Treatment Facility (MTF) Enrollees by State

The United States map on *page 10* shows antibiotic prescriptions per 1,000 MTF enrollees according to the following categories:

Less than or equal to 75

- Massachusetts
- Michigan
- Oregon

76 – 225

- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Idaho
- Louisiana
- Maryland
- Montana
- Nebraska
- New Hampshire
- New Jersey

- New Mexico
- New York
- Nevada
- North Dakota
- Pennsylvania
- Rhode Island
- South Dakota
- Utah
- Washington
- Wyoming

226 – 325

- Alabama
- Florida
- Hawaii
- Illinois
- Kansas
- Mississippi
- North Carolina
- Ohio
- Oklahoma
- South Carolina
- Tennessee
- Texas
- Virginia

326 – 400

- Georgia
- Kentucky

Greater than 400

- Missouri

Not Reported

- Indiana
- Iowa
- Maine
- Minnesota
- Vermont
- West Virginia
- Wisconsin