



BCoDE – Burden of Communicable Diseases in Europe

Burden of healthcare-associated infections in Europe

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What is burden of disease?



A common definition:

Disease burden is the **impact** of a health problem

...as measured by financial cost, mortality, morbidity, or other indicators...

Apples and pears



Choice of a <u>common currency</u> in order to compare impact of diseases and its sequelae



SMPH: summary measure of population health

CHM: composite health measure

Disability-adjusted life years (DALYs)



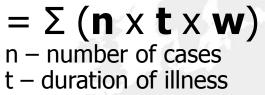




Years of life lost due to premature mortality

Years of healthy life lost due to disability

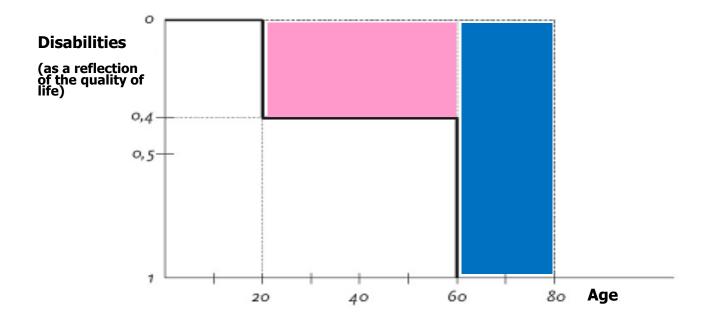
- = \sum (**d** x **e**) d sum of all fatal cases
- e remaining life expectancy at age of death



- w disability weight

Disability-adjusted life years (DALYs)

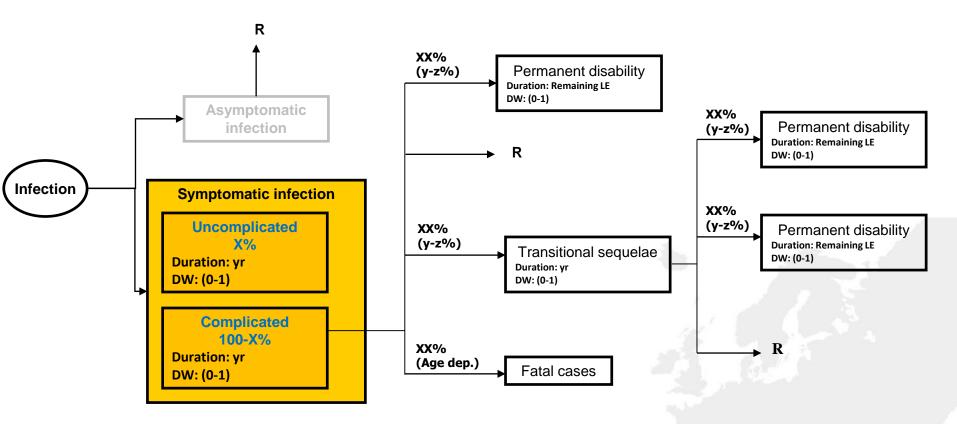




DALY = years of life lost (YLL) + years lived with disability (YLD) = 20 years + 16 years = 36 years

Considering all sequelae: building outcome trees from systematic reviews of the literature





Outcomes, transition probabilities and durations: Robert Koch Institute. Burden of healthcare associated infection (BHAI) - evidence-based and comorbidity-adjusted outcome trees for estimation of burden of disease. Berlin: RKI; 2016. Available from:

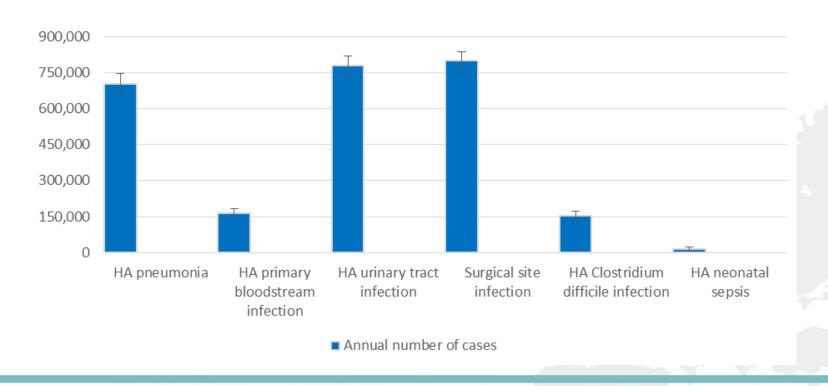
http://www.rki.de/DE/Content/Institut/OrgEinheiten/Abt3/FG37/Research Report BHAI.pdf? blob=publicationFile

Disability weights: Haagsma JA et al. Assessing disability weights based on the responses of 30,660 people from four European countries. Popul Health Metr. 2015; 13: 1-15.

Estimating incidence of HAIs from the ECDC Point Prevalence Survey 2011-2012



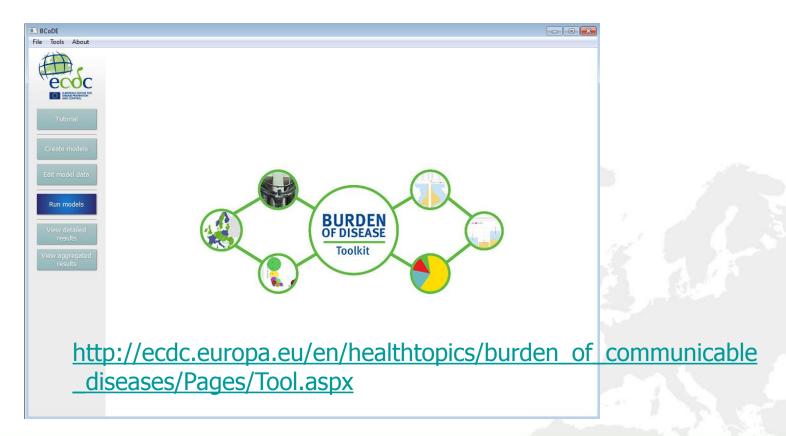
- Age-group and sex prevalent number of HAIs from the PPS was converted into annual incidence rates applying the Rhame and Sudderth formula
- 2.6 million annual number of cases of HAIs estimated in the EU/EEA (95% UI: 1,624,140 4,084,550)



Calculating DALYs: the BCoDE toolkit



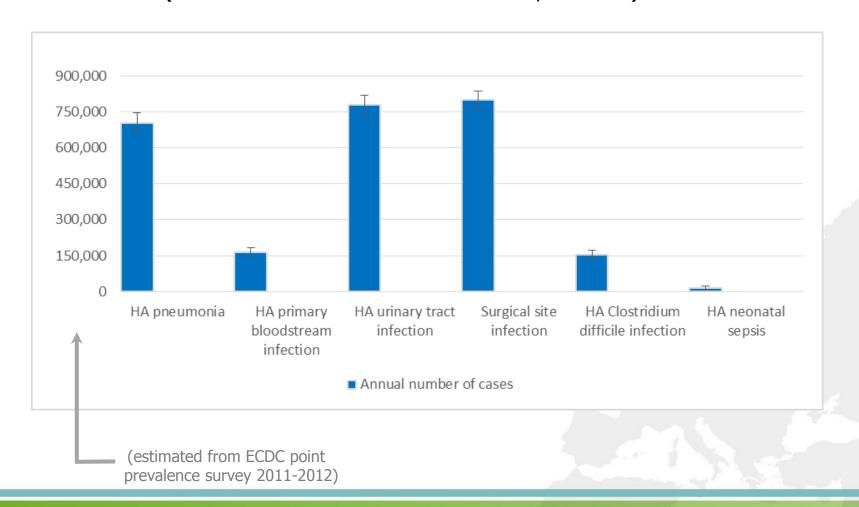
- Cases were further split according to McCabe score and adjusted for life expectancy
- Age-group and sex number of cases were inserted in the software



Comparing number of cases and burden of disease



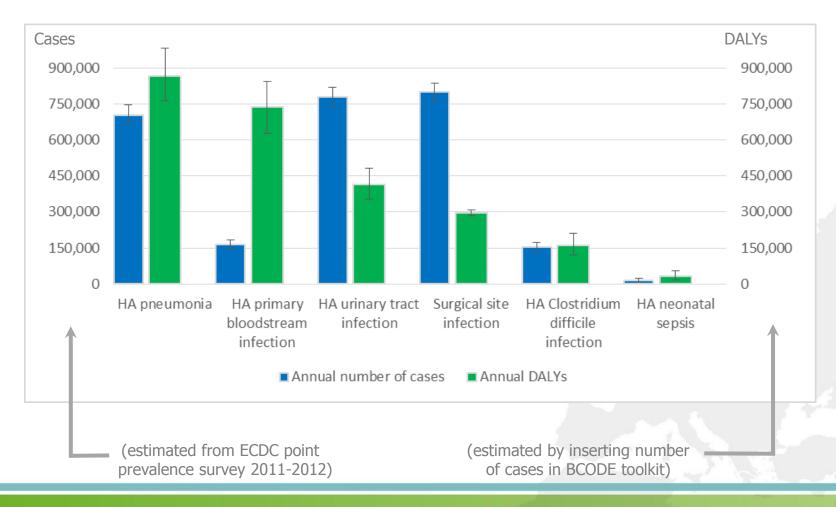
Annual burden of HAIs in EU/EEA Member States – 2011-2012 compared to estimated annual number of cases. (estimated more than 2.5 million cases and 85,000 deaths)



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Results of the burden of HAIs study

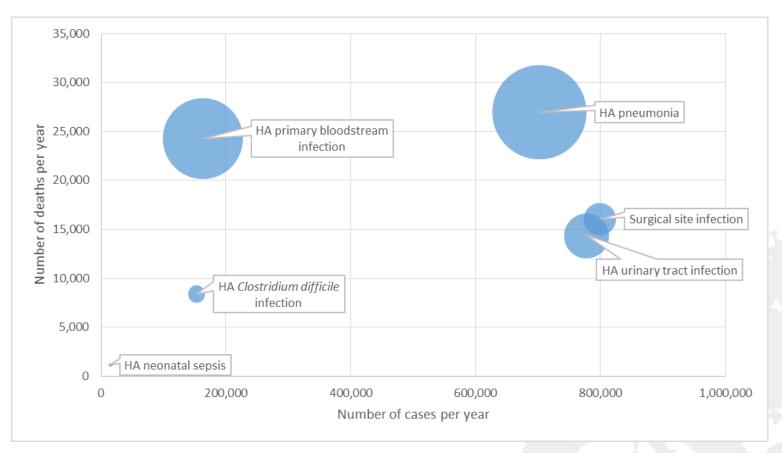


Healthcare-associated infections	Median (95% uncertainty interval)			
	Cases per year	Deaths per year	DALYs per 100,000 population	% total DALYs
(664,764-744,419)	(21,859-32,541)	(149-192)		
HA primary bloodstream infection	163,216	24,284	145	28.9
	(145,012-182,059)	(20,824-27,755)	(123-166)	
HA urinary tract infection	777,639	14,334	81.2	16.2
	(737,820-820,228)	(11,768-17,162)	(69.0-94.2)	
Surgical site infection	799,185	16,049	58.2	11.6
	(762,721-835,448)	(15,249-16,893)	(55.7-60.6)	
HA <i>Clostridium difficile</i> infection	152,905	8,382	31.2	6.23
	(134,053-173,089)	(6,034-11,152)	(23.6-41.1)	
HA neonatal sepsis	14,651	1,109	16.8	3.35
	(7,466-23,873)	(383-2,380)	(8.9-27.6)	
Overall	2,609,911	91,130	501	100
	(2,451,235-2,778,451)	(76,117-107,883)	(429-582)	

Contribution of incidence and mortality to the burden of HAIs



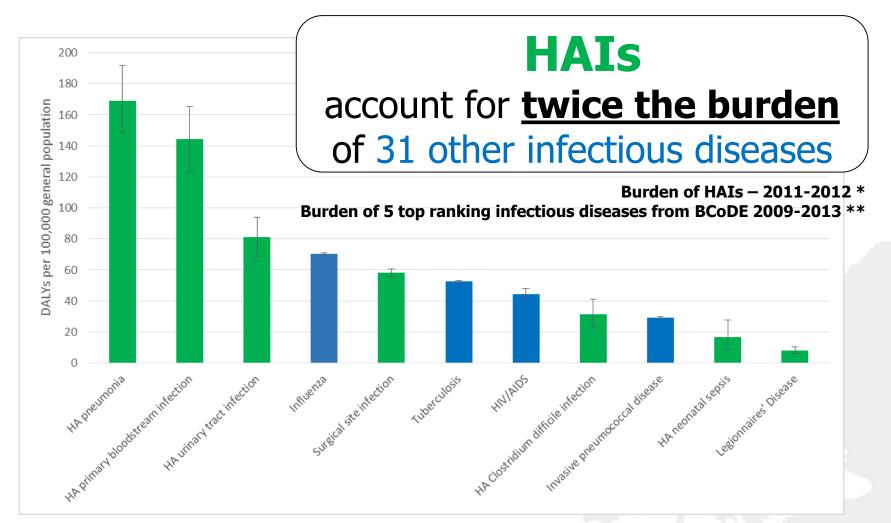
Burden of HAIs in EU/EEA Member States – 2011-2012 Diameter of bubble reflects DALYs per 100,000.



Source: Cassini A and Plachouras D, et al. PLoS Med 2016;13(10):e1002150 (18 October 2016).

Comparing the burden of HAIs with other infectious diseases (BCoDE project 2015)





Source: *Cassini A, et al. PLoS Med 2016;13(10):e1002150 (18 October 2016) . ** Cassini A, et al. PLoS Med (submitted).

Burden of Communicable Diseases in Europe (BCoDE) project

The BCoDE project assesses of the comparative impact of infectious diseases and:

- introduces an evidence-based approach to health description
- fosters an overview of surveillance data quality and availability
- ➤ facilitates the communication of complex information to decision makers
- > provides a tool for planning and prioritisation

Next steps: burden of AMR



Klebsiella pneumoniae
Escherichia coli
Acinetobacter spp.
Pseudomonas aeruginosa

Resistant to colistin, carbapenems, 3rd generation cephalosporins (*K. pneumoniae* & *E. coli*) and multidrug-resistant (*Acinetobacter* spp. & *P. aeruginosa*)

Enterococcus faecalis and E. faecium, vancomycin-resistant Staphylococcus aureus, meticillin-resistant

Streptococcus pneumoniae, resistant to penicillin and macrolides

Still under investigation:

Campylobacter spp.
non-typhoidal Salmonella spp.
Salmonella Typhi and Paratyphi
MDR and XDR Tuberculosis
Neisseria gonorrhoeae

Data source and literature reviews



Under construction:

- > EARS-Net as main data source for resistant BSI
- ➤ For HAIs, PPS data provides information on other infection sites and on severity of co-morbidity
- > For non-HAIs, literature reviews fill the gaps on non-BSI
- > Literature reviews also help design outcome trees

In collaboration with OECD for the Economic burden of AMR

Acknowledgments



ECDC:

Mike Catchpole

Liselotte Diaz Högberg

Piotr Kramarz

Dominique Monnet

Gianfranco Spiteri

Marc Struelens

Carl Suetens

Johanna Takkinen

Therese Westrell

Robert Whittaker

Robert Koch Inst.:

Muna Abu Sin

Hans-Peter Blank

Tanja Ducomble

Tim Eckmanns

Sebastian Haller

Thomas Harder

Anja Klingeberg

Madlen Sixtensson

Edward Velasco

Bettina Weiß

Other:

Benedetta Allegranzi

Philipp Deindl

Maria Deja

Mirjam Kretzschmar

Mathias Pletz

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Questions



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Thank you!