

WEBVTT

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00:00:00.539 --> 00:00:00.750  
SPAIN (AESAN) SONIA SANZ: Okay.

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00:00:03.270 --> 00:00:11.429  
Jorge Pinto Ferreira (FAO): perfect, so I think it's 1215 Central Europe, I think we can go ahead and start so a good morning good afternoon or good evening.

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00:00:11.940 --> 00:00:22.020  
Jorge Pinto Ferreira (FAO): From where you are connecting with us in the world and the Thank you very much for the colleagues, I took the time to register and to actually attend this webinar.

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00:00:22.380 --> 00:00:29.610  
Jorge Pinto Ferreira (FAO): As some of you might already be familiar we call this knowledge dissemination dialogues on webinars is a series of webinars.

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00:00:30.090 --> 00:00:38.910  
Jorge Pinto Ferreira (FAO): organized by the aim my working group of a field and the field sustainable livestock technical network, where we promote different police work.

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00:00:39.630 --> 00:00:47.430  
Jorge Pinto Ferreira (FAO): And at the end, we call it dialogue because we like to give a lot of time for the discussion and potentially open new doors for collaborations.

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00:00:47.880 --> 00:00:57.510  
Jorge Pinto Ferreira (FAO): Between the speakers, I feel the colleagues attending etc, etc, etc, so today we have the pleasure of having our colleague Peter Pham work.

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00:00:58.050 --> 00:01:02.280  
Jorge Pinto Ferreira (FAO): is based in Denmark, and it will be presenting some of the work that he has been doing.

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00:01:02.700 --> 00:01:13.650  
Jorge Pinto Ferreira (FAO): In their MAC and with a network called no fat and the topic will be optimizing veterinary antibiotic use through development of treatment guidelines in clinical breakpoints just.

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00:01:14.640 --> 00:01:23.700

Jorge Pinto Ferreira (FA0): Of housekeeping rules, please keep your microphone on mute if needed, we name yourself with your organization and country, followed by your name.

11

00:01:24.360 --> 00:01:34.200

Jorge Pinto Ferreira (FA0): In the name of the zoom participant, please, know that the views present available for the speakers and not necessarily endorsed by a few please refrain.

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00:01:34.590 --> 00:01:43.410

Jorge Pinto Ferreira (FA0): from advertising or services your company or any other commercial product or brand and please post your questions in the chat at the end, we will read them out.

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00:01:44.190 --> 00:01:49.860

Jorge Pinto Ferreira (FA0): And if it's not possible to answer all of them during the webinar today will follow up by email afterwards.

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00:01:50.280 --> 00:02:06.180

Jorge Pinto Ferreira (FA0): A quick note that the meeting is being recorded and that video and the PowerPoint presentations will be posted on the field YouTube channel and shared with the participants so with this said stop here, thank you all, and the four year.

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00:02:11.130 --> 00:02:16.350

Peter Damborg: Okay, thank you, George shovel try to share my screen hopefully.

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00:02:17.880 --> 00:02:18.450

Peter Damborg: work.

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00:02:20.700 --> 00:02:22.500

Peter Damborg: Okay, can you see it.

18

00:02:23.220 --> 00:02:23.460

yeah.

19

00:02:25.500 --> 00:02:27.120

Peter Damborg: Okay, yes.

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00:02:28.260 --> 00:02:37.080

Peter Damborg: I have to the title here optimizing veterinarians by

the use for development of treatment guidelines in clinic clinical breakfasts as George said.

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00:02:37.710 --> 00:02:47.250

Peter Damborg: And i'm very pleased to be here today to present some of the work that I and a lot of colleagues have been doing as part of the Internet network.

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00:02:48.330 --> 00:02:54.120

Peter Damborg: And from the University of Copenhagen and associate professor in veterinary clinical Microbiology.

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00:02:55.560 --> 00:03:04.140

Peter Damborg: So what I will talk about will be first an introduction to to to this network that George also mentioned.

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00:03:05.400 --> 00:03:16.710

Peter Damborg: That because it's a you can see the frame for a lot of the work we've been doing on treatment guidelines and also to some extent the clinical break points that I will talk about afterwards.

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00:03:17.760 --> 00:03:26.430

Peter Damborg: And it will not just be the actual work on treatment guidelines and clinical break points, but also some of the issues pertaining to that to development of.

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00:03:26.760 --> 00:03:36.810

Peter Damborg: how to do it and also some of the issues and some of the problems of doing it and then of course afterwards i'll be happy to take any questions you may have.

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00:03:39.030 --> 00:03:45.840

Peter Damborg: So, no matter is an aberration an acronym for European network optimization of veterinarians microbial treatment.

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00:03:46.860 --> 00:03:57.810

Peter Damborg: it's a cost Action Network funded by costs, which is also known as the European cooperation in science and technology so it's a you funded networking.

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00:03:58.890 --> 00:04:16.770

Peter Damborg: And what is funded is various networking activities, including meetings workshops training, schools, short term scientific missions were particularly young researchers can travel

to other labs or other scientific environments to to learn new methods and use.

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00:04:18.360 --> 00:04:29.700

Peter Damborg: Do something for for innovate and then also funding for dissemination activities, including publication feeds web page press releases and so on.

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00:04:30.690 --> 00:04:39.210

Peter Damborg: So it's all about networking and then no money for research so that has to be attracted from other channels, quite often its existing.

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00:04:39.750 --> 00:04:58.380

Peter Damborg: Research being done already in the different labs different in research environments, that is being you can say put into a higher frame with this cost Action Network currently we have more than 260 persons from 45 countries attending Internet.

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00:05:00.000 --> 00:05:06.510

Peter Damborg: And here, you can see a map of the Internet consortium, you can see, most of Europe is covered.

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00:05:07.770 --> 00:05:14.550

Peter Damborg: All the countries in green are what is known as cross country, some of them are like green, known as the NATO countries.

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00:05:15.300 --> 00:05:34.320

Peter Damborg: A lot of different definitions that I will not go into too much detail about, but you can see, most of Europe is covered at the moment in the people included microbiologist pharmacologist veterinary practitioners epidemiologist we have some communication experts and so on.

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00:05:35.610 --> 00:05:45.930

Peter Damborg: it's that essentially no limits as to who can participate, and both from academia and private organizations, we also have international partner countries not.

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00:05:46.710 --> 00:06:02.670

Peter Damborg: shown on this map, but we have people represented from Australia and Canada, South Africa, the Caribbean island and United States and it's an open network and a growing it work so it's possible to join the work.

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00:06:02.820 --> 00:06:03.060  
Indranil Samanta: If.

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00:06:03.330 --> 00:06:05.400  
Peter Damborg: For example, any of you attending here today.

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00:06:06.000 --> 00:06:07.710  
Peter Damborg: will be interested, you are more than welcome.

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00:06:07.710 --> 00:06:15.090  
Peter Damborg: To to either contact me or to go to the homepage  
innovate buddy you to to ask you to.

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00:06:16.770 --> 00:06:18.270  
Peter Damborg: subscribe to our working group.

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00:06:21.960 --> 00:06:35.460  
Peter Damborg: So that was a bit about the frame for innovate, but  
the aim of innovate is written here it is to optimize veterinarians  
microbial us with a special emphasis on the development of animal  
embassy specific treatment guidelines.

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00:06:35.880 --> 00:06:52.890  
Peter Damborg: and refinement of microbiological diagnostic  
procedures, combining this with diverse educational activities they  
actually will contribute to build a larger critical mass of experts  
and missionary and to micro stewardship throughout Europe, so a very  
long.

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00:06:54.000 --> 00:07:03.240  
Peter Damborg: As you can can hear and see but I tried to highlight  
the important parts here it's about development of treatment  
guidelines of practice guidelines for.

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00:07:03.900 --> 00:07:21.180  
Peter Damborg: Its microbial use it's about diagnostic procedures,  
particularly development of clinic clinical breakpoints but also  
mentally tough criteria for actual identification and then about  
education and cost to actions are known to.

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00:07:22.380 --> 00:07:32.040  
Peter Damborg: Well, if you have a cost action you need  
inclusiveness so it's a lot about including young researchers it's  
about geographical diversity.

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00:07:32.520 --> 00:07:45.720

Peter Damborg: And it's about gender equality gender balance so so yeah we have, especially the educational activities, training, schools on targeting the the young scientists.

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00:07:46.800 --> 00:07:56.670

Peter Damborg: This is a chart of the the work being done by Internet the five working groups and i'm not going to detail with with all the different.

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00:07:57.960 --> 00:08:04.950

Peter Damborg: squares, you can see here just highlight some of them and see if we can connect pointer here.

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00:08:06.690 --> 00:08:16.440

Peter Damborg: Working Group one we have going ever mentioned in a moment, there survey, we have done on available treatment guidelines in Europe.

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00:08:17.610 --> 00:08:31.080

Peter Damborg: And then I will mention some of the work we're doing and working group for to develop treatment guidelines new treatment guidelines and then I will end up with some of the work from working group three and development of clinical breakpoints.

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00:08:35.580 --> 00:08:39.210

Peter Damborg: Okay, so let's start with that's my problem treatment guidelines.

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00:08:40.740 --> 00:08:57.810

Peter Damborg: So as probably most of you are aware, the quite a number of treatment guidelines available lot of international treatment guidelines, some of which you can see here books, it can be web pages and can be well, it could be anything leaflets, it could be.

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00:08:58.860 --> 00:09:04.650

Peter Damborg: yeah something you can only imagine what it could be, but some of the examples are shown here.

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00:09:05.400 --> 00:09:22.680

Peter Damborg: And, of course, these are broadly available, and many of them are made by leading experts in the different fields and they may be widely used and because of that may also even established consensus among bits about how to use it for different purposes.

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00:09:23.760 --> 00:09:41.400

Peter Damborg: So many ways they're good, but there are also some limitations and probably the most important of which is that they don't take into consideration local factors and some of these are listed here, it can be vocal resistance patents local availability of antibiotics.

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00:09:41.460 --> 00:09:44.010

Peter Damborg: But also availability of diagnostic.

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00:09:44.100 --> 00:09:56.700

Peter Damborg: tools local legislation and even traditions and culture can also affect how these may be used or the effectiveness of these international treatment guidelines.

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00:09:57.450 --> 00:10:12.720

Peter Damborg: So therefore in many ways, national tree treatment guidelines are preferable to the international ones, and I will just give one example of national treatment guideline how it was meet using an example from my own.

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00:10:13.980 --> 00:10:20.250

Peter Damborg: backyard from from Denmark, where I was the editor for the treatment guidelines.

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00:10:22.200 --> 00:10:31.530

Peter Damborg: companion animals and Denmark, so this was some work that started back in 2010 where the Danish veterinary organization wanted.

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00:10:32.310 --> 00:10:42.810

Peter Damborg: A treatment guideline for companion animals dogs and cats and they gathered a lot of experts from Denmark on different fields or an expert on urinary tract infections.

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00:10:44.040 --> 00:10:56.400

Peter Damborg: skin infections and so on, and each of these experts had to write a chapter for their own expert field, and then they would need an external reviewer to assess that everything was fine.

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00:10:57.060 --> 00:11:06.090

Peter Damborg: And then I as editor I tried to glue it all together and make it into what was in the first edition of the the treatment guidelines.

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00:11:06.570 --> 00:11:15.720

Peter Damborg: And it was highly inspired from the Swedish national guidelines for companion animals at that time that was because I was one of the few ones available back then.

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00:11:17.040 --> 00:11:23.790

Peter Damborg: Then, five years later, we wanted to make an update so first, we thought it would be a good idea to make a survey on.

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00:11:24.510 --> 00:11:33.630

Peter Damborg: How I did actually been used, and if there was any impact on on this treatment guidelines and this survey was conducted amongst veterinary practitioners.

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00:11:34.050 --> 00:11:42.120

Peter Damborg: And it showed that, at least according to their response that there had been some impact that those who had actually used it and read it.

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00:11:42.630 --> 00:11:47.550

Peter Damborg: Actually, had a different practice towards use of antibiotics and in a good way we would say.

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00:11:48.270 --> 00:11:55.050

Peter Damborg: Never so, of course, based on their responses, but we also could see from the Danish civilian system, then map that you may know.

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00:11:55.680 --> 00:12:05.790

Peter Damborg: that the use of antibiotics that also changed in these five years that actually use of syphilis forums for companion animals had declined by two thirds in that time.

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00:12:07.530 --> 00:12:15.000

Peter Damborg: So, based on all that we made an update using more or less the same approach almost the same authors told them to.

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00:12:15.660 --> 00:12:23.580

Peter Damborg: Look at the available evidence, if there was something new and an update the chapters, and I think, also a new chapter was me to pass on that.

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00:12:24.450 --> 00:12:29.850

Peter Damborg: And you can see here, this is the Chinese version, you can see, on the right here.

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00:12:30.570 --> 00:12:45.360

Peter Damborg: And of course we didn't decide to make it in Chinese from the beginning, we made it in Danish, and then later we translated into Chinese Polish that we an English based on requests from from other bits and area organizations and.

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00:12:46.170 --> 00:12:46.860

Peter Damborg: Of course we are.

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00:12:47.100 --> 00:12:54.870

Peter Damborg: We are proud of this, we are we're happy that it's being widely adopted but it's also, as I told you before it's not necessarily a good thing.

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00:12:55.740 --> 00:13:07.890

Peter Damborg: Because they need that that's dangerous drugs and not the same as necessarily the same as in other countries, of course, this may be better than nothing in some of the countries if no other guide exists but it's not.

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00:13:07.920 --> 00:13:08.280

It.

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00:13:09.660 --> 00:13:17.700

Peter Damborg: And at the same time, this was you can you can question the approach we used for making the guideline, it was not.

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00:13:18.780 --> 00:13:27.930

Peter Damborg: Well, it was our own approach this was what we thought would work, and I think we have a good guideline but well if there's not a standardized systematic approach.

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00:13:29.730 --> 00:13:37.410

Peter Damborg: And this leads me to the next to the study here of Internet, this is a study by working group one.

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00:13:38.040 --> 00:13:48.060

Peter Damborg: A looking at the available guidelines in Europe for also for companion animals sorry it's a lot about companion animal animals, right now, I promise, it will be more.

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00:13:48.540 --> 00:14:03.240

Peter Damborg: On food animals later, but, but this is a survey that was done and published last year and this survey was to see what is what are these which guidelines exist, what is.

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00:14:04.200 --> 00:14:15.030

Peter Damborg: How they made, what is the structure and what can be What can we learn from that and here on the right, maybe I should first acknowledge for Chris Ellis and you can see in the lower left, he was.

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00:14:16.500 --> 00:14:20.640

Peter Damborg: From the UK Dr Farkas Ellis Ellis Island was in charge of this study.

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00:14:22.830 --> 00:14:36.780

Peter Damborg: So we exploded the network of innovative we had country representatives who checked in their home country if a national a guideline existed and reported back and then.

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00:14:37.860 --> 00:14:46.800

Peter Damborg: We well we try to see what was out there in Europe and also contacting people from other countries not innovate so 40 countries were contacted.

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00:14:47.430 --> 00:15:02.970

Peter Damborg: As you can see here, and then we had to omit some of them for not being sorry, first of all, I was saying we got a response from 717 countries with.

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00:15:03.930 --> 00:15:20.550

Peter Damborg: Some sort of guidelines and then afterwards, we had to omit some of the available guidelines, because various reasons are not eligible maybe they didn't provide a specific recommendations for more of the overall, general approach to microbial stewardship.

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00:15:21.570 --> 00:15:32.280

Peter Damborg: So we ended up with 15 guidelines from 10 countries, and these were evaluated, both in an objective and subjective way.

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00:15:34.980 --> 00:15:47.490

Peter Damborg: And, here are some of the results, some of the things were found from the evaluations on the objective results you can say it was shown that 11 of the 15 guidelines had suggested dosage is.

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00:15:48.510 --> 00:15:56.940

Peter Damborg: 14 had tree suggest the treatment or durations 11 had potential adverse effects listed offense microbial use.

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00:15:57.480 --> 00:16:07.590

Peter Damborg: And all of them actually showed examples of when not subscribing macros because of course that's an important part of stewardship, it is also to do is decide when it's not necessary.

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00:16:08.490 --> 00:16:17.460

Peter Damborg: And then, this table here, you can actually see some of the examples of when and macro should not be used, at least in some of the recommendations here.

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00:16:17.940 --> 00:16:32.130

Peter Damborg: By sample acute diarrhea and dogs, something that all of them recommended not to use with another indication subclinical bacteria something only approximately half of them recommended.

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00:16:34.110 --> 00:16:36.930

Peter Damborg: And I can just mentioned when it comes to treatment duration.

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00:16:37.950 --> 00:16:48.240

Peter Damborg: urinary tract infection in dogs recommendations was anything from three to 14 days for sporadic urinary tract infections infection.

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00:16:48.810 --> 00:17:05.790

Peter Damborg: And, of course, this is a big change a big difference between the highest and lowest curation and we could see that the newest guidelines were those with the shortest duration is recommended just showing that over time recommendations actually change.

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00:17:09.990 --> 00:17:27.270

Peter Damborg: So the authors raised some concerns based on this survey, first of all, relatively few countries in Europe had national guidelines and none of them were initially were initiated by common mental initiatives they were all by other initiatives.

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00:17:29.040 --> 00:17:44.070

Peter Damborg: could be from veterinary organizations or something else, but not from governments there were large differences in Britain and structure and recommendations anything from leaflets two

books were published.

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00:17:45.840 --> 00:17:56.010

Peter Damborg: If there was a gentleman Failure to declare the evidence based and conflicts of interest, and then there was not enough follow up on implementation and effective offense microbial use.

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00:17:57.390 --> 00:18:08.010

Peter Damborg: So it was concluded that the study provided a framework highlighting some of the fundamental stewardship principles that should be integral to future stewardship guidelines.

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00:18:08.520 --> 00:18:17.280

Peter Damborg: And that greater awareness of the need to use a structured approach to guideline development could improve the quality of such guidelines in the future.

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00:18:19.530 --> 00:18:22.920

Peter Damborg: And this structured approach is actually what is.

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00:18:24.480 --> 00:18:30.540

Peter Damborg: Central for working group for of Internet because working group for has a objectives, you can see here.

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00:18:31.290 --> 00:18:38.640

Peter Damborg: First of all, to draft a standard for veterinary practice guidelines, and this has actually been done already, and available, and this link, you can see here.

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00:18:39.240 --> 00:18:52.230

Peter Damborg: on how to make these guidelines and remember here I call them practice guidelines, because it's not only about treatment is also about how to handle animals with infections in a broader context.

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00:18:53.100 --> 00:18:59.910

Peter Damborg: to write high quality species and disease specific veterinary practice guidelines in a structured and transparent process and here.

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00:19:00.270 --> 00:19:10.110

Peter Damborg: going to highlight it should be a structured but also transparent way, it should be made and then promote these intimate guidelines international local guidelines.

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00:19:10.950 --> 00:19:27.810

Peter Damborg: And this is work being done in collaboration with different organizations, we have the estimate started started group for vets in Microbiology the world small animal veterinarian association and then also the international society for companion animal infectious diseases being involved.

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00:19:29.850 --> 00:19:32.520

Peter Damborg: The organization of the work is shown here.

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00:19:33.720 --> 00:19:41.580

Peter Damborg: On the top left you can see, this but i'm yes, who is the Chair of working group fall and coordinating all the work and.

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00:19:43.080 --> 00:19:48.120

Peter Damborg: She is chair, we can say off seven drafting groups, you can see.

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00:19:49.980 --> 00:19:52.440

Peter Damborg: Below here, so the drafting groups.

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00:19:53.460 --> 00:20:05.790

Peter Damborg: Post winning diarrhea bovine mastitis but one respiratory disease poetry Koala bears colossus surgical prophylaxis and hygiene Kanan acute diarrhea and canine paradigm.

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00:20:06.930 --> 00:20:16.620

Peter Damborg: So each of these groups, I have to make some recommendations for for these different infections and so on, and.

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00:20:18.390 --> 00:20:27.720

Peter Damborg: they're not just let loose doing their own thing they are under their control, you can say i've a methodology Task Force, led by Dr Lewis Carroll.

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00:20:29.100 --> 00:20:35.280

Peter Damborg: And this task force is made is established to ensure that it's done in the same way in a structured way.

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00:20:36.900 --> 00:20:49.980

Peter Damborg: yeah how How did we select these topics well, they were based on the criteria can see below amount and critical importance of men's microbus used for treatment of the disease can

do condition.

122

00:20:50.820 --> 00:21:08.640

Peter Damborg: potential to impact animal and public health from microbial use and then lack of similar European guidelines that I think you can all realize that, for example in in cattle mastitis and respiratory infections are some of the most important infections be crying anti microbial treatment.

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00:21:10.770 --> 00:21:17.070

Peter Damborg: So the persons involved in each of these drafting groups were carefully selected by the leaders.

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00:21:18.120 --> 00:21:19.980

Peter Damborg: To have complementing expertise.

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00:21:21.000 --> 00:21:32.400

Peter Damborg: Both pharmacology and Microbiology but also clinical conditions were important or important had to fill out transparency declarations to make sure that it's all clear.

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00:21:32.940 --> 00:21:44.550

Peter Damborg: What, what is the interest in what does that work and then the group should include animal owners, so not just scientists necessarily but also enable owners.

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00:21:45.090 --> 00:21:58.890

Peter Damborg: For example, farmers, small animal owners and so on, I don't think any of the groups have them involved at this point, but they will have to be involved, according to the process leader, when the guidelines are being.

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00:22:00.180 --> 00:22:00.900

Peter Damborg: evaluated.

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00:22:02.790 --> 00:22:06.990

Peter Damborg: So this is a process, and you can see here of.

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00:22:08.340 --> 00:22:18.030

Peter Damborg: The guideline development and sorry it's a little bit blurry but but i'll just get you through what we're doing, first of all in initially.

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00:22:18.630 --> 00:22:33.360

Peter Damborg: The groups had to all the seven groups had to make four grand questions on management and interventions of infection so to raise all the questions of what do we want to achieve what What do we want to where do we want to make an intervention and so on.

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00:22:35.190 --> 00:22:56.850

Peter Damborg: The questions raised then had to be reviewed and for first then prepared a protocol, together with this methodology task force to make the right search strings and so on, and then this is where we are now the groups are making revenues of the evidence pertaining to these questions.

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00:22:58.110 --> 00:23:03.150

Peter Damborg: And then, finally, which will be by the end of this year and next year this.

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00:23:03.990 --> 00:23:12.510

Peter Damborg: These revenues will then be used in something called the great approach, which is, you can see down below the grading of recommendations assessment.

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00:23:13.020 --> 00:23:22.860

Peter Damborg: Development and evaluation, and this is a systematic approach used previously for human treatment guidelines, but now, for the first time for veterinary guidelines.

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00:23:23.670 --> 00:23:33.780

Peter Damborg: Where the evidence for different recommendations are rated as good moderator low direction of the recommendation Are we for or against.

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00:23:35.040 --> 00:23:46.500

Peter Damborg: This recommendation and then the strength of recommendation is also evaluated and, finally, after this great process, the guidelines should be reading.

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00:23:48.960 --> 00:24:01.590

Peter Damborg: And, just to mention that it's okay that not everyone in a Drafting Group agrees, but it will be transparently will be evident from the final recommendations if there's some disagreement in the groups.

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00:24:03.750 --> 00:24:14.610

Peter Damborg: Finally, just want to mention here that these revenues will be available, as I said, later this year or next year and then the guidelines will follow in separate.

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00:24:15.660 --> 00:24:24.540

Peter Damborg: I think articles everything to be published in the veterinary journal so so look out when when they arrive.

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00:24:25.680 --> 00:24:32.730

Peter Damborg: Finally, we want to take these a little bit further, because he's a European we call them treatment guidelines.

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00:24:33.240 --> 00:24:49.650

Peter Damborg: from European stakeholders, but we also want to make them national we want to help countries to adapt these general recommendations and make them international treatment guidelines, and of course it's a European initiative, but it's something that could go beyond.

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00:24:50.850 --> 00:24:57.150

Peter Damborg: So, so I would just say that this is something that hopefully can have an impact beyond Europe.

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00:24:59.100 --> 00:25:02.820

Peter Damborg: Okay, and I can see, time is running fast, but I will hopefully.

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00:25:04.290 --> 00:25:12.360

Peter Damborg: not go too much over my 30 minutes, I will jump to the next part which is clinical breakpoints which is.

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00:25:14.190 --> 00:25:15.750

Peter Damborg: MIT values or.

147

00:25:17.430 --> 00:25:31.380

Peter Damborg: solid diameters used by diagnostic laboratory to casper s susceptibility testing results as either susceptible intermediate of assistant so whether or not you can treat an animal based on the diagnostic tests.

148

00:25:32.070 --> 00:25:43.470

Peter Damborg: treatment that politics such clinical breakpoint should be specific for animal species infection side bacterial species and the dosage you intend to use.

149

00:25:44.820 --> 00:25:51.540

Peter Damborg: just an example here we have a breakpoint here it's a

pastoral mo tosser definitely respiratory infections and capital.

150

00:25:52.680 --> 00:26:04.950

Peter Damborg: flow off any call and he had the breakpoint is it may see below or equal to one milligram per liter means that an isolate Estrella is susceptible to this drug.

151

00:26:05.970 --> 00:26:12.510

Peter Damborg: So just highlighting, we have the battles pieces infection animal drunk and the dosage.

152

00:26:14.100 --> 00:26:28.140

Peter Damborg: And I think in the interest of time after a couple of quickies food, this is a bit on how break points that defined using the VID cast approach i'm Jeff that casts, which is the eucharist veterinary subcommittee.

153

00:26:29.280 --> 00:26:44.070

Peter Damborg: For susceptibility testing, and this is the approach used to make clinical breakpoints you need three cut off values in my see color values and essentially based on these you decide on the clinical break point.

154

00:26:45.960 --> 00:26:58.890

Peter Damborg: And instead of explaining a whole lot about what these core values are just mentioned that it's actually a lot of data needed to create them a lot of MIT data pharmacogenetics data from animal trials and and so on.

155

00:27:02.370 --> 00:27:11.190

Peter Damborg: So the internationally recognized clinical breakpoints existing well it's not a lot we have we have, I would say, in my view.

156

00:27:12.300 --> 00:27:21.990

Peter Damborg: What I know of at least is the CSI breakpoints that you can see here, this is the latest edition, as I recall the middle one s.

157

00:27:22.650 --> 00:27:33.030

Peter Damborg: And they also have other documents CSI, but they're not the breakpoints they are not as say validated as the ones in this video one s document.

158

00:27:34.020 --> 00:27:45.150

Peter Damborg: That cost is also working on clinical breakpoints currently we have one for floor finical and we are working in progress to create other clinical breakpoints.

159

00:27:47.250 --> 00:27:56.370

Peter Damborg: So this table, you can see here on the right, it shows the available clinical breakpoints in veterinary medicine for from CSI.

160

00:27:57.210 --> 00:28:02.640

Peter Damborg: And you can see, on the top row here, you can see, the different animal species.

161

00:28:03.180 --> 00:28:16.200

Peter Damborg: And then you can see, on the left, you can see, the different as politics, for which breakpoints exist, and then you can see, in in the actual table which target pathogens and which infections are these breakpoints I directed that.

162

00:28:18.510 --> 00:28:27.060

Peter Damborg: And I think it's pretty clear that there are some gaps so some of all the fields means that there's there is no break point for this.

163

00:28:28.110 --> 00:28:36.240

Peter Damborg: animal species, for example, for cat and SIP badakhshan it's empty meaning no clinical breakpoint and, in some cases, it makes sense.

164

00:28:37.170 --> 00:28:43.020

Peter Damborg: because some of the drugs specific for more or less only used in in some animals, for example.

165

00:28:43.680 --> 00:28:51.480

Peter Damborg: code out to some of these two less for myself, for example, is not used for companion animals, so it makes sense we don't have breakpoints for for those.

166

00:28:52.290 --> 00:29:03.720

Peter Damborg: But instead for for production animals food animals, but in other cases, well, we need the breakpoint So what do we do when we have a situation where a breakpoint is missing.

167

00:29:04.170 --> 00:29:14.100

Peter Damborg: Can we just use another break point or what, and this

is a it's not a super easy answer question to her to answer, I will just mention.

168

00:29:14.610 --> 00:29:25.170

Peter Damborg: That it can create problems and I have an example here and illustrating this so here, you can see a part of this seal as I break point table, you can see.

169

00:29:25.710 --> 00:29:37.440

Peter Damborg: On the top, here we have a breakpoint table for pastor Alan will toss that in capital and below here we have a table fact university was blowing ammonia in in PICs.

170

00:29:38.460 --> 00:29:48.540

Peter Damborg: And the table here the tables are both actually she'll break points for to last for my sin against respiratory infections, or for cattle and for PICs.

171

00:29:49.260 --> 00:30:06.690

Peter Damborg: And this is there, but at the same time, they also show different breakpoints so here, you can see the breakpoints for this diffusion what corresponds to susceptible intermediate or resistant it's not the same as you see, in in PICs so katelyn PICs are different.

172

00:30:07.860 --> 00:30:21.450

Peter Damborg: So this means that, for example, if you have a song diameter of 12 millimeter when you test susceptibility to to less from icing a pastor LM will toss it out would be resistant if it's from cattle, but.

173

00:30:22.650 --> 00:30:26.100

Peter Damborg: If there's an active bacillus global pneumonia it would be susceptible.

174

00:30:27.840 --> 00:30:28.770

Peter Damborg: So, in other words.

175

00:30:29.790 --> 00:30:44.220

Peter Damborg: You can say this is fine, I mean now we have to break point, so why care about this, but just imagine if we didn't have the breakpoint for example of capital, that would be a risk if we just used to pick right coin, that we would have it, false.

176

00:30:46.260 --> 00:30:57.780

Peter Damborg: susceptible and we would treat with a biotic when it was not possible and that's a situation that you risk when you use break points from other animals speeches or other infections.

177

00:30:59.070 --> 00:31:10.350

Peter Damborg: So what to do when you're like a clinical breakpoint well what you saw is actually one of the possibilities to us at clinical break point for another animal species, but also, it could be for another.

178

00:31:10.830 --> 00:31:18.780

Peter Damborg: bacterial species in the same animal know the infection side for humans, could be a cough It could also be.

179

00:31:19.860 --> 00:31:25.770

Peter Damborg: Another dosage although that's not really recommended because he's breakpoints are highly specific for certain dosage.

180

00:31:26.460 --> 00:31:31.830

Peter Damborg: Actually, the best thing would be to report know interpretation, if you like, a specific clinical breakpoint.

181

00:31:32.580 --> 00:31:49.530

Peter Damborg: But of course we're not really interested in netted diagnostic labs we want to report a result and I just want to highlight here again CSI, has made a document, called the bed or nine giving some general recommendations or suggestions on what to do when a breakpoint is lacking.

182

00:31:50.550 --> 00:32:10.140

Peter Damborg: Also, highlighting some of the caveats off of doom so, so this is at least one way to go, where you can see what would be recommended in a specific situation, but even that document has no real solution, so we need to develop new clinical breakpoints.

183

00:32:12.420 --> 00:32:24.660

Peter Damborg: And here one of my last slide is just to highlight that bit cast is working towards new clinical breakpoints of course sheila's is also continuously doing that, but i'm not from CSI, so I cannot.

184

00:32:25.800 --> 00:32:28.500

Peter Damborg: Mention too much about what they actually doing a planning.

185

00:32:30.390 --> 00:32:45.540

Peter Damborg: That cost is prioritizing clinical breakpoints in different ways of course we're looking at the data caps, where do we have to get in the table and what is highly needed what would be have a big impact if we made a great point here.

186

00:32:46.920 --> 00:32:55.950

Peter Damborg: But we also have to be realistic and look at what do we have data for funding for because it's expensive to make breakpoints and webcast it's not funded in any way.

187

00:32:56.790 --> 00:33:07.560

Peter Damborg: Except for donations, or whatever we can attract but it's not it doesn't have a basic funding financing, so we have to look at data being available already.

188

00:33:08.940 --> 00:33:11.400

Peter Damborg: All we have to design new research.

189

00:33:12.420 --> 00:33:21.390

Peter Damborg: And then, of course, we also have to consider what we have the expertise for because it's not always an easy to make clinical breakpoints pocket for any most.

190

00:33:22.200 --> 00:33:35.490

Peter Damborg: Because we have to consider other things we have to consider flock treatment which is, of course, another thing in human medicine and so on a few things that are different in veterinary medicine.

191

00:33:38.700 --> 00:33:44.550

Peter Damborg: We collect and we produce data fabric or kinetic data from animal trials msc data.

192

00:33:46.770 --> 00:33:55.890

Peter Damborg: And then we model data pk PD modeling and then we make the PPT breakpoints and then decide on on the clinical breakpoints in the end.

193

00:33:56.550 --> 00:34:02.130

Peter Damborg: And this work is done in collaboration again with no vet this time the working group three.

194

00:34:02.940 --> 00:34:09.360

Peter Damborg: And you can see there's a lot of overlap between bed

cast, and in this working group, some of the same people being involved.

195

00:34:10.110 --> 00:34:26.130

Peter Damborg: But no matt has a key capability to also font training, schools, so we have the Internet has made a training, so this is what you can see here picture from last year, where we had just over 20.

196

00:34:27.210 --> 00:34:29.970

Peter Damborg: people attending a training school and basic pk bb.

197

00:34:30.990 --> 00:34:36.420

Peter Damborg: So one of the quite important topics to to make a break points, for example.

198

00:34:37.710 --> 00:34:52.140

Peter Damborg: wouldn't group three of intimate has also made a survey to ask what breakpoints would actually be probably needed a wanted by induces so clinicians or microbiologist from diagnostic lesson and so on.

199

00:34:53.160 --> 00:34:59.760

Peter Damborg: And I will just end up with the results here, because this is a not yet published, but this is what came out of the survey.

200

00:35:00.630 --> 00:35:09.990

Peter Damborg: Because one thing is what the steering committee wants in terms of breakpoints another thing is what the wider community would like for for breakpoints.

201

00:35:10.980 --> 00:35:25.920

Peter Damborg: And here, you can see results for cattle and PICs so for cattle, first of all, there was a demand for break points for respiratory tract infections and the status and four peaks mainly for gastro intestinal infection and respiratory infections.

202

00:35:26.970 --> 00:35:33.810

Peter Damborg: And here can see the two figures here, you can see what drugs which drugs they.

203

00:35:34.980 --> 00:35:48.060

Peter Damborg: The responses would like breakpoints for you can see, both for PICs but also for cattle, the two most wanted drugs are

SOFA trimester prim combinations and penicillin.

204

00:35:48.840 --> 00:36:01.710

Peter Damborg: And this is actually well it's understandable because so for tmp, something for which are no veterinary breakpoints at all so whenever you test for us so so for tmp susceptibility.

205

00:36:02.880 --> 00:36:14.250

Peter Damborg: Using a scenario isolate it would be a human breakpoint So yes, it's I understand why it's in demand, but it's also complex because it's a combination and there's.

206

00:36:14.730 --> 00:36:33.030

Peter Damborg: synergy between the two drugs so it's not very easy to make a break point for this combination, but it's at least we have noted, hopefully we'll publish it and maybe we'll have the time and and the funding to to use to work on such breakpoints.

207

00:36:34.140 --> 00:36:44.520

Peter Damborg: Also for gastrointestinal infections and PICs it's interesting because I know break points for gastrointestinal infections that can actually be considered topical treatment almost because you.

208

00:36:45.300 --> 00:36:55.050

Peter Damborg: Take a pill your teeth you ingest powder whatever and then it ends up directly where the pathogens are and actually, this is not a typical.

209

00:36:56.280 --> 00:37:09.360

Peter Damborg: You can say we normally is for systemic use of antibiotics when we make clinical breakpoints, and this is also something new that we need to have a look at if we can make break points for gastrointestinal infections.

210

00:37:11.610 --> 00:37:16.500

Peter Damborg: Okay, and webcast is of course the European initiative under the under you cast.

211

00:37:17.010 --> 00:37:26.490

Peter Damborg: But, again, I would like to emphasize here, that is not a closed group European group is something anyone can contribute to and probably a lot of you know already.

212

00:37:26.850 --> 00:37:36.030

Peter Damborg: That you cast is also expanding worldwide and broadcast I don't see any reason why that cast cannot do so also so if anyone is interested we're.

213

00:37:37.200 --> 00:37:45.930

Peter Damborg: always open for people interested in collaborating providing data and helping with modeling of data, providing input.

214

00:37:47.100 --> 00:37:56.730

Peter Damborg: Expert input or questions and some certain topic, but also for teaching, we can, of course, consider people from outside here.

215

00:37:57.840 --> 00:38:06.390

Peter Damborg: And, of course, when our breakpoints become available, they can be used anywhere, as long as the protocol and guidelines that cast are followed.

216

00:38:07.980 --> 00:38:11.850

Peter Damborg: I think that's it from me and I apologize for going a little bit over time, but.

217

00:38:13.290 --> 00:38:15.630

Peter Damborg: yeah i'll be happy to take any questions.

218

00:38:16.710 --> 00:38:27.840

Jorge Pinto Ferreira (FAO): Thank you very much, Peter, it was excellent and immediate medical it's both clinicians and working on regulatory aspects, for example, could relate, with many of the aspects that.

219

00:38:28.230 --> 00:38:36.870

Jorge Pinto Ferreira (FAO): That you raised new open some interesting doors for collaborations in the future, so thank you very much for that we have several questions about minutes for questions.

220

00:38:37.710 --> 00:38:48.270

Jorge Pinto Ferreira (FAO): we'll try to address, most of them, and if not, as we said in the beginning, the materials will be shared on the few channels and will follow up by email on the questions that we cannot address into every.

221

00:38:48.930 --> 00:39:03.990

Jorge Pinto Ferreira (FAO): One of the first questions that came in,

was it if you could please clarify the relationship between if there's any between no fat and the clinical laboratory Standards Institute, the CLS side if no bad is affiliated with the CLS I.

222

00:39:06.480 --> 00:39:11.970

Peter Damborg: Know it's not so you can say no, but it's about.

223

00:39:14.940 --> 00:39:22.020

Peter Damborg: Well, we have the working group three working on clinical breakpoints, as I mentioned, and you can say actually originally was.

224

00:39:23.010 --> 00:39:36.120

Peter Damborg: The idea came from bed cast that we wanted to to make a call to action and then it was just broadened into something the treatment guidelines and so on, so this is basically based on an initiative from from bed cast.

225

00:39:36.660 --> 00:39:52.650

Peter Damborg: But it doesn't of course exclude CSI, so I mean that casts in general but also Internet is interested in collaborating with CSI, and we have contacts I have contact with matt cabbage and other people from CSI.

226

00:39:53.460 --> 00:40:01.980

Peter Damborg: We regularly interact, of course, it's they do their work, and we do our work, but every now and then we exchange views and so on.

227

00:40:02.760 --> 00:40:06.750

Jorge Pinto Ferreira (FA0): Okay, thank you very much, then we have a question very.

228

00:40:07.860 --> 00:40:20.400

Jorge Pinto Ferreira (FA0): Many clinicians facing the field if there's any guideline when you should about when you switch switch to a second or antibiotic meaning you're advocating, for example, record that infection.

229

00:40:20.760 --> 00:40:32.430

Jorge Pinto Ferreira (FA0): It right the first vertical of your choice, and then it didn't work for the colleague was wondering if there's if you came across the guidelines on when should I switch or, should I try something else.

230

00:40:33.630 --> 00:40:47.250

Peter Damborg: yeah that's a good question and actually I sometimes wonder myself, because I, we haven't did mega treatment guidelines for horses, where we have first, second and third choice i'm so everyone went to you ever select the third choice, but.

231

00:40:48.750 --> 00:40:49.620

Peter Damborg: But I would say.

232

00:40:50.970 --> 00:40:56.910

Peter Damborg: First of all, I am not aware of the specific guideline because they can be made in many different ways, but in general.

233

00:40:57.300 --> 00:41:05.190

Peter Damborg: I would say, a second choice would be if you have tried before the treating an animal with the first choice and you.

234

00:41:06.180 --> 00:41:17.100

Peter Damborg: Have you seen it didn't respond and you want to treated empirically again, then I think, then you can argue Okay, maybe I should use the second choice because the first choice didn't work.

235

00:41:18.300 --> 00:41:21.750

Peter Damborg: But also say it said if it's an animal that it's from.

236

00:41:22.890 --> 00:41:30.480

Peter Damborg: I mean it has an unknown treatment background, you can also say Okay, well, we know it's been treated many times, it failed.

237

00:41:31.710 --> 00:41:39.180

Peter Damborg: So maybe we should go a little bit higher, this time, but it could also be a seriously ill and Emily could be an animal that where you cannot.

238

00:41:39.840 --> 00:41:47.430

Peter Damborg: A failure is not an option or highly valuable animal, maybe, and then it would be a worthwhile to to go with the second or third choice.

239

00:41:47.820 --> 00:41:57.420

Peter Damborg: which would usually be more broad spectrum and more

critically important but I don't think there's a clear definition, but actually it's maybe some one of the things that should be more.

240

00:41:57.960 --> 00:42:03.570

Peter Damborg: Clear from the from the guidelines actually when you can go for that, I think this is an important point.

241

00:42:04.950 --> 00:42:15.930

Jorge Pinto Ferreira (FAO): All right, thank you, Peter, this is there some actions, the several colleagues asked if the clsa guidelines are available for public download my impression is that they aren't.

242

00:42:16.260 --> 00:42:24.480

Jorge Pinto Ferreira (FAO): But, can you please clarify if the police, the police are interested in downloading them the last question that you presented are they publicly available or not.

243

00:42:26.340 --> 00:42:29.640

Peter Damborg: Well, they are, I think.

244

00:42:30.660 --> 00:42:40.680

Peter Damborg: they're not it's not easy to find them, but actually you can go to the CSI homepage and then you can i'm not sure you can download the message such.

245

00:42:41.160 --> 00:42:53.520

Peter Damborg: As a PDF, but you can actually go page by page and see the recommendations, which is a little bit tedious, but I think that should be possible, but I would recommend that you contact the CSI.

246

00:42:54.570 --> 00:43:08.760

Peter Damborg: To get that information but but certainly actually after bit cast started some years back, they this was actually a criticism of CSI, that it was only available for purchase and then since then to my understanding, it has been available.

247

00:43:09.780 --> 00:43:21.870

Jorge Pinto Ferreira (FAO): Alright, you prefer active and public availability and a couple of questions or not negative if you if you have come across the if there are guidelines.

248

00:43:22.230 --> 00:43:33.120

Jorge Pinto Ferreira (FAO): For any alternative to antimicrobials in

the treatment of any month basis so guidelines for alternative to way to make progress, if you have any experience on this or availability on them.

249

00:43:35.310 --> 00:43:39.990

Peter Damborg: um well i'm not sure I have a guideline specifically on alternative.

250

00:43:41.190 --> 00:43:43.950

Peter Damborg: At least i'm not aware of that, but I think.

251

00:43:45.540 --> 00:43:56.700

Peter Damborg: Definitely guidelines like I mentioned before, that they should, as I wrote, as I mentioned before, that 15 out of 15 guys had examples of when not using sporadic treatment.

252

00:43:57.150 --> 00:44:07.290

Peter Damborg: And they should, of course, also mentioned what could be done instead, and I know follow a Danish guideline for companion animals, for example, accurate diarrhea.

253

00:44:07.740 --> 00:44:16.860

Peter Damborg: I think we've listed six or seven other alternative options on what to do when you face an animal with this problem, so we don't just say.

254

00:44:17.700 --> 00:44:32.280

Peter Damborg: don't don't treat with antibiotics and then find information elsewhere, so I hope that most of the guidelines to the same but i'm not aware and i'm not aware of any specific guidelines for completely alternative treatment.

255

00:44:34.020 --> 00:44:39.840

Jorge Pinto Ferreira (FAO): All right, great there are several place which is wonderful to see many colors are interested in further collaboration and.

256

00:44:40.410 --> 00:44:56.430

Jorge Pinto Ferreira (FAO): Also, engaging teaching and research, so you mentioned that the police can try and be the website that you mention, and we will share the presentation and, at the end will also share the contact information if colleagues want to follow up so that's the purpose of the.

257

00:44:57.540 --> 00:45:17.430

Jorge Pinto Ferreira (FA0): One of the purpose of each webinar i'm a question from a colleague, that is, mentioning that they are monitoring the prevalence of resistant commands so equally from dairy cow feces through micro birthday wish and methods can they use the outcast clinical break point.

258

00:45:20.160 --> 00:45:25.380

Peter Damborg: whoo the eucharist clinical breakdown well, that would be a then for for human.

259

00:45:27.570 --> 00:45:29.790

Peter Damborg: infections and actually.

260

00:45:32.580 --> 00:45:42.000

Peter Damborg: Well, you can use whatever breakpoint day you want, I mean you can say you can argue here that if it's a pencil it's not I mean you're not talking clinical.

261

00:45:43.380 --> 00:45:49.170

Peter Damborg: Treatment anyway, so it doesn't matter so much if it's a bit too narrow human break point I think the most important thing is that your.

262

00:45:49.560 --> 00:46:04.980

Peter Damborg: whenever you publish something that you're very transparent about the break punch you use and mentioned, why did you use these and not those I think for surveillance, in many cases the it costs the epidemiological costs would be a good choice because it shows.

263

00:46:06.660 --> 00:46:18.360

Peter Damborg: distinguishes between wild type and non wild type and I think that, at least for civilians purposes, would be a good choice and that's you can say universal that's not between a veterinarian human.

264

00:46:20.100 --> 00:46:26.820

Jorge Pinto Ferreira (FA0): Thank you, Peter one is some confusion on data, and I think you can help all of us go find this point.

265

00:46:27.210 --> 00:46:34.650

Jorge Pinto Ferreira (FA0): What is the relationship between a clinical break point and then enter makeover susceptibility testing so then that.

266

00:46:35.220 --> 00:46:47.430

Jorge Pinto Ferreira (FA0): Words it feels a lot and we hit a lot if you could clarify what does that mean or how they are related to determining the clinical pain point, and when we speak about and from a covert susceptibility testing.

267

00:46:50.880 --> 00:46:59.370

Peter Damborg: i'm not sure I understand the question, it could you repeat it, or I mean with the relationship between clinical breakpoint and susceptibility testing.

268

00:46:59.700 --> 00:47:02.040

Jorge Pinto Ferreira (FA0): yeah, that is the question.

269

00:47:02.490 --> 00:47:06.330

Peter Damborg: OK, I will try to answer but.

270

00:47:07.410 --> 00:47:17.580

Peter Damborg: I mean you do susceptibility testing you get an m ic you get at this diffusion zone parameter and and that you need to interpret Of course you can say one is lower than.

271

00:47:18.870 --> 00:47:29.610

Peter Damborg: than 18 and then something but, but what does it mean, so we need some of these limits to define whether it's acceptable the system or intermediate, meaning that he could probably.

272

00:47:29.970 --> 00:47:36.390

Peter Damborg: increase the dosage in half and half an efficient and so that's that's sort of yeah, we can say bought us of when it's.

273

00:47:37.560 --> 00:47:48.810

Peter Damborg: on how you can interpret your results, but there is a good question and it's something I think a lot of people, I mean I know personally vets who do their own.

274

00:47:49.560 --> 00:48:06.840

Peter Damborg: For some distribution in our own practice, and then they look at the zone parameter of the plate, and they see okay there's a large diameter okay susceptible and a small small diameter or no inhibition song that is resistant and, and this is something I mean that.

275

00:48:08.070 --> 00:48:16.380

Peter Damborg: You can say make sense intuitively the mind inhibition the more efficient they're divided guess but it's just not good enough, you need.

276

00:48:17.010 --> 00:48:33.900

Peter Damborg: Because it doesn't correlate to necessarily what happens in the animal, you need some breakpoints and also the needs, I mean it could depend on the strength of the desk us on the efficient, so you really need to use some breakpoints when you want to use it for guiding treatment.

277

00:48:36.000 --> 00:48:36.330

Jorge Pinto Ferreira (FA0): Okay.

278

00:48:38.040 --> 00:48:52.230

Jorge Pinto Ferreira (FA0): One is a you come across these different guidelines and week is asking okay so, then this different possibilities and which standard to use when performing antimicrobial resistance civilians do cast.

279

00:48:52.740 --> 00:49:03.570

Jorge Pinto Ferreira (FA0): And or the CSI, and why so that that might be a question that comes up like we know the options which ones to use ny.

280

00:49:05.250 --> 00:49:10.800

Peter Damborg: yeah I think again, it depends on the scope of the surveillance, I think if it's.

281

00:49:11.940 --> 00:49:18.990

Peter Damborg: When we talk surveillance of the indicator bacteria again they could be you can use it in a logical cut offs and.

282

00:49:19.470 --> 00:49:31.440

Peter Damborg: I think those that you can find publicly available avenue cost, but they, in theory, they should be universal, they shouldn't be different between organizations, but when it comes to clinical breakpoints I would say.

283

00:49:33.000 --> 00:49:42.480

Peter Damborg: mean the only validated clinical breakpoints others from CSI, when we talk about animal infectious agents about any bacteria.

284

00:49:43.140 --> 00:49:55.320

Peter Damborg: So I would say then use those whenever they available, but then the problem is, if you have let's say you have Nikolai from what about PIC thesis.

285

00:49:56.310 --> 00:50:08.430

Peter Damborg: For example, from from infections from my diary and PICs and you want to make a table of resistance, I mean I just faced that that we make something similar.

286

00:50:09.150 --> 00:50:17.160

Peter Damborg: Just a few days ago for the Danish civilians Denmark report we have 150 clinical ECO life from PICs diarrhea.

287

00:50:17.820 --> 00:50:28.950

Peter Damborg: And then we want to publish resistance data and it's not easy, because you don't have a breakpoint for first of all, as I said, we don't have any interior breakpoints so we have to use other breakpoints.

288

00:50:29.700 --> 00:50:37.530

Peter Damborg: From missionary side, but sometimes you don't even have a bit too narrow break point if it's from a you know some drugs are only for human use.

289

00:50:38.100 --> 00:50:49.170

Peter Damborg: Then we have to use as human clinical break point or an equal and it's actually I don't have a can say a universal idea of what is the best approach.

290

00:50:49.680 --> 00:50:59.970

Peter Damborg: except to write what breakpoints you actually used and then as an especially if you want to compare data to previous years, like we doing then.

291

00:51:00.300 --> 00:51:10.080

Peter Damborg: You have to calculate it in the same way, if you want to compare between studies be very careful, because often when you compare between studies break points are different so it's.

292

00:51:11.100 --> 00:51:16.800

Peter Damborg: A lot of potential risks of the of over and interpreting data.

293

00:51:18.240 --> 00:51:21.990

Peter Damborg: yeah no it's another it's not a very clear answer but

it's also very complex area.

294

00:51:23.700 --> 00:51:32.700

Jorge Pinto Ferreira (FAO): And since we have a global audience question we are the guidelines that you, you have been mentioning location independent, that is.

295

00:51:32.970 --> 00:51:39.840

Jorge Pinto Ferreira (FAO): kind of the same in line be applied in any weekend, and this is particularly relevant if we are global webinar.

296

00:51:40.380 --> 00:51:50.490

Jorge Pinto Ferreira (FAO): So I think you mentioned in your presentation, but could you please clarify this if there's guidelines in one region can nor should they be applied in another region of the world.

297

00:51:51.870 --> 00:51:55.680

Peter Damborg: I think when it comes to the innovative guidelines that we are making now.

298

00:51:56.670 --> 00:52:08.490

Peter Damborg: I mean they are they be called him European guidelines, because it's a European initiative, and most of people working on it in a European, but they don't look for European literature, I mean they look for literature.

299

00:52:09.060 --> 00:52:17.310

Peter Damborg: Reviews right now across the world, and they also have experts from our side, Europe, so these guidelines, when they become available for these.

300

00:52:17.820 --> 00:52:24.240

Peter Damborg: Specific infections infections post, we mean diary and picks in a kettle respiratory infections and so on.

301

00:52:24.690 --> 00:52:36.810

Peter Damborg: Then they can be applied anywhere and be you can say adapted into national guidelines and the principles of those can be taken and used to make national guidelines so.

302

00:52:37.260 --> 00:52:54.330

Peter Damborg: But, but of course if if a certain drug is recommended and it's not available in your country, well then you

would need to, of course, adapted and maybe consult with those who made the guidelines and ask if it's not clear what could be another option for treatment here.

303

00:52:55.710 --> 00:53:03.240

Jorge Pinto Ferreira (FA0): Great Thank you Peter a question on some some these two words sometimes get mixed, and if you could please clarify.

304

00:53:03.870 --> 00:53:19.260

Jorge Pinto Ferreira (FA0): The difference between a clinical break point and the coffee beat him illogical cut off and when do we exactly should use each one of them nothing, this is a question about that many colleagues, and so, if you could please use this time to cry find it.

305

00:53:20.310 --> 00:53:22.500

Peter Damborg: Okay yeah so Nick office.

306

00:53:24.480 --> 00:53:31.980

Peter Damborg: Maybe I should actually admitted a slide on this because I thought it was a bit too complex, maybe I should have included as a backup slide but anyway.

307

00:53:33.210 --> 00:53:34.080

Peter Damborg: Nick office.

308

00:53:35.250 --> 00:53:43.950

Peter Damborg: is defining the opposite end of the wild type population so population of bacteria without a quiet resistance.

309

00:53:44.610 --> 00:53:57.270

Peter Damborg: So the highest Am I see you have amongst the wild type without the quiet assistance these phenotypically detectable phenotypic assistant that's the cough so it's very you can say well.

310

00:53:58.740 --> 00:54:15.690

Peter Damborg: it's not based on anything related to how the drug is absorbed and how it reaches a certain infections side and and so on, so let's say you can use it for surveillance, you can say well it's resistant or not resist and it's a quiet resistance or not.

311

00:54:17.700 --> 00:54:27.000

Peter Damborg: But a clinical break point is something that's supposed to guide treatment of infections, so therefore you need to

know I mean one thing is that it's.

312

00:54:28.200 --> 00:54:34.530

Peter Damborg: let's say it's susceptible according to me cough  
Okay, so if it's acceptable, but according to a niqab it's a wild  
type organism.

313

00:54:35.520 --> 00:54:42.390

Peter Damborg: Fine, but but let's say if it's not absorbed from the  
gut and you want to treat it as a respiratory infection.

314

00:54:42.900 --> 00:54:51.510

Peter Damborg: Then it doesn't matter if it's a certain susceptible  
according to the a cough then a you cannot use it anyway so it's  
resistant, according to the clinical break point.

315

00:54:51.960 --> 00:54:59.640

Peter Damborg: Because it takes into account the absorption, the  
distribution elimination and all sorts of other things that are not  
taking into account.

316

00:55:00.300 --> 00:55:12.150

Peter Damborg: By any coffee, and this is also why the clinical  
brake pads have to be specific, for animals and so on, because  
different animals at different rates of US absorption and other  
farmer Community traits.

317

00:55:14.370 --> 00:55:22.290

Jorge Pinto Ferreira (FAO): Thank you, Peter, and we are very  
thankful for all the question that the colleagues posted that  
reflects the interest on these topics.

318

00:55:22.650 --> 00:55:31.950

Jorge Pinto Ferreira (FAO): And we will not, unfortunately, be able  
to address all of them policies in advance for that, but we can  
follow up by email and Peter is available, we are available to make  
the.

319

00:55:32.370 --> 00:55:36.420

Jorge Pinto Ferreira (FAO): connections, the last question before we  
close up is the on the.

320

00:55:36.900 --> 00:55:47.070

Jorge Pinto Ferreira (FAO): You mentioned that one of the  
conclusions, if I understood correctly, was under the leg days,

these guidelines, but then there's a stiller like on the follow up on the actual implementation of the guidelines.

321

00:55:47.370 --> 00:55:54.540

Jorge Pinto Ferreira (FAO): And even more than that, the actual effect on the different and the makeover us, so the question would be, is there any plans.

322

00:55:55.590 --> 00:56:13.290

Jorge Pinto Ferreira (FAO): Work on the two to cover this disrupts the implementation gap of some of the guidelines that you came across and if they actually I reflected on the different antimicrobial use in between quantity or the different classes used if there's any a plant work on these aspects.

323

00:56:16.200 --> 00:56:20.010

Peter Damborg: I guess it's about the intimate guidelines so implementation of.

324

00:56:22.380 --> 00:56:27.870

Peter Damborg: The i'm afraid we were running out of time, when it comes to innovate also.

325

00:56:28.920 --> 00:56:45.720

Peter Damborg: Because we have until the end of next year, so we have still one and a half year almost to complete the revenues are growing and the guidelines and the plan is in the objectives is also to try and implement the guidelines in.

326

00:56:47.550 --> 00:56:59.790

Peter Damborg: You can see countries that don't have a guideline so, so we will help with that is a bit diffuse the described in the application in the memorandum of understanding, but that's certainly the plan so.

327

00:57:00.450 --> 00:57:07.740

Peter Damborg: So hopefully next year and actually we have a possibility to extend the action and happy isn't maybe with a bit of luck, we have two years left.

328

00:57:08.190 --> 00:57:23.850

Peter Damborg: Hopefully we can we can once the guidelines are ready, try and help to move the move forward, because one thing is to have a European, and you know that guideline, but it, I mean you want, we really want to implement them, we want to head to make them work.

329

00:57:25.140 --> 00:57:30.150

Peter Damborg: I mean it's not just a publication to us it's also something that we want to be used.

330

00:57:31.470 --> 00:57:39.960

Peter Damborg: yeah so it's too, so not any concrete not any specific plans, but certainly something that we will aim to do, probably, I would say.

331

00:57:41.400 --> 00:57:49.020

Peter Damborg: In a year's time from now we'll start considering because hopefully by then, most of these treatment guidelines should be available.

332

00:57:50.010 --> 00:57:59.100

Jorge Pinto Ferreira (FAO): Next time, so thank you for your presentation for the fruitful discussion and alter the collaborations that all the verification, I think, was very useful to some.

333

00:58:00.120 --> 00:58:12.510

Jorge Pinto Ferreira (FAO): common understanding of terminology of the concepts into and the work that you congratulations to all the network colleagues that they've been working hard and, as you said, this is a network, so you all have to put your time to come up with answers and.

334

00:58:13.020 --> 00:58:22.470

Jorge Pinto Ferreira (FAO): Funding for the work that you do so, I think we as a technical Community or can be thankful for the work that you're doing so thank you for participation on base.

335

00:58:22.950 --> 00:58:33.390

Jorge Pinto Ferreira (FAO): And just before we close up sharing what coming up for next to these webinars the knowledge determination I love are.

336

00:58:33.750 --> 00:58:44.520

Jorge Pinto Ferreira (FAO): Organized always in the second Thursday of the month, and so the next one is the 11th of August, and it will be on a fungal resistance in agriculture.

337

00:58:44.880 --> 00:58:54.780

Jorge Pinto Ferreira (FAO): By the colleague Lawrence could reach

based on the universe of wealth in Canada, so at the same time, the lunchtime in the Central European and August 12 or so the second Thursday.

338

00:58:55.290 --> 00:59:02.790

Jorge Pinto Ferreira (FA0): And many colleagues expressed interest in following up on different topics, so you can always reach us via this antimicrobial.

339

00:59:05.010 --> 00:59:17.790

Jorge Pinto Ferreira (FA0): resistance@fl.org to if you have speakers or any other suggestion will be happy to take them on board, so thank you all and we'll follow up in the future, thank you.