

Setting Priorities for Patient-Centered Surveillance of Drug-Resistant Infections

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For which topic were research priorities identified?

patient-centered antimicrobial resistance surveillance and research

In which location was the research priority setting conducted?

international

Why was it conducted at all?

Low- and middle-income countries (LMICs) are predicted to be hit hardest by drug-resistant infections (DRI) (O'Neill, 2016). The burden of infectious diseases is higher, laboratory infrastructure is weaker, antibiotic use and quality are less regulated, and the healthcare workforce is smaller per population and less subspecialized than in higher-income settings. There is evidence that healthcare-associated infections, which are more likely to be drug resistant, occur more frequently in LMICs (Allegranzi et al., 2011). Currently, high-income countries approaches to tackling antimicrobial resistance (AMR) are being adapted in LMICs, but there is a lack of evidence for how these should be prioritized, taking into account differences in the DRI burden, the fact that human and financial resources are much more limited, and that there may be different competing health-priorities.

What was the objective?

to identify priorities for drug-resistant infections surveillance or research in LMICs with the goal of reducing drug-resistant infections's spread, transmission, and associated morbidity and mortality

What was the outcome?

a ranking list of 10 research questions

How long did the research prioritization take?

No information provided.

Which methods were used to identify research priorities?

survey

How were the priorities for research identified exactly?

Step 1: survey: participants were asked: "Please write down questions about diagnosis, treatment, or prevention of antibiotic resistance that, if fully answered, could make a difference to your practice and to the health and well-being of your patients.", 1076 questions submitted. Step 2: data process: data cleaning, organizing questions into themes, creating shortlist of questions. Step 3: interim ranking: each steering group member ranked top 10 questions. Step 4: final prioritization: steering group reviewed the top 10 questions and identified top 3 questions by consensus

Which stakeholders took part?

Clinicians, microbiologists involved in patient care from LMICs and researchers. Overall, 445 stakeholders participated.

How were stakeholders recruited?

Participant were recruited via the professional networks of the steering group using flyers, email and Twitter.

Were stakeholders actively involved or did they just participate?

Stakeholders not only participated but were also actively involved in the research prioritization process: They were part of a steering group. The steering group consisted of the SEDRIC working group. Members promoted survey and were involved in data processing and interim ranking.