



SAVSNET

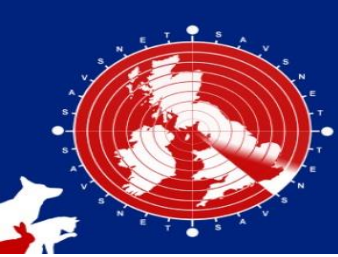
The Small Animal Veterinary Surveillance Network



SAVSNET: near real-time wide scale companion animal antimicrobial prescription surveillance, benchmarking and stewardship



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University of Liverpool, UK



Companion animal surveillance: UK

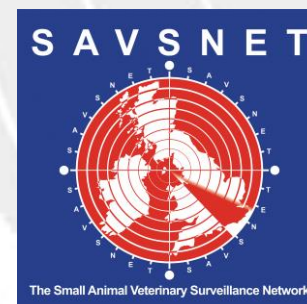


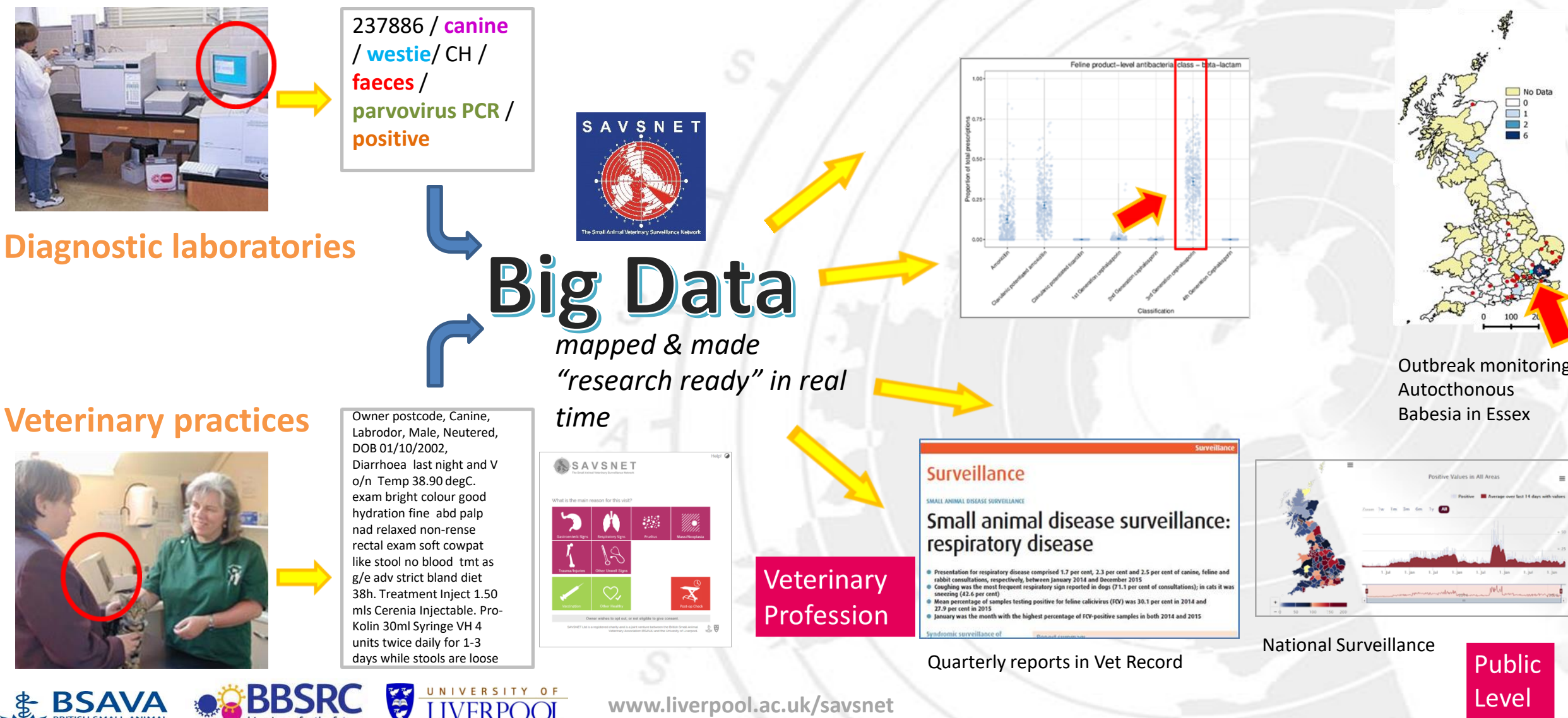
Companion animal veterinary industry largely composed of **independent practices and diagnostic laboratories**

Many Practice and Laboratory Information Management Systems

Previously limited surveillance to small groups of veterinary practices

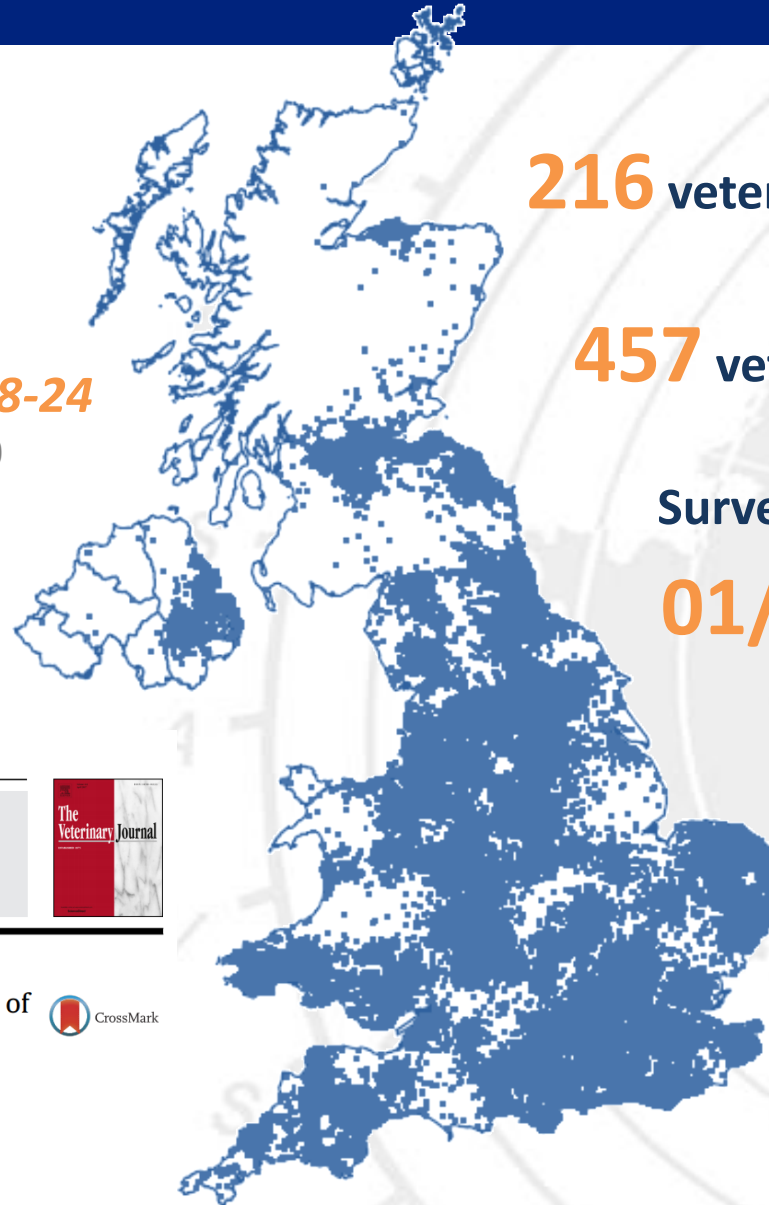
Recent advances are changing this







Antibiotic monitoring



216 veterinary practices

457 veterinary sites

Surveillance period:

01/04/2014 – 31/03/2016

918,333 canine EHRs: (413,870 dogs)

352,730 feline EHRs: (200,541 cats)

>1.7M prescription events

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Original article

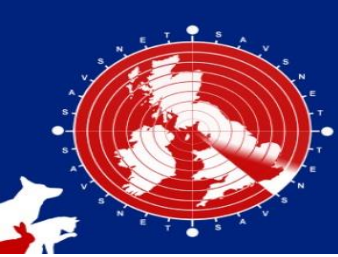
Patterns of antimicrobial agent prescription in a sentinel population of canine and feline veterinary practices in the United Kingdom

D.A. Singleton^{a,*}, F. Sánchez-Vizcaíno^{a,b}, S. Dawson^c, P.H. Jones^a, P.J.M. Noble^c, G.L. Pinchbeck^a, N.J. Williams^a, A.D. Radford^a

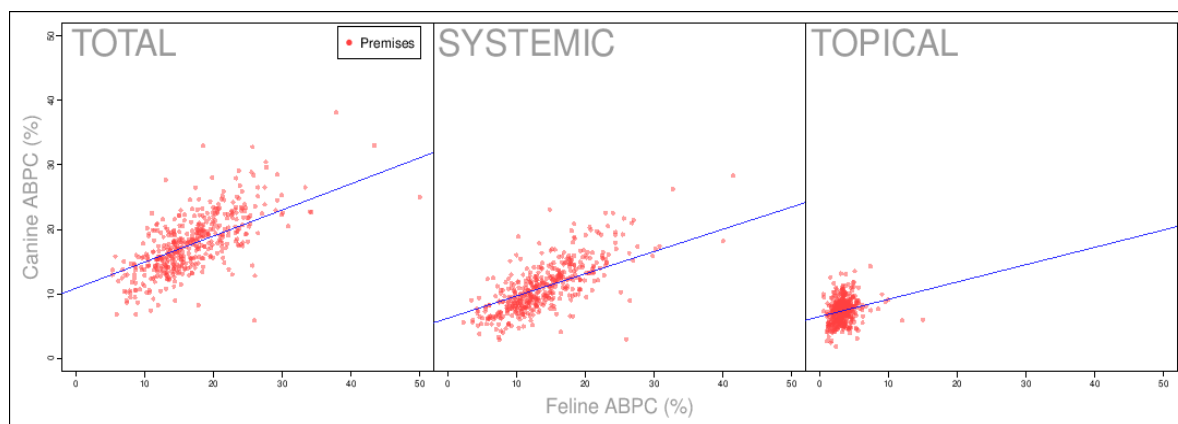
^a Institute of Infection and Global Health, University of Liverpool, Leahurst Campus, Chester High Road, Neston, CH64 7TE, United Kingdom

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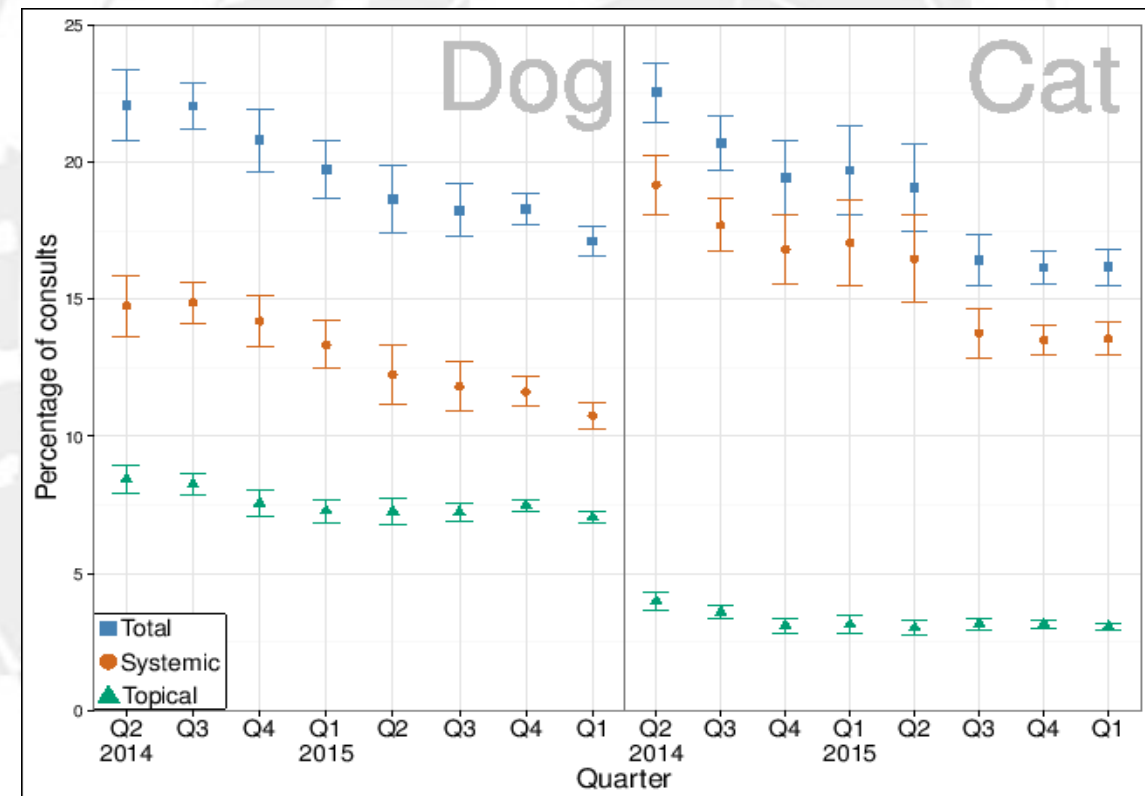
Findings in a nutshell

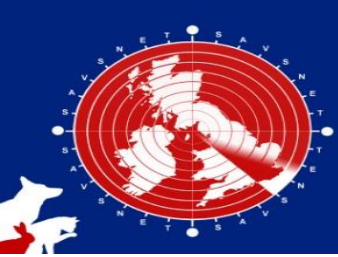


Premises which prescribe antibiotics commonly to dogs also prescribe commonly to cats

Evidence of significant **decreasing trend** in antibiotic prescription

Highest priority critically important antibiotics





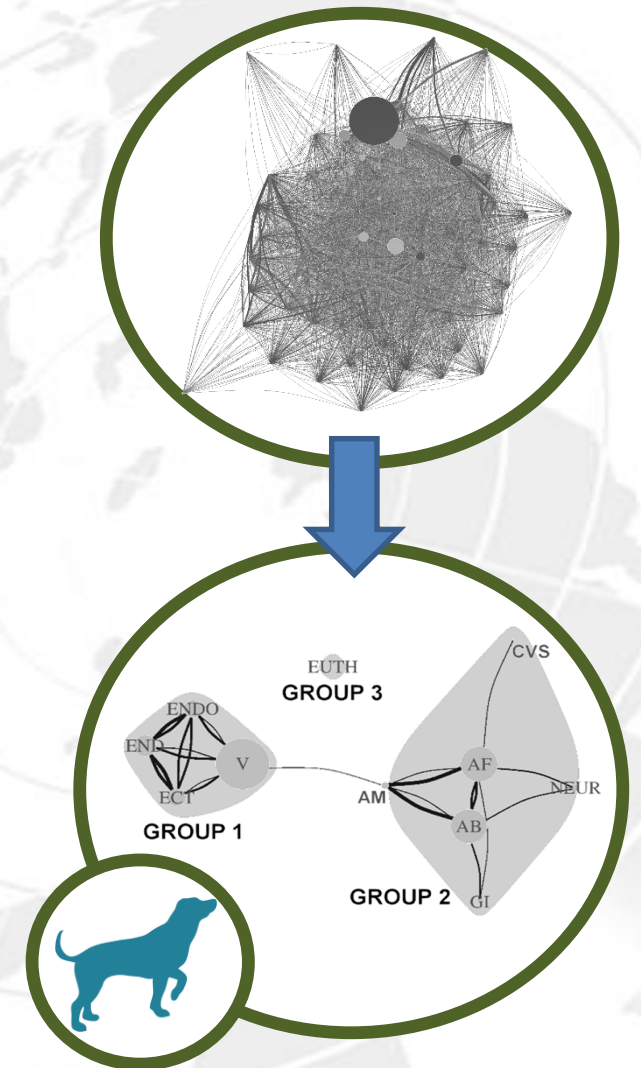
Wider context

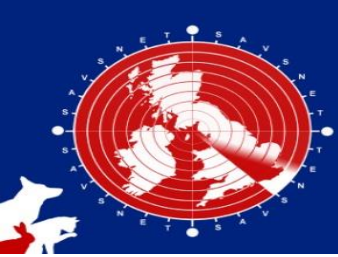
Antibiotics are the **third most commonly prescribed** pharmaceutical family

Antibiotics often prescribed at the same time
(**'co-prescribed'**) as **anti-inflammatories**
- Implications for **efficacy** assessment

Antibiotic prescription **less diverse in rabbits** than cats or dogs

Paper under review



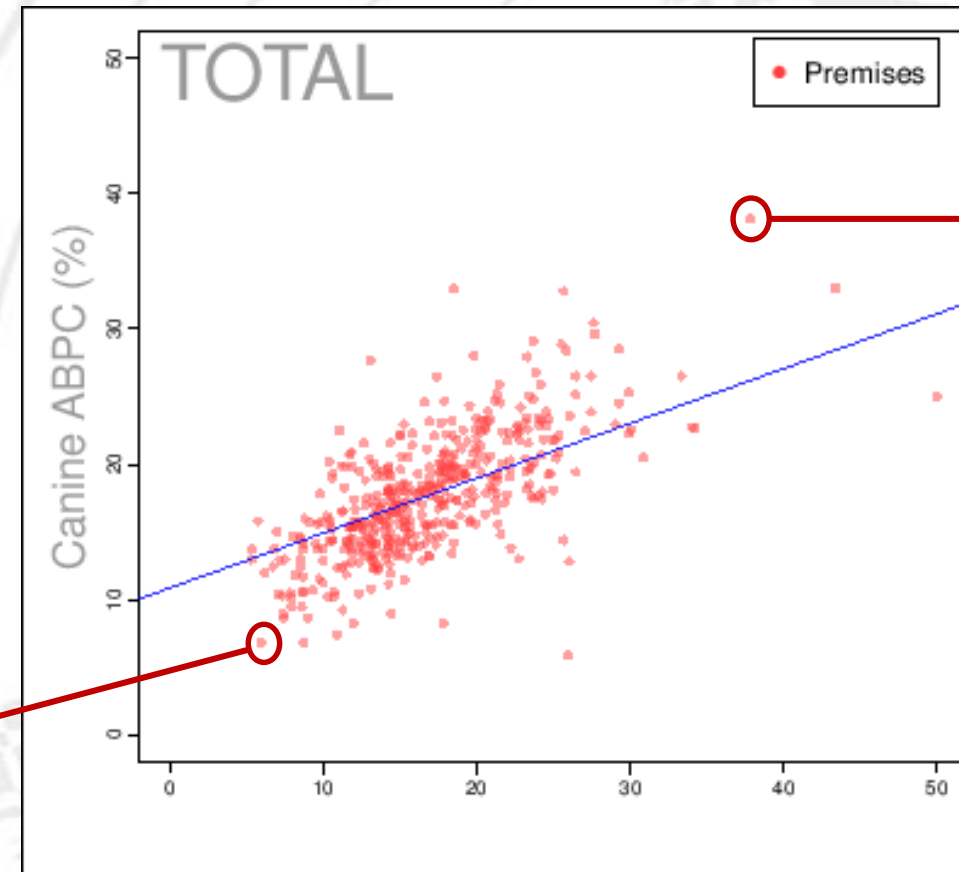


From big data to bigger data

Decision to prescribe antibiotics **NOT** based on **probability of antibiotic-responsive disease** alone

Need to explore
multiple data sources

Why?



Why?



Animal and owner-level associations

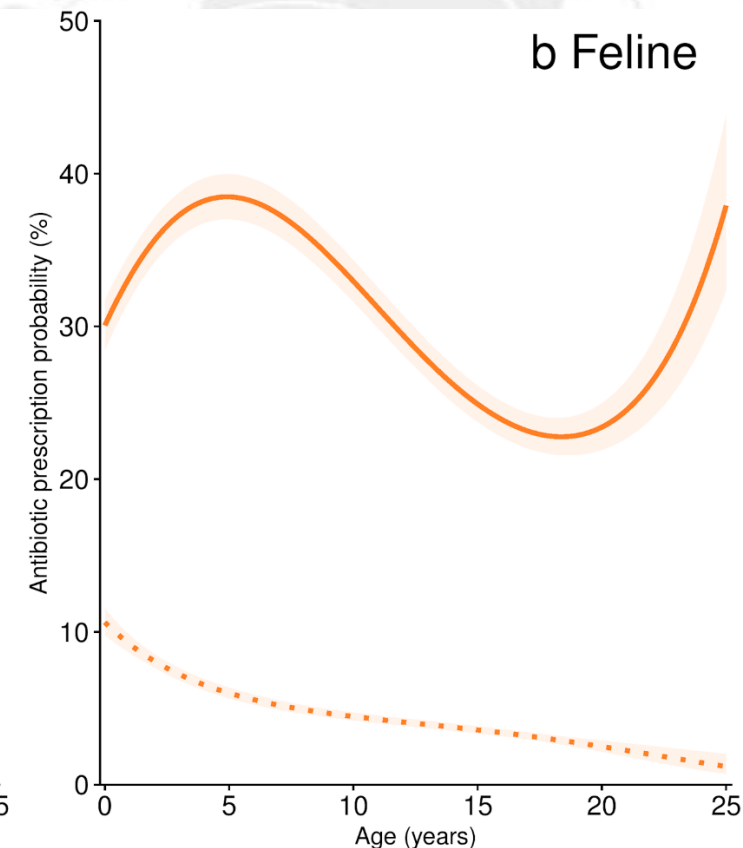
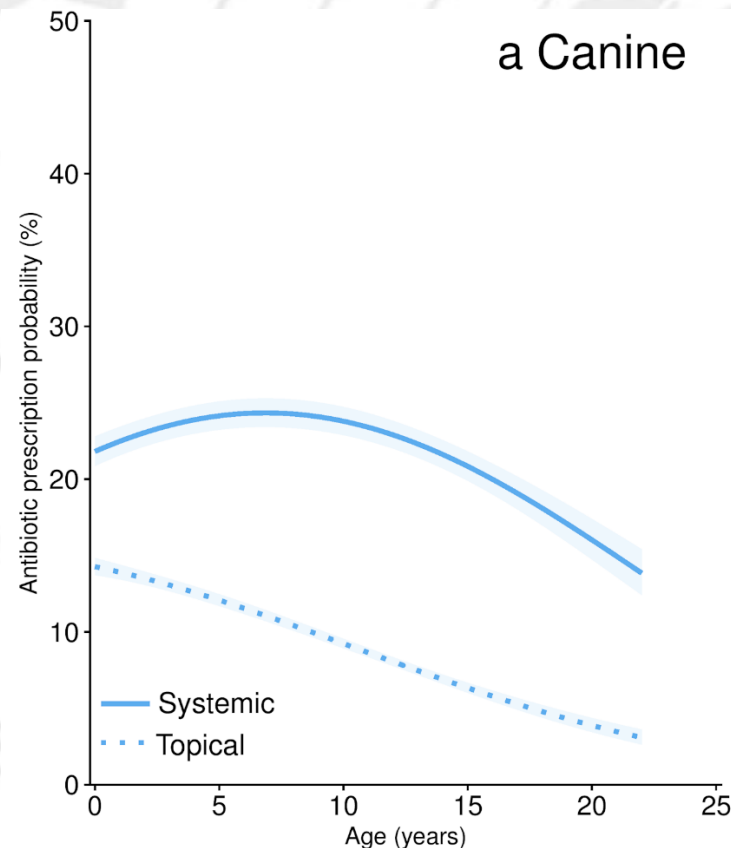
Presented for investigation of **unwell clinical signs** (~280,000 canine, ~110,000 feline EHRs)

Respiratory clinical signs = **greatest systemic antibiotic prescription odds**

Vaccinated and **insured** animals at **reduced systemic antibiotic prescription odds**

Breed-based odds variation in dogs

Sex-based odds variation in cats





Practice-level associations



173 practices in England, Scotland and Wales: **All animals** regardless of reason for presentation



Royal College of Veterinary Surgeons (RCVS) accredited practices



RCVS 'Advanced Veterinary Practitioner' (AVP) employing practices

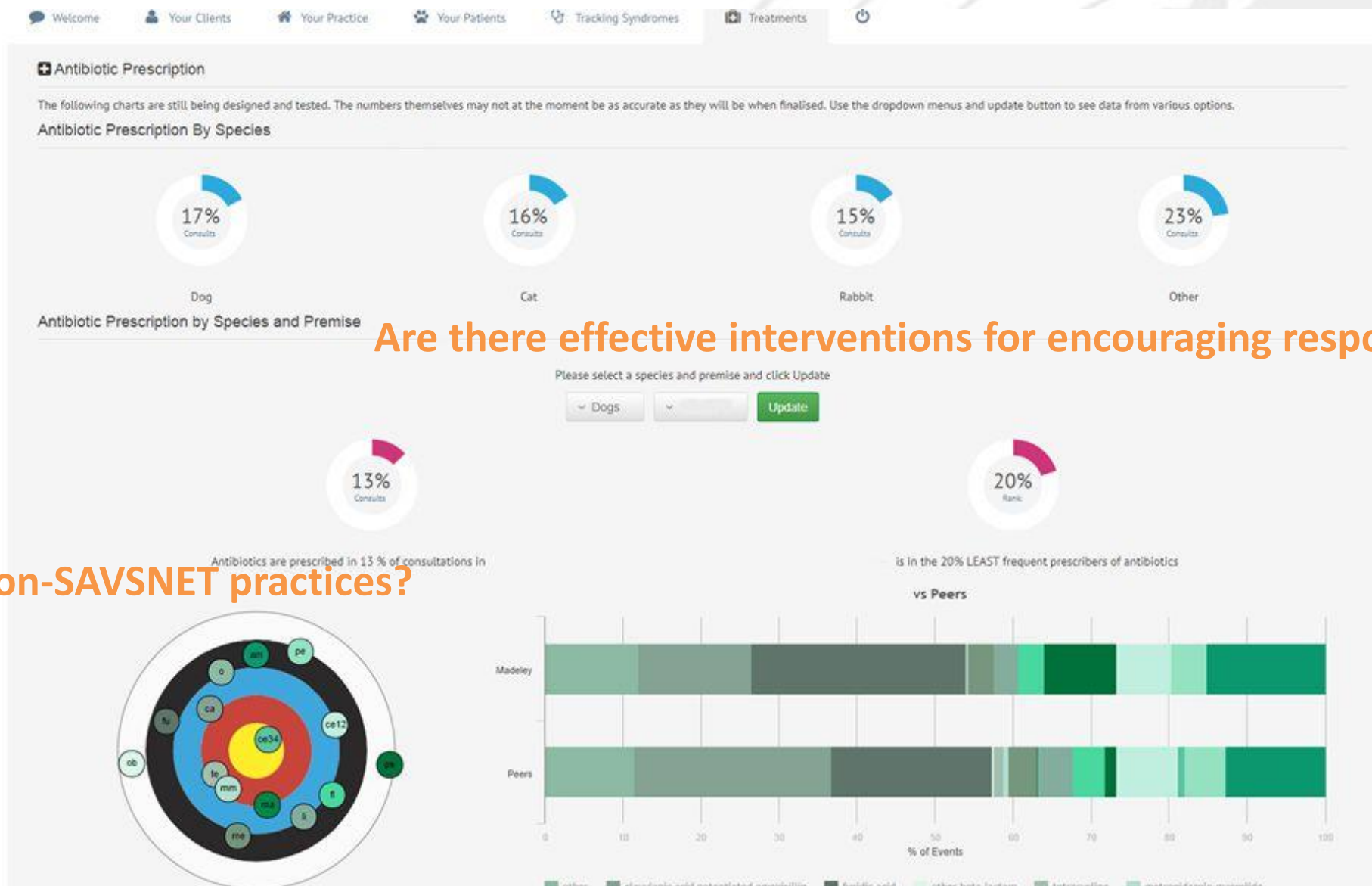


Practices with a **greater proportion of vaccinated; insured, or microchipped animals**



Practices with a **greater proportion of unhealthy consultations**

Benchmark antibiotics



What about non-SAVSNET practices?



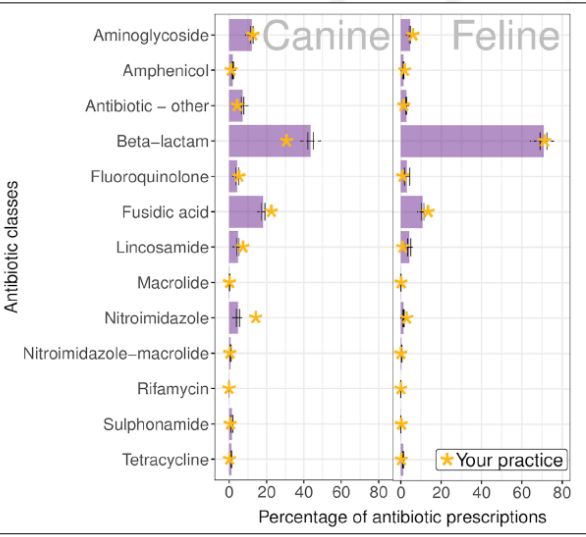
Take a fresh look at your antibiotic prescription with mySavsnet AMR!

This site is aimed at those working in veterinary practice in the UK. It describes how practices can send data to researchers at the University of Liverpool to receive a free benchmark, comparing their antibiotic prescription to other anonymised practices across the country. Data can be from an individual practitioner, a practice site or the whole practice. Multiple data sets can also be sent to see how prescription changes over time. All that matters is you have permission to access and send the data. These anonymised data will also be used by us as part of ongoing research to understand antibiotic prescription

liverpool.ac.uk/savsnet/my-savsnet-amr

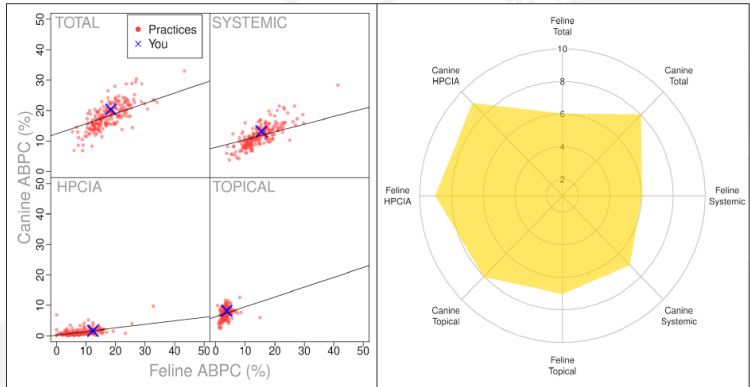


Which antibiotics do you prescribe?



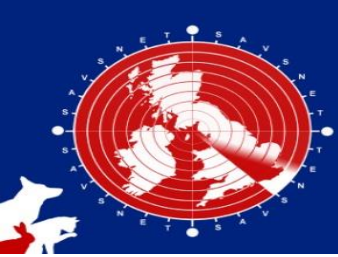
The Small Animal Veterinary Surveillance Network Antibiotic Prescription Tracker

How frequently do you prescribe antibiotics?



The graph above left displays the percentage of canine and feline consultations where at least one antibiotic was prescribed (ABPC) by your practice (blue cross), compared with every other practice that has submitted data (red points). We have summarised antibiotics prescribed based on route of administration (systemic, topical) and 1) defined as 'HPCIA', otherwise known as 'highest priority critically important antibiotics'. If you would like to know more about HPCIA's please refer to the box below.

The graph above right displays the percentage of consultations where at least one antibiotic was prescribed (ABPC) by your practice (blue cross), compared with every other practice that has submitted data (red points). We have summarised antibiotics prescribed based on route of administration (systemic, topical) and 1) defined as 'HPCIA', otherwise known as 'highest priority critically important antibiotics'. If you would like to know more about HPCIA's please refer to the box below.



Implications for stewardship



Assumption: Providing ability to **self-reflect** on prescribing practices can stimulate a drive towards **effective antibiotic stewardship**

Benchmarking beyond antibiotic prescription is necessary – intelligent stewardship

The future: **AMR surveillance and benchmarking**





Acknowledgements



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SAVSNET Team

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Funders



SAVSNET Collaborators



All practices and laboratories taking part in the SAVSNET project!