

#ISICEM15: All About the Data: Roadmap for Reducing Sepsis



The key to reducing the burden of sepsis is knowing the scale of the problem, said Simon Finfer (Sydney, Australia), reporting on the deliberations of the Round Table Conference on “Reducing the global burden of sepsis” at the International Symposium on Intensive Care and Emergency Medicine (ISICEM) in Brussels this week.

Surprisingly little is known about the epidemiology of sepsis, said Finfer. While there is data from developed countries, it is possibly far less than we might think. Africa is completely devoid of data, and there is a limit to how much can be extrapolated. The first responsibility is knowing more about the epidemiology of sepsis, particularly in low income countries.

The [Global Burden of Disease](#) project counts only the underlying cause of death, and so sepsis is missed out. The Roundtable is liaising with them about including sepsis. Finfer urged intensivists to improve their documentation and get better at coding and counting sepsis. “If we do this, there are multiple beneficial flow on effects on management and obtaining resources,” he said.

The burden of sepsis goes far beyond mortality, explained Finfer. Hospitalisation is economically devastating in many low income countries. If the mother dies her child has an 80 percent chance of being dead within a year.

As the world is changing, so it is impacting on the global epidemiology of sepsis. For example, global warming is affecting disease patterns. We are in a post-antibiotic era, acknowledged by the World Health Organization. The world population is ageing, and sepsis incidence and mortality increases with age. Populations are on the move with increasing urbanisation and international travel, making disease more transmissible.

Steven Opal (Providence, USA) spoke about improving awareness of sepsis, recommending that a similar model to that used for the global patient safety challenge be adopted.

Opal reminded the audience of measures to prevent ICU-acquired sepsis - general infection control and specific ICU-related procedures, including catheter care, VAP and ICU infection control policies.

He suggested that not enough attention has been paid to sepsis survivors, who suffer lingering consequences. Intensivists tend to think of sepsis as an acute illness that can be resolved. However, it may be that it reduced mortality is accompanied by increasing morbidity, said Opal, citing the editorial by [Iwashyna and Angus](#) in JAMA in 2014.

Opal concluded by saying that there were successes to be celebrated:

1. Reducing case fatality rates in many countries
2. World Sepsis Day and increasing awareness
3. Hand hygiene and prevention initiatives
4. High quality investigator-initiated research
5. International/global collaboration on many fronts

The roadmap to reduce the global burden of sepsis focuses on 7 themes:

- Epidemiology: standardised definition, improve data collection tools and statistics to accurately measure sepsis incidence worldwide especially in low income countries
- Increase awareness amongst clinicians, public, politicians, advocacy for national action plans
- Improve sepsis care: assess needs appropriate to care setting
- Prevention: early recognition, improved diagnostics for infection and onset of sepsis (precision medicine)
- Maternal and child care a priority
- Research into new antibiotics, vaccines, improve mortality and prevent long-term disability
- Improve prediction by genomics and epigenomics

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