



Session 3: Surveillance: Aggregated and isolate level data –National Surveillance ‘The Barbados Experience’



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BARBADOS



- 166 square miles
- Population approx. 280.000
- 1 Public Hospital with approx. 520 beds
- 1 National Public Health Laboratory
- 2 government Lab in agriculture (Vet Lab and Analytical Lab)
- 3 private laboratories with bacteriology capabilities

National surveillance experiences: BARBADOS

1. System structure

Strong Leadership

1. Government support, individual leadership at MOH, MOA and Vet, MOE
2. AMR and IPC led from PM office

Structured Effective Programs Coordination/Cooperation

1. National Infection Prevention and Control Committee (NIPCC)
2. Antimicrobial Stewardship – National Program (Needed)
3. Continuing Education and Program/Projects :- PAHO, SHEA, CDC-Atlanta, CARPHA
4. Malburn/ Barbados Cooperation

National surveillance experiences: BARBADOS

1. System structure

GAP: Laboratory Surveillance System -2 Sentinel Sites Lone acute care hospital lab (QEH Lab monitors CRKP) and the Best-dos Santos Public Health laboratory (BDSPHL)

BDSPHL samples from public clinics, private labs and QEH Lab

Private labs- Isolates from urine (ESBLs and KPCs)

Vet Lab – Isolates from raw chicken or table eggs (mainly ESBLs)

QEH isolates from urine, blood cultures and rectal swabs (ESBLs, KPCs and MBLs or a combination.

Outbreaks identification and management within QEH eg 2018 & 2023 Burkholderia cepacia; E.Coli outbreak (2023) and Kleb pneumo in the past.

What is Needed?

Adopt GLASS approach

One Health Approach (Health, Agriculture and Environment)

National action plan on Antimicrobial Resistance in accordance with WHO's global action plan; Utilized the GLASS Guide

Surveillance at long term care facilities and active community surveillance

National surveillance experiences: BARBADOS

1. System structure- Future

Strengthen identification and AST

Vitek II, MS Prime

Genotyping

Sequencing and Bioinformatics

Strengthen local laboratory network

Review laboratory practices at all medical laboratories

National surveillance experiences: BARBADOS

2. Computer tools

WHONET- The QEH Laboratory and the BDSPHL

Additional training for major stakeholders will commence in August

National surveillance experiences: BARBADOS

3. Information flow

GAP: Previously not standardized and surveillance incomplete

Dissemination of information is adhoc

Future Plans: Epidemiology, Animal and Environment part of information flow

National surveillance experiences: BARBADOS

4. Data quality assurance (quality control)

Barbados participates in the EQA from Malbran Institute, Argentina from 2019

Barbados is currently one of the countries participating in a multi center study aimed at determining the sensitivity and specificity of HAI case definitions. Data collection starts in August

National surveillance experiences: BARBADOS

5. Surveillance results and publication of alerts

Acute Care Hospital Published in Hospital and to MOH – Alert Organism according to WHO priority organism. Recently flagged was E. coli (CRO)

This is not yet done in MOA or MOE

National surveillance experiences: BARBADOS

5. Surveillance results and publication of alerts

The alert system should be able to determine if antimicrobials in animal feed

Expansion of HACCP certified farms

Development of a local traceability system

Public relation and education

Medicinal waste system

Research

Ministry of Health and Wellness



Ministry of Agriculture and Food Security

Government Analytical Services

