

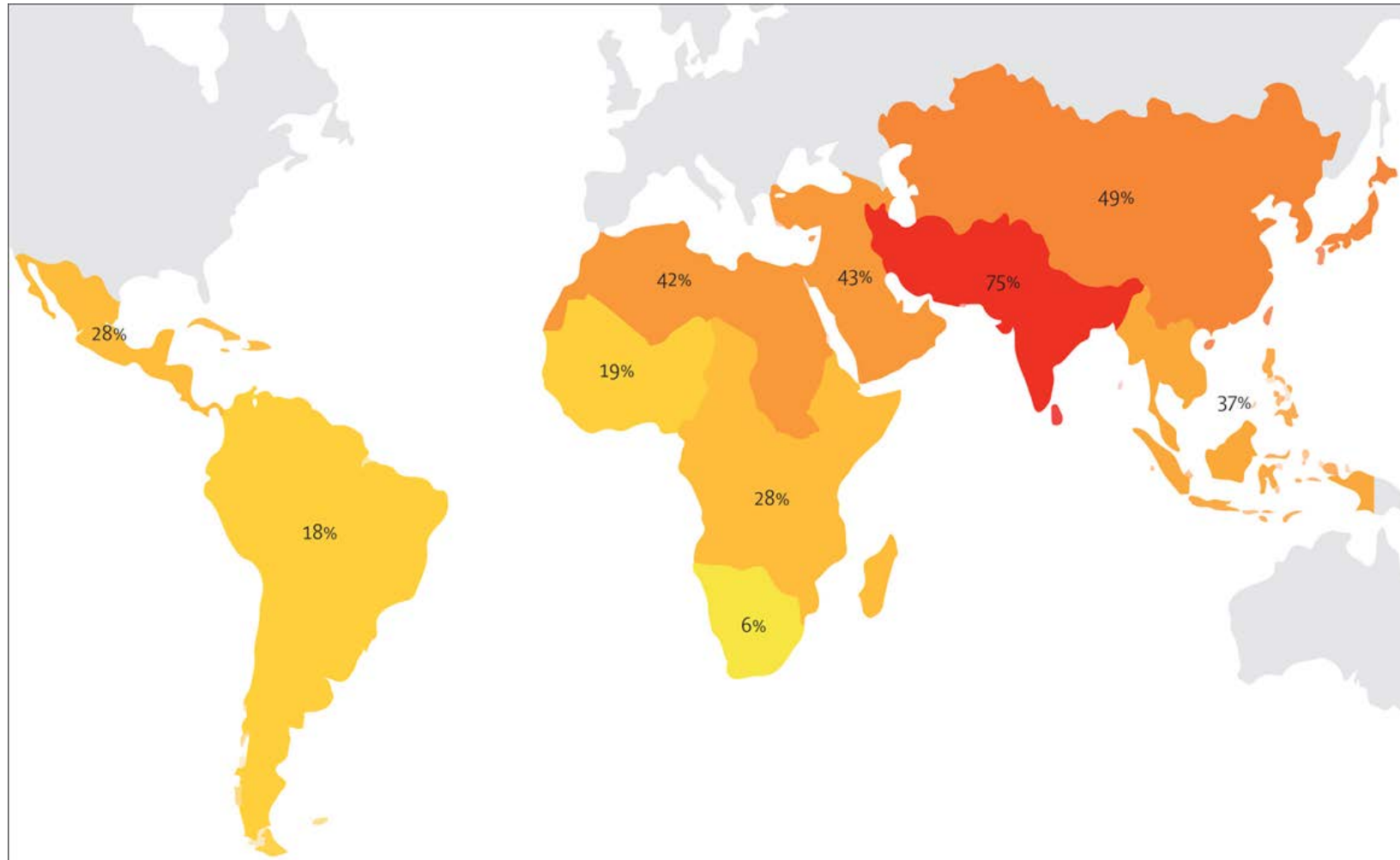
# ESBL efter turistresa

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Smittskyddsläkare

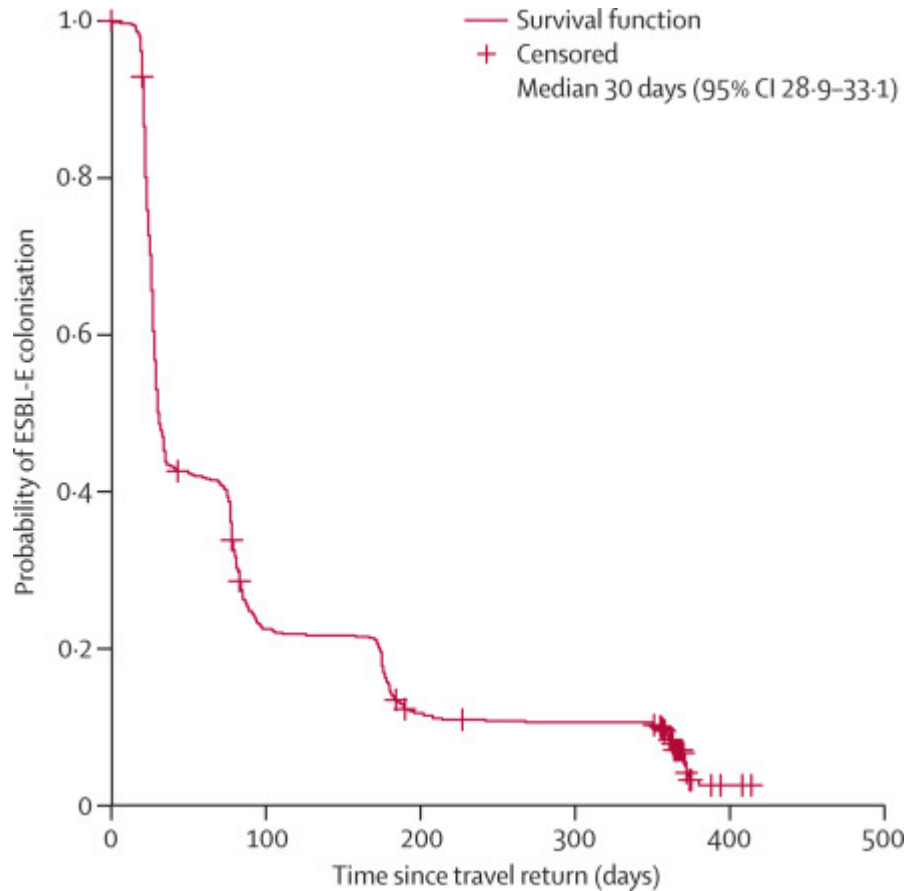
2018-06-05

# ESBL förekomst efter turistresa



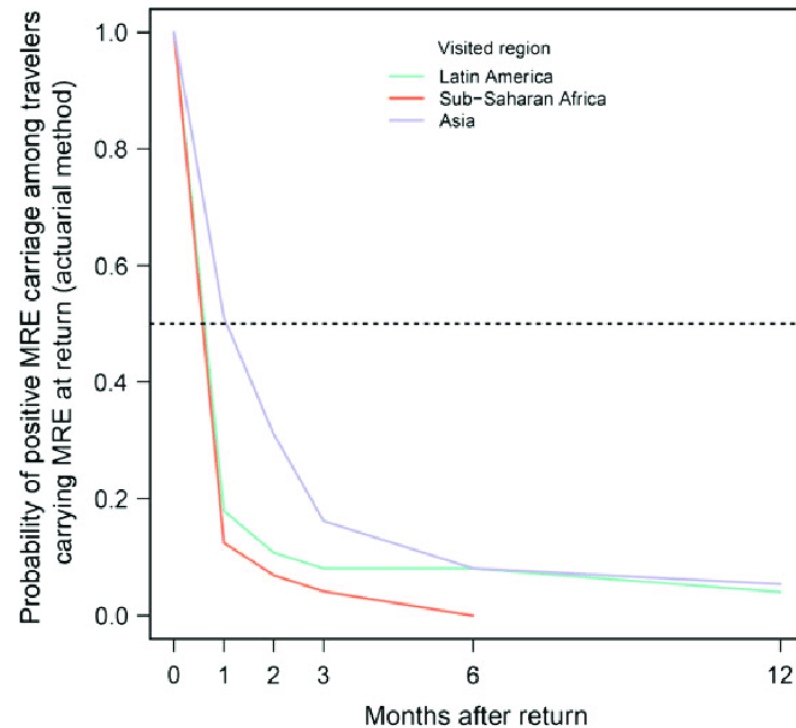
Ref. Arcilla M. Lancet Infect Dis 2017;17:78-85

# ESBL bärarskap efter turistresa

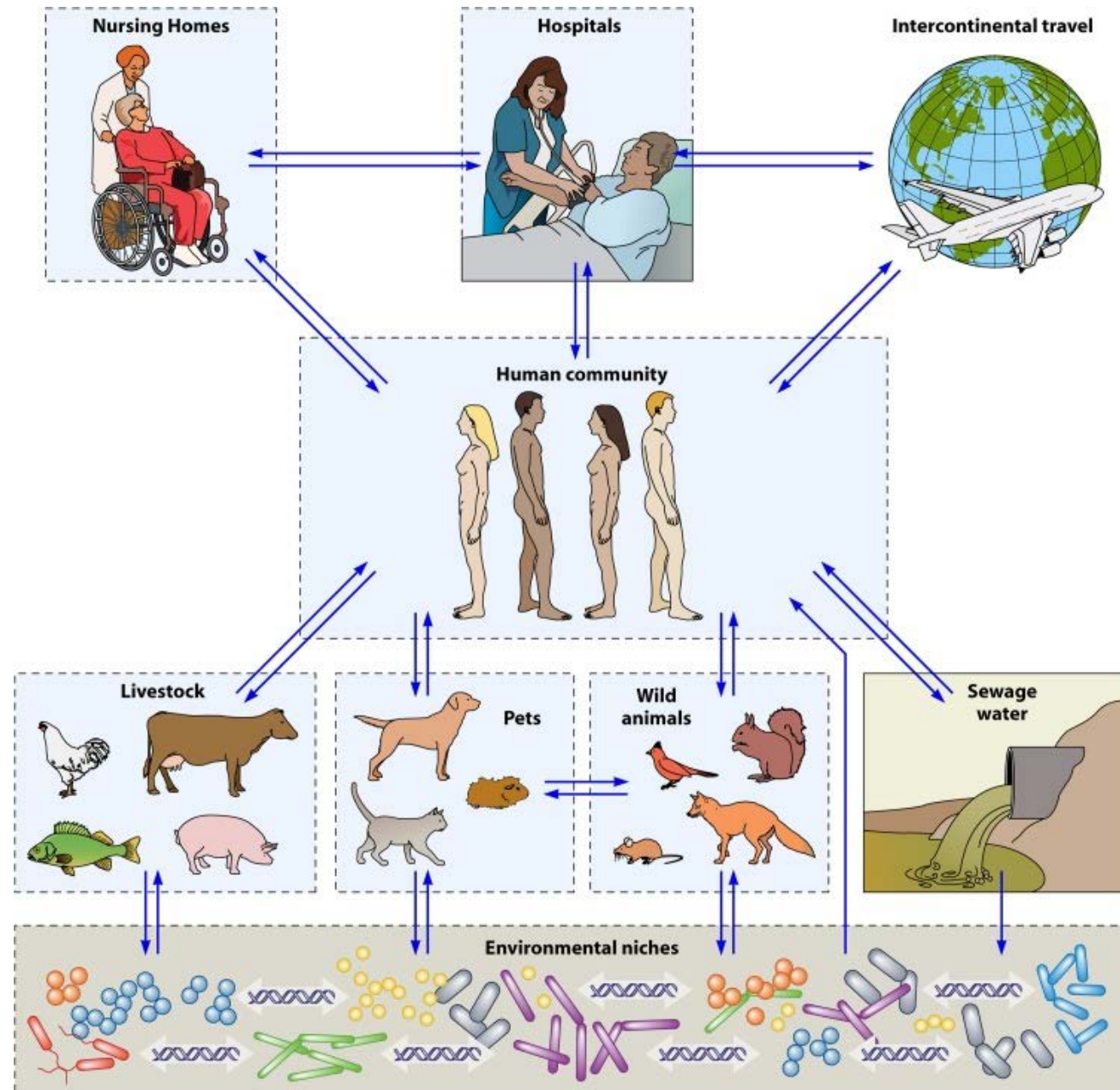


- Mediantid 30 dagar
- 11% koloniserade efter 1 år (vissa subtyper högre risk)
- Sannolikheten att smitta hushållskontakter 12 %

# ESBL bärarskap efter turistresa

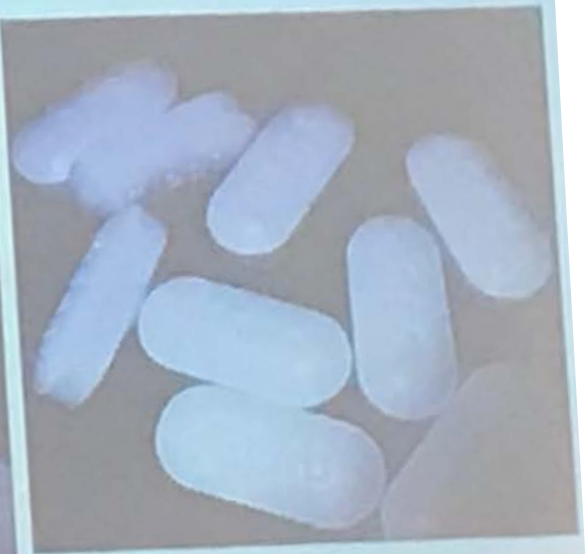
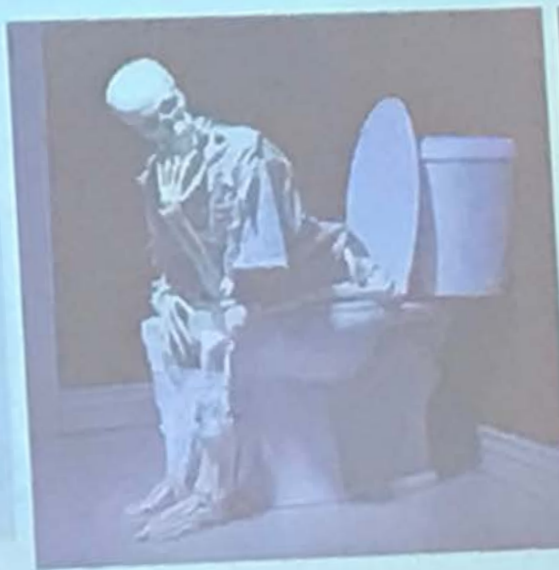


Months after return	Likelihood of negative MRE carriage		
	Latin America	Sub-Saharan Africa	Asia
0-1	0.18	0.12	0.51
1-2	0.11	0.07	0.31
2-3	0.08	0.04	0.16
3-6	0.08	0	0.08
6-12	0.04	0	0.05



Ref. Clin. Microbiol rev.  
2013 Oct 26(4)

## Three main risk factors predisposing to ESBL colonization



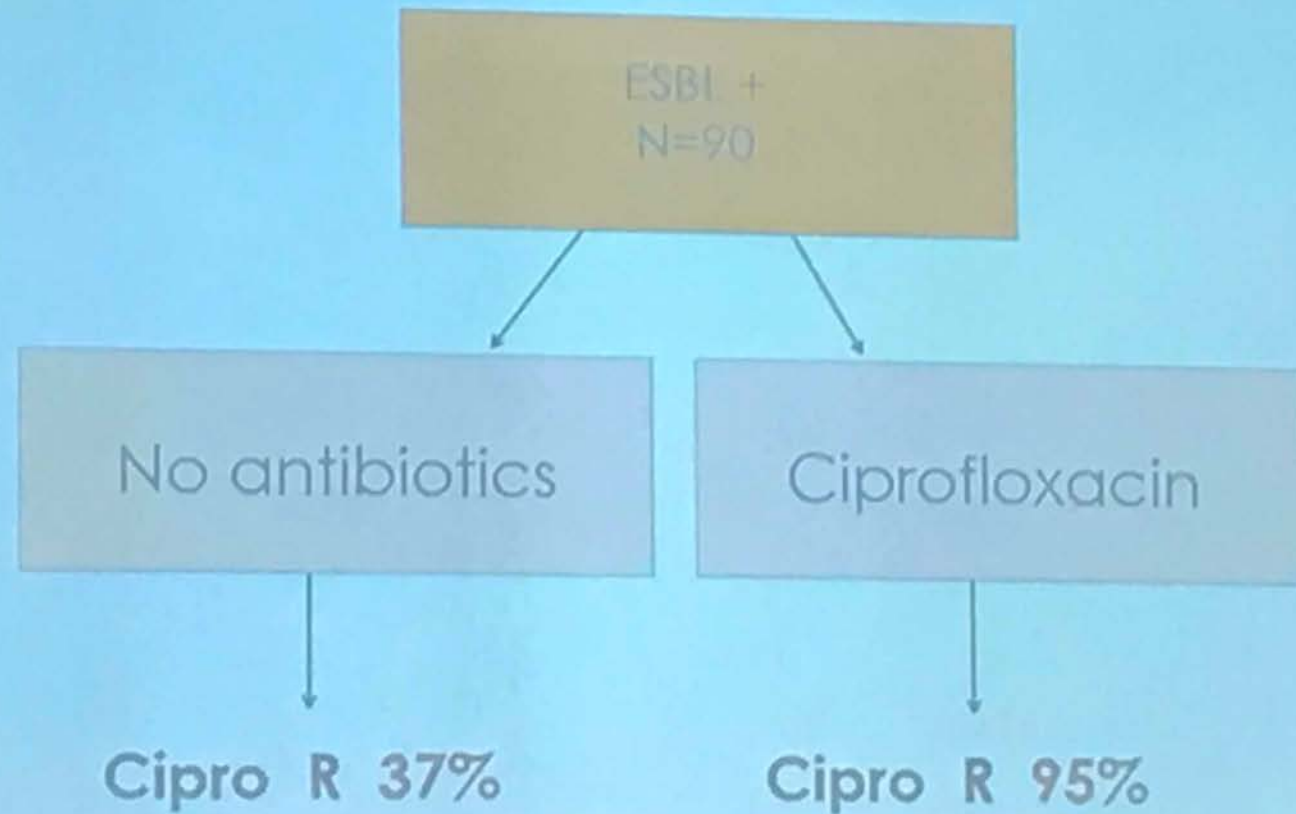
Healthy traveller to  
India  
**23%**

**47%**

**80%**







Kantele et al. TMAID 2017

# Carriage of ESBL knowledge, emotional impact and risk assessment (Wiklund et al 2015)

- The study shows that the travelers lacked knowledge of antibiotic resistance, that they perceived there to be no risk of acquiring such bacteria during the upcoming trip, and that they distanced themselves from the problem
- The low knowledge level of antibiotic-resistant bacteria and transmission routes influenced the participants' behavior and risk-taking during their journey, resulting in most of them exposing themselves to risk situations of which they were mostly unaware. For the participants it was unclear why they had become carriers of ESBL, and they did not see that it could have been caused by their personal risk behavior (15/95 fick ESBL under resan, egen kom.)



# ESBL carriage, forts.

- The participants experienced that physicians and other healthcare staff had a poor knowledge of ESBL, resulting in them receiving insufficient and incorrect information, which in turn gave rise to many thoughts and various emotions among the informants. To cope with their daily lives they constructed their own strategies to handle the consequences of ESBL.

In contact with healthcare they perceived staff as ignorant, disrespectful and with a nonchalant attitude, and they sometimes felt stigmatized.(n.b. 7/70 svar, egen kom.)

- Some fear was present among healthcare staff and it was more frequent in nursing homes than in acute care settings. The fear most often concerned the risk of becoming personally infected or transmitting contagion at home to family and friends