

# ECDC – vårdhygien i Europa och i Sverige



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# Swenglish

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**Swenglish** (Swedish: *svengelska*) is a colloquial term meaning either:

- English spoken with a heavy Swedish accent
- English spoken or written as heavily influenced by Swedish vocabulary, grammar, or syntax

## Contents [hide]

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## English heavily influenced by Swedish

### Pronunciation

# Övergripande uppdrag

Att upptäcka, värdera och kommunicera aktuella och nya hälsohot för mäniskor orsakade av infektionssjukdomar

- a) **search for, collect, collate, evaluate and disseminate**  
relevant scientific and technical data
- (b) **provide scientific opinions and scientific and technical assistance including training**
- (c) provide timely information to the Commission, the Member States, Community agencies and international organisations active within the field of public health;
- (d) **coordinate the European networking ...**
- (e) **exchange information, expertise and best practices, and facilitate the development and implementation of joint actions.**

# Rådsrekommendationer

Council Recommendation of 15 November 2001 on the prudent use of antimicrobial agents in human medicine (2002/77/EC)

Council Recommendation of 9 June 2009 on patient safety, including the prevention and control of healthcare associated infections (2009/C 151/01)

# Rådsrekommendationer (2009/C 151/01)

**Standard-och riskbaserade vårdhygieniska åtgärder i alla vårdmiljöer**

**Strategier, guidelines nationellt, regionalt, lokalt**

**Organisation och styrmodeller på vårdinrättningsnivå**

**Främja enhetlighet i och kommunikation av vårdhygieniska åtgärder mellan vårdgivare ang. enskild patient**

**Infektionskontrollprogram, indikatorer, ackreditering/ certifiering**

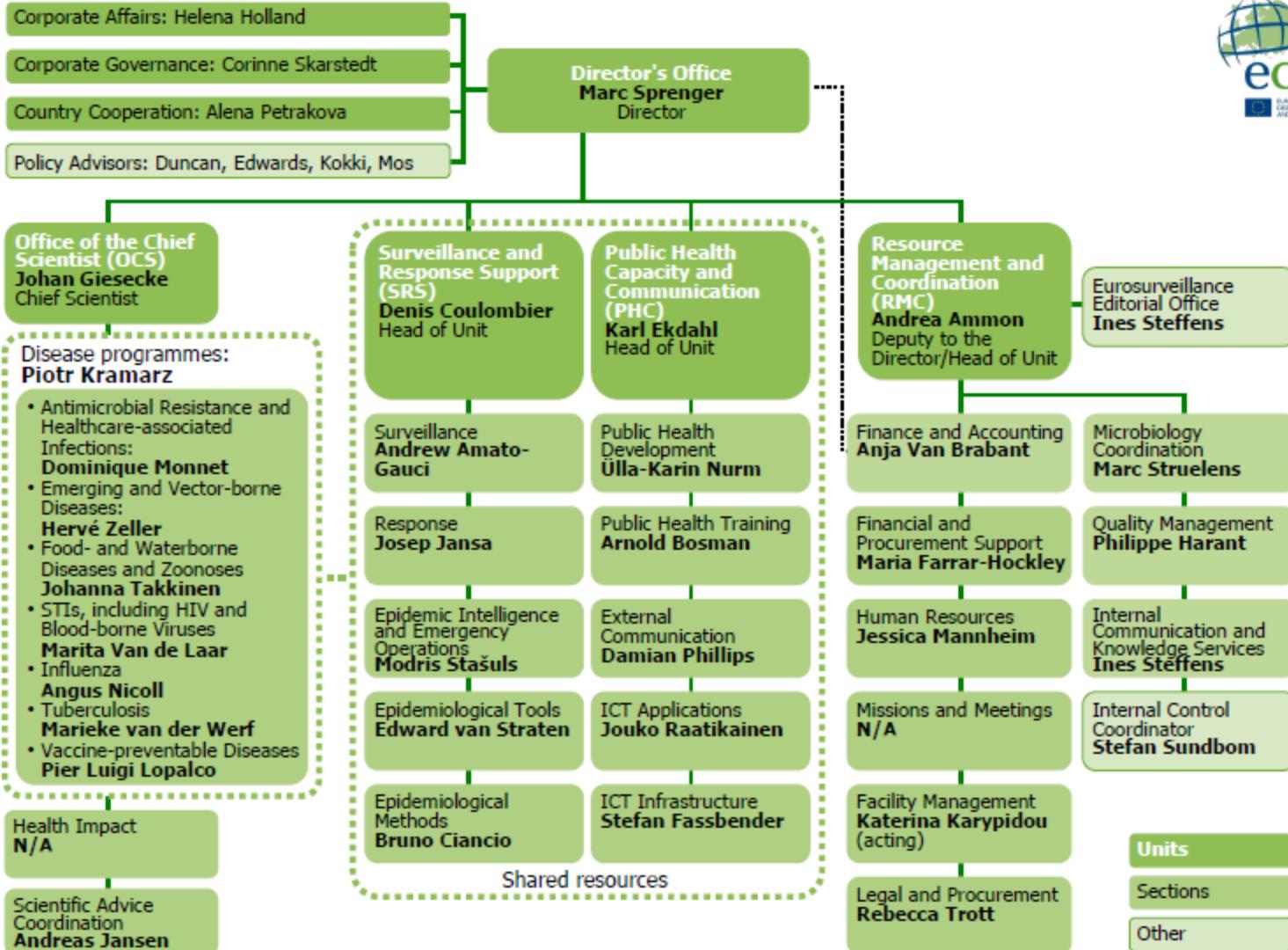
**Diagnostik, surveillance, stewardship**

**Patientmedverkan, information**

**Utbildning och forskning**

# **ECDCs roll**

**“Guidance – not guidelines”**



**a) search for, collect, collate, evaluate and disseminate relevant scientific and technical data;**

# VRI i Europa

- Drabbar c:a 4 miljoner per år
- Huvudsaklig dödsorsak: ca. 37,000 per år
- Extra vård dygn: ca. 16 miljoner per år
- Direkta merkostnader: ca. € 5.5 miljarder per år  
(räknat på medelkostnad € 334 per dygn)

# Användbara/ läsvärda rapporter

All publications
Technical reports
Surveillance reports
Annual Epidemiological Report
Communicable Disease Threats Report (CDTR)
Annual Threat Report
Antimicrobial resistance and healthcare-associated infections
Food- and waterborne diseases and zoonoses
HIV, STI and blood-borne viruses
Influenza
Tuberculosis
Vaccine preventable diseases and invasive bacterial infections
Guidance
Corporate publications
Special reports
Meeting reports
Technical documents
Mission reports

## Antimicrobial resistance and healthcare-associated infections



The European Union summary report on antimicrobial resistance in zoonotic and indicator bacteria from humans, animals and food in 2010

Scientific Publication - Mar 2012

[Read more...](#)



Surveillance of healthcare-associated infections in Europe 2007

Scientific Publication - Feb 2012

[Read more...](#)



Surveillance of surgical site infections in Europe, 2008-2009

Scientific Publication - Feb 2012

[Read more...](#)



Antimicrobial resistance surveillance in Europe 2010. Annual report of the European Antimicrobial Resistance Surveillance Network (EARS-Net)

Scientific Publication - Nov 2011

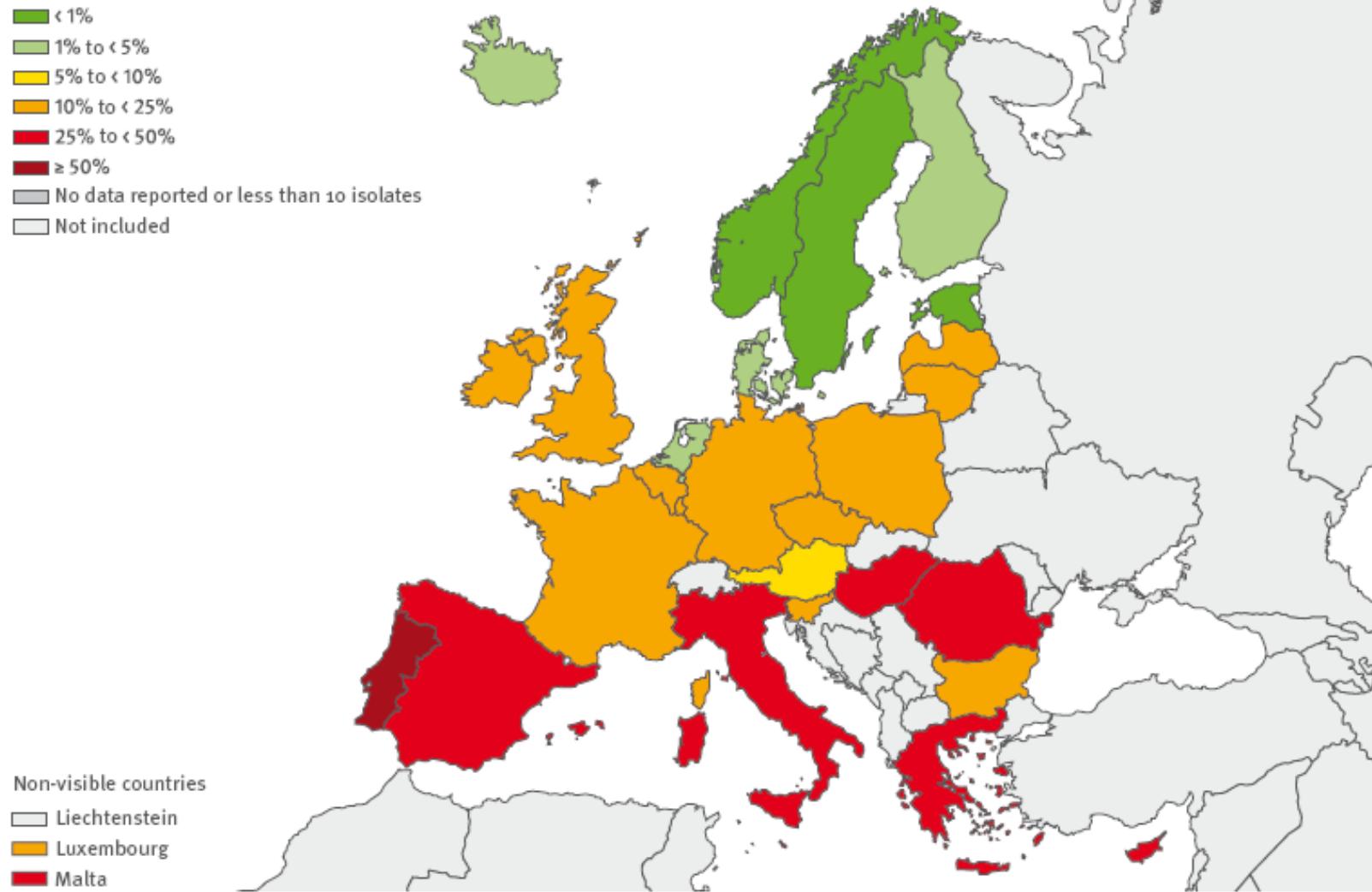
[Read more...](#)



Antimicrobial resistance surveillance in Europe 2009. Annual report of the European Antimicrobial Resistance Surveillance Network (EARS-Net)

Scientific Publication - Nov 2010

[Read more...](#)



**Table 5.3:** Number and proportion of invasive *S. aureus* isolates resistant to meticillin (MRSA) and rifampin (RIF), including 95% confidence intervals (95% CI), reported per country in 2010

**Figure 5.25: *Klebsiella pneumoniae*: proportion of invasive isolates resistant to carbapenems in 2010**



ECDC TECHNICAL REPORT

## Risk assessment on the spread of carbapenemase-producing Enterobacteriaceae (CPE)

through patient transfer between healthcare facilities, with special emphasis on cross-border transfer



TECHNICAL REPORT

Updated ECDC risk assessment  
on the spread of New Delhi  
metallo- $\beta$ -lactamase and  
its variants within Europe



# (b) provide scientific opinions and scientific and technical assistance including training

The cover of the technical report is green and white. At the top left, there's a circular graphic with a globe and the word "Antibio". Below it is a photograph of several blue and green capsules. To the right of the photo, the words "TECHNICAL REPORT" are written in a bold, sans-serif font. In the center, the title "The bacterial challenge: time to react" is displayed in a large, bold, black font. Below the title, a subtitle reads: "A call to narrow the gap between multidrug-resistant bacteria in the EU and the development of new antibacterial agents". At the bottom of the cover, there's a faint map of Europe and two website addresses: [www.ecdc.europa.eu](http://www.ecdc.europa.eu) and [www.emea.europa.eu](http://www.emea.europa.eu).



## The European Programme for Intervention Epidemiology Training (EPIET)

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## European Centre for Disease Prevention and Control

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You are here: ECDC Portal &gt; English &gt; Activities &gt; Public health microbiology programme &gt; Feature topics &gt; First graduates of the European Public Health Microbiology Training Programme (EUPHEM)

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### First graduates of the European Public Health Microbiology Training Programme (EUPHEM)

 [PDF](#) 

Dr. Satu Kurkela (MD, PhD) and Dr. Sabine Dittrich (PhD) are the first two graduates of the European Public Health Microbiology Training Programme (EUPHEM) coordinated by ECDC. During the two-year training programme, the fellows worked within the laboratory setting on projects addressing outbreak response, assay development/validation, biosafety, surveillance and other issues of public health relevance. They each will graduate with a strong portfolio (Read [Dr. Satu Kurkela portfolio](#) and [Dr. Sabine Dittrich portfolio](#)) consisting of the different areas of work within



**(d) coordinate the European networking**

# ARHAI-network

## Antimicrobial Resistance and Healthcare-associated Infections

This website is part of the ECDC (European Centre for Disease Prevention and Control) network

See entire ECDC network



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Font: + - | Accessibility

### European Centre for Disease Prevention and Control

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#### Disease programmes

Antimicrobial Resistance and  
Healthcare-associated Infections

About the programme

Surveillance networks

Interactive database

News

Publications

Eurosurveillance articles

Presentations

Relevant documents

### Antimicrobial Resistance and Healthcare-associated Infections Programme

PDF 20

The programme on Antimicrobial Resistance and Healthcare-Associated Infections (ARHAI) covers two major public health issues:

- **Antimicrobial Resistance (AMR)**, i.e. the ability of microorganisms to become resistant to one or several antimicrobial agents used for therapy or prophylaxis;
- **Healthcare-Associated Infections (HAI)**, i.e. all infections associated with patient care, in particular hospitals and long-term care facilities.



The ARHAI programme focuses on 4 areas of public health: surveillance, response and scientific advice, training and communication to address the threat of antimicrobial resistance and healthcare-associated infections.

[Read more about the programme](#)

#### EARS-Net interactive database



Data on the occurrence and spread of antimicrobial resistance in the European countries.

#### Transatlantic Taskforce on Antimicrobial Resistance – TATFAR

ECDC provides the secretariat for the task force and publishes documents relating to the work of the task force on this website.



<http://ecdc.europa.eu/en/activities/diseaseprogrammes/ARHAI/Pages/index.aspx>

# **1) To improve coordination, methods and capacities for surveillance of AMR, antimicrobial consumption and HAI.**

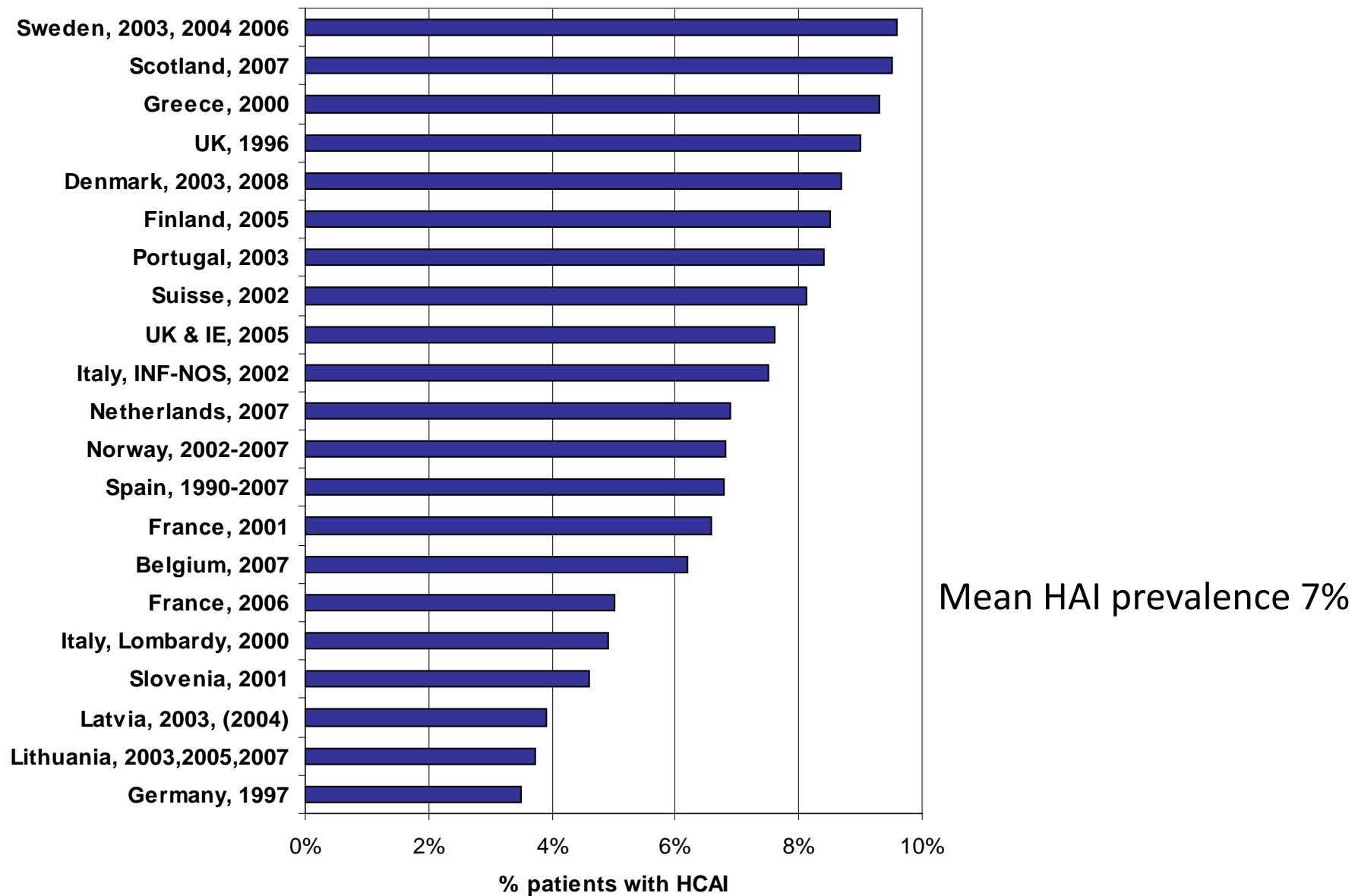
- European Antimicrobial Resistance Surveillance Network (EARS-Net, tidigare EARSS)
- European Surveillance of Antimicrobial Consumption Network (ESAC-Net, tidigare ESAC)
- Healthcare-Associated Infections Network (HAI-Net)

# Healthcare-Associated Infections Network (HAI-Net)

- 1. ECDC point prevalence survey (PPS) of healthcare-associated infections (HAI) and antimicrobial use in acute care hospitals
- 2. ECDC surveillance of surgical site infections (SSIs)
  - coronary artery bypass grafting,
  - cholecystectomy,
  - colon surgery,
  - caesarean section,
  - hip prosthesis,
  - knee prosthesis and
  - laminectomy
- 3. ECDC surveillance of HAI in intensive care units (ICUs)

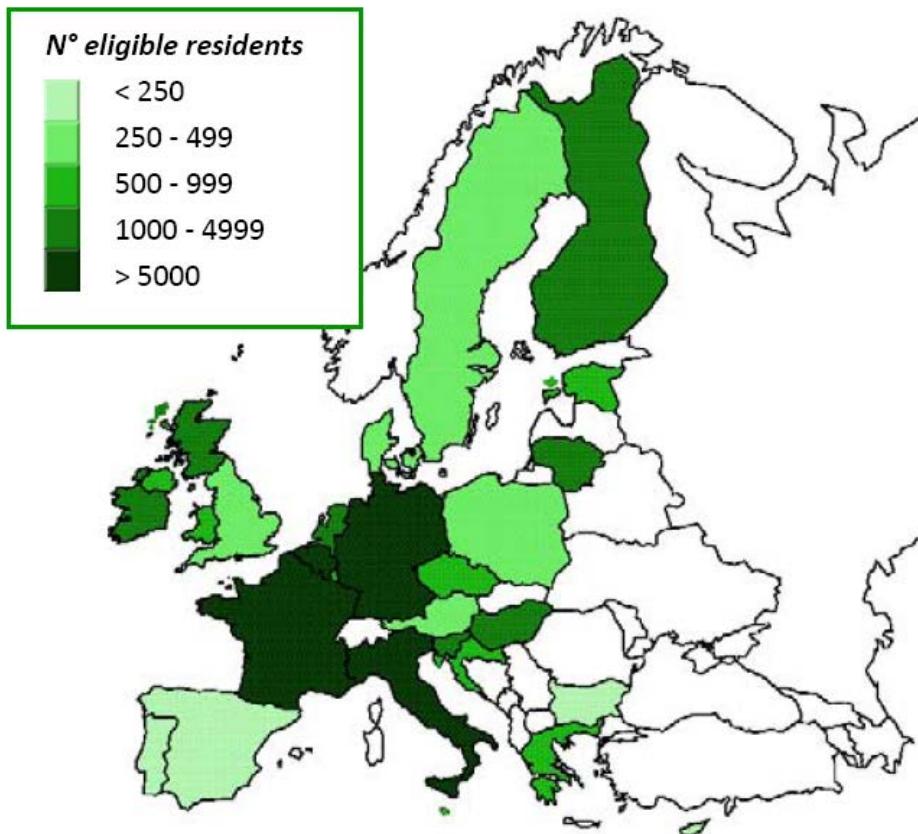


# Overview of HAI prevalence surveys in Europe: need for harmonized methods

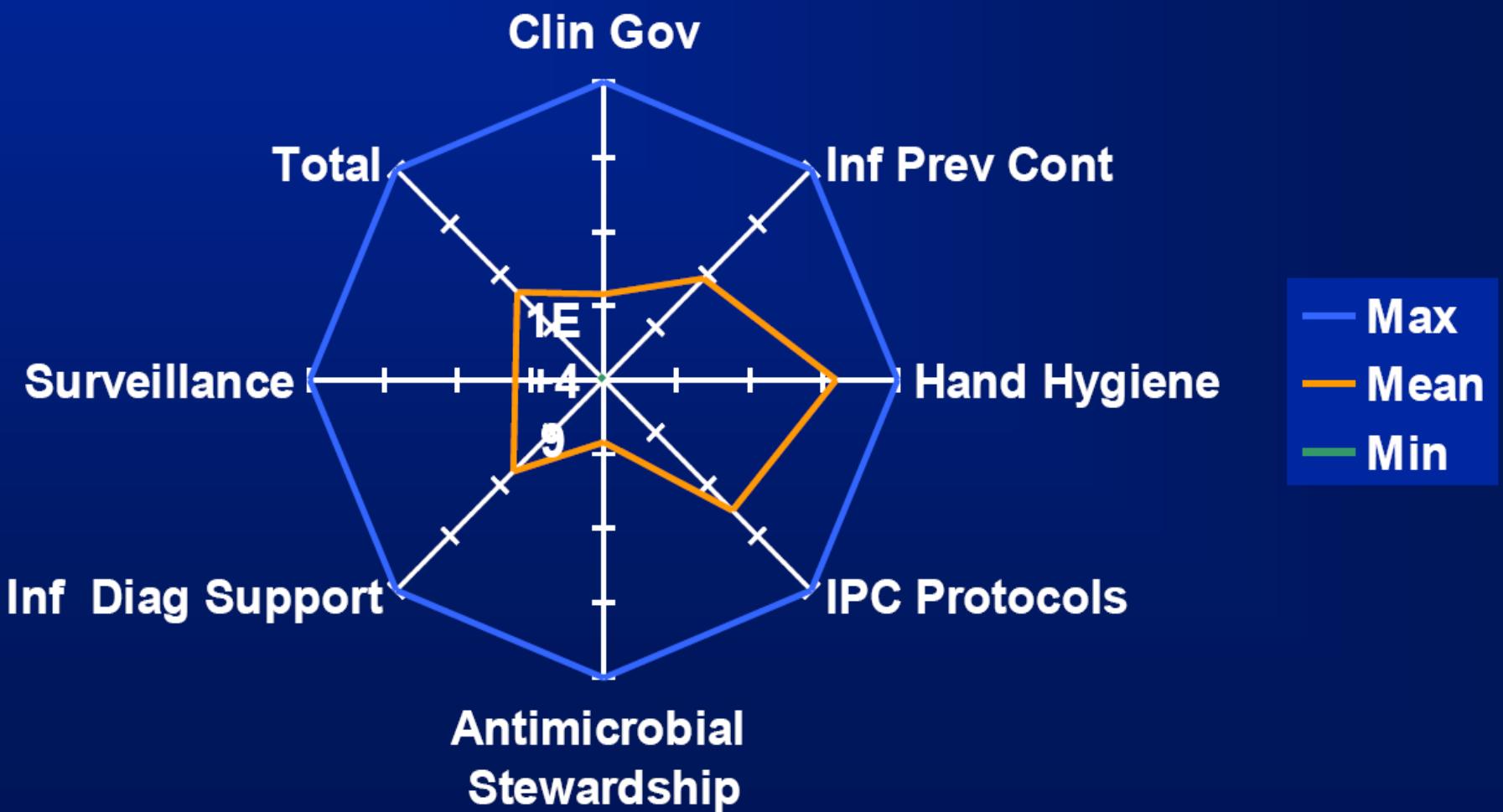


# HEALTHCARE-ASSOCIATED INFECTIONS AND ANTIMICROBIAL USE IN EUROPEAN LONG-TERM CARE FACILITIES

## The HALT-2 project



# HALT LTCF's Local Performance Indicator Range of Performance (% of total PI)



## **5. Supporting capacity building for the surveillance of *Clostridium difficile* infections (CDIs) , ECDIS**

# 6. Infection control structure and process indicators (SPI)

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 European Commission  
Research & Innovation - Health

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• Useful links




**PROHIBIT**  
Prevention of Hospital Infections by Intervention and Training

Home | Print | A A

Healthcare-associated infections are adverse events in healthcare delivery which are associated with increased morbidity and mortality. It is not known what practices have been adopted by European hospitals to prevent such events and whether they are effective. The aim of PROHIBIT is to understand existing guidelines and practices to prevent healthcare-associated infections in European hospitals, identify factors that enable and reduce compliance with best practices, and test the effectiveness of interventions of known efficacy. The information will be synthesised to develop recommendations for the EU, policymakers, managers and medical professionals.

**Coordinator:**  
**Prof. Didier Pittet**  
University Of Geneva Hospitals,  
Infection Control Programme  
Geneva, Switzerland  
[Didier.Pittet@hcuge.ch](mailto:Didier.Pittet@hcuge.ch)

**EC contribution:** EUR 2 999 934  
**Duration:** 48 months  
**Starting date:** 01/01/2010  
**Project web-site:** <http://www.prohibit.unige.ch>



## **7. Antimicrobial resistance and healthcare-associated infections epidemic intelligence system (ARHAI-EPIS)**

# 8. Training activities

- 1. Analysis of previous work realised by IPSE WP1;**
- 2. Search for complementary information about infection control training in Europe;**
- 3. Data collection from a European survey involving infection control training expert contact points;**
- 4. Endorsement of an infection control practitioner core-curriculum, through a meeting with EU MS involving nominated infection control training contact points;**
- 5. Proposals for an EU infection control training strategy.**

<http://trice.uniud.it/node/7>

**(e) exchange information, expertise and best practices, and facilitate the development and implementation of joint actions.**

**“Guidance – not guidelines”**





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## Ämnesområden

### Antibiotika och antibiotikaresistens

[Förbrukningsstatistik](#)

### Resistensövervakning

[Anmälningsplikt enligt  
smittskyddslagen](#)[ResNet och 100-  
stamsstudier](#)[Rapportering till EU-  
nätverket EARSS](#)

### SVEBAR

[Resistensövervakning  
utifrån smittämne](#)[Årsrapporter](#)[Sjukdomssstatistik](#)[Kunskapsunderlag](#)[Behandlings-  
rekommendationer](#)[Information för allmänheten](#)[Länkar till andra](#)

## Svebar – Svensk bevakning av antibiotikaresistens

Svebar är ett världsunikt samarbete för snabb återkoppling och tidig varning för antibiotikaresistens. Genom systemet kommer resistens att rapporteras lokalt och nationellt. Utan verksamma antibiotika hotas stor del av den moderna sjukvården. Resistensutvecklingen är därmed en patientsäkerhetsfråga och ett växande folkhälsoproblem, säger Johan Struwe, överläkare och projektsamordnare på Smittskyddsinstitutet.

Omotiverad eller felaktig antibiotikaanvändning och spridning av resistenta bakteriestammar inom vården och ute i samhället har lett till en ökande resistensutveckling med risk att infektioner som tidigare gått att behandla blir svårbehandlade eller omöjliga att behandla. Att "ha koll på läget", lokalt och nationellt, är därför av yttersta vikt för att resistenta bakterier inte ska spridas i det tysta utan att motåtgärder vidtas, samt att patienterna erbjuds rätt behandling.

### Vad gör och vad är Svebar?

Den fortsatta utvecklingen och införandet av Svebar är ett uppdrag SMI fått av regeringen för att förbättra övervakningen av förekomst av antibiotikaresistens i Sverige.

### Så ansluter ni laboratoriet

[Fyll i och underteckna](#) [Personuppgifts-  
biträdesavtal](#) [Samarbetsavtal](#)[Specifikation för uppkoppling](#) [Systembeskrivning](#)

### Fakta & fördjupning

#### Antibiotikaresistens

[Behandlingsrekommendationer  
för vanliga infektioner i  
öppenvård](#)[Vården kan minska  
spridningen av VRE](#)[Årsrapporter om  
antibiotikaresistensläget  
\(SWEDRES\)](#)[Är  
behandlingsrekommendationer  
ett stöd för läkaren?](#)

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Information

Översikt

Medverkande

Externa länkar

Svebars externa  
projektinformation

Sammanställningar och  
presentationer

Smittskyddsinstitutet

Smittskyddsinstitutet  
resistensövervakning

ResNet

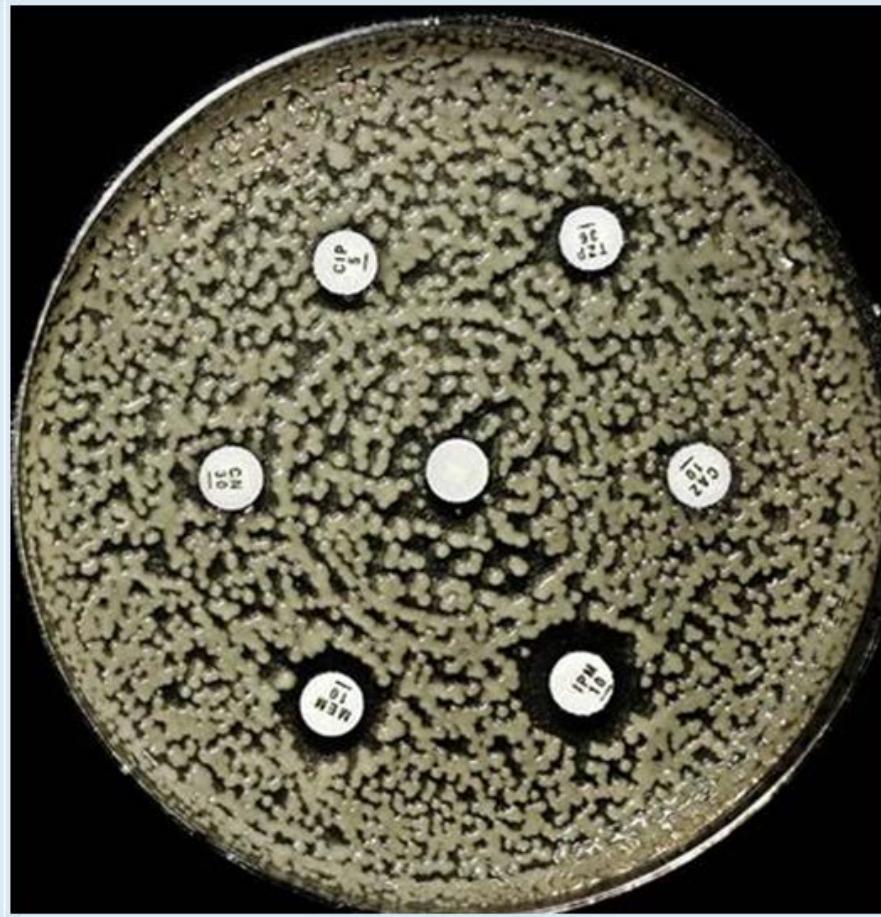
Swedres

Nordicast

ECDC- Antimicrobial  
Resistance and Healthcare-  
associated Infections  
Programme

Eucast

## Svensk bevakning av antibiotikaresistens



## **Laboratorier som f.n. (12-04-17) medverkar:**

Halmstad

Kalmar

Karlskrona

Malmö

Visby

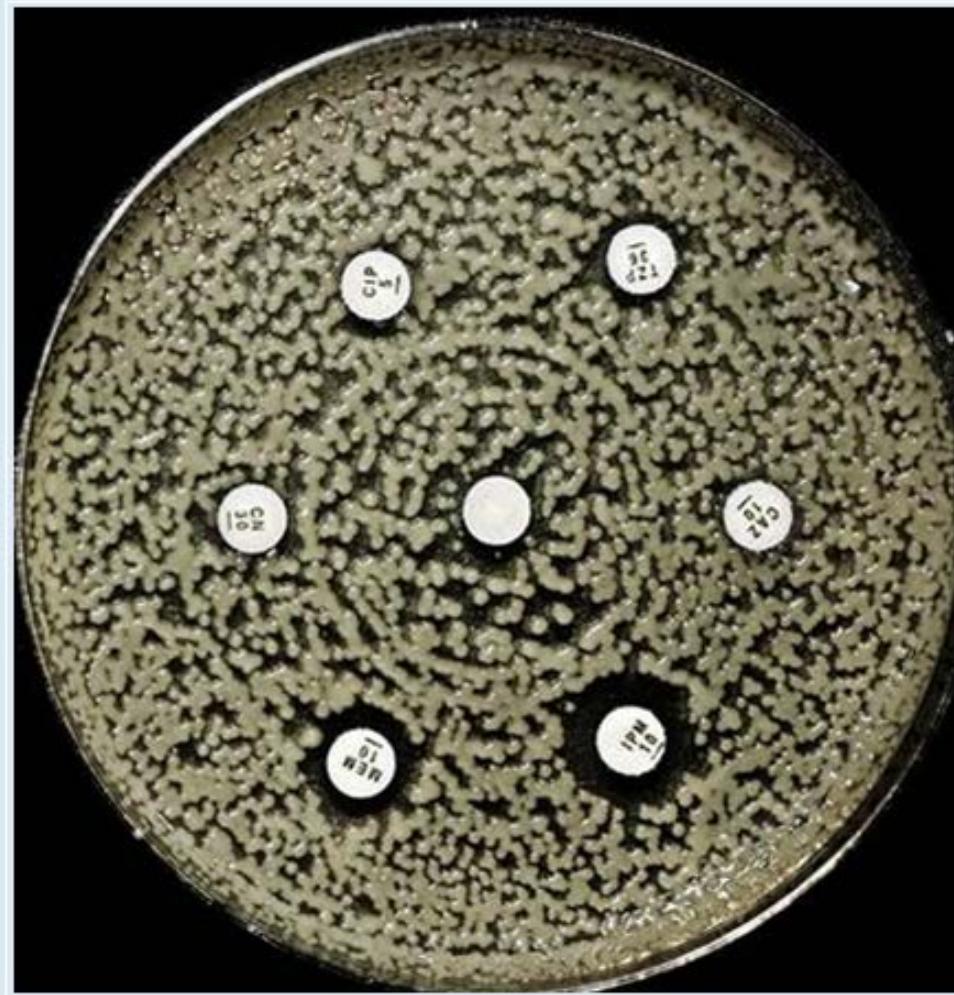
Växjö

Borås/Södra Älvsborg

Trollhättan/ Norra Älvsborg

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## Svensk bevakning av antibiotikaresistens



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## Administrera EW-filter

Lägg till EW-filter

* Lab	Art	Antibiotika	Aktivt	Antal R	%R	% (I+R)	Period
	ACINETOBACTER BAUMANNI	MEROPENEM	<input checked="" type="checkbox"/>	1	Valj... ▾	Valj... ▾	2 veckor ▾

\* Obligatoriskt fält

Avbryt Spara

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Synonym antibiotika

Synonym art

Synonym provtyp

Synonym analys

Administration

Administrera användare

Administrera gruppmedlemskap

Administrera roller

## Översikt EW-filter

▼ Labkod ▲	▼ Art ▲	▼ Antibiotika ▲	Aktivt	Antal R	%R	%(I + R)	Period	C/L	[23] 20 ▾
SE110	CANDIDA ALBICANS	FLUKONAZOL OR ITRACONAZOLE	ja	1	Ej valt	Ej valt	2 veckor	Centralt	
SE120	STREPTOCOCCUS PNEUMONIAE	AMOXICILLIN OR AMPICILLIN OR CEFOTAXIM OR CEFTRIAKON OR MEROPENEM OR PENICILLIN V	ja	1	Ej valt	Ej valt	2 veckor	Centralt	
SE120	ENTEROCOCCUS FAECIUM	VANKOMYCIN OR TEICOPLANIN	ja	1	Ej valt	Ej valt	2 veckor	Centralt	
SE230	STREPTOCOCCUS PYOGENES	AMPICILLIN OR PENICILLIN G OR PENICILLIN V OR CEFOTAXIM OR NOT USED	ja	1	Ej valt	Ej valt	2 veckor	Centralt	
SE250	ACINETOBACTER SPECIES	MEROPENEM	ja	1	Ej valt	Ej valt	2 veckor	Centralt	
Alla	STREPTOCOCCUS PYOGENES	PENICILLIN G OR PENICILLIN V OR AMOXICILLIN OR AMPICILLIN OR CEFOTAXIM OR MEROPENEM	ja	1	Ej valt	Ej valt	2 veckor	Centralt	
Alla	ESCHERICHIA COLI	CIPROFLOXACIN OR LEVOFLOXACIN OR NALIDIXINSYRA AND CEFOTAXIM OR CEFTAZIDIM AND GENTAMICIN OR TOBRAMYCIN OR AMIKACIN	ja	1	Ej valt	Ej valt	2 veckor	Centralt	
Alla	ENTEROCOCCUS FAECALIS	VANKOMYCIN OR TEICOPLANIN	ja	1	Ej valt	Ej valt	2 veckor	Centralt	
Alla	ENTEROCOCCUS FAECIUM	VANKOMYCIN OR TEICOPLANIN	ja	1	Ej valt	Ej valt	2 veckor	Centralt	
Alla	ESCHERICHIA COLI	ERTAPENEM OR IMIPENEM OR MEROPENEM OR DOROPENEM	ja	1	Ej valt	Ej valt	2 veckor	Centralt	

Centralt filter ID: 210

Lab : Alla

Art : PSEUDOMONAS AERUGINOSA

Antib.: CEFTAZIDIM AND DORIPENEM OR ERTAPENEM OR MEROPENEM OR IMIPENEM

Träffar: 1

%R : N/A

%(R+I) : N/A

Period : 14 dagar

Trigger: 3

Datum : 20120417

Lab : SE540

Provdatum : 20120405

Ident : Se rapportfil.

Datum : 20120417

Lab : SE310

Provdatum : 20120402

Ident : Se rapportfil.

Datum : 20120417

Lab : SE230

Provdatum : 20120406

Ident : Se rapportfil.

-----  
Centralt filter ID: 212

Lab : Alla

Art : STREPTOCOCCUS PYOGENES

Antib.: PENICILLIN G OR PENICILLIN V OR AMOXICILLIN OR AMPICILLIN OR CEFOTAXIM OR MEROPENEM

Träffar: 1

%R : N/A

%(R+I) : N/A

Period : 14 dagar

Trigger: 1

Datum : 20120417

Lab : SE120

Provdatum : 20120410

Ident : Se rapportfil.

Favoriter

## Svebar Warning

- Inkorgen
- Utkast
- Skickat
- Borttaget

Anteckningar

Skräppost

Sök mappar

Nytt ▾ Ta bort ▾ Flytta ▾ Filter ▾ Visa ▾



Sök i hela postlådan

Konversationer efter Datum ▾ Senaste överst

I dag

- Central Early Warning Report SVEBAR: 2012-04-17\_020402  
noreply@smi.se 03:06

i går

- test  
Svebar Warning må 13:28
- test  
Svebar Warning må 13:26
- test  
Svebar Warning må 13:25

## Central Early Warning Report SVEBAR: 2012-04-17\_020402

noreply@smi.se

Till: Svebar Warning

## ----- SUMMERING -----

Totalt antal registreringar: 696932  
Antal negativa registreringar: 442914(63%)  
Antal registreringar de senaste 24 timmarna:

SE100 : 0

SE110 : 236

SE120 : 2003

SE130 : 0

SE140 : 0

SE230 : 231

SE240 : 291

SE250 : 384

SE300 : 0

SE310 : 599

SE320 : 0

SE330 : 0

SE350 : 0

SE400 : 0

SE420 : 0

SE430 : 0

SE440 : 0

SE450 : 0

SE540 : 57

SE600 : 0

SE610 : 0

SE620 : 0

SE700 : 0

SE710 : 0

SE720 : 0

SE730 : 0

# Översikt registreringar

Filter	ESCHERICHIA COLI Alla <input type="radio"/> Endast aktiva <input checked="" type="radio"/>	SE120	20120217 <input type="button" value="..."/>	BLODODLING AEROB ANAEROB	2002 <input type="button" value="..."/>	Välj... <input type="button" value="..."/>	Välj... <input type="button" value="..."/>	Selektion : 239 Negativa : 0 (0%)	
			20120403 <input type="button" value="..."/>	Alla <input type="radio"/> Endast aktiva <input checked="" type="radio"/>	2012 <input type="button" value="..."/>	Välj... <input type="button" value="..."/>			
Calc	▼ Art	▼ Labkod	▼ Provdatum	▼ Typ av analys	▼ Remissår	▼ Födelsedatum	▼ Kön	Antibiotika	Kommentar
	ESCHERICHIA COLI	SE120	20120223	BLODODLING AEROB ANAEROB	2012	192506 (87)	Män		
	ESCHERICHIA COLI	SE120	20120320	BLODODLING AEROB ANAEROB	2012	192605 (86)	Kvinna		
	ESCHERICHIA COLI	SE120	20120320	BLODODLING AEROB ANAEROB	2012	194003 (72)	Män		
	ESCHERICHIA COLI	SE120	20120319	BLODODLING AEROB ANAEROB	2012	196902 (43)	Kvinna		
	ESCHERICHIA COLI	SE120	20120320	BLODODLING AEROB ANAEROB	2012	194003 (72)	Män		
	ESCHERICHIA COLI	SE120	20120320	BLODODLING AEROB ANAEROB	2012	192605 (86)	Kvinna		
	ESCHERICHIA COLI	SE120	20120320	BLODODLING AEROB ANAEROB	2012	193101 (81)	Kvinna		
	ESCHERICHIA COLI	SE120	20120319	BLODODLING AEROB ANAEROB	2012	191902 (93)	Kvinna		
	ESCHERICHIA COLI	SE120	20120320	BLODODLING AEROB ANAEROB	2012	193101 (81)	Kvinna		
	ESCHERICHIA COLI	SE120	20120316	BLODODLING AEROB ANAEROB	2012	193701 (75)	Kvinna		
	ESCHERICHIA COLI	SE120	20120315	BLODODLING AEROB ANAEROB	2012	192008 (92)	Kvinna		
	ESCHERICHIA COLI	SE120	20120319	BLODODLING AEROB ANAEROB	2012	196902 (43)	Kvinna		
	ESCHERICHIA COLI	SE120	20120315	BLODODLING AEROB ANAEROB	2012	193601 (76)	Män		
	ESCHERICHIA COLI	SE120	20120315	BLODODLING AEROB ANAEROB	2012	193601 (76)	Män		
	ESCHERICHIA COLI	SE120	20120229	BLODODLING AEROB ANAEROB	2012	195510 (57)	Kvinna		
	ESCHERICHIA COLI	SE120	20120223	BLODODLING AEROB ANAEROB	2012	192410 (88)	Kvinna		
	ESCHERICHIA COLI	SE120	20120223	BLODODLING AEROB ANAEROB	2012	192410 (88)	Kvinna		
	ESCHERICHIA COLI	SE120	20120313	BLODODLING AEROB ANAEROB	2012	192811 (84)	Kvinna		
	ESCHERICHIA COLI	SE120	20120313	BLODODLING AEROB ANAEROB	2012	192811 (84)	Kvinna		
	ESCHERICHIA COLI	SE120	20120301	BLODODLING AEROB ANAEROB	2012	197702 (35)	Män		

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Exportera data till fil

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## Summering

Art	ESCHERICHIA COLI			
Lab	SE120	Regår Fr.o.m.	2002	
Kön	N/A	Regår T.o.m	2012	
		Födär Fr.o.m.	N/A	
Antal	5389	Födär T.o.m.	N/A	

Antibiotikum	Totalt	S %	I %	R %	Prim=1	S %	I %	R %	Fel tot.	Fel Prim=1
AMIKACIN	53	98,1	1,9	0	5	80	20	0	0	0
AMOXICILLIN	4 893	0	64,3	35,7	4 887	0	64,3	35,7	0	0
AMOXICILLINCLAVULANSYRA	53	81,1	0	18,9	5	60	0	40	0	0
AMPICILLIN	5 165	0	63,3	36,7	5 154	0	63,3	36,7	0	0
AZTREONAM	53	100	0	0	5	100	0	0	0	0
CEFADROXIL	5 166	94,6	0	5,4	5 156	94,7	0	5,3	0	0
CEFALEXIN	53	98,1	0	1,9	5	100	0	0	0	0
CEFOTAXIM	875	73,8	0,3	25,8	841	73,2	0,4	26,4	0	0
CEFOXITIN	8	87,5	0	12,5	8	87,5	0	12,5	0	0
CEFTAZIDIM	876	77,1	2,6	20,3	823	75,9	2,8	21,3	0	0
CEFTIBUTEN	25	96	0	4	24	95,8	0	4,2	1	1
CEFUXOXM	1	100	0	0	1	100	0	0	0	0
CIPROFLOXACIN	5 220	90,4	0,2	9,4	5 186	90,5	0,1	9,4	0	0
COLISTIN	151	100	0	0	149	100	0	0	0	0
DOXYCYKLIN	2	50	50	0	1	100	0	0	0	0
ERTAPENEM	53	100	0	0	5	100	0	0	1	1
ERYTROMYCIN	1	0	0	100	1	0	0	100	0	0
FOSFOMYCIN	142	97,2	0	2,8	142	97,2	0	2,8	0	0
FUSIDINSYRA	10	0	0	100	10	0	0	100	0	0
GENTAMICIN	712	87,8	0,8	11,4	661	87,6	0,9	11,5	0	0
IMIPENEM	868	100	0	0	817	100	0	0	0	0
ISOXAZOLVLPENICILLIN	1	0	0	100	1	0	0	100	0	0