SURVIVE and **THRIVE**

Transforming care for every small and sick newborn

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#EveryNewborn

#EveryChildAlive

Aetiology of neonatal sepsis and meningitis in Africa

- 82 studies (2008 2018)
- 52465 neonates
- 19 countries
- Almost all hospital-based (mostly urban tertiary referral facilities)

Neonatal bacteraemia or sepsis

- Staphylococcus aureus 25% (21% 29%)
- Klebsiella spp 21% (16% 27%)
- Escherichia coli 10% (8% 10%)

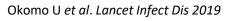
Neonatal meningitis

- Group B Streptococcus 24% (16% 33%)
- Streptococcus pneumoniae 17% (9% 26%)
- Staphylococcus aureus 12% (3% 25%)

Resistance to WHO recommended antibiotics

- β-lactams 68% (614/904 cases)
- Aminoglycosides 27% (317/1176 cases)

- Data gaps many countries little or no data
- More consistency in reporting less data wastage
- Use of standardised reporting guidelines **STROBE NI** (Fitchett *et al. Lancet Infect Dis* 2016)



Number of published studies per Country

Not applicable

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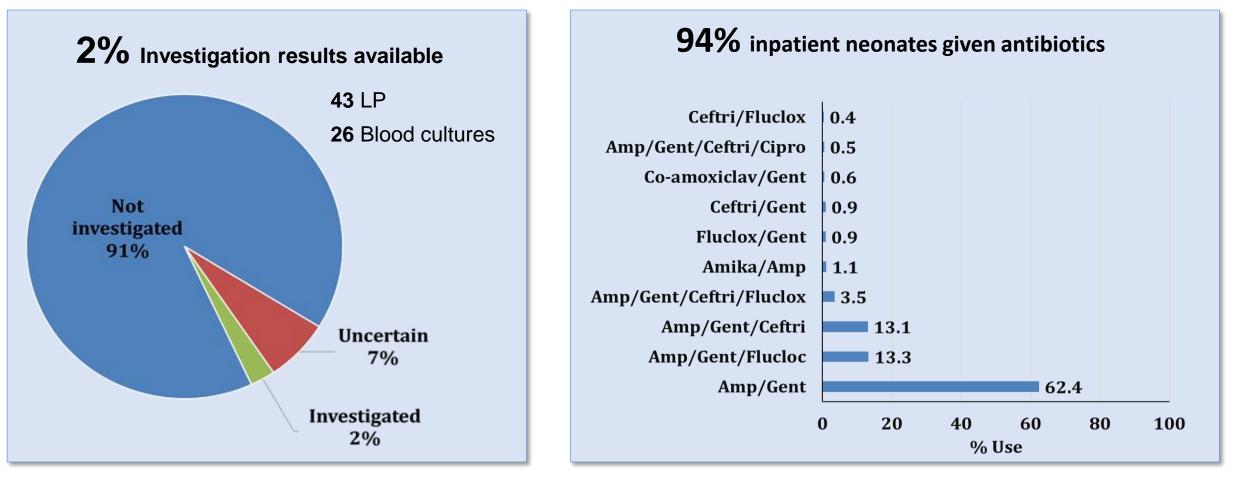
No data

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CHAPTER 2. What the numbers say

Neonatal "presumed infection" cases in a Gambian Teaching Hospital (N=4999)

Mismatch of investigation vs antibiotics use



Okomo U et al. Paediatr Int Child Health. 2015 and PhD thesis, LSHTM 2018

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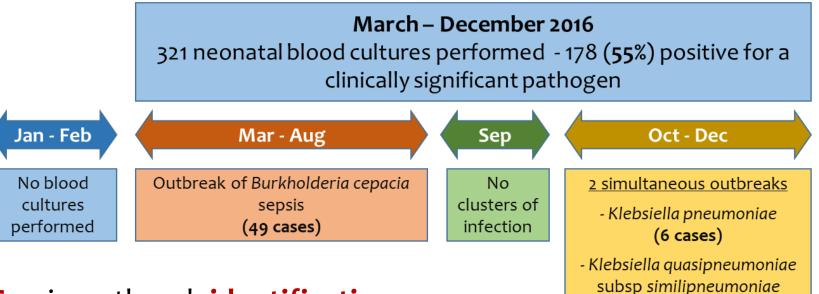
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CASE STUDY 2

Hospital-acquired neonatal infections – endemic infections & outbreaks



Babies born in or admitted to hospital are exposed to multiple sources of infection

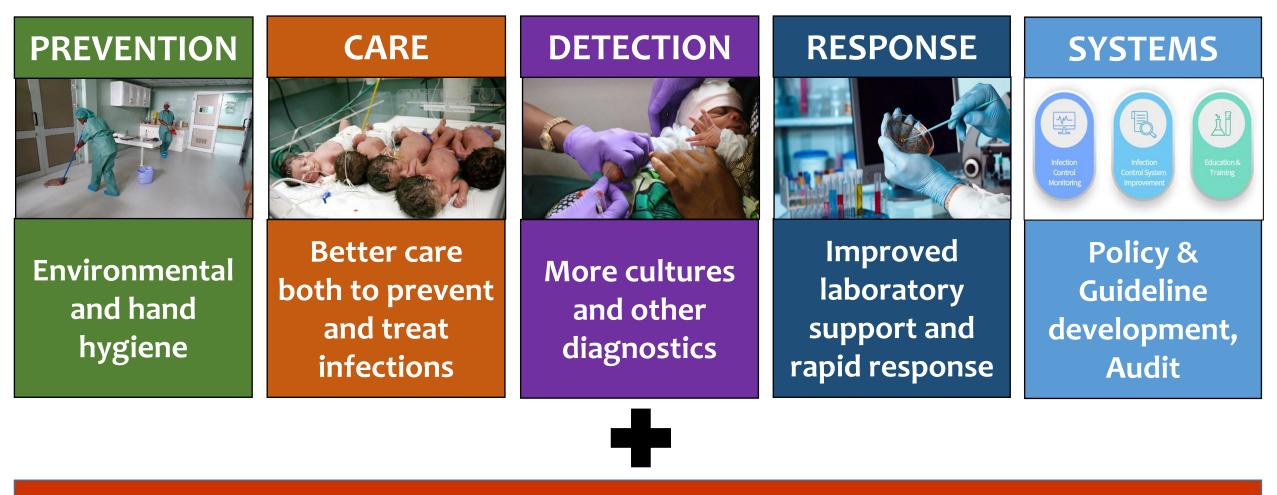


- Gap in outbreak identification
- HAI with high CFR (~50%)
- Recurrent B. cepacia and now MDR ESBL Klebsiellae
- Extrinsic contamination of IV fluids and antibiotics
- Suboptimal IPC and poor hand hygiene

Okomo U et al. Lancet Microbe (Forthcoming 2020)

(39 cases)

Improving quality of care for newborns - recommendations



Neonatal unit IPC Plan and Team

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