



Société belge d'infectiologie et de microbiologie clinique

Belgische vereniging voor infectiologie en klinische microbiologie

**BVIKM - SBIMC WORKING GROUPS:
ACTIVITIES AND CHALLENGES**

FROM IGGI 1.0 TO IGGI 2.0

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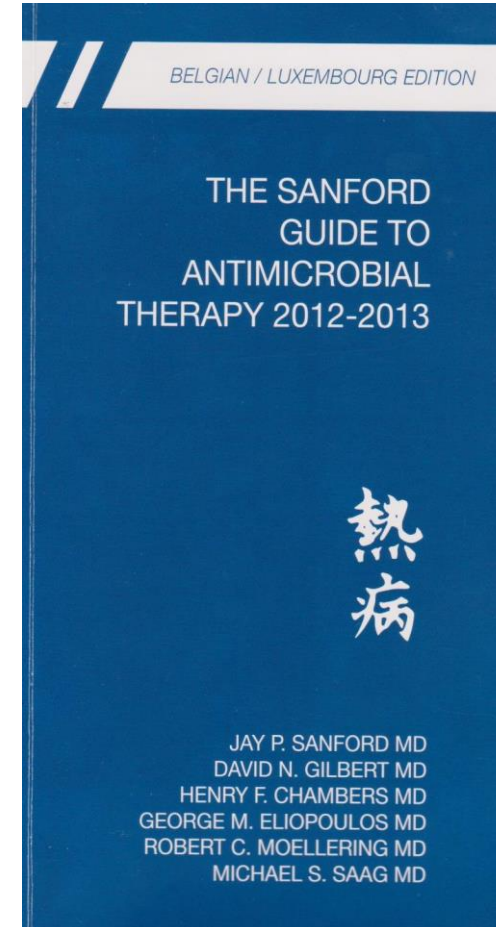
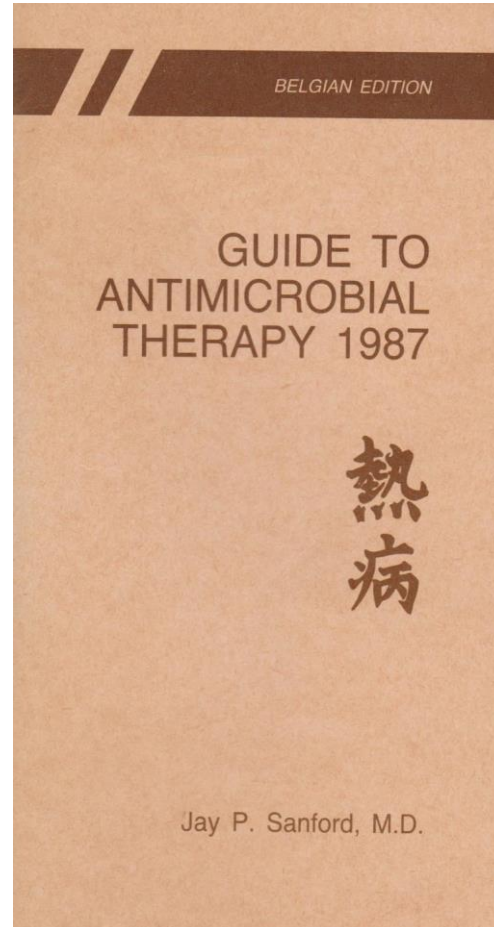
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- **1987 → 2013 (total of 23 editions).**
 - 1987 – 1990: distribution under license by Beecham Pharma.
 - 1987 – 1990: distribution under license by SmithKline Beecham Pharma.
 - 1991 – 2000: distribution under license by GlaxoSmithKline.
 - 2008 – 2013: distribution under license by the BVIKM-SBIMC (2-yearly editions).
- **Evolution from 123 pages → 500 pages.**
- Mostly based on **expert opinion + review of the literature** (no GRADE system).
- Maximum print **run of 20,000 copies**, distributed for **free**.

- **2013 → 2017.**

- Recognition of the need for an electronic version of the guide.
- Unsuccessful negotiations with Jeb Sanford to continue the collaboration.
- Development BVIKM-SBIMC website.
- Decision to create a new tool in FR and NL.

- **IGGI: InfectiologieGids-Guide d'Infectiologie**, embedded in the new website.

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Infectiologiegids - Guide d'infectiologie



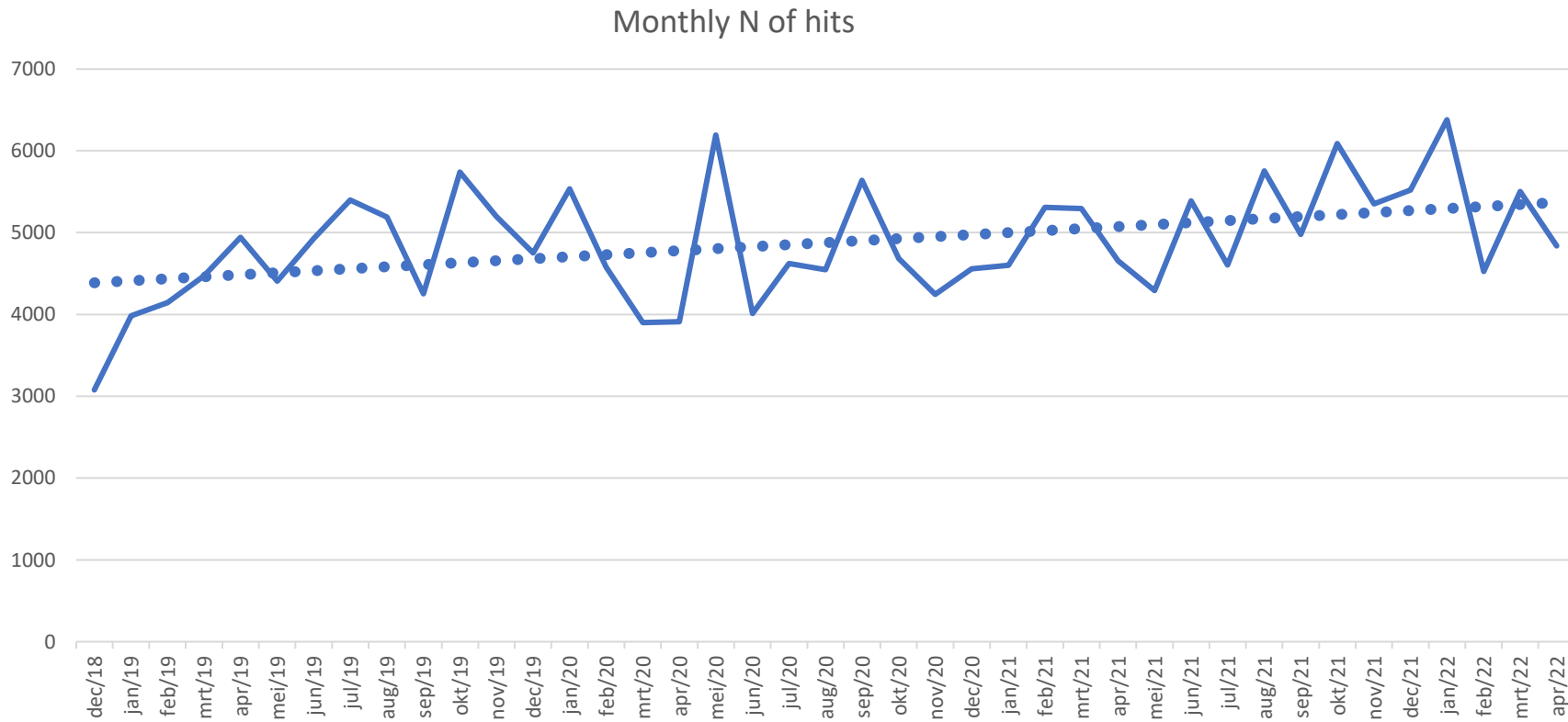
- **Q4 2017: launch of IGGI 1.0.**

- Payable institutional and individual licenses.
- Currenty +/- 1,400 PDF files in Dutch and equal N in French.



- **2017 → today.**

- **Financially healthy** situation (financially self-supporting).
- Almost 40% of Belgian hospitals have subscribed and are currently using IGGI.
- > 200,000 times a page of IGGI has been consulted since December 2018.
- Mean of 5,000 hits per month since the measurements started.
- Positive trend: increasing N of hits.



- **Evaluation of IGGI (version 1.0) 4 years after its launch shows that there is room for improvement at different levels.**
 - **Userfriendliness** [usability on smaller screens (tablet, smartphones) currently difficult because of pdf form, improved search engine, ...].
 - **Difficulties to reach the update objective** (100% every 2 years) as a consequence of the difficulties to create, motivate, ... ad hoc working groups [important workload of the members, especially (but not exclusively) in the context of covid-19].
 - **Absence of a transparent and consistent methodology** for the update of the guidelines.



- **Decisions taken by the BVIKM-SBIMC board.**
 - Creation of an **IGGI steering committee** (SC) composed of infectiologists (including a paediatrician), microbiologists and hospital pharmacists to guide the further development of IGGI 2.0.
 - Search for sustained [financial and other (endorsement)] **support** from partners such as the Belgian government (BAPCOC), the Belgian Association of Hospital Pharmacists, scientific societies, Sciensano, KCE, ...
 - Recruitment of a **scientific collaborator** for the management of the scientific aspects of IGGI 2.0.
- **Replacement of the current version by an updated version IGGI 2.0.**

- **IGGI 2.0 Steering Committee responsibilities.**

- Working group that will manage the conversion of IGGI 1.0 to IGGI 2.0 and the further development of IGGI (reporting to the board of the BVIKM-SBIMC).
 - To recruit a scientific collaborator (1/2 FTE).
 - To prioritise the IGGI chapters for review.
 - To clean up the overall contents of the current version 1.0 (references).
 - To guide the transition to the new electronic format.
 - To solve generic issues which may have an impact throughout the whole guide (consistency).
 - To compose the working groups that will review the selected chapters (volunteers for these working groups are more than welcome).
 - ''''

- **IGGI 2.0 Steering Committee.**

- First meeting January 27 2022, since then regular monthly meetings.
- Members.
 - BRIQUET Caroline, hospital pharmacist (Clin. Univ. Saint-Luc Bruxelles).
 - DELAERE Bénédicte, infectiologist (Clin. Univ. Saint-Luc Namur).
 - DE GEYTER Deborah, microbiologist (UZ Brussel).
 - DE SCHEPPER Lotte, hospital pharmacist (UZ Gent).
 - NEBBIOSO Andrea, paediatrician (Hôpital d'Ixelles, Bruxelles).
 - PIERARD Denis, microbiologist (UZ Brussel).
 - TEN KATE Luit, infectiologist (UZ Antwerpen).



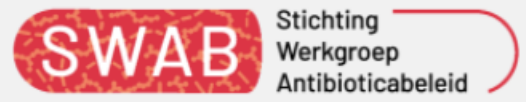
- **IGGI 2.0 Scientific Collaborator.**

- Recruitment ongoing (almost finalised).
- Job description.
 - Development of a transparent and consistent methodology for the review.
 - Scientific transition to the new format.
 - Set-up and preparation (literature study, EBM) of working parties, communication with experts, follow-up timelines.
 - Organisation of working meetings.
 - Update of existing and writing of new guidelines, in collaboration with experts in the field (working groups).
 - ...



- **IGGI 2.0 Coordinator.**

- Job description: management of all non-scientific aspects of IGGI 2.0.
 - Practical organisation of the transition to the new format in collaboration with the Dutch provider IDMC (Infectious Diseases Management Corporation) / IDM Alert).
 - Translation of the existing IGGI 1.0 documents in English.
 - Accountancy, financial management of IGGI 2.0 (funding excluded).
 - Follow-up of all practical issues related to IGGI 2.0 (licenses, invoices, ...).
 - Management of the BVIKM-SBIMC website (IGGI 2.0 embedded).
 - ...



Zoeken

Inloggen

Gewijzigde therapie

Meer

sepsis/koorts bij neutropenie	2 maanden ago
comm-acq pneumonie - aspiratie	6 maanden ago
larva migrans cutanea (creeping eruption)	6 maanden ago

Gewijzigde profylaxe

Meer

splenectomie	6 maanden ago
meningokokkeninfectie	9 maanden ago
bijna-verdrinking	9 maanden ago

Gewijzigde medicatie

Meer

cefepim	2 maanden ago
doxycycline	6 maanden ago
flucloxacilline	9 maanden ago

Gewijzigde pagina

Meer

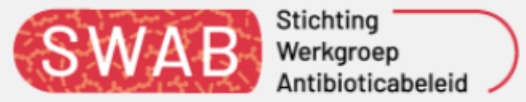
TDM - vancomycine	9 maanden ago
Samenstellers	1 jaar ago
Nationale AntibioticaBoekje van de SWAB	1 jaar ago

Nationale AntibioticaBoekje van de SWAB

Welkom bij het Nationale AntibioticaBoekje van de SWAB!

De SWAB, de Stichting Werkgroep AntibioticaBeleid, heeft een nationaal antibiotica boekje samengesteld, waarin adviezen worden gegeven voor therapie en profylaxe van de gangbare infectieuze ziektebeelden, en waarin ook de belangrijkste eigenschappen van alle antimicrobiële middelen te vinden zijn.

De ziektebeelden zijn in principe gerangschikt op 'orgaansysteem'. Voor die gevallen waar dit niet het gezochte ziektebeeld oplevert, biedt de 'zoek' knop meestal wel uitkomst.



Search

Log in

Home > Therapy > Skin and soft tissue

diabetische voet

[Advices](#) [General comments](#) [Sources](#)

Advices

≥ 18 years			
Priority	Score	Medication	Remarks
	6 / 8	flucloxacilline po 500mg 4dd 10 to 14 days	Oppervlakkig ulcus (met infectie)
	4 / 7	clindamycine po 600mg 3dd 10 to 14 days + ciprofloxacin po 750mg 2dd 10 to 14 days	Diep ulcus met infectie
	1 / 7	flucloxacilline iv 1000mg 4dd 10 to 14 days + ciprofloxacin po 750mg 2dd 10 to 14 days	Diep ulcus met infectie
	1 / 7	clindamycine po 600mg 3dd 10 to 14 days +	Diep ulcus met infectie

Antimicrobial resources

The following antimicrobial agents have been used in these recommendations:

- flucloxacilline
- clindamycine
- ciprofloxacin
- ceftazidim
- piperacilline/tazobactam

External antimicrobial resources

- flucloxacilline
- clindamycine
- ciprofloxacin



Empirical treatment of PEDIS grade 3 diabetic foot infection

[Advices](#) [General comments](#)

Advices

≥ 18 years
Indications: Patients without arthritis or osteomyelitis in the infected foot and without risk factors for infections due to MRSA, No IgE mediated allergy to penicillins

Priority	Medication	Remarks
1st choice	Amoxicilline + clavulanate iv 2g q8h + Amoxicilline + clavulanate iv 200mg q8h	Can be used in pregnant patients (see footnote 3). Can be used during breastfeeding (see footnote 3).
1st choice	Amoxicilline + clavulanate iv 1g + Amoxicilline + clavulanate iv 200mg q6h	Can be used in pregnant patients (see footnote 3). Can be used during breastfeeding (see footnote 3).

Anti-infective agents

- Amoxicilline + clavulanate
- Clindamycin
- Ciprofloxacin
- Levofloxacin
- Moxifloxacin
- Vancomycin
- Meropenem

Menu position

Skin and soft tissue

Metadata

- **IGGI 2.0 version: phase I.**

- Asap.
 - Elaboration of the methodology for in depth reviews.
 - Prioritisation of chapters for in depth review.
 - Identification of urgently needed new chapters.
 - Sanitation of the other chapters.
- New version available 1 year after the start of the activities of the scientific collaborator (July 1st 2023).
- Complete in depth review every 5 years.
- Abrupt switch from IGGI 1.0 to IGGI 2.0 (preferable) versus period of overlap?



- **IGGI 2.0 version: phase II.**

- Creation of the possibility to easily adapt the IGGI 2.0 contents to local needs: → set of guidelines per hospital (group) as is the case in the Netherlands (tool exists).
- Structural (sustained) financial support mandatory.

- **IGGI 2.0 version: prioritisation.**

- Urinary tract infections: empirical treatment.
- Osteo-articular infections: empirical treatment.
- Dosing of anti-infectives in patients with renal impairment.
- Vaccination.
- Treatment of infections due to non-tuberculous mycobacteria (MOTT).
- ...

- **Quid with IGGI 1.0 in the meantime?**

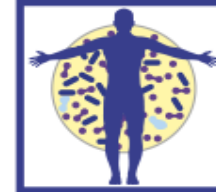
- Adaption to new EUCAST directives (S I R).
- Correction of (major) errors.
- Adaptation in case of major changes.
 - Availability of new drugs on the Belgian market.
 - Disappearance of currently available anti-infective drugs.
 - Publication of new (inter)national recommendations/guidelines.
 - ...

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