



THE UNIVERSITY OF
MELBOURNE

Herd effects of topical antibiotic prophylaxis among ICU patients. Simulating a cluster randomized trial using published studies.

James Hurley

February 2022,

Oceania Stata Conference

Disclosures

James Hurley has no conflicts of interest to declare

Talk outline

The ICU patient

The research question

Herd effects

The data

- linear scale
- logit scale

Data available in

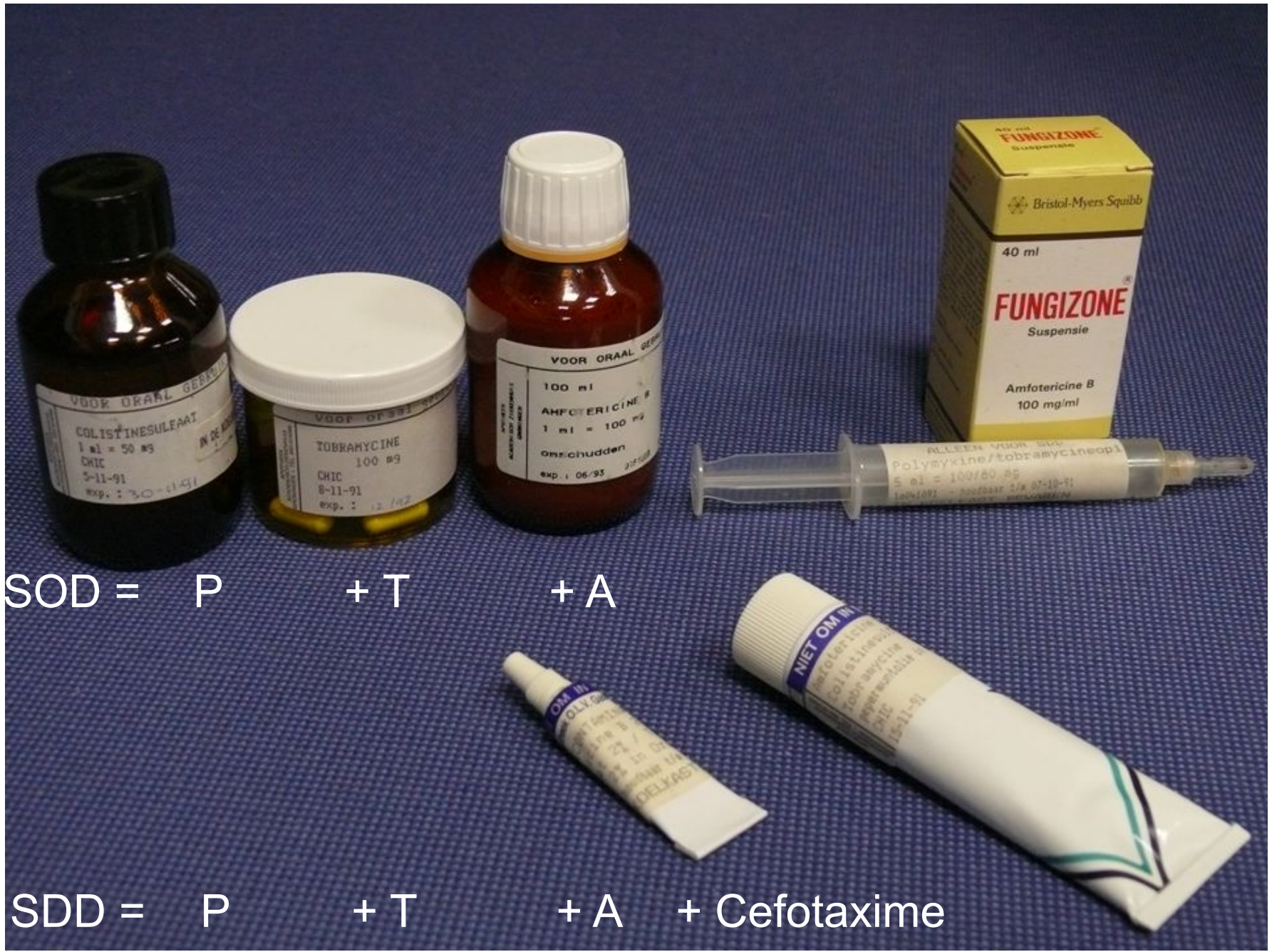
Hurley JC. Discrepancies in Control Group Mortality Rates Within Studies Assessing Topical Antibiotic Strategies to Prevent Ventilator-Associated Pneumonia: An Umbrella Review. *Critical care explorations*. 2020 Jan;2(1).

The mechanism?

The ICU patient on MV



SDD/SOD



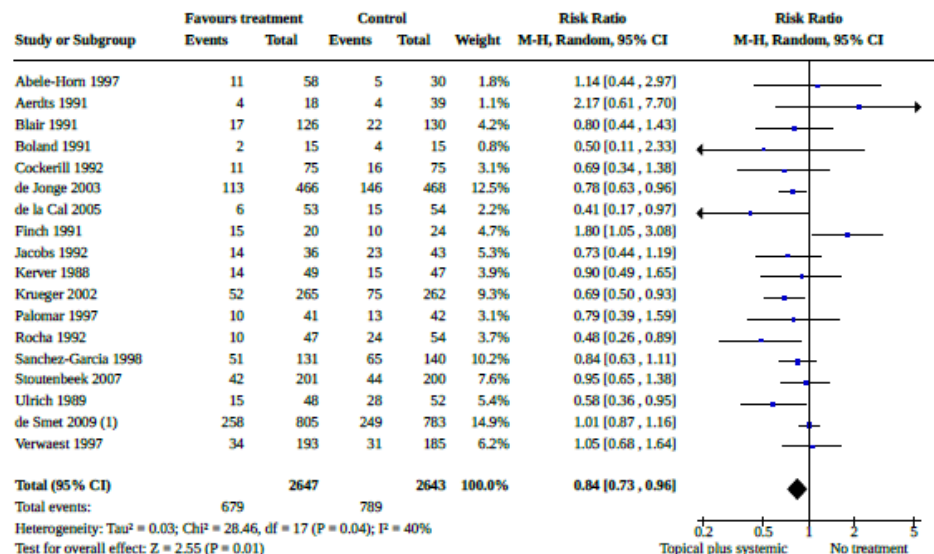
SOD = P + T + A

SDD = P + T + A + Cefotaxime

Topical antibiotic prophylaxis to reduce respiratory tract infections and mortality in adults receiving mechanical ventilation (Review)

Minozzi S, Pifferi S, Brazzi L, Pecoraro V, Montrucchio G, D'Amico R

Analysis 1.1. Comparison 1: Topical plus systemic prophylaxis versus placebo or no treatment, Outcome 1: Overall mortality



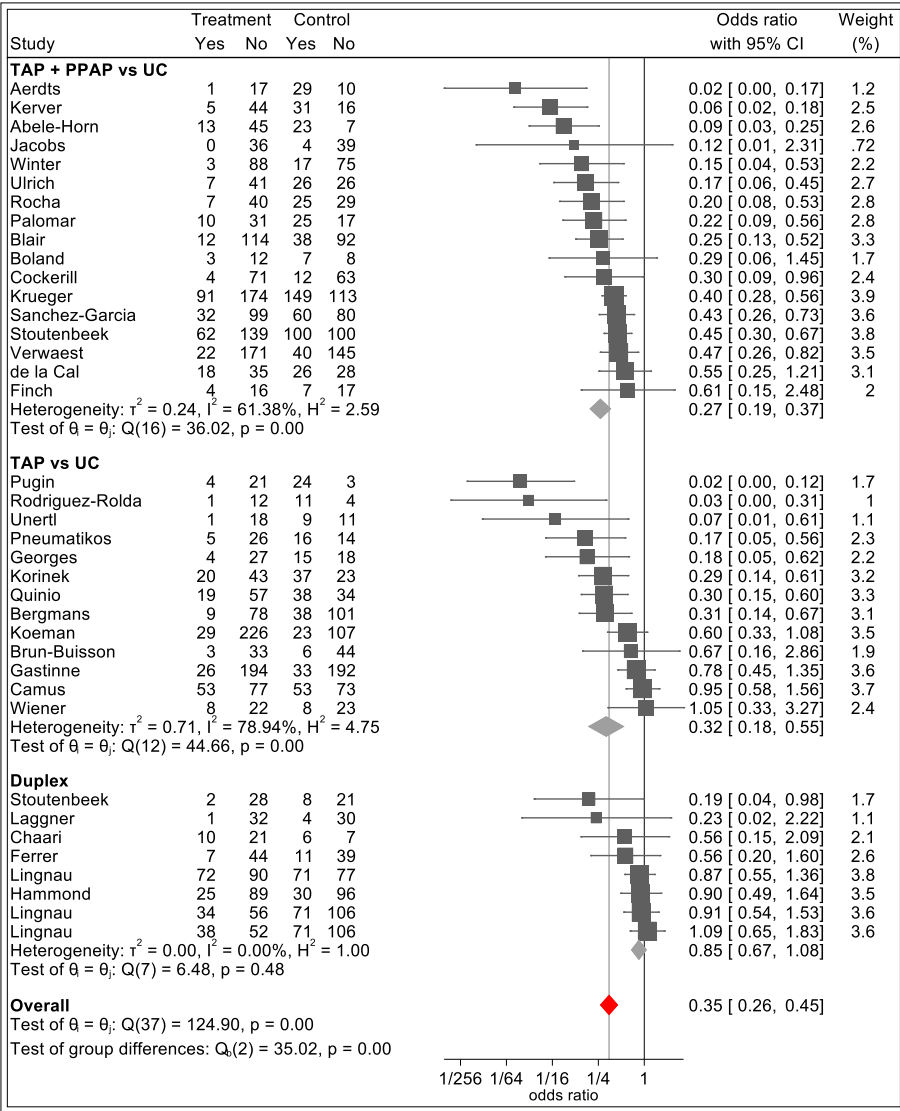
Minozzi S, Pifferi S, Brazzi L, Pecoraro V, Montrucchio G, D'Amico R.
 Topical antibiotic prophylaxis to reduce respiratory tract infections and mortality in adults receiving mechanical ventilation
Cochrane Database of Systematic Reviews 2021, Issue 1. Art. No.: CD000022.
 DOI: 10.1002/14651858.CD000022.pub4.

Footnotes

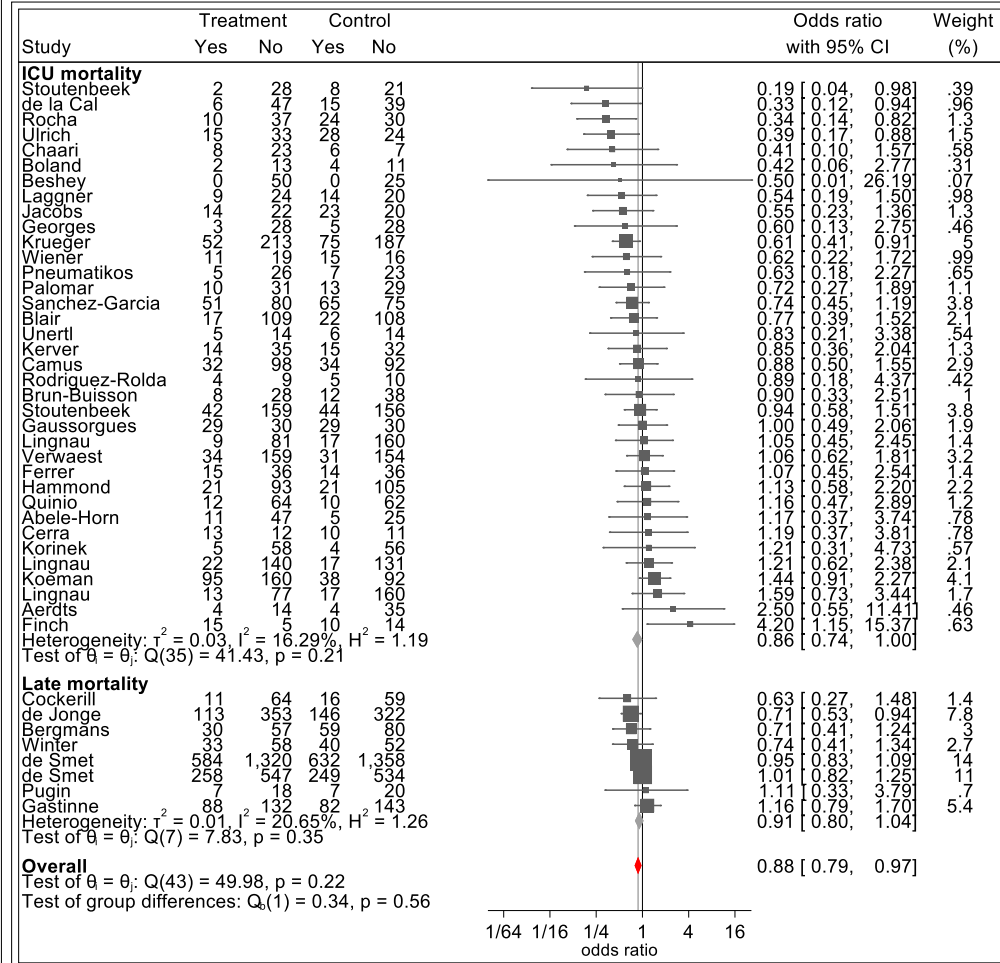
(1) We adjusted the sample size of the cluster-RCT by calculating the effective sample size according to #Section 23.1.4 of the Handbook

Pneumonia and mortality prevention effect size from RCCT's

Pneumonia: Antibiotic interventions



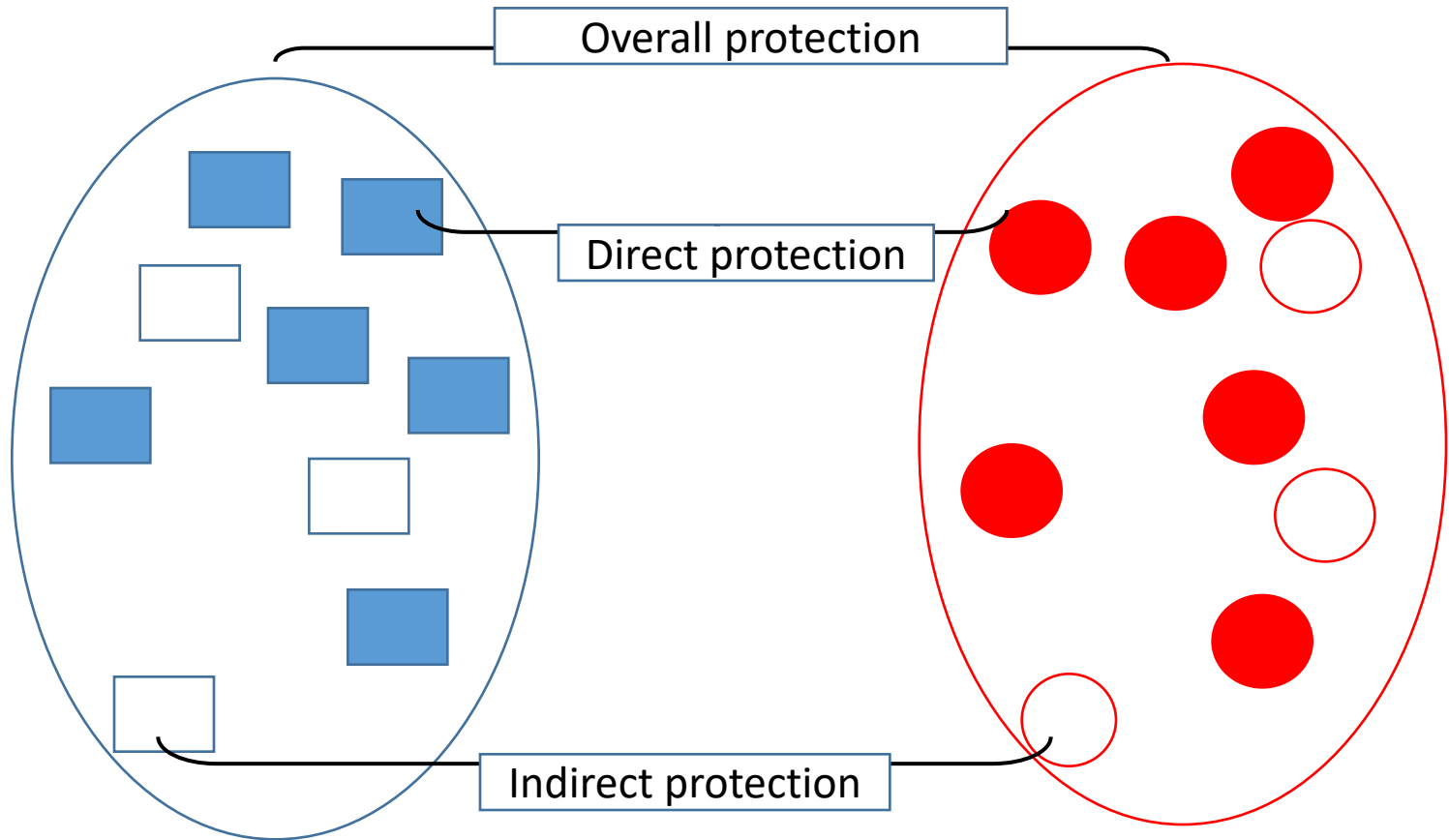
Mortality: Antibiotic interventions







Pneumonia and mortality prevention effect size from RCCT's

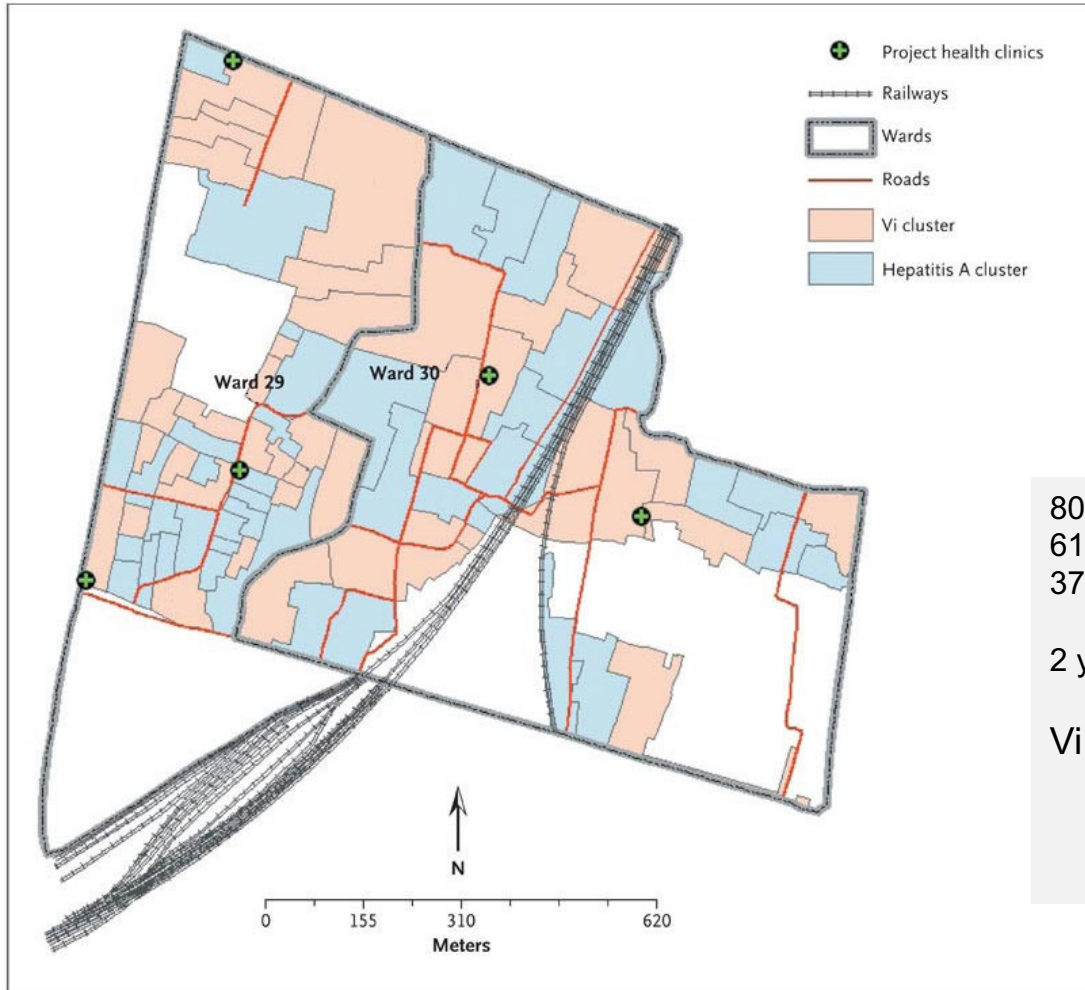
The research question

- Does Topical antibiotic prophylaxis (TAP) engender indirect (herd) effects on concurrent ICU patients?



	Blue neighbourhood	Red neighbourhood
Received vaccine		
'Missed out'		

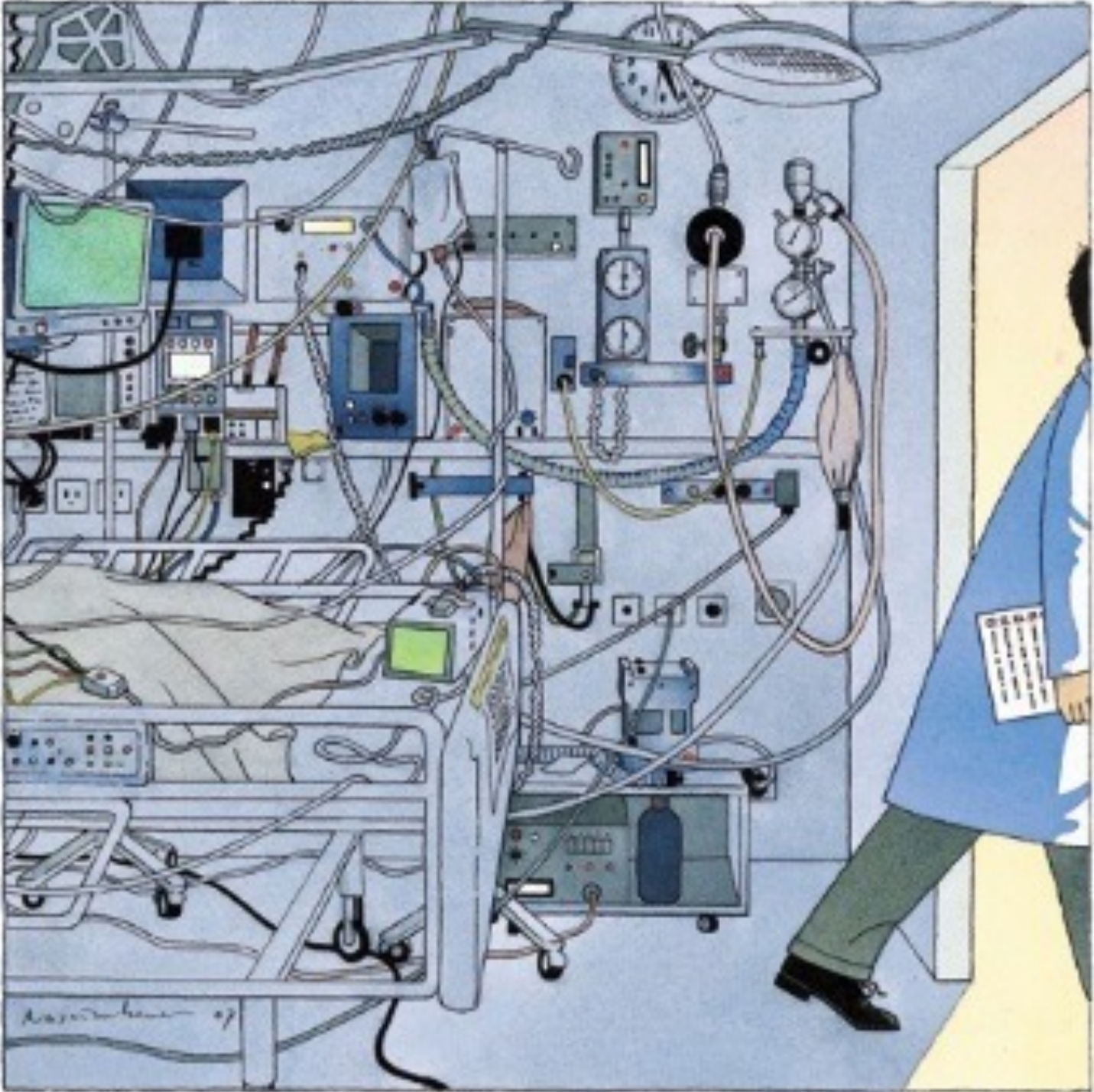
Neighborhoods in Kolkata, India.



80 neighbourhoods
61280 people
37673 vaccinated

2 years follow up

Vi typhoid protection;
Direct = 61%; 41-75
Indirect = 44%; 2-69



The data:

Interventions to prevent infections (n = numbers of studies)

UGIT (n = 121)

Toews I, George AT, Peter JV, Kirubakaran R, Fontes LES, Ezekiel JPB, Meerpohl JJ. Interventions for preventing upper gastrointestinal bleeding in people admitted to intensive care units. *Cochrane Database of Systematic Reviews* 2018, Issue 6. Art. No.: CD008687.

Feeding [EN vs TPN] (n = 46)

Lewis SR, Schofield-Robinson OJ, Alderson P, Smith AF. Enteral versus parenteral nutrition and enteral versus a combination of enteral and parenteral nutrition for adults in the intensive care unit. *Cochrane Database of Systematic Reviews* 2018, Issue 6. Art. No.: CD012276.

Padilla PF, Martínez G, Vernooij RW, Urrútia G, i Figuls MR, Cosp XB. Early enteral nutrition (within 48 hours) versus delayed enteral nutrition (after 48 hours) with or without supplemental parenteral nutrition in critically ill adults. *Cochrane Database of Systematic Reviews* 2019(10).

Alkhwaja S, Martin C, Butler RJ, Gwadry-Sridhar F. Post-pyloric versus gastric tube feeding for preventing pneumonia and improving nutritional outcomes in critically ill adults. *Cochrane Database of Systematic Reviews* 2015(8).

Airway management (n = 61)

Wang L, Li X, Yang Z, Tang X, Yuan Q, Deng L, Sun X. Semi-recumbent position versus supine position for the prevention of ventilator-associated pneumonia in adults requiring mechanical ventilation. *Cochrane Database Syst Rev* 2016(1). DOI: 10.1002/14651858.CD009946.pub2.

Gillies D, Todd DA, Foster JP, Batuwitage BT. Heat and moisture exchangers versus heated humidifiers for mechanically ventilated adults and children. *Cochrane Database Syst Rev*. 2017(9). DOI: 10.1002/14651858.CD004711.pub3.

Solà I, Benito S. Closed tracheal suction systems versus open tracheal suction systems for mechanically ventilated adult patients. *Cochrane Database of Systematic Reviews* 2007, Issue 4. Art. No.: CD004581.

Tokmaji G, Vermeulen H, Müller MCA, Kwakman PHS, Schultz MJ, Zaat SAJ. Silver-coated endotracheal tubes for prevention of ventilator-associated pneumonia in critically ill patients. *Cochrane Database of Systematic Reviews* 2015, Issue 8. Art. No.: CD009201.

Probiotics (n = 8)

Bo L, Li J, Tao T, Bai Y, Ye X, Hotchkiss RS, Kollef MH, Crooks NH, Deng X. Probiotics for preventing ventilator-associated pneumonia. *Cochrane Database of Systematic Reviews* 2014, Issue 10. Art. No.: CD009066.

Anti-septics / oral care (n = 40)

Hua F, Xie H, Worthington HV, Furness S, Zhang Q, Li C. Oral hygiene care for critically ill patients to prevent ventilator-associated pneumonia. *Cochrane Database of Systematic Reviews* 2016, Issue 10. Art. No.: CD008367.

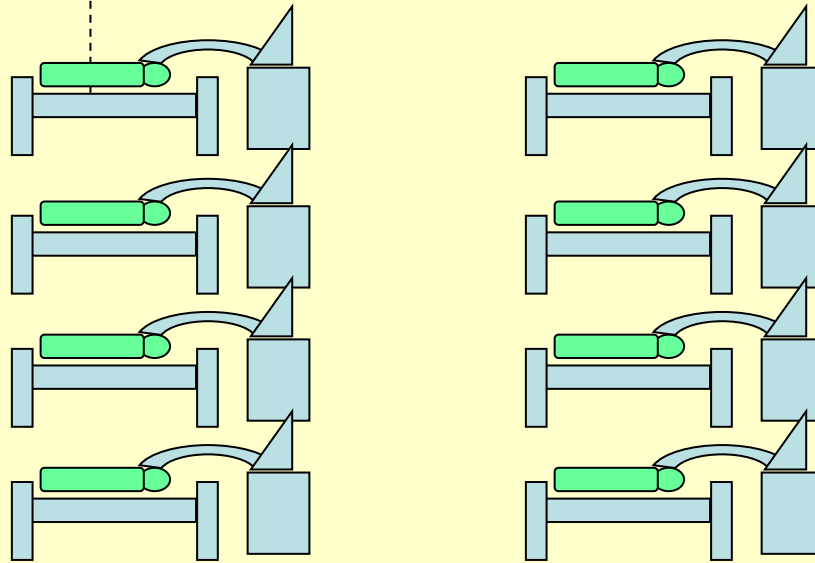
Zhao T, Wu X, Zhang Q, Li C, Worthington HV, Hua F. Oral hygiene care for critically ill patients to prevent ventilator-associated pneumonia. *Cochrane Database of Systematic Reviews* 2020, Issue 12. Art. No.: CD008367.

Antibiotics (n= 41)

Liberati A, D'Amico R, Pifferi S, Torri V, Brazzi L, Parmelli E. Antibiotic prophylaxis to reduce respiratory tract infections and mortality in adults receiving intensive care. *Cochrane Database of Systematic Reviews* 2009, Issue 4. Art. No.: CD000022.

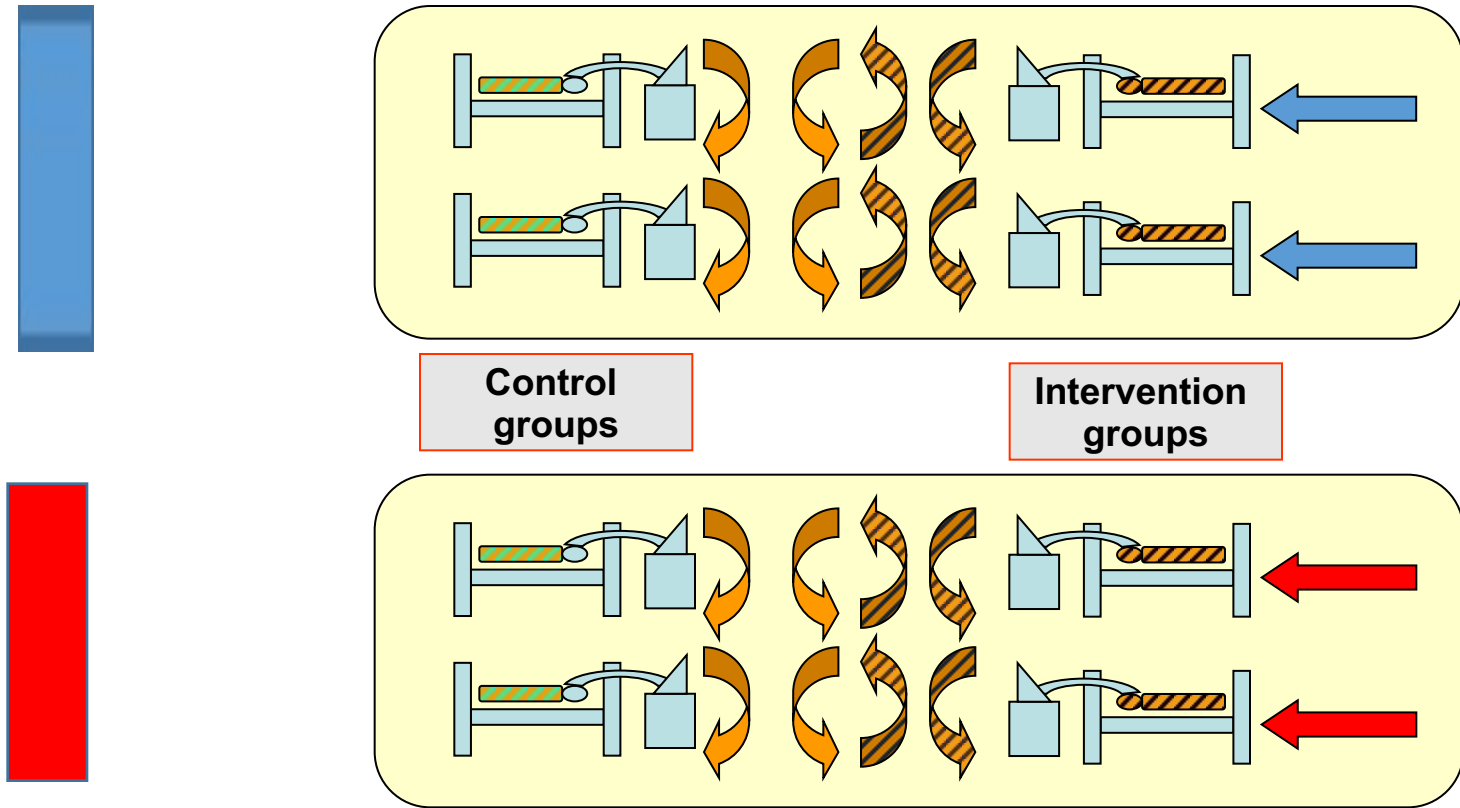
Minozzi S, Pieri S, Brazzi L, Pecoraro V, Montrucchio G, D'Amico R. Topical antibiotic prophylaxis to reduce respiratory tract infections and mortality in adults receiving mechanical ventilation. *Cochrane Database of Systematic Reviews* 2021, Issue 1. Art. No.: CD000022.

Patients & ventilators

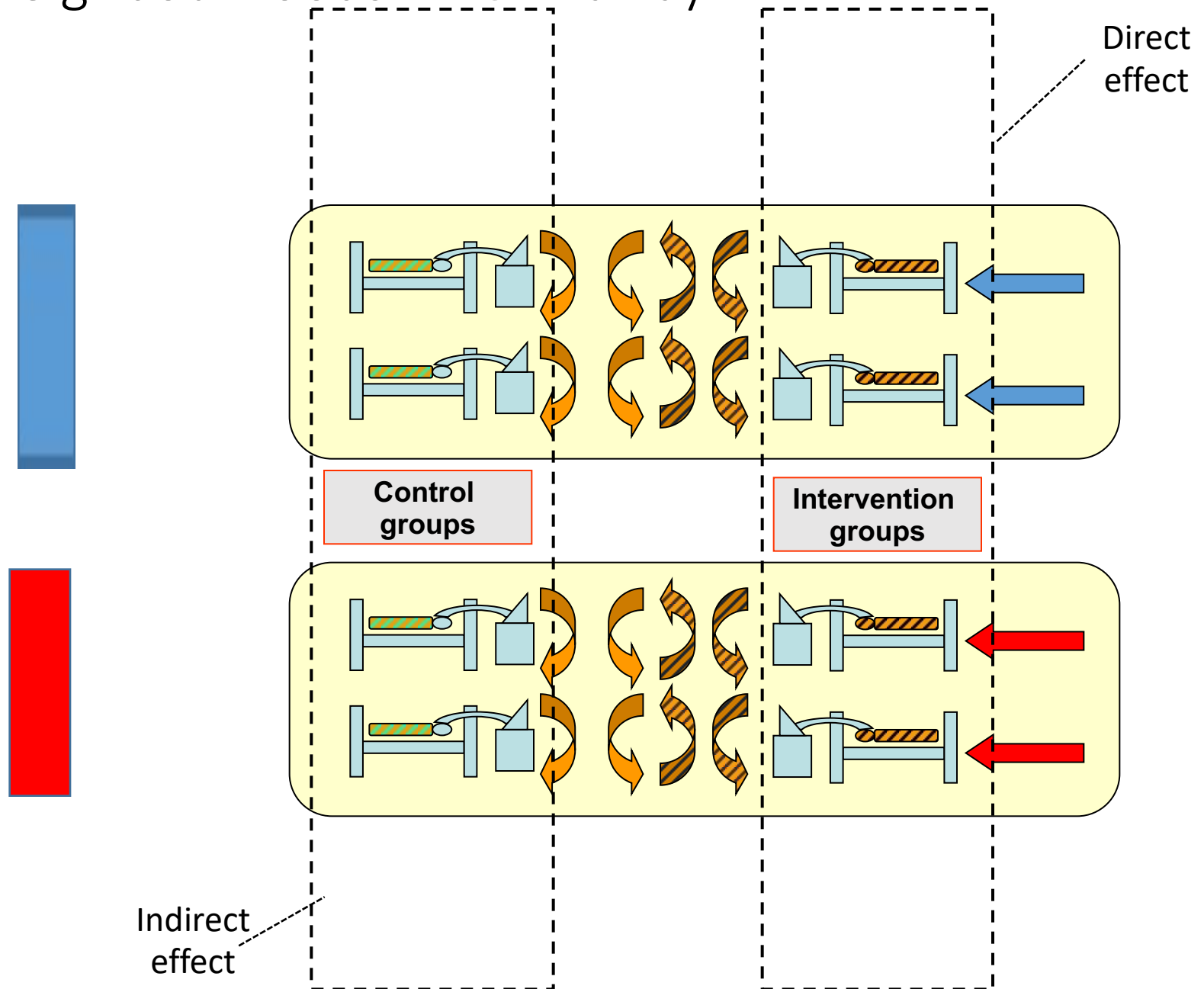


The ICU as a 'neighbourhood'

'neighbourhoods' in RCCT array

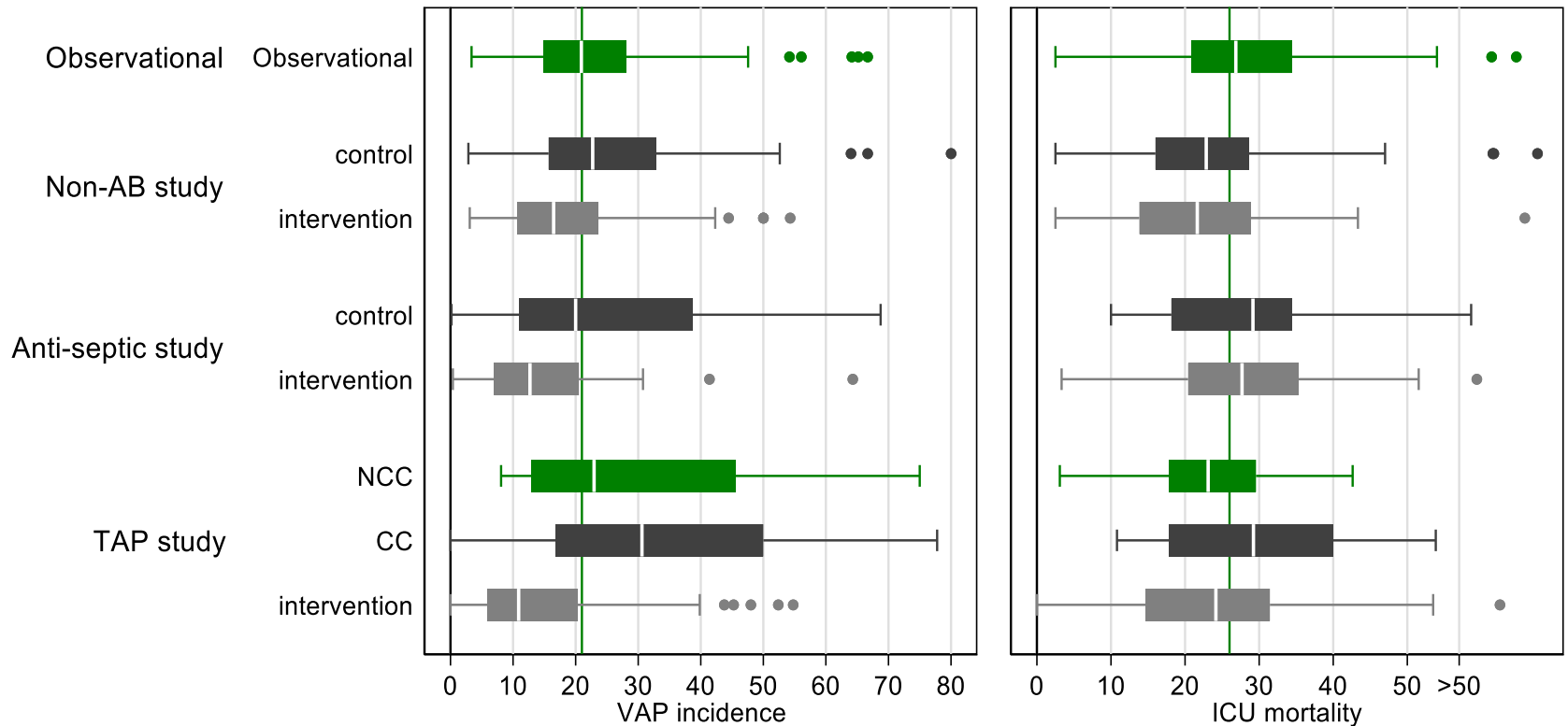


'neighbourhoods' in CRT array



(How not to display proportion data)

```
gen vappct = vap_n*100/ vap_d
gen mortpct = m_n*100/ m_d
```



- NCC = non-concurrent control groups; observational = no intervention
- Box plots & linear scale (logit scale would be better)

- Transforming to a logit scale
- Estimating sub-category means from meta-analysis

```

///Logit transformation from counts of
/// Pneumonia [vap_n; denominator = vap_d]
/// Mortality [m_n; denominator = m_d]

generate m_m = m_d - m_n
recode m_n (0 = 0.5)
recode m_m (0 = 0.5)
gen mlogodds = ln((m_n)/(m_m))
gen mselogor = sqrt((1/m_n) + (1/m_m))
replace mlogodds = -3.5 if mortpct <3

generate vap_m = vap_d - vap_n
replace vap_n = 0.5 if vap_n == 0
replace vap_m = 0.5 if vap_m == 0
gen vaplogodds = ln((vap_n)/(vap_m))
gen vapselogor = sqrt((1/vap_n) + (1/vap_m))

```

```

///declare data for meta-analysis using generic
effect sizes and standard errors

```

```

meta set mlogodds mselogor
(45 missing values generated)

```

Meta-analysis setting information

Study information

```

No. of studies: 467
Study label: Generic
Study size: N/A

```

Effect size

```

Type: <generic>
Label: Effect size
Variable: mlogodds

```

Precision

```

Std. err.: mselogor
CI: [_meta_cil, _meta_ciu]
CI level: 95%

```

Model and method

```

Model: Random effects
Method: REML

```

- Estimating sub-category means & 95% CI's from meta-regression
- using 'addplot' with margins

```
meta regress ib(last).level4 if census==1 & Int==1, random(reml) cformat(%9.3f)
```

```
Effect-size label: Effect size
```

```
Effect size: mlogodds
```

```
Std. err.: mselogor
```

```
Random-effects meta-regression
```

```
Number of obs = 180
```

```
Method: REML
```

```
Residual heterogeneity:
```

```
tau2 = .3535
```

```
I2 (%) = 79.23
```

```
H2 = 4.81
```

```
R-squared (%) = 6.34
```

```
Wald chi2(5) = 14.66
```

```
Prob > chi2 = 0.0119
```

```
-----
```

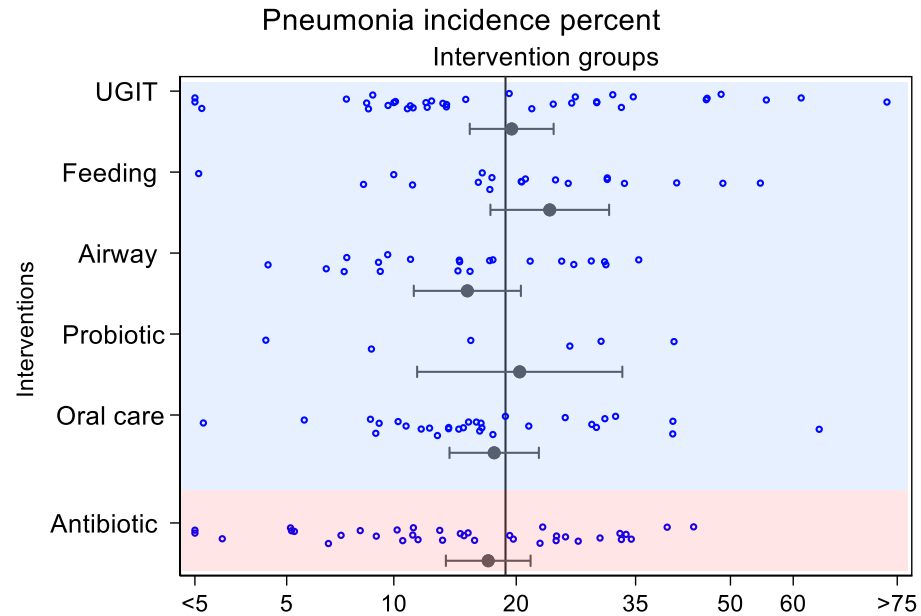
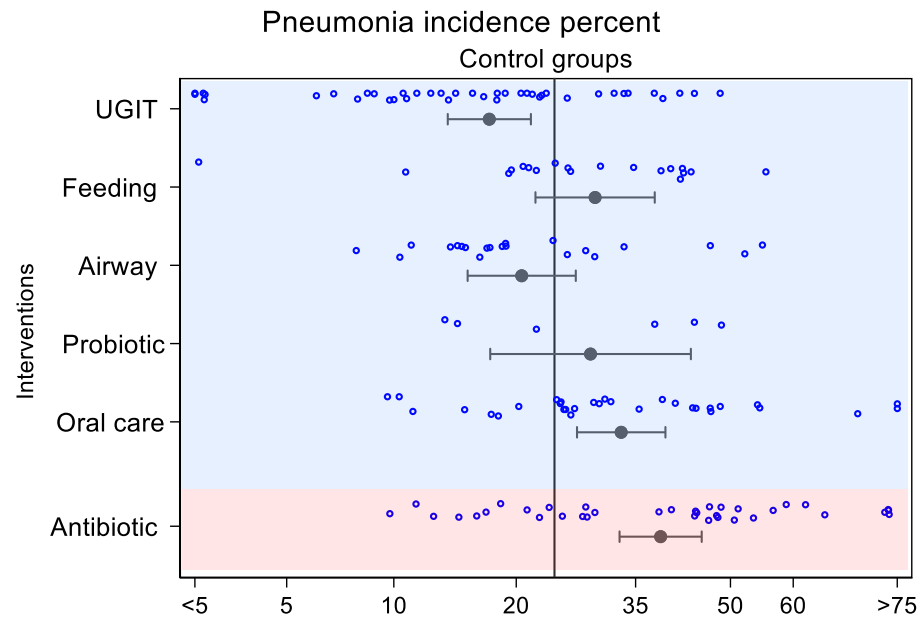
	_meta_es	Coefficient	Std. err.	z	P> z	[95% conf. interval]	
-----+-----							
	level4						
	UGIT control		-0.540	0.148	-3.66	0.000	-0.829 -0.251
	Feeding control		-0.477	0.203	-2.35	0.019	-0.875 -0.079
	Airway control		-0.235	0.194	-1.21	0.225	-0.615 0.145
	Probiotic control		-0.456	0.331	-1.38	0.169	-1.105 0.194
	Oral care control		-0.359	0.191	-1.88	0.061	-0.734 0.016
	_cons		-0.954	0.119	-7.98	0.000	-1.188 -0.720

```
-----
```

```
margin level4
[output omitted]
```

```
marginsplot, xdimension(level4) horizontal recast(scatter) ytitle("Interventions ") yscale(reverse) xtitle(" ")
xline(-1.32) xlabel(-3.5 "<5" -2.9 "5" -2.2 "10" -1.4 "20" -.62 "35" 0 "50" .41 "60" 1.09 ">75") title(ICU
mortality incidence percent) sub(Control groups) addplot((scatter level3 mlogodds if Int ==1 & census==1 &
level==1000, mcolor(green) msymbol(T)) (scatter level3 mlogodds if Int ==1 & census==1 & mvp!=. & dupl!=2 &
level!=1000, mcolor(blue) msymbol(oh) jitter(3) xlabel( -3.5 "<5" -2.9 "5" -2.2 "10" -1.4 "20" -.62 "35" 0 "50"
.41 "60" 1.09 ">75", ) ylabel(80 "UGIT " 230 "Feeding " 380 "Airway " 530 "Probiotic" 680 "Oral care" 880
"Antibiotic ", labsize(medium) angle(horizontal)) ysc(r(30 )) legend(off))
```

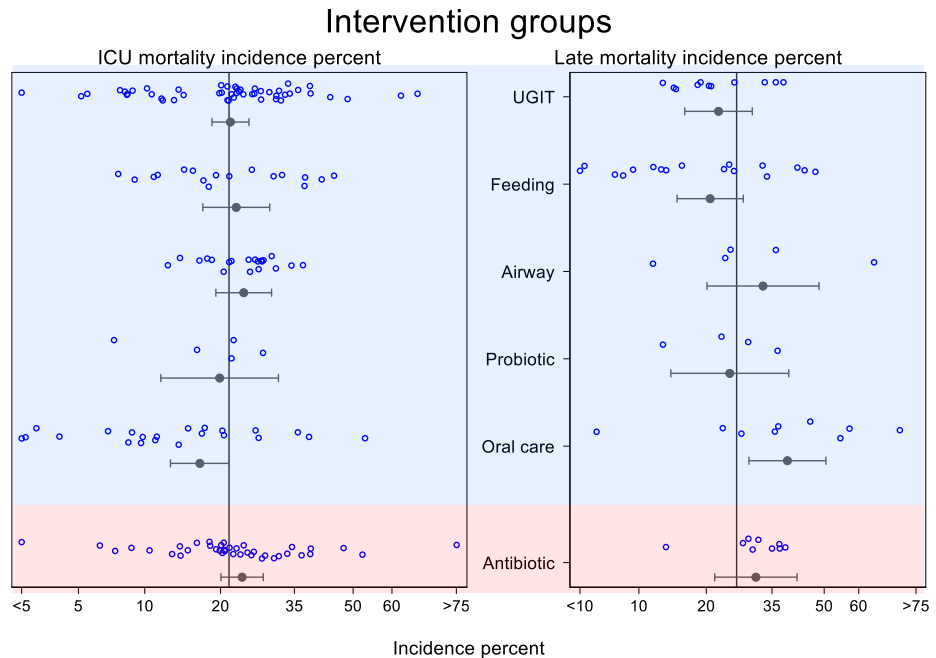
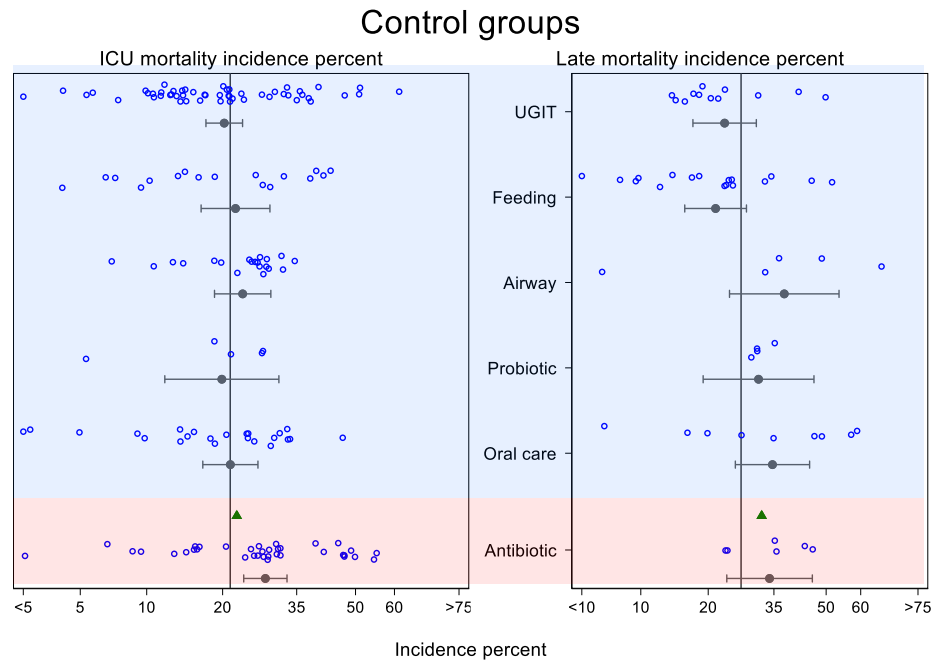
VAP



Adapted from;

Hurley JC. Prophylaxis with enteral antibiotics in ventilated patients: selective decontamination or selective cross infection? *Antimicrob. Agents Chemother.* 1995;39: 941-947.

Mortality



Adapted from;

Hurley JC. Prophylaxis with enteral antibiotics in ventilated patients: selective decontamination or selective cross infection? *Antimicrob. Agents Chemother.* 1995;39: 941-947.

• Meta-regression versus group mean age

```
meta regress i.level5#i.Int i.qs i.census aged if age>18, cformat(%9.3f)
```

```
Effect-size label: Effect size
```

```
Effect size: mlogodds
```

```
Std. err.: mselogor
```

```
Random-effects meta-regression
```

```
Number of obs = 415
```

```
Method: REML
```

```
Residual heterogeneity:
```

```
tau2 = .3445
```

```
I2 (%) = 83.47
```

```
H2 = 6.05
```

```
R-squared (%) = 9.97
```

```
Wald chi2(5) = 32.27
```

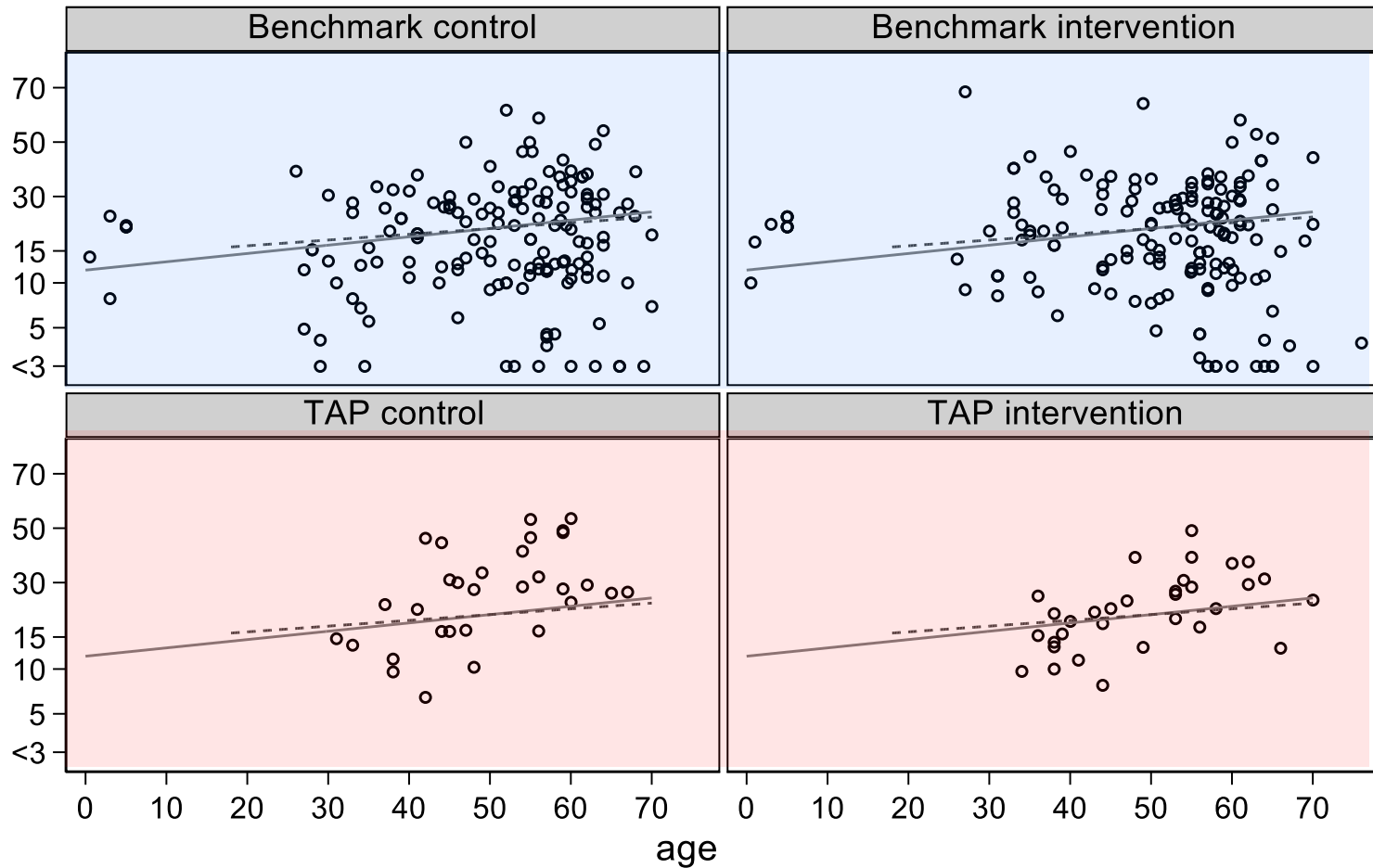
```
Prob > chi2 = 0.0000
```

	_meta_es	Coefficient	Std. err.	z	P> z	[95% conf. interval]

level5#Int						
500#intervention		-0.000	0.079	-0.00	0.999	-0.154 0.154
900#control		0.377	0.123	3.07	0.002	0.136 0.617
900#intervention		0.131	0.120	1.09	0.274	-0.104 0.366
census						
Late mortality		0.227	0.086	2.65	0.008	0.059 0.395
aged		0.128	0.036	3.55	0.000	0.057 0.198 [note aged is age in decades]
_cons		-2.010	0.196	-10.24	0.000	-2.395 -1.625

```
twoway (scatter mlogodds age if census==1 & study!=210, msymbol(oh) mcolor(black)) (scatter mlogodds age if
census==1 & study==210 & Int==1, mcolor(green) msymbol(T)) (function y = -2 + 0.013*(x), range(0 70)) (function y =
-1.8 + 0.009*(x), lpattern(shortdash) range(18 70)), ylabel(-3.5 "<3" -2.9 "5" -2.2 "10" -1.7 "15" -.85 "30" 0 "50"
.85 "70", angle(horizontal)) xlabel(0(10)70) xscale(off) xtitle( age ) ytitle( ) by(level6, imargin(tiny) cols(2))
by(, note("The linear regression lines for ICU mortality versus age in all panels are derived " "using the
Benchmark control groups including [solid line] or not [broken line] the pediatric groups" )) by(, subtitle(ICU
mortality percent)) by(, legend(off))
```

ICU mortality percent



The linear regression lines for ICU mortality versus age in all panels are derived using the Benchmark control groups including [solid line] or not [broken line] the pediatric groups

```
meta regress i.level5#i.Int i.qs i.census aged if age>18, cformat(%9.3f)
```

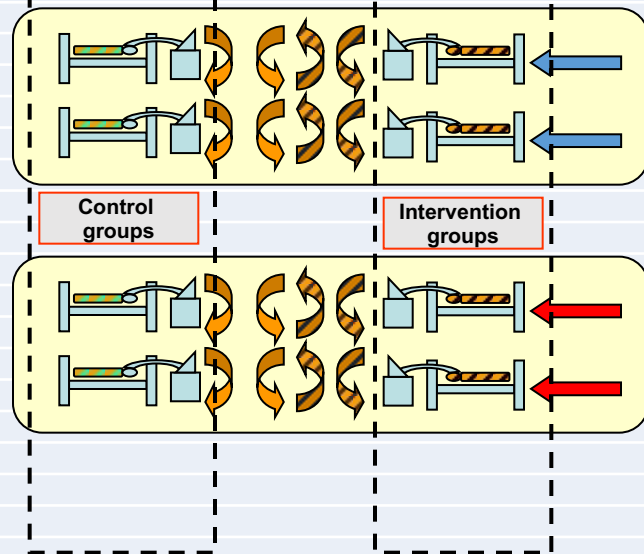
```
Effect-size label: Effect size
Effect size: mlogodds
Std. err.: mselogor
```

Indirect effect

Direct effect

```
Random-effects meta-regression
Method: REML
```

```
Number of obs = 415
Residual heterogeneity:
    tau2 = .3445
    I2 (%) = 83.47
    H2 = 6.05
R-squared (%) = 9.97
Wald chi2(5) = 32.27
Prob > chi2 = 0.0000
```



_meta_es	Coefficient	Std. err.	z	P> z	[95% conf. interval]	
-----+-----						
level5#Int						
500#intervention	-0.000	0.079	-0.00	0.999	-0.154	0.154
900#control	0.377	0.123	3.07	0.002	0.136	0.617
900#intervention	0.131	0.120	1.09	0.274	-0.104	0.366
-----+-----						
census						
Late mortality	0.227	0.086	2.65	0.008	0.059	0.395
aged	0.128	0.036	3.55	0.000	0.057	0.198
_cons	-2.010	0.196	-10.24	0.000	-2.395	-1.625
-----+-----						

[note aged is age in decades]

```
nlcom exp((_b[900.level5#2.Int] - _b[500.level5#2.Int])), cformat(%9.2f)
```

\\\\\\\\\\nlcom to derive direct effect

```
_nl_1: exp((_b[900.level5#2.Int] - _b[500.level5#2.Int]))
```

_meta_es	Coefficient	Std. err.	z	P> z	[95% conf. interval]	
-----+-----						
_nl_1	1.00	0.12	8.38	0.000	0.77	1.24
-----+-----						

```
nlcom exp((_b[900.level5#1.Int] - _b[500.level5#1.Int])), cformat(%9.2f)
```

\\\\\\\\\\nlcom to derive indirect effect

```
_nl_1: exp((_b[900.level5#1.Int] - _b[500.level5#1.Int]))
```

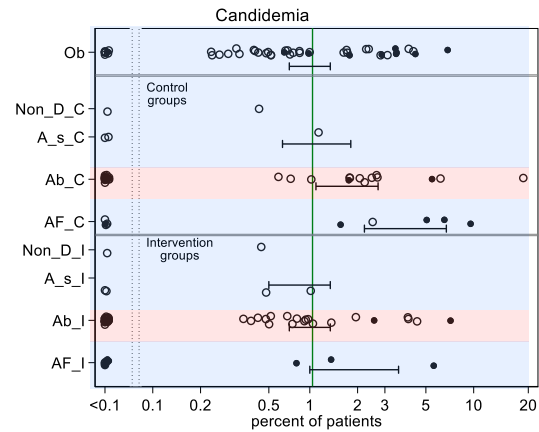
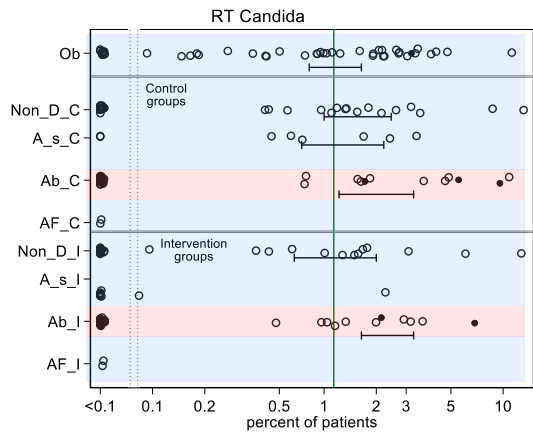
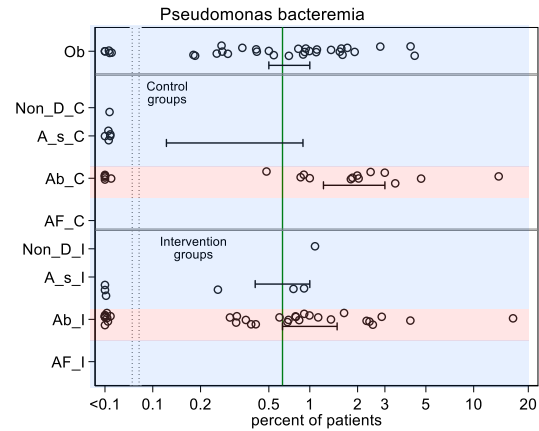
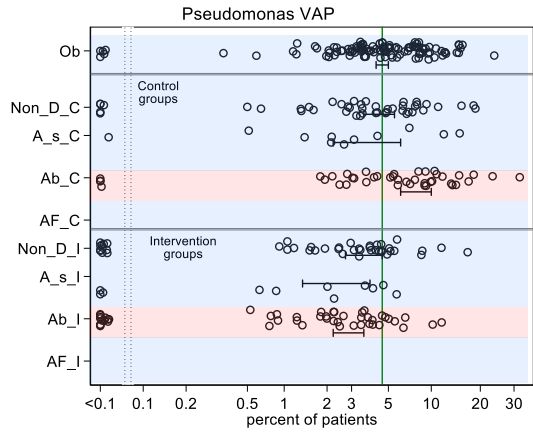
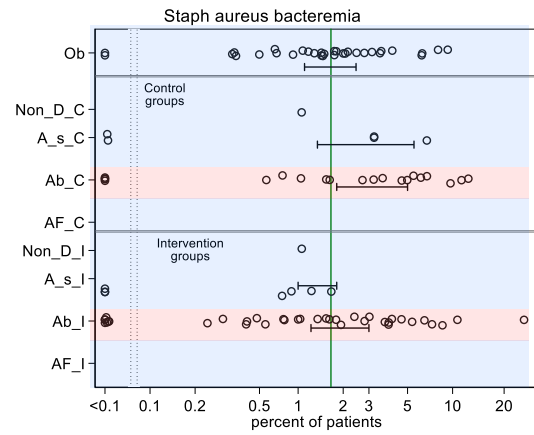
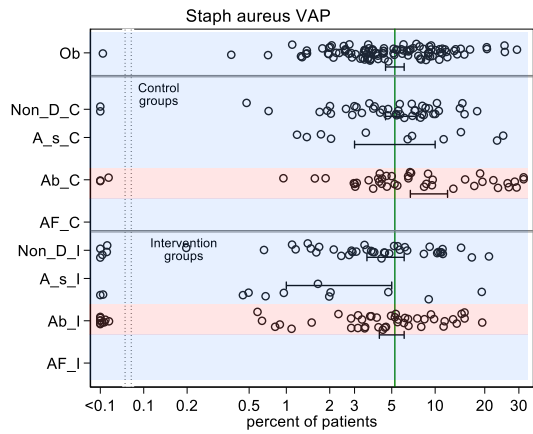
_meta_es	Coefficient	Std. err.	z	P> z	[95% conf. interval]	
-----+-----						
_nl_1	1.30	0.16	8.15	0.000	0.98	1.61
-----+-----						

Mechanism?

This presentation extends from a presentation to the STATA 2021 on line conference [Structural equation modelling the ICU patient microbiome and risk of bacteremia; <https://www.stata.com/meeting/us21/>].

Since published as

Hurley JC. Structural equation modelling the relationship between anti-fungal prophylaxis and Pseudomonas bacteremia in ICU patients. Intensive Care Medicine Experimental. 2022 Dec;10(1):1-7.



Measurement variables

b_sr_n = Staphylococcus bacteremia (count)

v_sr_n = Staphylococcus VAP (count)

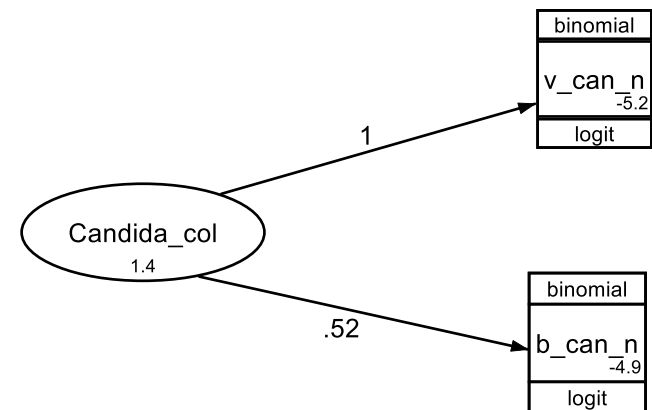
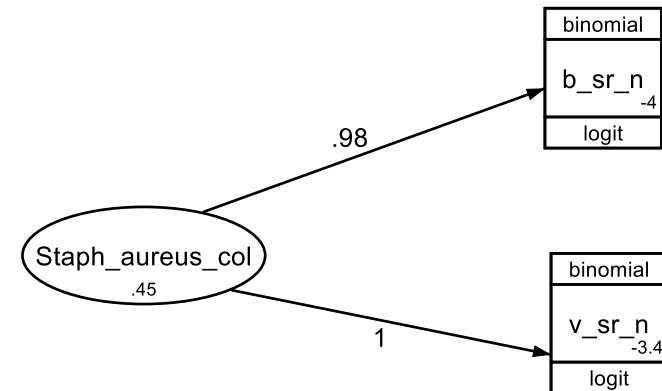
b_ps_n = Pseudomonas bacteremia (count)

v_ps_n = Pseudomonas VAP (count)

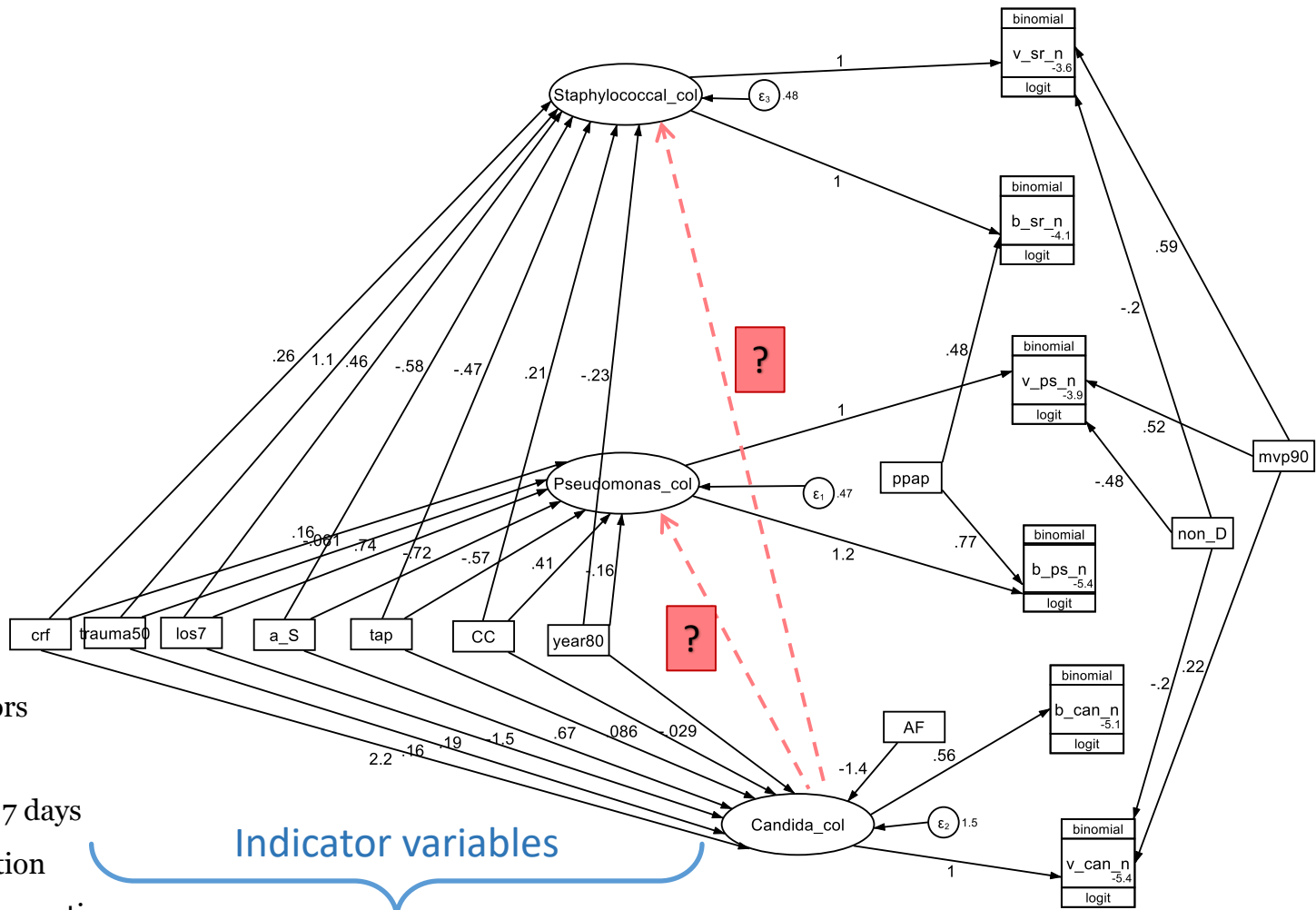
b_can_n = Candidemia (count)

v_can_n = Candida VAP (count)

denominator for all is number of patients



Measurement
variables



Indicator variables

crf = candidemia risk factors

trauma50 = trauma icu

los7 = mean length of stay 7 days

a_S = anti-septic intervention

tap = topical antibiotic intervention

cc = control group concurrent to tap group

year 80 = year of study publication [decade since 1980]

non_D = non-decontamination/airway intervention

mvp90 = 90% receiving mechanical ventilation

af = anti-fungal intervention

ppap= protocolized parenteral antibiotic intervention

Indicator variables

Conclusions

Topical antibiotics as prevention in the ICU

- In RCCT's - appear very effective at preventing VAP [& mortality]
- Contextual effect long postulated – but requires a CRT

Higher event rates among CC groups of topical AB studies [red studies]

- versus groups from blue studies as benchmark

Topical antibiotic as prevention in the ICU context

- Indirect effect stronger than the direct effect
- Mediated through ICU microbiome?

Graphical display using Stata helps to convey