

# The netSPEAR experience: Pneumococcal and H influenzae isolates

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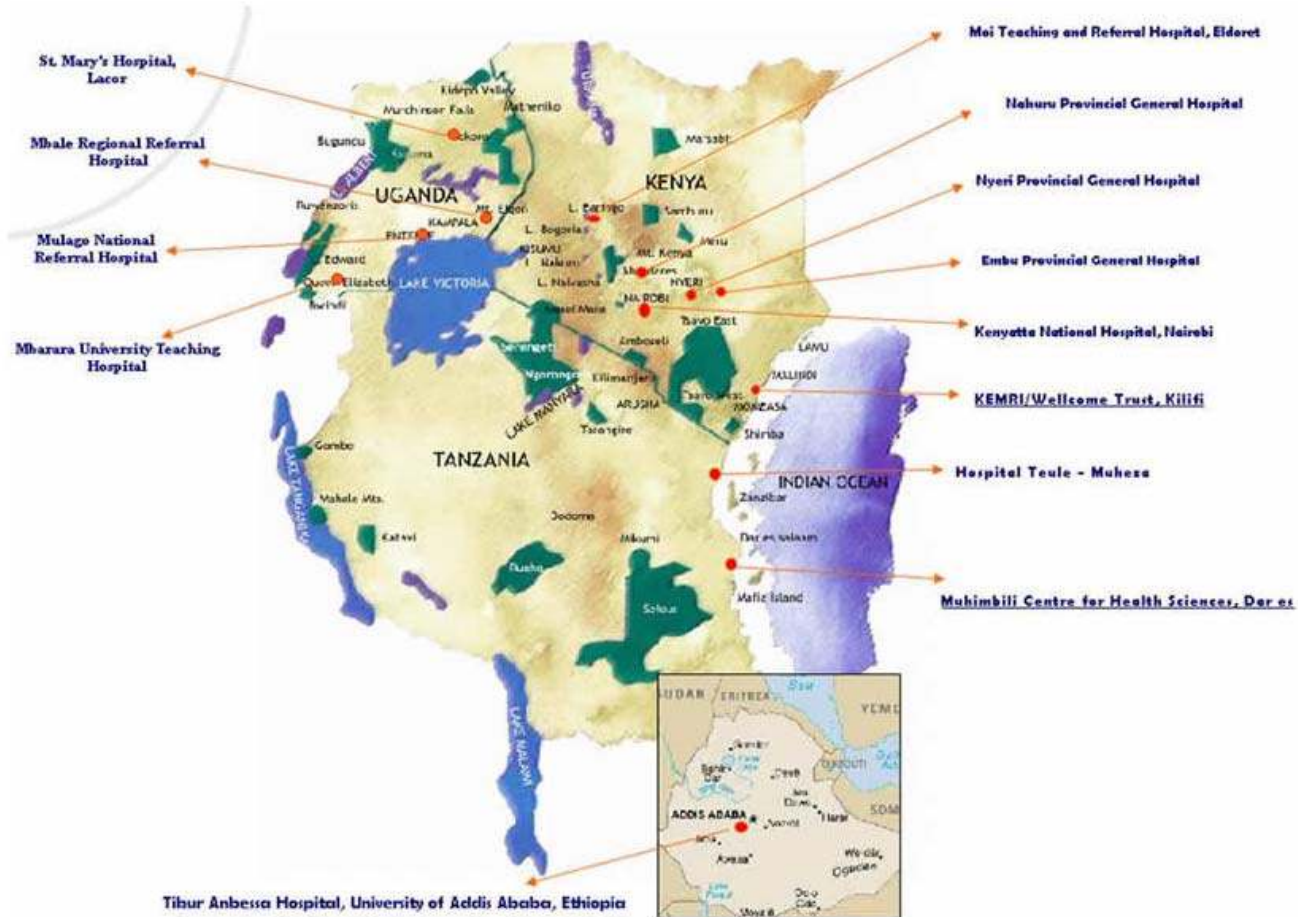
**Global Antibiotic Resistance Partnership GARP-Kenya**  
*6-7 August 2009*



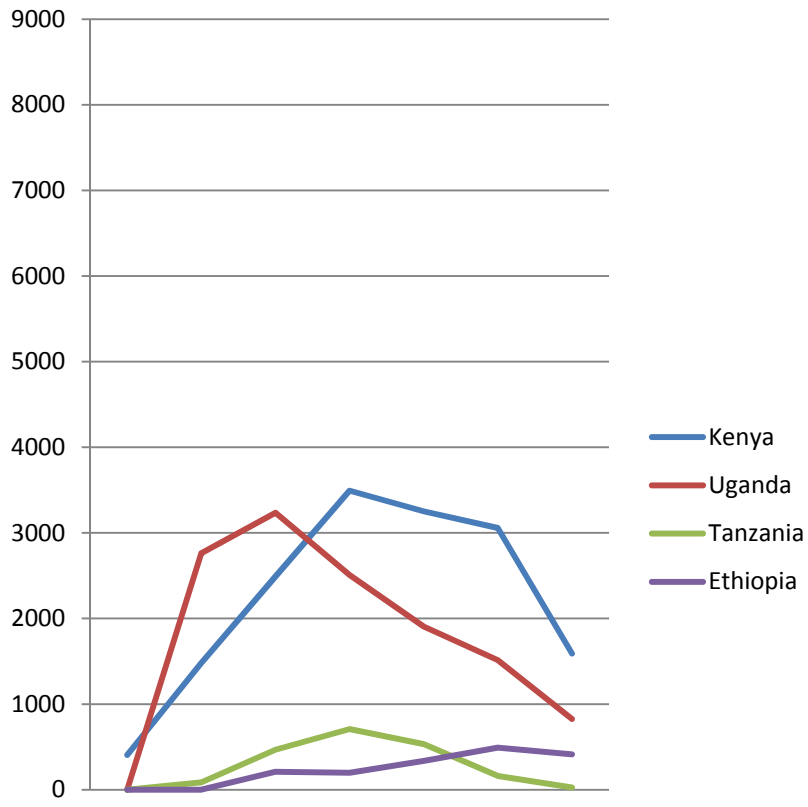
**Global  
Antibiotic  
Resistance  
Partnership**

**CDDEP** THE CENTER FOR  
Disease Dynamics,  
Economics & Policy  
WASHINGTON DC - NEW DELHI

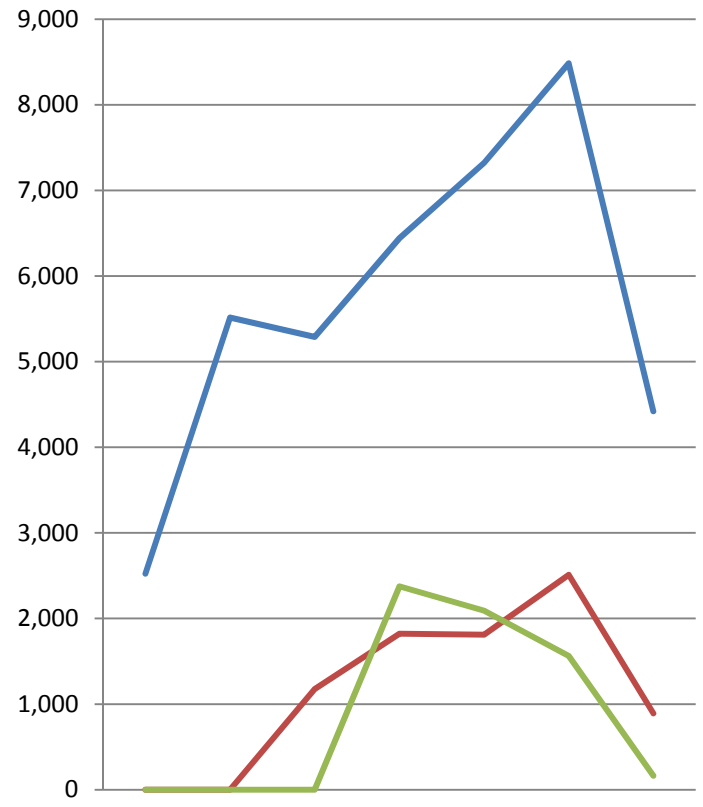
# Surveillance region



# CSF



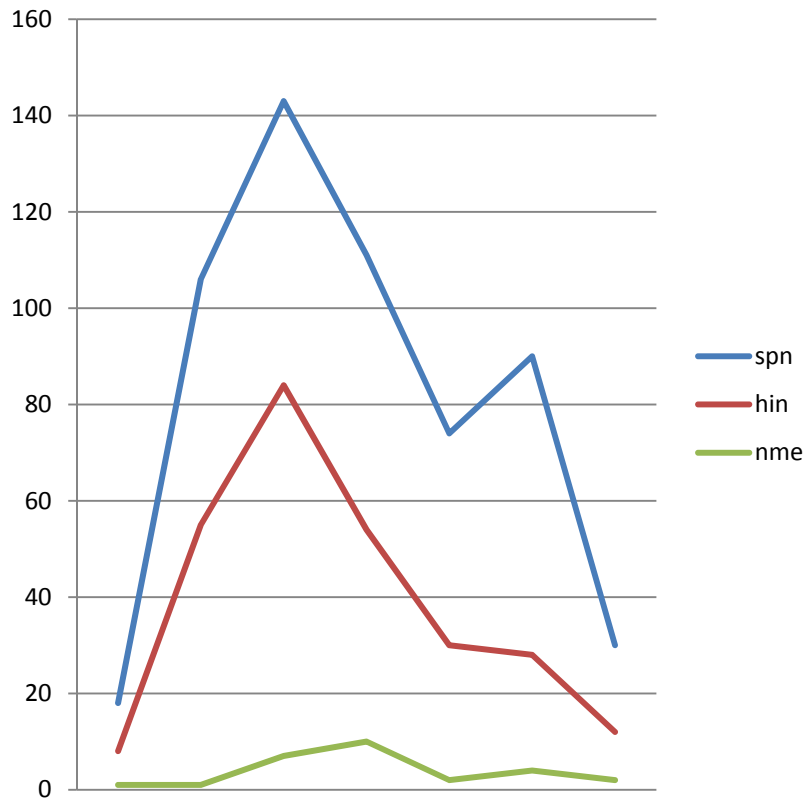
# BC



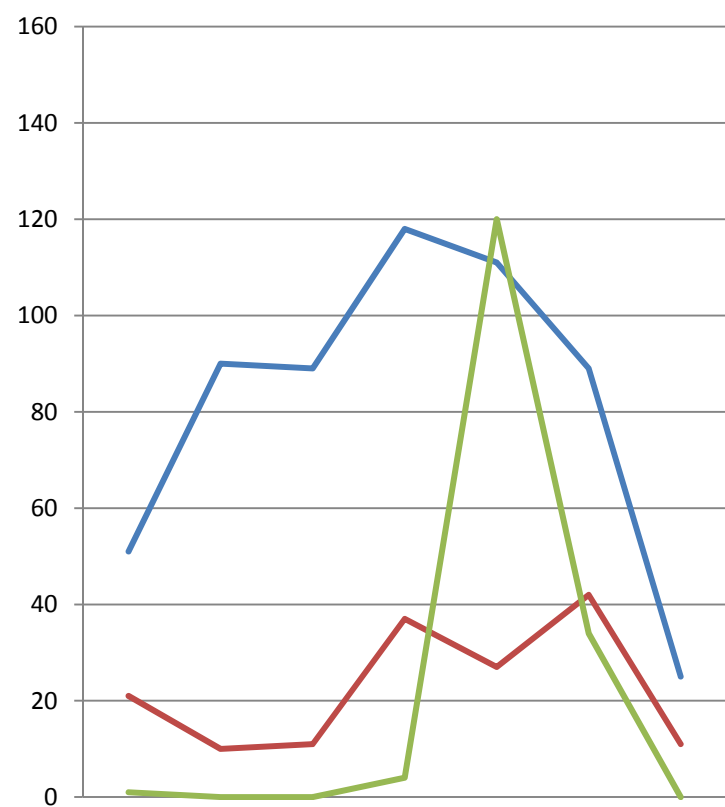
# Reported cases of invasive *H. influenzae* disease & disease caused by pneumococci

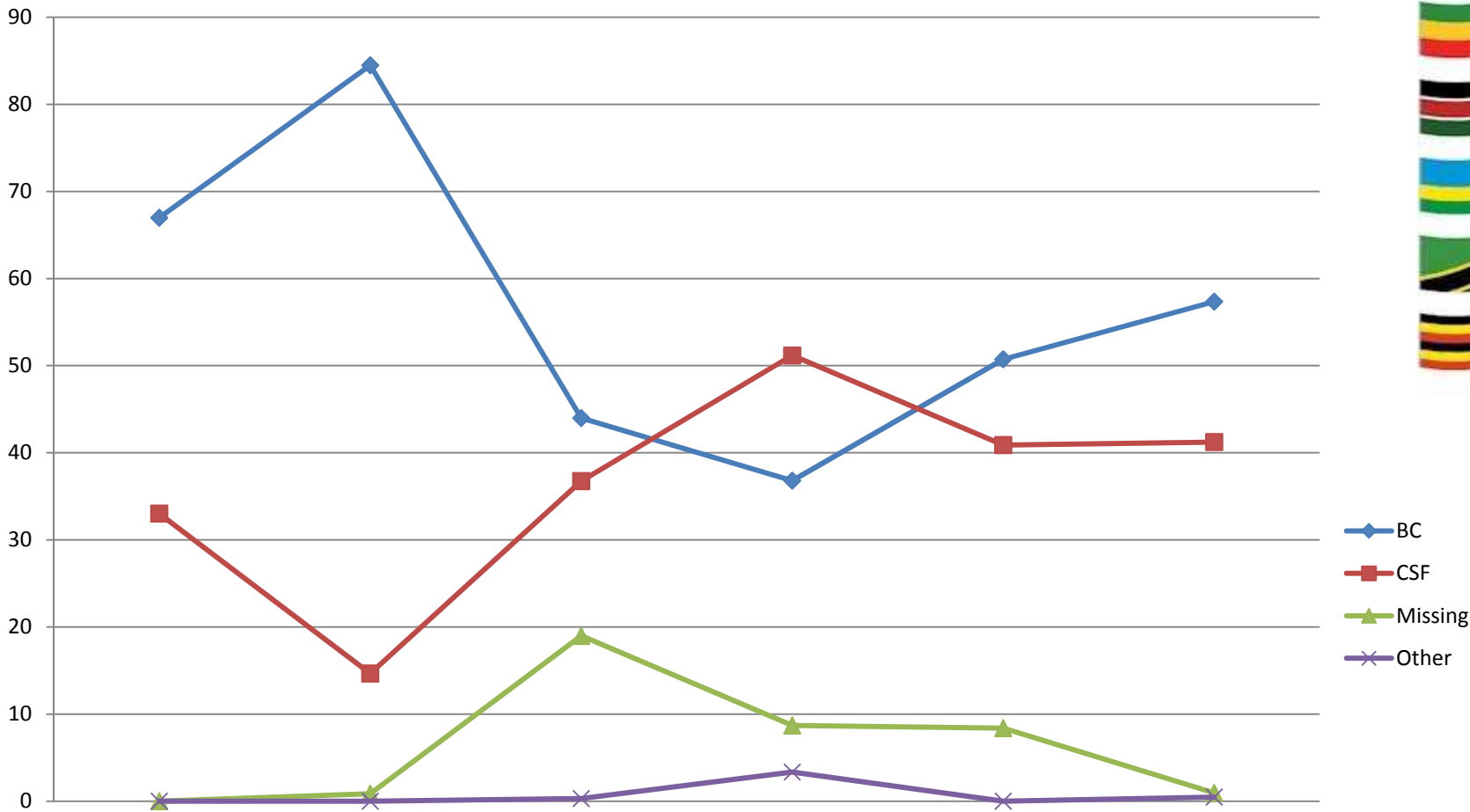


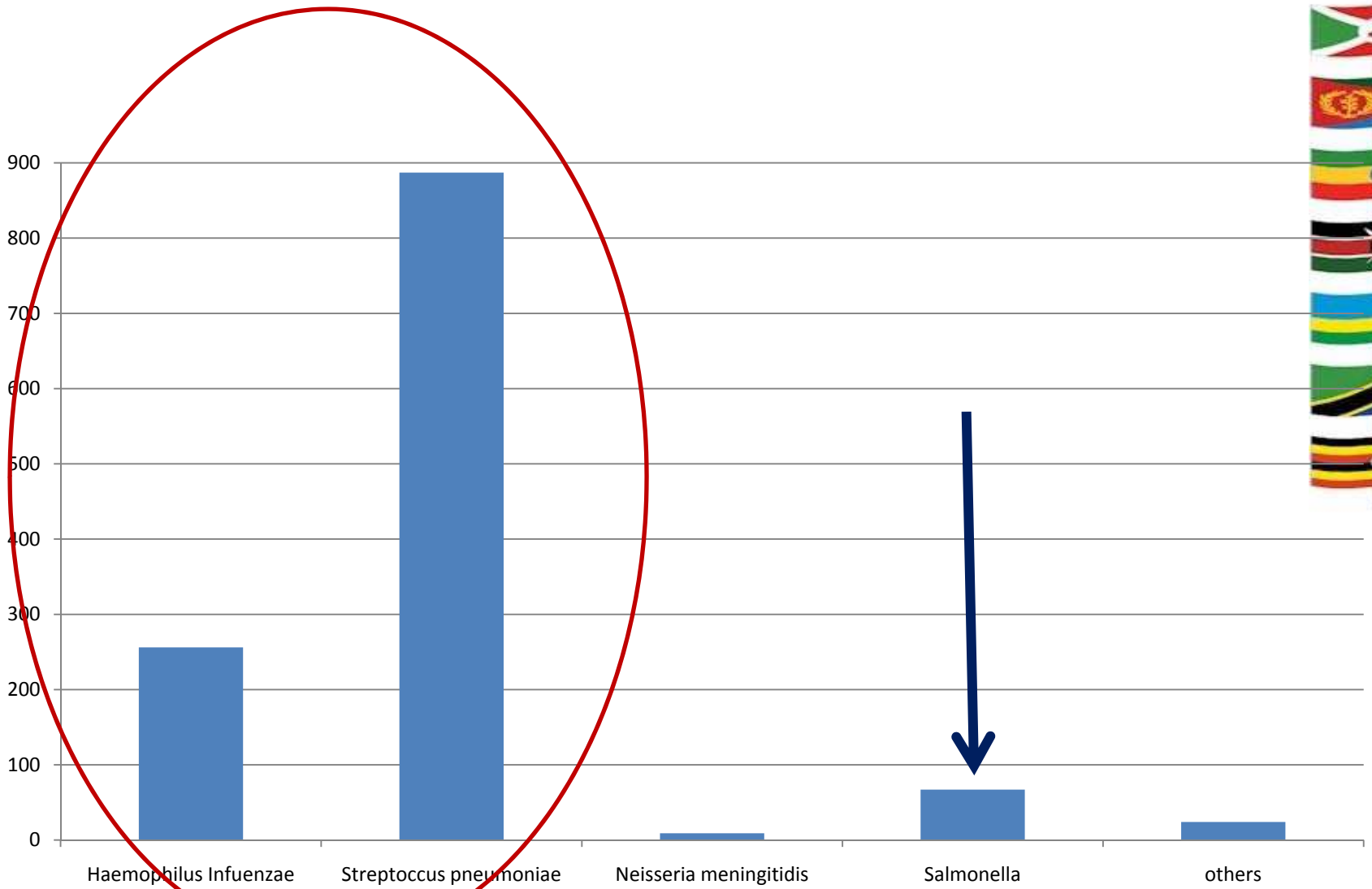
## CSF



## BC



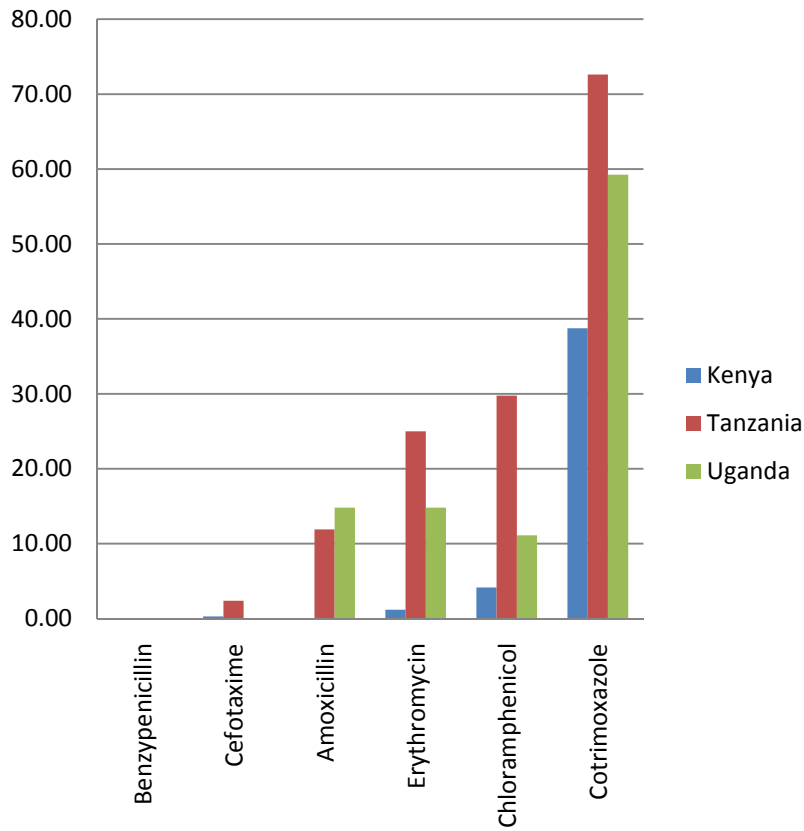




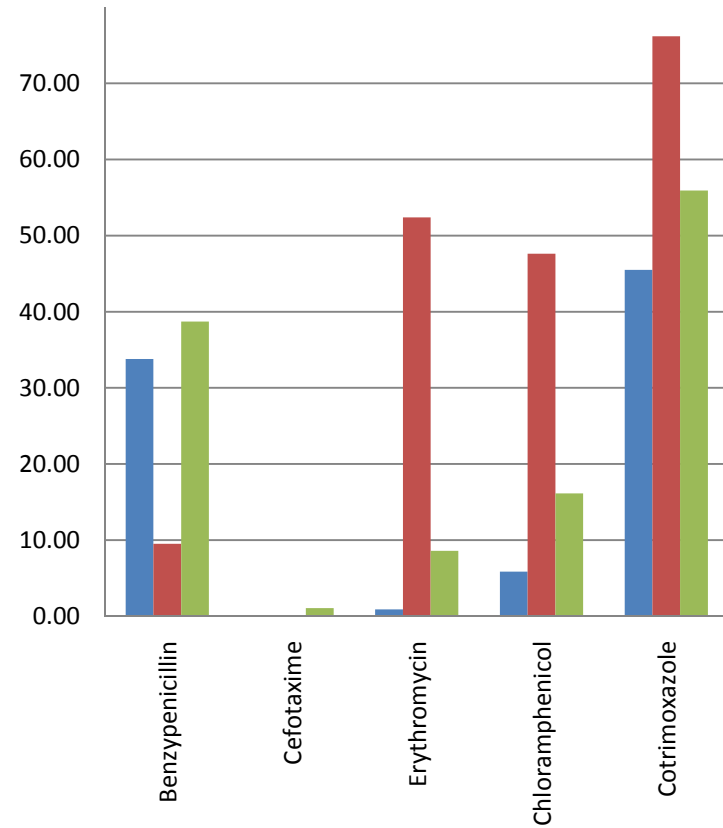
# Pneumococcal resistance phenotypes by country



## Blood culture isolates



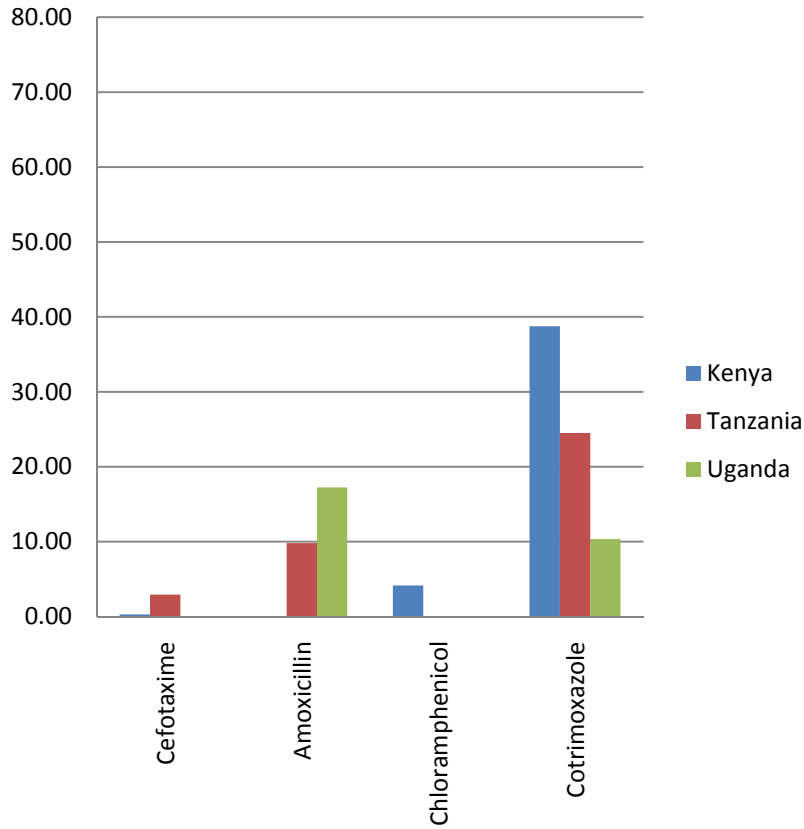
## CSF Isolates



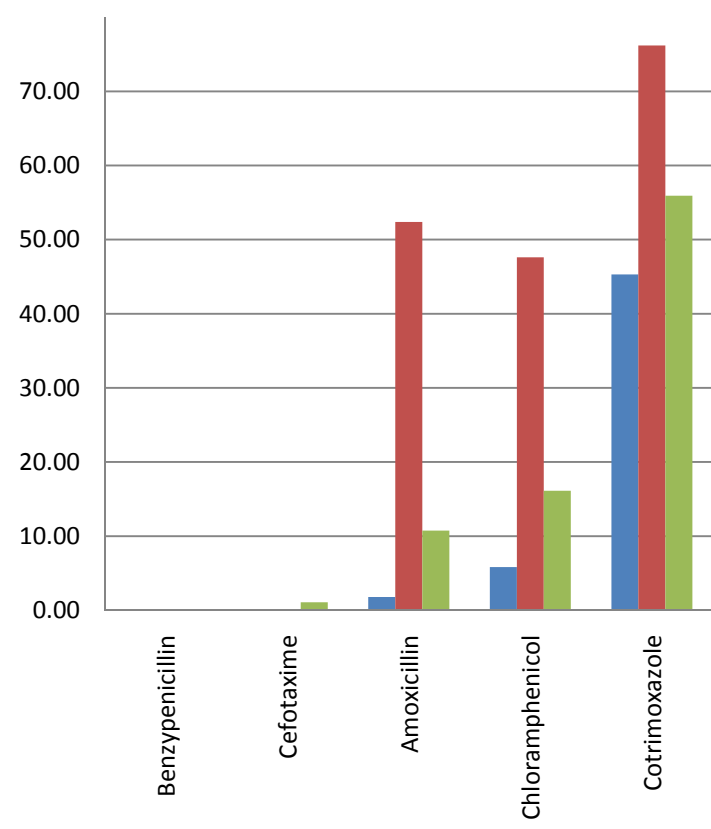
# *H. influenzae* resistance phenotypes by country



## Blood culture



## CSF

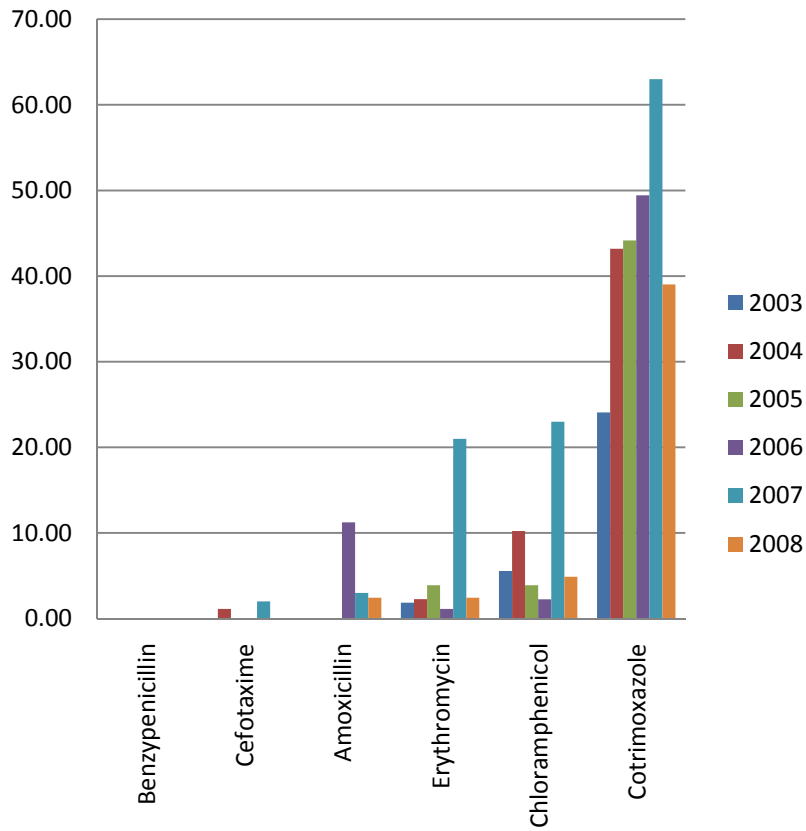




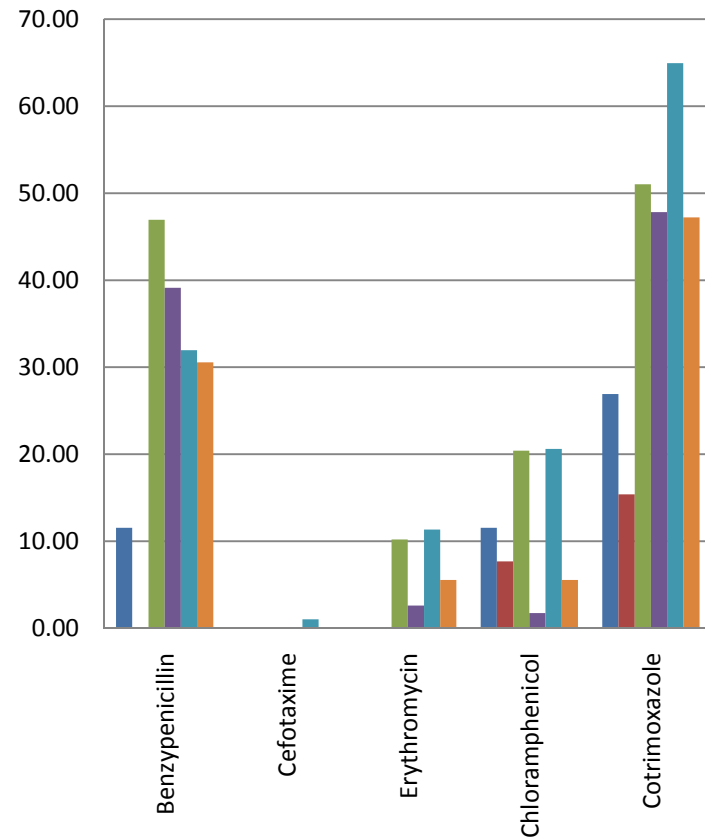
# Pneumococcal resistance phenotypes over time



## Blood culture



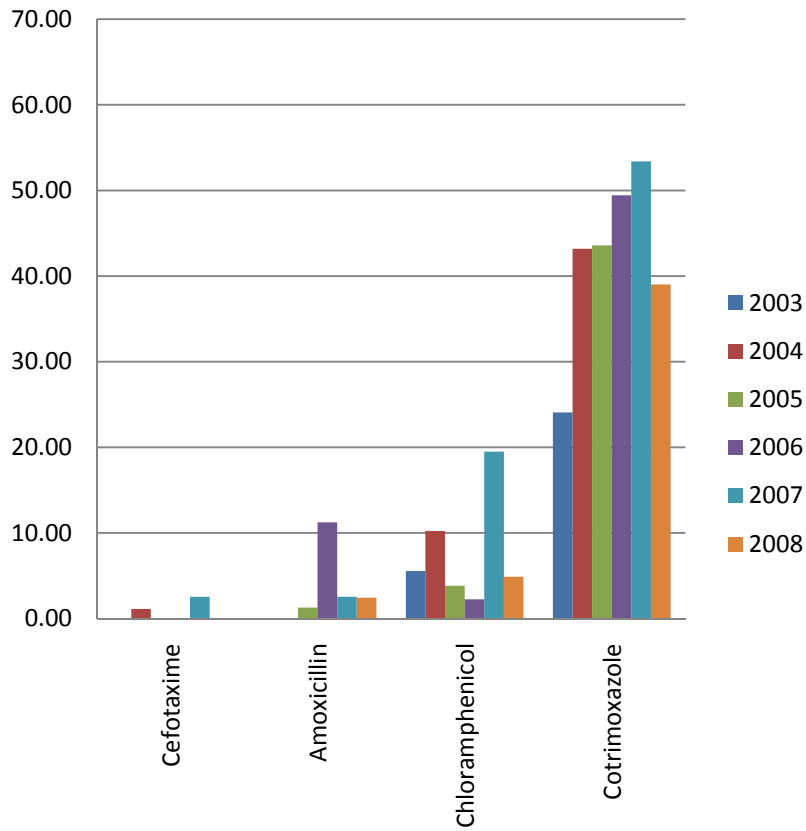
## CSF



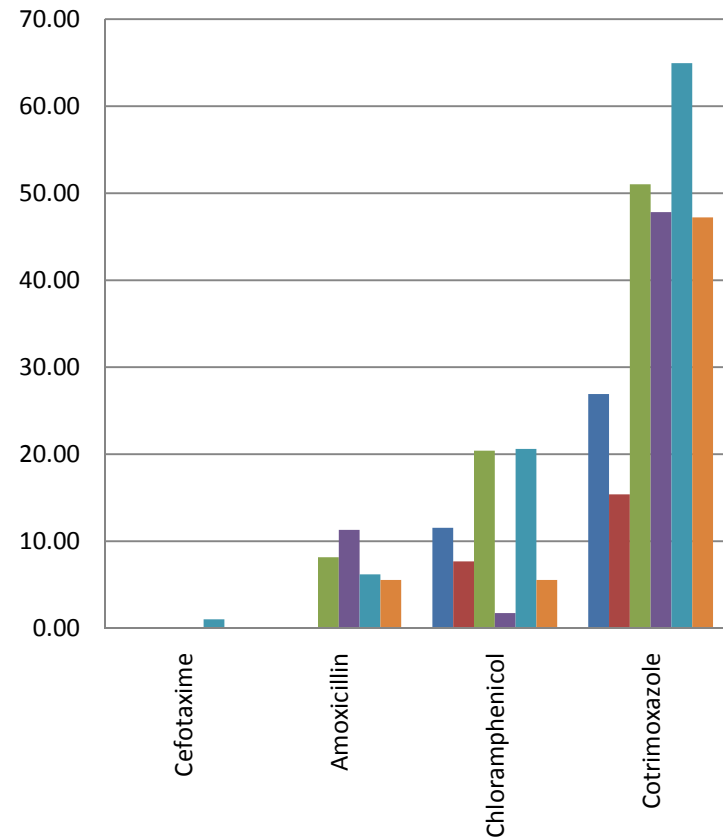
# *H. influenzae* resistance phenotypes over time



## Blood culture



## CSF





# Discussion

- When data is pooled, prevalence of resistance to cefotaxime, erythromycin and amoxicillin was low
- Data result from routine surveillance where differences in clinical practice and considerable variability in operational case definition in different hospitals



THANKYOU

