Antimicrobial utilisation rates provided in this report are calculated using the number of defined daily doses (DDD) of the antimicrobial agent or class consumed each month per 1,000 occupied bed days using average data for contributing hospitals in the Tasmania peer group.

A change to the DDD for a number of high volume antimicrobials occurred in January 2019. This has been applied to all retrospective data. For more information refer to WHO WTC/DDD alterations 2019.

Antimicrobial classes reported on pages 2 to 3 are:
- 3rd/4th generation cephalosporins (ceftriaxone, cefotaxime, ceftazidime, cefepime);
- glycopeptides (vancomycin, teicoplanin);
- carbapenems (meropenem, imipenem/cilastatin, ertapenem);
- fluoroquinolones (ciprofloxacin, moxifloxacin, norfloxacin);
- aminoglycosides (gentamicin, tobramycin, amikacin); and
- anti-pseudomonal penicillins plus ß-lactamase inhibitor (piperacillin/tazobactam).

Aggregated rates for this reporting period include data from 5 hospitals. Some hospitals were unable to submit data for this reporting period and comparator rates may vary from previous reports.

Enquiries should be directed to the Senior Pharmacist, NAUSP (email: healthantibio@sa.gov.au)

1. TOTAL HOSPITAL ANTIMICROBIAL USE (INCLUDING ALL CLASSES)
2. TOTAL HOSPITAL USE BY ANTIMICROBIAL CLASS (SELECTED CLASSES)

3. ANTIMICROBIAL USAGE RATES FOR INDIVIDUAL AGENTS

Aggregated state-wide antimicrobial usage rates for individual agents within reported classes are shown in Charts 3 to 8 below.

Chart 3: 3rd/4th generation cephalosporins

Chart 4: Glycopeptides (vancomycin, teicoplanin)

Chart 5: Carbapenems

Chart 6: Fluoroquinolones

Chart 7: Aminoglycosides

Chart 8: Parenteral penicillin/β-lactamase inhibitor combinations

This report includes data from the following hospitals:

TAS: HOBART PRIVATE HOSPITAL, LAUNCESTON GENERAL HOSPITAL, MERSEY COMMUNITY HOSPITAL, NORTH WEST REGIONAL HOSPITAL, ROYAL HOBART HOSPITAL

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