New South Wales and Australian Capital Territory
ANTIFUNGAL USAGE – STATEWIDE BENCHMARKING REPORT
January - June 2021

Antifungal utilisation rates provided in this report are calculated using the number of defined daily doses (DDDs) of the antimicrobial class consumed per 1,000 occupied bed days (OBD). Usage rates represent total inpatient usage in the acute hospital setting, excluding emergency departments and operating theatres.

Contributing hospitals can find their de-identifying code via the NAUSP Portal ‘Maintain My Hospital’ drop-down menu.

Usage rates for antifungal agents are highly dependent on the casemix of the hospital, including whether the hospital provides transplant or haematology/oncology services. Usage of systemic antifungals is typically higher in larger hospitals, particularly Principal Referral hospitals. Usage rates reflect the quantity of antimicrobials dispensed from pharmacy and not actual consumption at patient level.

Contributing hospitals are assigned to Australian Institute for Health and Welfare (AIHW) defined peer groups.¹ [Note: Public and private acute group C and D hospitals have negligible systemic antifungal use and are excluded from this report].

DDD values for each antimicrobial are assigned by the World Health Organization (WHO) based on the “assumed average maintenance dose per day for the main indication in adults”. DDDs are reviewed annually by the WHO as dosing recommendations change over time. For more information refer to: https://www.whocc.no/atc_ddd_methodology/purpose_of_the_atc_ddd_system/

Chart 1 below presents aggregated antifungal data for the six-month period from 1st January 2021 to the 30th June 2021.

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Chart 1: Total hospital antifungal usage rates (DDD/1000 OBD) in NAUSP contributor hospitals, by peer group, NSW & ACT, Jan-Jun 2021

*Other = flucytosine, griseofulvin, ketoconazole and terbinafine.

Note: Liposomal amphotericin does not have a WHO-assigned DDD, and is assigned by NAUSP as 0.21g.
This report includes data from the following 48 hospitals in NSW and the ACT:

ARMIDALE HOSPITAL  GRAFTON BASE HOSPITAL  PRINCE OF WALES HOSPITAL
BANKSTOWN HOSPITAL  GRIFFITH BASE HOSPITAL  ROYAL NORTH SHORE HOSPITAL
BELMONT HOSPITAL  HORNSBY KU-RING-GAI HOSPITAL  ROYAL PRINCE ALFRED HOSPITAL
BLACKTOWN HOSPITAL  JOHN HUNTER HOSPITAL  RYDE HOSPITAL
BOWRAL HOSPITAL  KEMPSEY DISTRICT HOSPITAL  SHELLHARBOUR HOSPITAL
CALVARY PUBLIC HOSPITAL  BRUCE  ST GEORGE HOSPITAL
CALVARY RIVERINA HOSPITAL  LISMORE BASE HOSPITAL  SHOALHAVEN HOSPITAL
CAMPBELLTOWN HOSPITAL  LIVERPOOL HOSPITAL  ST GEORGE HOSPITAL
CANTERBURY HOSPITAL  MAITLAND HOSPITAL
CHRIS O'BRIEN LIFEHOUSE  MANNING BASE HOSPITAL  ST VINCENT'S HOSPITAL SYDNEY
COFFS HARBOUR HOSPITAL  MATER HOSPITAL NORTH SYDNEY  ST VINCENT'S PRIVATE HOSPITAL SYDNEY
CONCORD HOSPITAL  MT DRUITT HOSPITAL  SUTHERLAND HOSPITAL
DUBBO BASE HOSPITAL  NEPEAN HOSPITAL  SYDNEY ADVENTIST HOSPITAL
FAIRFIELD HOSPITAL  NEWCASTLE MATER  TAMWORTH HOSPITAL
GOSFORD HOSPITAL  NORTHERN BEACHES HOSPITAL  THE TWEED HOSPITAL
GOSFORD PRIVATE HOSPITAL  ORANGE HEALTH SERVICE  WAGGA WAGGA BASE HOSPITAL
PORT MACQUARIE BASE HOSPITAL  WESTMEAD PRIVATE HOSPITAL  WOLLONGONG HOSPITAL

Disclaimer:

Data presented in this report were correct at the time of publication. As additional hospitals join NAUSP, retrospective data are included. Data may change when quality assurance processes identify the need for data updates.

The National Antimicrobial Utilisation Surveillance Program (NAUSP) is funded by the Commonwealth Department of Health. NAUSP is administered by the Specialist Services Unit, Communicable Disease Control Branch, Department for Health and Wellbeing, South Australia. All individual hospital data contributed to this program will remain de-identified unless otherwise agreed in writing. Aggregated data may be provided to all contributors, the ACSQHC and the Commonwealth.