

ASAP Symposium 2025

Wednesday 12 November 2025, 9:00 – 13:00
Welle 7, Bern



Executive summary

The second symposium of the Antimicrobial Stewardship in Ambulatory Care Platform (ASAP) took place on 12 November 2025 in Bern, bringing together 27 clinicians, researchers, nurses, pharmacists and public health representatives from across Switzerland. This year's programme combined updates on ambulatory prescribing guidelines with a focused exploration of antimicrobial use in long-term care facilities (LTCFs), an area of rising clinical, organisational and public health relevance.

Participants reaffirmed the growing need for consistent, evidence-based and context-adapted antimicrobial stewardship, particularly as diagnostic tools evolve, and prescribing pressures differ across regions and care settings. Satisfaction with the event was exceptionally high: all surveyed participants reported being satisfied or very satisfied, and every respondent indicated having acquired new knowledge with immediate relevance to clinical practice.

Key messages for clinicians:

- Updated guidance reinforces selective, shorter, and diagnosis-driven antibiotic use, particularly for diarrhoea, respiratory infections and UTIs.
- Nitrofurantoin is being used increasingly as first-line therapy for uncomplicated UTIs, supported by strong real-world and trial evidence.
- For ARI/ILI, CRP testing and shared decision-making can help avoid unnecessary antibiotics and antivirals.
- In LTCFs, most respiratory and urinary infections can be managed conservatively, and prescribing should account for frailty, polypharmacy and patient goals of care.
- The largest stewardship gains now lie in implementation, not guideline creation.

System and collaboration insights:

- Antibiotic use in Swiss LTCFs varies significantly between regions, reflecting structural and cultural differences.
- Communication between GPs, nurses, pharmacists and LTCF teams increases good prescription practices and should be fostered.
- Many facilities lack formal antimicrobial stewardship structures, yet interest and readiness to act are growing.
- Networking and interdisciplinary exchange were repeatedly cited as among the most valuable aspects of the symposium.

Looking ahead: Participants encouraged future editions to:

- provide more time for discussion and case-based learning,
- include additional nursing perspectives,
- deepen the focus on real-world implementation challenges,
- continue strengthening national stewardship alignment across sectors.

The 2025 symposium confirmed the importance of coordinated antimicrobial stewardship in ambulatory and long-term care. ASAP will continue supporting clinicians by facilitating knowledge exchange, strengthening networks and promoting practical, feasible and patient-centred prescribing strategies ahead of the 2026 edition.



Symposium Programme

8h45–9h00	Welcome of participants
9h00–9h05	A word of welcome <i>Dr François Héritier – Kollegium für Hausarztmedizin / Collège de Médecine de Premier Recours</i>
Part 1. Update on guidelines. Chair: Yolanda Müller, Dept of Family Medicine, Unisanté Lausanne	
9h05–9h25	Updates of diarrhea guidelines <i>Dr Diem-Lan Vu Cantero, Geneva Cantonal Communicable Diseases Unit, Geneva University Hospitals</i>
9h25–9h45	Updates of ARI/ILI guidelines <i>Dr Adrian Rohrbasser, Institute of Primary Health Care (BIHAM)</i>
9h45–10h05	Prescriptions for urinary tract infections: what do the data tell us? <i>Dr Andreas Plate, Institute of Primary Care, University of Zurich and University Hospital Zurich</i> <i>Dr pharm Catherine Plüss-Suard, Swiss Centre for Antibiotic Resistance (ANRESIS), Institute for Infectious Diseases, University of Bern</i>
10h05–10h20	Discussion
10h20–10h50	Coffee break and networking
Part 2. Antibiotic prescriptions in long-term care facilities (LTCFs). Chair: Noémie Boillat Blanco	
10h50–11h05	SPOT: Point prevalence survey on Health-care associated infections and antibiotic consumption in Swiss LTCFs <i>Domenica Flury – HOCH Health Ostschweiz</i>
11h05–11h20	Guidelines for LTCFs <i>Emmanouil Glampedakis – Unité cantonale Hygiène, Prévention et Contrôle de l'Infection, canton of Vaud</i>
11h20–11h35	AMS opportunities for respiratory tract infections in LTCFs <i>Noémie Boillat Blanco – Lausanne University Hospitals & University of Lausanne</i>
11h35–12h15	How to improve antibiotic prescriptions in LTCFs? <i>Round table:</i> <i>Céline Gardiol – Federal Office of Public Health</i> <i>Silvia Richner – Primary care physician, Zurich</i> <i>Tosca Bizzozzero – Geriatrician, Ensemble Hospitalier de la Côte (EHC)</i> <i>Clarisse de Block – Nurse EPIAS, Vaud Cantonal Communicable Diseases Unit</i> <i>Anne Niquille Charrière – Pharmacist, Unisanté Lausanne</i>
12h15–12h20	Closing remarks <i>Yolanda Müller, ASAP, Dept of Family Medicine, Unisanté Lausanne</i>
12h20–13h00	Apéro riche

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Introduction

The second symposium of the **Antimicrobial Stewardship in Ambulatory Care Platform (ASAP)** was held on 12 November 2025 in Bern, bringing together 27 clinicians, researchers, nurses, pharmacists and public health representatives from across French- and German-speaking Switzerland. The meeting aimed to strengthen national collaboration around responsible antimicrobial use, share emerging evidence, and support practical stewardship across outpatient and long-term care settings.

The programme combined concise guideline updates on diarrhoea, respiratory infections and antibiotic use in urinary tract infections, with a dedicated thematic focus on antibiotic prescribing in long-term care facilities (LTCFs), an area where diagnostic uncertainty, organisational diversity and regional prescribing patterns continue to present stewardship challenges. Presentations, case-based reflections and a multi-stakeholder round table highlighted opportunities for improvement, implementation barriers, and the need for aligned messaging across professions and institutions.

Participants described the symposium as timely, relevant and clinically useful. All respondents to the post-event survey reported being satisfied or very satisfied, and many emphasised the value of interdisciplinary exchange, updated evidence and practical tools applicable to everyday practice. Their suggestions and reflections, summarised at the end of this report, will help guide the development of the 2026 edition.

This report provides a documented record of the symposium, including:

- key messages from each presentation,
- insights and priorities emerging from the round table discussion, and
- participant feedback to inform future activities of ASAP.

It is intended as a reference for those who attended, as well as for clinicians, researchers, policymakers and organisational leaders who were unable to join but share an interest in strengthening antimicrobial stewardship in Switzerland.

Part 1: Update on guidelines

Chair: Yolanda Müller, MD PhD, Dept of Family Medicine, Unisanté Lausanne

Updates of diarrhoea guidelines

Diem-Lan Vu Cantero, MD, PhD. Communicable Disease Unit, Public Health Office, Geneva. Paediatric Infectious Diseases Unit, Geneva University Hospitals

Guideline update

In collaboration with general practitioners, nurses and infectious disease specialists, an update to the SSI guideline on diarrhoea was submitted in 2025.

Epidemiology and Burden of Diarrhoea

Acute diarrhoea affects about 2% of the Swiss population annually (2,146 cases per 100,000). Most episodes are mild and self-limiting; only around 10% of patients require medical consultation. Among those who consult, 86% require a medical certificate, with a median sick leave of four days. Fewer than 10% receive diagnostic testing or antibiotics.

Clinical Features

Acute diarrhoea is defined as ≥ 3 liquid stools per day for < 14 days. Presentations range from secretory, watery diarrhoea with mild fever to inflammatory diarrhoea with abdominal pain, fever and blood or mucus. Dysentery refers to bloody stools.

Main Aetiologies

- **Viral Causes:** viruses commonly cause short (2–5 day) self-limiting illnesses. Rotavirus accounts for ~40% of severe paediatric cases. Rotarix has allowed an important decrease in morbi-mortality and is recommended in the Swiss vaccination plan since 2024. Norovirus is highly infectious, environmentally resistant and responsible for most outbreaks.
- **Bacterial Causes:** Campylobacter is the predominant cause, can cause inflammatory diarrhoea but is not self-limiting. The association with Guillain–Barré syndrome is well-established. Non-typhoidal Salmonella diarrhoea is usually self-limiting but can be invasive, especially in vulnerable groups; antibiotics may prolong shedding. Shiga-toxin-producing E. coli (STEC) can cause haemolytic–uraemic syndrome (HUS); antibiotics must be avoided. Listeria monocytogenes typically causes self-limiting diarrhoea but can lead to severe invasive disease in high-risk individuals.

Travel-Related Diarrhoea

Most cases (80–90%) are bacterial, with *E. coli* enterotoxigenic (ETEC) being the leading cause. Symptoms typically resolve within three to five days. Typhoid fever causes systemic illness with 7–14 days incubation and is associated with a high mortality rate without antibiotic treatment. Virus and parasites only account for 5–10% of travellers' diarrhoea.

Diagnostics

Multiplex PCR panels provide rapid, sensitive detection of multiple pathogens but may be difficult to interpret due to co-infection, asymptomatic carriage and false positives.

Antibiotic Use

Antibiotics are indicated only in limited situations (e.g., typhoid fever, severe infections), as most of diarrhoea are self-limiting, even bacterial ones. They can be harmful by prolonging shedding, causing *C. difficile* infection or dysbiosis, increasing the risk of HUS in STEC, and promoting multidrug-resistant organism colonisation.

Clinical Management

Most cases are uncomplicated and should be managed with a “wait and see” approach: follow-up, oral rehydration and symptomatic support. Testing for *Clostridioides difficile* is recommended in hospitalised patients or patients with recent antibiotic exposure or moderate/severe symptoms. Empirical azithromycin may be considered in traveller's diarrhoea with moderate to severe symptoms. Diagnostic evaluation (culture or PCR) is warranted only if a treatment is considered (except for travelers' diarrhoea), for example in the presence of red flags such as dysentery, fever > 72 hours, sepsis, immunosuppression, prolonged diarrhoea or frailty.

Overall, management prioritises conservative care, cautious and selective antibiotic use and targeted treatment guided by clear diagnostic indications.

Updates of ARI/ILI guidelines

Adrian Rohrbasser, *DPhil and MSc in EBHC, Institute of Primary Care (BIHAM), University of Bern*

New guidelines and scope

New guidelines for acute respiratory infections and influenza-like illness were introduced in 2025, emphasising a syndromic approach to cough. They aim to reduce unnecessary testing and avoid inappropriate antibiotic or antiviral use. The recommendations were developed jointly by infectious disease specialists and primary care physicians and are based on established national and international guidelines.

Definition and disease spectrum

Infectious cough refers to an illness lasting up to twenty-one days, affecting the respiratory tract and without an alternative explanation. Symptoms may include cough, sore throat, fever, sputum, breathlessness and chest discomfort. Influenza can present with generalised or gastrointestinal symptoms, and respiratory signs may be less obvious, particularly in older adults. Disease-specific guidelines should be used for isolated sore throat, ear pain or sinus symptoms.

Tests

Most patients with acute cough do not require investigation. When upper respiratory tract symptoms and mild fever are present without abnormal vital signs or auscultation, testing is not recommended. Patients with a moderate likelihood of bacterial infection, indicated by persistent fever, breathlessness, tachypnoea, focal auscultation findings or tachycardia, should undergo a test for inflammatory marker such as C-reactive protein. A laboratory test is recommended before any antiviral or antibiotic prescription. Imaging is generally not required, however, lung ultrasound is an alternative when performed by trained clinicians. Symptomatic treatment is indicated when inflammatory markers are low (C-reactive protein ≤ 50 mg/L). Antibiotics are recommended when markers are high (C-reactive protein ≥ 100 mg/L). Shared decision-making is advised for intermediate values (C-reactive protein 50–99 mg/L).

Microbiological testing for influenza or SARS-CoV-2 is indicated only when antivirals are being considered and when results will alter management.

Treatment

Most cases resolve with symptomatic care, including analgesics, antipyretics, dextromethorphan for unproductive cough and honey for cough relief. Symptoms frequently persist for several weeks.

Antibiotics should be guided by inflammatory markers and shared decision-making. Amoxicillin is recommended in uncomplicated cases; co-amoxicillin is advised in the presence of respiratory comorbidities. Treatment duration is five days, shortened to three with rapid improvement. Antibiotics are not recommended for confirmed influenza or SARS-CoV-2.

Antivirals for influenza are considered only when symptoms have been present for less than forty-eight hours. Baloxavir and oseltamivir are not routinely covered by insurance; patients should be informed about cost and the limited evidence for outpatient benefit.

Prevention

Vaccination against influenza, pertussis, SARS-CoV-2, pneumococcal disease and respiratory syncytial virus is an important preventive measure. Chemoprophylaxis with baloxavir or oseltamivir may be considered for very high-risk individuals soon after exposure, although the expected benefit is modest.

Take-home message

A laboratory test should precede any antiviral or antibiotic prescription. C-reactive protein with shared decision-making is recommended to guide antibiotic use.

Prescriptions for urinary tract infections: what do the data tell us?

Catherine Plüss-Suard, *PhD, Swiss Centre for Antibiotic Resistance*
Andreas Nadig, *MD, Institute of Primary Care, University and University Hospital Zürich*. Replacing Dr Andreas Plate

Prescribing of antibiotics for UTI in Switzerland

Urinary tract infections (UTI) remain one of the most frequent bacterial infections managed in primary care and account for roughly one quarter of all antibiotic prescriptions. Their burden is considerable: one in three women will experience a urinary tract infection by the age of 24, and almost half will have at least one episode during their lifetime.

Over recent years, prescribing patterns have shifted in line with updated national recommendations and emerging evidence. The use of fluoroquinolones has markedly decreased, supported by increasing safety concerns and high resistance rates. In parallel, there has been a sustained rise in the use of nitrofurantoin and fosfomycin, two agents associated with low resistance levels in *Escherichia coli*.

Following the publication of clinical trial evidence showing superior outcomes with a 5-day nitrofurantoin regimen compared with single-dose fosfomycin (Huttner A. et al., JAMA, 2018), the Swiss Society for Infectious Diseases revised its guidance: nitrofurantoin is now recommended as the first-line therapy, while fosfomycin has been moved to second-line treatment.

Overall, the available data indicate an encouraging trend toward greater adherence to recommended therapies and a more judicious use of broad-spectrum agents.

Understanding real-world management of uncomplicated urinary tract infections

Uncomplicated urinary tract infections can often be safely managed without antibiotics, and reducing unnecessary antibiotic use remains a central objective of antibiotic stewardship. Real-world practices regarding antibiotic-sparing management remain insufficiently documented. Current data indicate which antibiotics are used and suggest that some patients are treated

without antibiotics, but they provide little insight into everyday decision making. More robust evidence is required to promote safe, guideline-concordant antibiotic-sparing approaches.

To address this gap, an exploratory sequential mixed-methods project funded by the College of Primary Care Medicine (Kollegium für Hausarztmedizin) and the University of Zurich (UZH) is examining how antibiotic-sparing treatment is applied in uncomplicated urinary tract infections across outpatient settings. The study investigates knowledge, attitudes, and practices among general practitioners, non-physician medical staff, community pharmacies, and public, aiming to identify barriers and facilitators for implementation.

Preliminary findings show broad awareness among clinicians and pharmacists that uncomplicated urinary tract infections can be managed without antibiotics, and many adopt a “try first without antibiotics” approach when appropriate. However, defining appropriateness in daily practice remains challenging. General practitioners report that patients increasingly present only after unsuccessful self-management, making the true eligibility for antibiotic-sparing treatment difficult to determine. Consequently, the potential for further reductions in antibiotic use may be overestimated.

Roles of non-physician medical staff vary widely. In some practices they provide administrative support only, while in others they play an active role in triage, counselling, and treatment decisions. Communication during initial telephone contacts is often inconsistent despite its importance in shaping patient expectations. As frequent first points of contact, these staff members constitute an important target group for stewardship interventions.

Communication between general practice and community pharmacies is limited, and many clinicians remain unfamiliar with the services offered in pharmacies for urinary tract infections. Improved mutual understanding will be necessary to deliver consistent, evidence-based messages to patients.

Outlook

By next year, the project will provide more robust insight into how uncomplicated urinary tract infections are managed in general practice and pharmacies in Switzerland. These findings will support the identification of priority areas for antibiotic-stewardship interventions and help to define the consistent interprofessional messages required to guide patients in managing their symptoms.

Part 2: Antibiotic prescriptions in long-term care facilities (LTCFs)

Chair: Noémie Boillat-Blanco, MD-PhD, Service of Infectious Diseases, University Hospital of Lausanne

SPOT: point prevalence survey on health-care associated infections and antibiotic consumption in Swiss LTCFs

Domenica Flury, MD, Infectiology, Infection Prevention and Travel Medicine, Canton Hospital Sankt Gallen

The Swiss Point Prevalence Survey (SPOT) was conducted to provide an updated national overview of healthcare-associated infections (HAI) and antimicrobial use in long-term care facilities (LTCF). Since the launch of the national StAR and NOSO strategies in 2015/16, surveillance has expanded across both acute and long-term care settings. A small proof-of-concept survey in 2018/19 confirmed that point prevalence surveys are feasible in LTCF, and the COVID-19 pandemic further underscored the need for better infection prevention and control (IPC) structures in these institutions.

The 2024 survey aimed to estimate the prevalence of HAI and antimicrobial use in Swiss LTCF, and to describe relevant IPC and antimicrobial stewardship (AMS) structures and processes. Data were collected in September 2024 using the European Centre for Disease Prevention and Control (ECDC) HALT-4 methodology with minor adaptations. A representative sample of facilities was selected based on location and size, with additional LTCF participating voluntarily. All residents present on the survey day were included.

The sample achieved good national coverage and was comparable in scale to that of neighbouring countries. Residents were predominantly older, with high levels of frailty, impaired mobility and incontinence. The overall prevalence of HAI was 2.3%, similar across linguistic regions and broadly consistent with the European average. Multivariable analysis showed that urinary catheter use, incontinence, chronic wounds and recent hospitalisation or surgery are significant predictors of HAI.

The prevalence of antimicrobial use was 2.7%, but substantial variation occurred between regions. The French-speaking region showed the highest use. Aminopenicillins were the most frequently used antibiotic class. Approximately one third of antimicrobial prescriptions were issued for prophylaxis. According to AWaRe classifications, most prescriptions fell into the Access category, although the proportion of Watch antibiotics was higher in the Italian-speaking region.

Across Swiss long-term care facilities, antimicrobial stewardship structures were unevenly implemented. Facilities in the Italian-speaking region reported the highest presence of stewardship elements. Overall, Switzerland demonstrated substantial gaps, with many key stewardship activities implemented in only a minority of institutions.

In summary the findings show that the prevalence of HAI in Swiss LTCF aligns with European data, while antimicrobial use varies substantially between regions. Urinary tract infections dominate the HAI burden, and urinary catheter use represents a modifiable risk factor. Prophylactic use of antibiotics remains common and requires closer examination. Many LTCF lack formal AMS structures, with responsibilities largely resting on individual physicians. These findings highlight the need for a coordinated, multi-level approach to antimicrobial stewardship in Swiss long-term care facilities.

Guidelines for LTCFs

Emmanouil Glampedakis, MD, MPH, ID and Infection Prevention and Control Specialist, Direction Générale De La Santé, Office Du Médecin Cantonal, Unité Cantonale HPCI Vaud

Antibiotic use in long-term care facilities is substantial, with high exposure rates, frequent inappropriate prescribing, and well-documented links to adverse outcomes such as antimicrobial resistance and *Clostridioides difficile* infection. Residents of nursing homes are particularly vulnerable because of advanced age, multiple comorbidities and repeated antibiotic exposure. Swiss data reveal considerable variation in antibiotic use across institutions and linguistic regions, with consumption in French-speaking areas reaching levels up to three times higher than in German-speaking areas. Resistance trends reinforce the need for action: extended-spectrum beta-lactamase-producing organisms have risen markedly over the past decade.

These patterns underscore why nursing homes require tailored antimicrobial stewardship measures. Evidence shows that introducing facility-specific guidelines improves empirical treatment choices, favours narrower-spectrum agents, enables earlier switch from intravenous to oral therapy, shortens treatment durations and reduces side effects, without compromising clinical outcomes. Guidelines designed for nursing homes therefore provide a structured way to support more consistent decision-making and address the particular needs of this population. Their development should follow recognised recommendations, including creating setting-specific protocols, revising them regularly and ensuring a clear dissemination strategy. In line with WHO guidance, coordinated stewardship efforts across national, subnational and institutional levels are necessary to ensure that nursing homes can implement and sustain effective, context-appropriate prescribing practices.

Antibiotic prescribing in this setting must also account for several clinical and operational factors. Polypharmacy is common and increases the risk of interactions, while impaired renal function frequently requires dose adjustment. Practical constraints shape treatment routes, with oral administration generally preferred over intramuscular or subcutaneous options, and these in turn favoured over intravenous therapy when feasible. Staffing shortages make complex or multidose regimens difficult to manage, and treatment costs may influence prescribing. Resident preferences, quality-of-life considerations and advance directives must also form part of the therapeutic decision-making process.

Strengthening antimicrobial stewardship through updated, adapted guidelines remains a priority. The existing guidance developed in Vaud, created in 2013 and updated in 2018 and 2024, has been widely used across French-speaking cantons, translated into German and made available in print and online formats. A new update was required to incorporate evolving evidence and expand cantonal involvement. As an example, the previous guideline broadly listed geriatric syndromes as indicators of possible infection, whereas the updated version retains only delirium. Also, across multiple indications, treatment durations have been shortened.

All institutions in Vaud received several printed copies of the new version of the guidelines, as well as most French-speaking cantons. German- and Italian-language versions are available in PDF format, and a dedicated [website](#) was created.

For World Antimicrobial Awareness Week 2025, activities in Vaud received financial support from Swissnoso through the StAR-3 programme. As part of these initiatives, a third edition of *Mission Antibiotix* was released. This serious game uses short, case-based clinical vignettes to train healthcare professionals in appropriate antibiotic prescribing. The new edition includes ten adult and ten paediatric scenarios designed to strengthen decision-making in routine care. The theme for 2025 focuses on optimising antibiotic treatment duration. The game is freely available at: www.missionantibiotix.ch.

AMS opportunities for respiratory tract infections in LTCFs

Noémie Boillat-Blanco, MD-PhD, Service of Infectious Diseases, University Hospital of Lausanne, Switzerland

Antibiotic use for respiratory tract infections in LTCFs remains substantial. A study by Roux *et al.* examining 114 long-term care residents with respiratory infections found that more than half received an antibiotic, although only a minority had pneumonia, highlighting the difficulty of distinguishing bacterial from non-bacterial illness in this setting. Improving diagnostic certainty is therefore central to strengthening antimicrobial stewardship.

Evidence from the Netherlands has shown that point-of-care C-reactive protein testing can safely reduce antibiotic prescribing in LTCFs, yet direct extrapolation to Switzerland is limited by differences in care models, particularly the continuous medical presence available in Dutch facilities. In Swiss long-term care, physicians are not routinely onsite, making scalable and sustainable diagnostic tools essential.

The OPTI RESP study, carried out in 24 nursing homes in Vaud and 6 in Geneva over two winters, addressed this gap and aimed to develop diagnostic tools to be used by nurses onsite with antibiotic prescription guided by physicians over the phone. In this study, residents were assessed within 24 hours of respiratory infection onset. Lung ultrasound was used to define the presence of pneumonia, and the findings informed the development of a diagnostic score combining vital signs and point-of-care biomarkers. This five-variable score reduced the number of residents falling into an uncertain, intermediate-risk category compared with CRP alone and

helped distinguish with higher precision those who were unlikely to require antibiotics from those at higher risk. Overall, the study suggests that simple clinical parameters and host biomarkers can support more targeted antibiotic use in Swiss long-term care facilities.

Ultrasonography itself offers additional opportunities but also presents challenges. Image acquisition may be difficult for staff without prior training, and standard protocols require multiple scanning points, although simplified blind sweeps have achieved strong performance with a sensitivity of 97% and specificity of 83% (OPTI RESP study). Interpretation remains a key barrier, yet recent developments in automated analysis show excellent diagnostic accuracy, with AI-guided pneumonia detection reaching an AUC of 0.945 compared with expert readers. Such advances suggest that ultrasound could eventually be performed and interpreted by nursing staff with AI support.

Diagnostic decision-making on antibiotics can also benefit from viral testing. In a retrospective study of 45 long-term care facilities between 2021 and 2023, approximately 3.5 residents needed to test positive for SARS-CoV-2 to avert one antibiotic prescription, highlighting the value of targeted testing during outbreaks or the winter “COVID season” in reducing unnecessary treatment.

Taken together, available tools, including CRP or combined clinical-CRP scoring, AI-supported lung ultrasound, and targeted viral PCR testing, represent possible antimicrobial stewardship strategies for long-term care settings. Before implementation, however, we require clinical trials to assess impact, safety, and acceptability in real-world conditions. Conducting research in this population remains challenging, but it is essential for improving stewardship and ensuring high-quality care for residents.

Round table: How to improve antibiotic prescriptions in LTCFs?

Chair: Noémie Boillat-Blanco, MD-PhD, Service of Infectious Diseases, University Hospital of Lausanne
Céline Gardiol, Federal Office of Public Health

Clarisse de Block, Nurse EPIAS, Vaud Cantonal Communicable Diseases Unit

Domenica Flury, MD, Infectiology, Infection Prevention and Travel Medicine, Canton Hospital Sankt Gallen

Emmanouil Glampedakis, MD, MPH, ID and Infection Prevention and Control Specialist, Direction Générale De La Santé, Office Du Médecin Cantonal, Unité Cantonale HPCI Vaud

Silvia Richner, Primary care physician, Zurich

Tosca Bizzozzero, Geriatrician, Ensemble Hospitalier de la Côte (EHC)

1. Roles of Health Care Professionals

- A stronger emphasis on training general practitioners (GPs) in infectious diseases is needed, along with better connections between infectious disease specialists and primary care.
- In LTCFs, nurses often lack resources, training, and support; in some regions, they work alone and consult GPs only when necessary.

- Strengthening collaboration between nurses and GPs is crucial, especially regarding symptom interpretation, appropriate testing, and avoiding unnecessary prescriptions.
- IPC nurses, present particularly in French-speaking regions, already facilitate implementation.

2. Implementation of Guidelines

- Guidelines should be more accessible and user-friendly, for example through apps or adaptive websites, and included in regular training.
- GPs responsible for LTCFs should be familiar with and follow these guidelines.
- Regional differences exist: the French-speaking part has more guidelines but higher antibiotic use; possible reasons include where GPs were trained, cultural differences, and risk perception.
- LTCFs are highly heterogeneous - some apply guidelines consistently, while others (especially with older prescribers) do not.

3. Current Practices and Challenges in LTCFs

- Clinical workflows for residents with signs of infection vary: some LTCFs have protocols requiring specific tests or even starting antibiotics (e.g., fosfomycin for suspected UTI) before contacting a GP.
- In practice, GPs often request additional information or provide direct assessment, noting that many febrile residents can safely wait 1–2 days to be seen.
- Frequent “prophylactic” use of antibiotics, especially in the French-speaking region, should be questioned and its reasons further investigated
- There is need for more time and financial support to balance LTCF responsibilities with regular GP work.
- LTCFs face numerous challenges beyond infectious diseases, making stewardship initiatives harder to implement.

4. System-Level and Political Perspectives

- Effective stewardship requires combined bottom-up and top-down approaches, aligned across regions and institutions.
- National governance efforts aim to bring all stakeholders together and strengthen expertise within LTCFs.
- After the pandemic, an action plan for healthcare facilities was developed, but implementation by cantons and LTCFs remains uncertain.
- Although Switzerland currently performs well on AMR, this situation could worsen without sustained action.

5. Expectations for ASAP and Future Directions

- Stewardship needs shared goals and coherent messaging across all stakeholders.
- Actions at research, policy, and implementation levels are often uncoordinated and should be better aligned.
- LTCF-specific guidelines should be incorporated into First-line Guidelines, that are currently being developed.
- The ASAP network can support dissemination, coordination, and implementation of stewardship practices nationwide.

Participant feedback

Nineteen participants completed the feedback survey, representing a mix of general practitioners, researchers, nurses, stewardship professionals and public health actors. Satisfaction with the event was extremely high: all respondents reported being satisfied or very satisfied, and every participant stated that they acquired new knowledge or expertise during the symposium.

Participants highlighted several strong points:

- Relevance and timeliness of topics, particularly updates on diarrhoea, ARI/ILI and UTI guidelines, and the focus on antimicrobial prescribing in long-term care facilities.
- High-quality speakers, described as clear, well-prepared, and clinically grounded.
- The value of bringing together different disciplines and regions, allowing participants to hear perspectives outside their usual professional circles.
- The round table discussion, perceived as realistic, interdisciplinary, and highly engaging.
- Networking was appreciated by many, especially those who valued the opportunity to “finally meet people from ASAP,” though a few indicated that structured networking time could be strengthened.
- Logistics, venue and overall organisation received consistently positive ratings, with most respondents describing the structure, timing and accessibility as well-suited to a half-day event.

What participants learned:

- the shift toward guideline-concordant antibiotic prescribing, especially nitrofurantoin use for UTIs
- growing AMS needs and opportunities in LTCFs
- the importance of diagnostic tools such as CRP and lung ultrasound
- recognition that regional variations in antibiotic use persist
- the need for better communication between healthcare actors, including pharmacies, nurses and GPs
- Several participants emphasised that “tools are here but are not used,” and that stewardship progress will depend on implementation support within LTCFs.

Constructive suggestions for future editions.

- More time for discussion, especially in group or podium format
- Clearer communication about the intended audience (GPs vs. expert community)
- More nursing perspectives or presentations
- Deeper focus on implementation challenges and solutions in practice
- Continued attention to networking opportunities and interdisciplinary exchange

Overall, the feedback reflects strong support for the symposium's format and objectives, along with a desire to continue building a shared national stewardship community.

Symposium closing and outlook

The 2025 ASAP symposium gave attendees a good view of Switzerland's evidence-based antimicrobial prescribing guidelines, and that the next challenge lies in ensuring their consistent and confident use across all care settings. Moving forward, ASAP will continue fostering interprofessional exchange, supporting practical implementation and facilitating conversations around regional differences, particularly within primary care and long-term care.

In the coming year, the platform will broaden its communication efforts to reach more practicing clinicians through written resources, professional networks, congresses and online dissemination. Symposium materials, including this report, will be available on the ASAP website, and session recordings will be shared once the platform's communication channels are fully established.

We invite colleagues across Switzerland to stay connected by joining the ASAP mailing list, sharing these guidelines within their organisations and contributing to the ongoing effort to preserve antibiotic effectiveness for future generations.

The next symposium will take place in November 2026, continuing the annual opportunity to exchange experience, strengthen stewardship collaboration and collectively advance responsible antimicrobial use nationwide.

