



# ARTIFICIAL INTELLIGENCE AND AMR

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**Allibert MDx Consulting**

**To Enhance your Vision and your Strategy  
in Molecular Diagnostic...**

# FACTS



## GLOBAL

A failure to address the problem of antibiotic resistance could result in:



**10m**  
**deaths**  
**by 2050**

**Costing**  
**£66**  
**trillion**

From Public Health England | Guidance – Health Matters: Antimicrobial Resistance

<https://www.biomerieuxconnection.com/2018/07/12/explain-antimicrobial-resistance-friends-family-infographics/>

# Threat Level of Drug Resistant Pathogens According to the CDC



**Carbapenem resistant Enterobacteriaceae (CREs)**  
***Clostridium difficile***  
**Cephalosporin resistant *Neisseria gonorrhoeae***

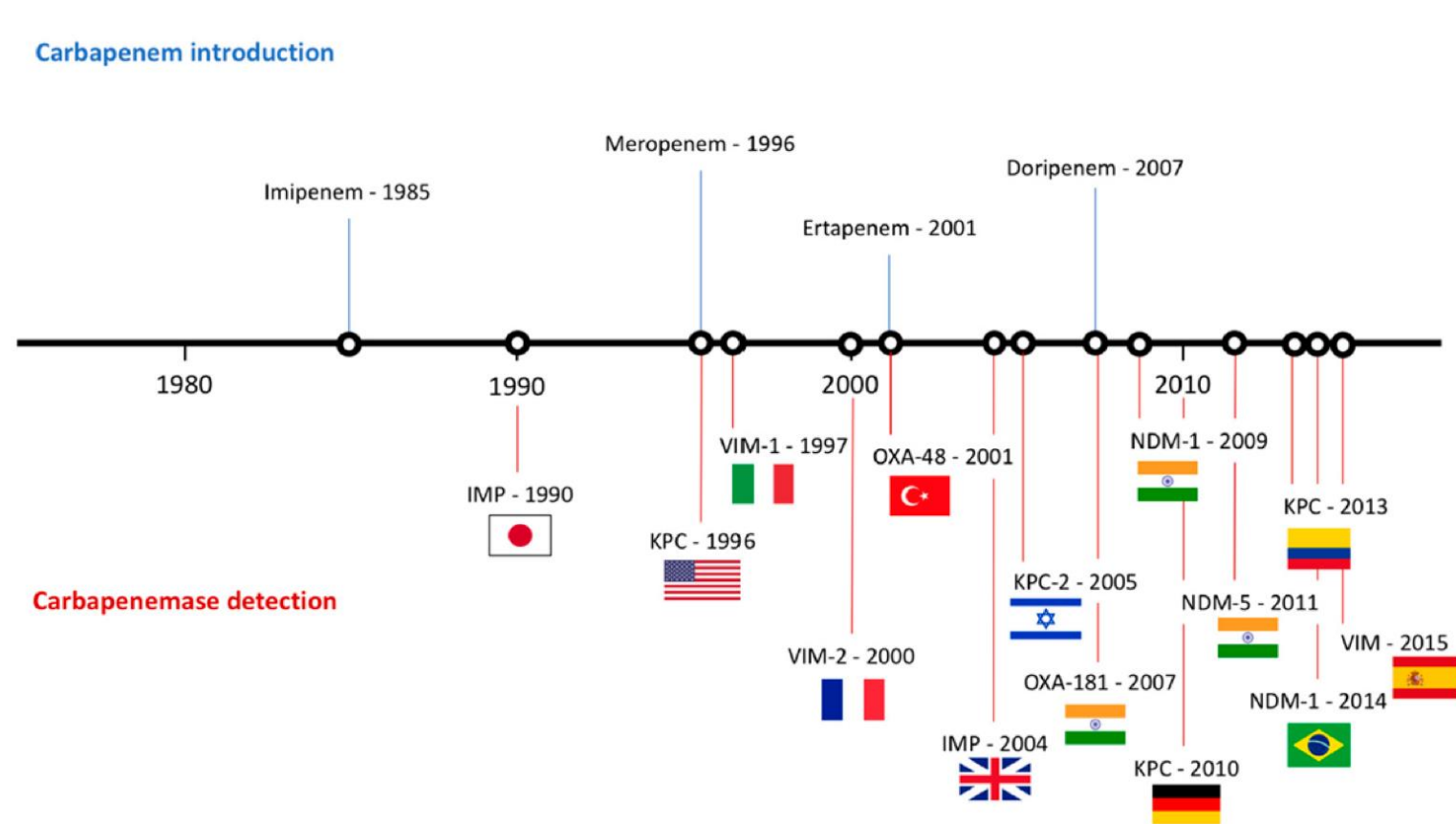


MDR *Acinetobacter*  
MDR *Pseudomonas aeruginosa*  
MDR Tuberculosis  
ESBL-producing Enterobacteriaceae  
Vancomycin resistant enterococci (VRE)  
Methicillin resistant *Staphylococcus aureus* (MRSA)  
Drug resistant *Streptococcus pneumoniae*



Vancomycin resistant *Staphylococcus aureus*

# New Drugs/Resistance... the race!



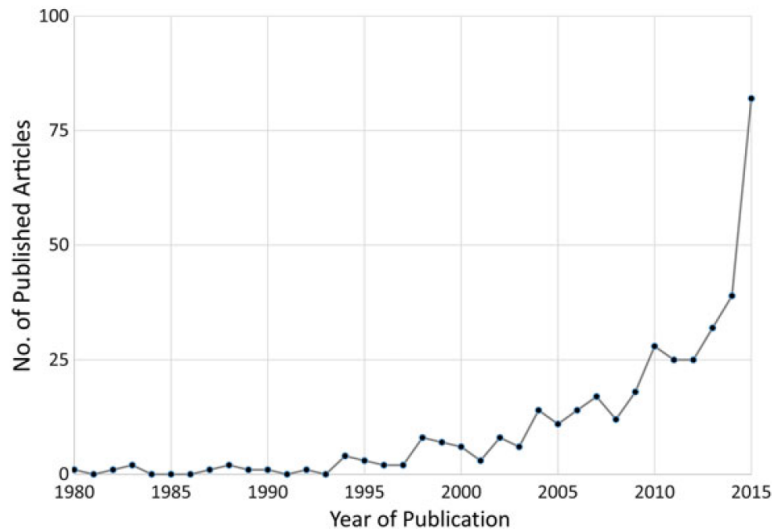
**Figure 2.** Timeline representing the introduction of carbapenems and the appearance of carbapenemases worldwide.

Present and Future of Carbapenem-resistant Enterobacteriaceae (CRE) Infections Beatriz Suay-García and María Teresa Pérez-Gracia \*  
Antibiotics, 2019, 8, 122

# AI AND INFECTIOUS DISEASES

# INFECTIOUS DISEASES AND AMR

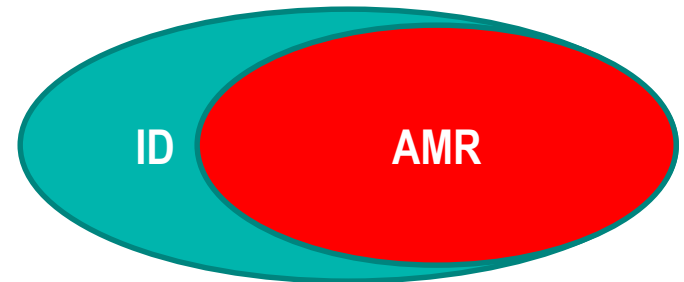
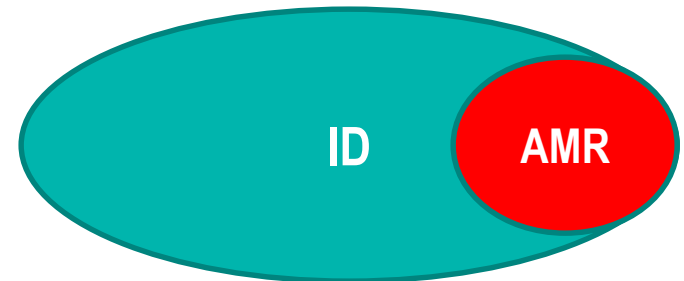
- **Since 2015**, we see a significant increase of publications and interest in this important domain



**Figure 1.** Exponential increase since the early 2000s in publications at the intersection of big data and infectious diseases. Annual trends in the number of publications were identified through a Scopus search for articles published between 1980 and 2015, using the following keywords: (big data AND infectious diseases) OR (big data AND epidemics) OR (digital epidemiology AND infectious diseases).

Big Data for Infectious Disease Surveillance and Modeling • JID 2016:214 (Suppl 4) • S375


Yesterday



Tomorrow



# Why AMR threat will not stop...



**RAPID RISK ASSESSMENT**

**Carbapenemase-producing (OXA-48) *Klebsiella pneumoniae* ST392 in travellers previously hospitalised in Gran Canaria, Spain**

10 July 2018



<https://ecdc.europa.eu/sites/portal/files/documents/28-06-2018-RRA-Klebsiella-pneumoniae-Spain-Sweden-Finland-Norway.pdf>

# HOW AI CAN HELP AMR?

- **In 2050, 10 millions of people will die due to AMR:**
  - We will obviously see a significant increase of Community Acquired Infection
  - Situation will not be manageable for hospitals
  - It will be impossible to consider and treat all patients at the same level

A sort of triage will be required to "classify" patient, their exposure to AMR and their capacity to be treated

# HOW AI CAN HELP AMR?

- **Epidemiological purpose:**
  - It is known AMR birth has multiple origins
    - **Animals** fed with antibiotics
    - **Agriculture** and soils treatments
    - **Human** overusing antibiotics
    - **Water** contaminated by AMR strains
  - It is known AMR spreading is mainly due to the movement of population
    - Travels
    - Migration of Human ... but also birds!

AI and Big data can definitively help to provide regular mapping of AMR spreading.



# HOW AI CAN HELP AMR?

- **Patient exposure to AMR**

- We are not all equal regarding our exposure to Infectious Diseases and AMR
- We can anticipate major problems for hospitals when they will be exposed to Community Acquired AMR outbreaks..
  - We already see a significant increase of UTI resistance to carbapenem
- Stratification of patient exposure to AMR will help hospitals at admission for the first triage
- Big data can help to analyse all data available and generate tools enabling this triage:
  - Where I live
  - Where I work
  - Family history
  - Friends history
  - Personal history and exposure to Infectious Diseases and AMT
  - Travel and much more ....

AI and Big data can definitively help to generate appropriate tools to evaluate the risk of the patient to AMR