

# Call: 7th Call - 2018 Network Call on Surveillance

## Title: Intensive Care Airway and Lung Microbiome Network

## Acronym: ICALM

#### **Network composition**

Туре	Name	Institute	Country
Coordinator	Ignacio Martin-Loeches	Trinity College	Ireland
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Partner	Massimo Antonelli	Catholic University of Rome	Italy
Partner	Elie Azoulay	Saint-Louis Teaching Hospital	France
Partner	Lieuwe Bos	University of Amsterdam	The Netherlands
Partner	Jean-Louis Vincent	Erasme University Hospital	Belgium
Partner	Håkan Hanberger	University of Linköping	Sweden
Partner	Srinivas Murthy	University of British Columbia	Canada
Partner	Rob Fowler	University of Toronto	Canada
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Partner	Jeffrey Lipman	Royal Brisbane and Womens' Hospital	Australia
Partner	Neill Adhikari	University of Toronto	Canada
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#### Abstract

Hospital acquired pneumonia (HAP) is the most frequent infection acquired in the Intensive Care Unit (ICU). ICU-related respiratory infections arise as a consequence of the processes of ICU care. Mechanical ventilation (MV) is potentially lifesaving, but also carries microorganisms into the lower airways, changing the native flora, and increasing the risk of Ventilator-Associated Tracheobronchitis (VAT) and Ventilator-Associated Pneumonia (VAP). Data concerning the characteristics of respiratory microbiota and its alterations in illness are largely limited to the respiratory microbial flora of patients with cystic fibrosis, and little is known about airway microbiota alterations in critical illness. We published the most comprehensive study on this topic, and found that mechanical ventilation, but not antibiotic administration, was associated with changes in the respiratory microbiome. With funding from JPIAMR, we will empower a multinational team to develop common surveillance methods and monitoring approaches to build a global study of the lung microbiome in critical illness, and its associations with modifiable environmental colonisation and pneumonia in the individual patient.