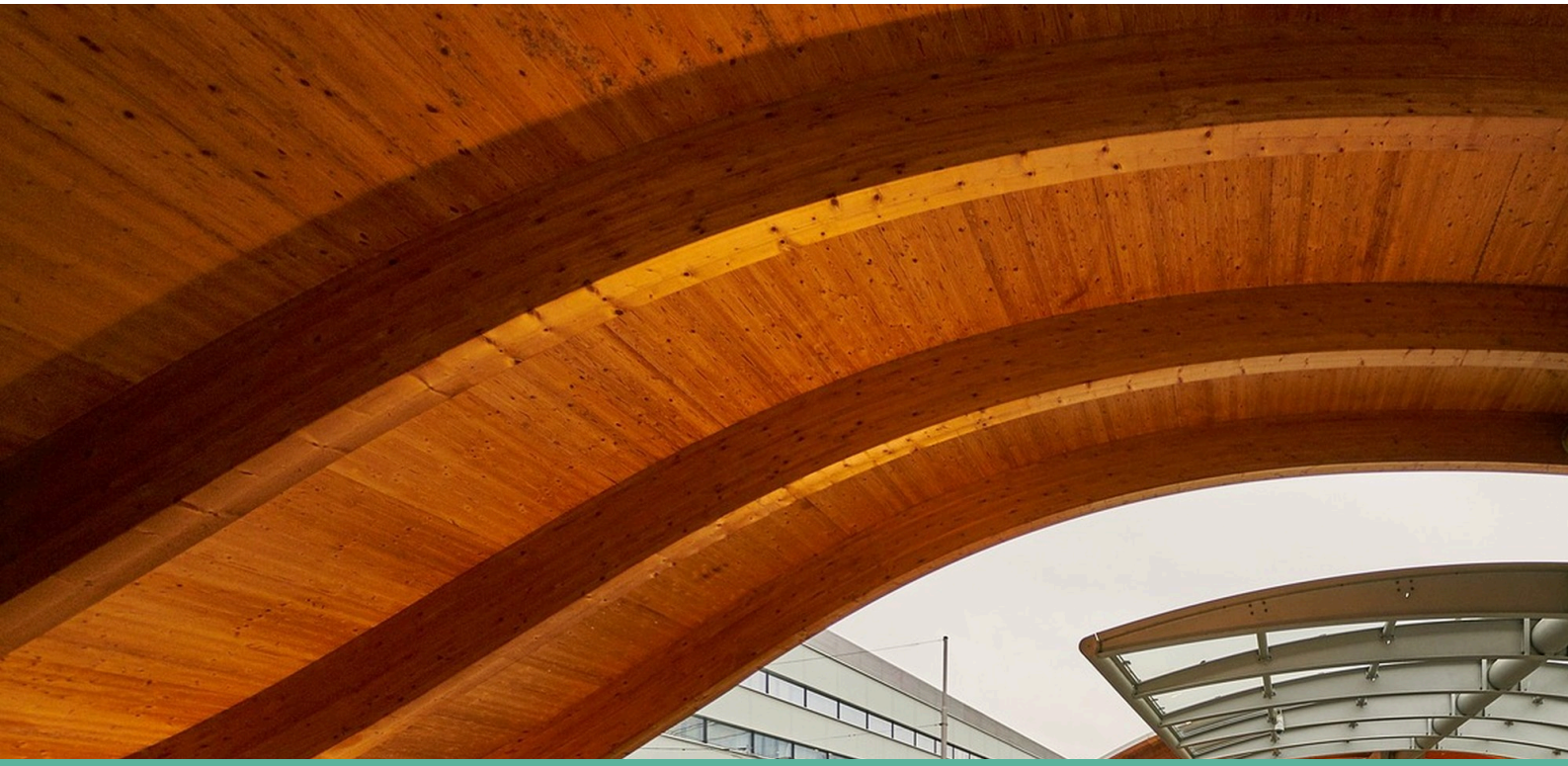
ASAP
ANTIMICROBIAL STEWARDSHIP
IN AMBULATORY CARE PLATFORM

SYMPOSIUM REPORT
2026



THIRD ANNUAL SYMPOSIUM

ASAP Symposium 2026

Implementing antimicrobial stewardship in Swiss ambulatory care
Focus on skin infections

Friday 30 October 2026

Welle 7, Bern

Executive summary

The third symposium of ASAP, the Swiss platform for antimicrobial stewardship in ambulatory care, took place on 30 October 2026 in Bern. It brought together 27 attendees from across Switzerland, among them general practitioners (GPs), researchers, pharmacists, citizen partners and public health representatives. The day opened with a look back at ASAP's first three years and ahead to its second cycle, which began in November 2026.

The first part of the programme looked at how antimicrobial stewardship is being implemented in Swiss ambulatory care. It opened with new surveillance analyses from ANRESIS: by adding health insurance claims data to sales data, ANRESIS can now show outpatient antibiotic use by canton and by prescriber specialty. These analyses confirmed the gap between language regions at cantonal level and showed that general internal medicine accounts for the largest share of outpatient use. Two interventions in primary care followed. The ImpProGUIDE trial, in French-speaking Switzerland, evaluated the implementation of the national guideline on acute respiratory infections through quality circles; its preliminary results are encouraging. In German-speaking Switzerland, a BIHAM study combined shared decision-making tools with quality circles and reduced antibiotic dispensing by GPs.

The second part, chaired by Hubert Maisonneuve, turned to skin infections. ANRESIS data showed that co-amoxiclav dominates GP prescribing for skin and soft tissue infections, and that resistance of *Staphylococcus aureus* to fusidic acid, the most used topical antibiotic, is rising, especially in children. A clinical case of impetigo in an adolescent then showed how uncertainty, time pressure and the absence of Swiss guidance weigh on a decision that looks simple. The round table took up these questions from the perspectives of general practice, paediatrics, infectious diseases and citizens.

KEY MESSAGES

- ANRESIS cantonal data on outpatient antibiotic use by prescriber specialty, available on anresis.ch, can serve as a reference point to adapt stewardship to the local context.
- Quality circles are a proven channel for stewardship in Swiss primary care: both ImpProGUIDE and the BIHAM study relied on them.
- Shared decision-making tools such as those developed by BIHAM can reduce antibiotic use at a small cost in consultation time.
- For some skin infections, narrower-spectrum or topical options should be considered in place of co-amoxiclav, taking local resistance patterns into account.
- Swiss guidance on impetigo would support GPs in a frequent and uncertain decision.

A feedback survey was carried out at the end of the event. Every respondent reported having acquired new knowledge or expertise, and overall satisfaction averaged 4.7 out of 5.

Symposium programme

Friday 30 October 2026, Welle 7, Bern

9:00 – 9:20	**Welcome address: three years of ASAP** Yolanda Müller
PART 1	**Implementing antimicrobial stewardship in Swiss ambulatory care**
9:20 – 9:40	**Antibiotic prescribing data in Switzerland** Tamara Habegger
9:40 – 10:05	**From ImpPro to ImpProGUIDE: challenges and lessons from a pragmatic implementation trial** Jelena Dunaiceva and Sophie Gendolla
10:05 – 10:25	**Deciding together instead of prescribing automatically** Philipp Aebi
10:25 – 11:00	*Coffee break*
PART 2	**Focus on skin infections** Chair: Hubert Maisonneuve
11:00 – 11:20	**Antibiotic use in skin infections: what the data tell us** Catherine Plüss-Suard
11:20 – 11:40	**Treating skin infections as a generalist: what guides our decisions?** Hubert Maisonneuve
11:40 – 12:25	**Round table: prescribing antibiotics for skin infections** Moderator: Hubert Maisonneuve Adrian Rohrbasser, general practitioner · Martine Bideau, paediatrician · Parham Sendi, infectiologist · Jean-Baptiste Babinet, citizen partner (ASAP+)
12:25 – 12:30	**Closing remarks** Yolanda Müller
12:30 – 13:00	*Apéro riche*

Introduction

ASAP, the Swiss platform for antimicrobial stewardship in ambulatory care, holds an annual symposium for the people who shape antibiotic prescribing outside hospitals: GPs, specialists, pharmacists, researchers, public health representatives and citizens. The third edition took place on 30 October 2026 at Welle 7 in Bern, with 27 participants, and was accredited by SGAIM for continuing education credits.

The programme had two parts. The first looked at how stewardship is being implemented in Swiss ambulatory care, through new surveillance data and two interventions deployed in primary care. The second focused on antibiotic prescribing for skin infections, combining national data, a clinical case and a round table.

The symposium also came at a turning point for ASAP. Its first cycle ended in October 2026, and a second three-year cycle began in November. In her welcome address, Yolanda Müller looked back on what the platform had achieved and set out how it is preparing for the years ahead.

This report summarises the welcome address, each presentation and the round table, followed by participant feedback. It is intended for those who attended, and for colleagues who could not join but share an interest in antimicrobial stewardship in Switzerland.

Welcome address: three years of ASAP

Yolanda Müller, MD PhD, Department of Family Medicine, Unisanté Lausanne



Yolanda Müller opening the symposium

Yolanda Müller recalled that ASAP was founded in 2023. The platform is hosted by the Kollegium für Hausarztmedizin (KHM), co-financed by the Federal Office of Public Health (FOPH) and KHM with in-kind support from partners, and guided by a Scientific and Advisory Committee drawn from primary care, infectious diseases, surveillance, research and public health.

Over its first cycle, ASAP brought together actors from surveillance, infectious diseases, guidelines, general practice, research, implementation science and policy, notably through this annual symposium. It represented primary care in the guideline committee of the Swiss Society for Infectious Diseases (SSI),

where it supported the shift from pathogen-based to syndromic guidelines. It worked on antimicrobial use indicators and new data sources, shared tools that improve prescribing, such as BIHAM's shared decision-making tools and FOPH patient materials, and carried stewardship messages through congresses, its newsletter, website and partners' channels. Through the ASAP+ project, three trained citizen partners now take part in its governance and activities.

To prepare its second cycle, ASAP analysed the Swiss context with the WHO scoping tool on antimicrobial resistance in primary health care. The resulting 2026–2029 action plan has six axes: policy, relationships and governance; guidelines; education; surveillance and translating data into action; communications and awareness; and civil society.

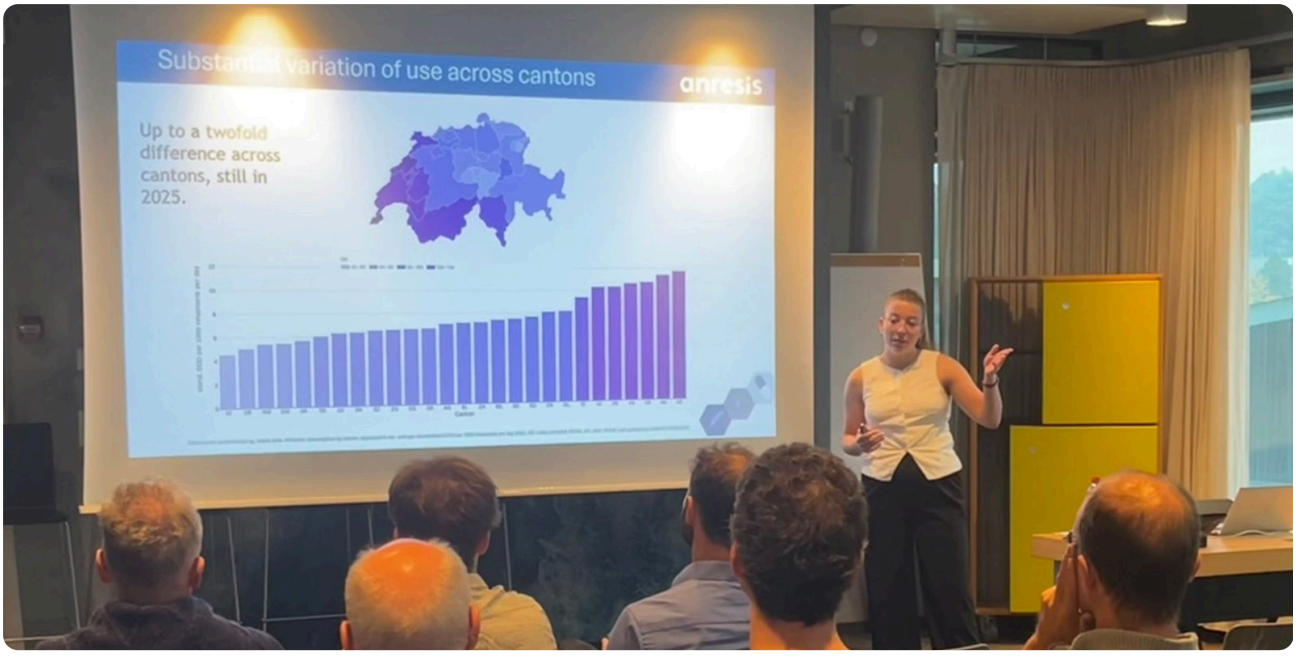
PART 1

Implementing antimicrobial stewardship in Swiss ambulatory care

> *The first part of the programme looked at how stewardship is being implemented in Swiss ambulatory care, starting with what national surveillance data can show. Tamara Habegger presented the new cantonal analyses from ANRESIS.*

Antibiotic prescribing data in Switzerland

Tamara Habegger, ANRESIS, Swiss Centre for Antibiotic Resistance, Institute of Infectious Diseases, University of Bern; Graduate School for Health Sciences, University of Bern



Tamara Habegger presenting cantonal antibiotic use data

Stakeholders need to know who prescribes antibiotics, which classes are prescribed, where, and how outpatient use has changed over time. The outpatient setting matters because 87% of human antibiotic use occurs there. Combining IQVIA sales data with claims data from santéservices ag, ANRESIS now reports outpatient antibiotic use at cantonal level.

Switzerland performs well in European comparison, but antibiotic use differs widely between language regions, and claims data confirm this difference at cantonal level. Outpatient use dropped during the COVID-19 pandemic and rebounded afterwards, in some cantons above pre-pandemic levels. The pandemic did not change the regional pattern: French- and Italian-speaking cantons still show higher use. Possible explanations include the number of point-of-care tests, demographics, income, education, the number of infections and physician density.

General internal medicine specialists account for the largest share of outpatient use (36.1% in 2025), followed by hospital outpatient departments and group practices. Among other specialties, dermatologists account for the largest share, followed by gynaecologists.

Prescriber composition differs across cantons and could serve as a reference point to adapt stewardship to the local context. Different specialists prescribe different antibiotic classes, corresponding to the different diseases they encounter. Therefore, differences between cantons do not only reflect prescribing practice, but also how care is organised and who lives there, for example the number of specialists or the age structure of the population.

Claims data thus show how much antibiotic use was invoiced, where it occurred, who was associated with it and how patterns have changed over time. They cannot show whether an individual prescription was appropriate, why it was made, or whether the patient took the antibiotic.

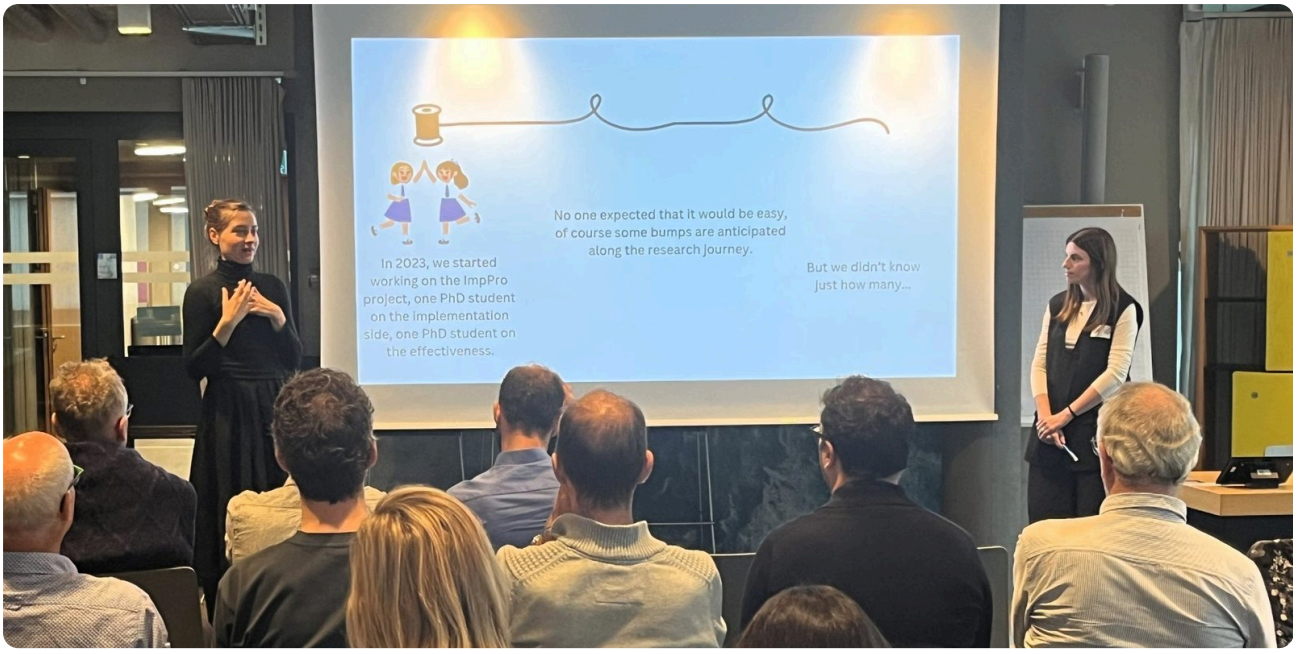
TAKE-HOME MESSAGES

- Switzerland's low national outpatient antibiotic use covers substantial regional variation.
- Who provides care matters: prescriber composition differs across cantons.
- Surveillance can help target stewardship, but cannot, on its own, tell us what is appropriate or inappropriate.
- Cantonal outpatient antibiotic use can be examined in detail on anresis.ch.

> *From population data, the programme moved to an intervention in practice. Jelena Dunaiceva and Sophie Gendolla presented the lessons of ImpProGUIDE, an implementation trial in French-speaking primary care.*

From ImpPro to ImpProGUIDE: challenges and lessons from a pragmatic implementation trial

Jelena Dunaiceva, Unisanté, Lausanne; Sophie Gendolla, University of Zurich



From left to right: Sophie Gendolla and Jelena Dunaiceva

Study background and adaptation

The presentation traced the evolution of ImpPro, a cluster-randomised hybrid type II implementation-effectiveness trial in French-speaking Swiss primary care, conducted by researchers from Unisanté, the Institut für Implementation Science in Health Care (IfIS) and other Swiss institutions. Initially designed to evaluate point-of-care procalcitonin testing, the study was adapted following the decision not to reimburse procalcitonin testing in 2025, and shifted its focus to implementing the new national guideline for acute respiratory infections and influenza-like illness. The implementation strategy, developed through a participatory approach, retained its original format: educational sessions within quality circles and group practices, supported by practical tools for physicians and patients.

Recruitment and implementation challenges

The trial included 17 clusters and 115 physicians, randomised to intervention and control groups. Recruitment and physician engagement were challenging: survey response rates were initially low and required additional efforts to improve participation. Preliminary results showed higher self-reported guideline adoption in the intervention group than in the control group, although the difference was not statistically significant. Relatively high adoption in the control group may have limited the potential for improvement.

Antibiotic prescribing and data limitations

Evaluating antibiotic prescribing with health insurance billing data raised methodological challenges. Only about half of the participating physicians had an individual billing identifier, which limited data linkage at physician level. Preliminary analyses suggested lower antibiotic prescribing rates in the intervention group. These results remain incomplete: data are available only up to February 2026, and analyses of group billing identifiers are ongoing.

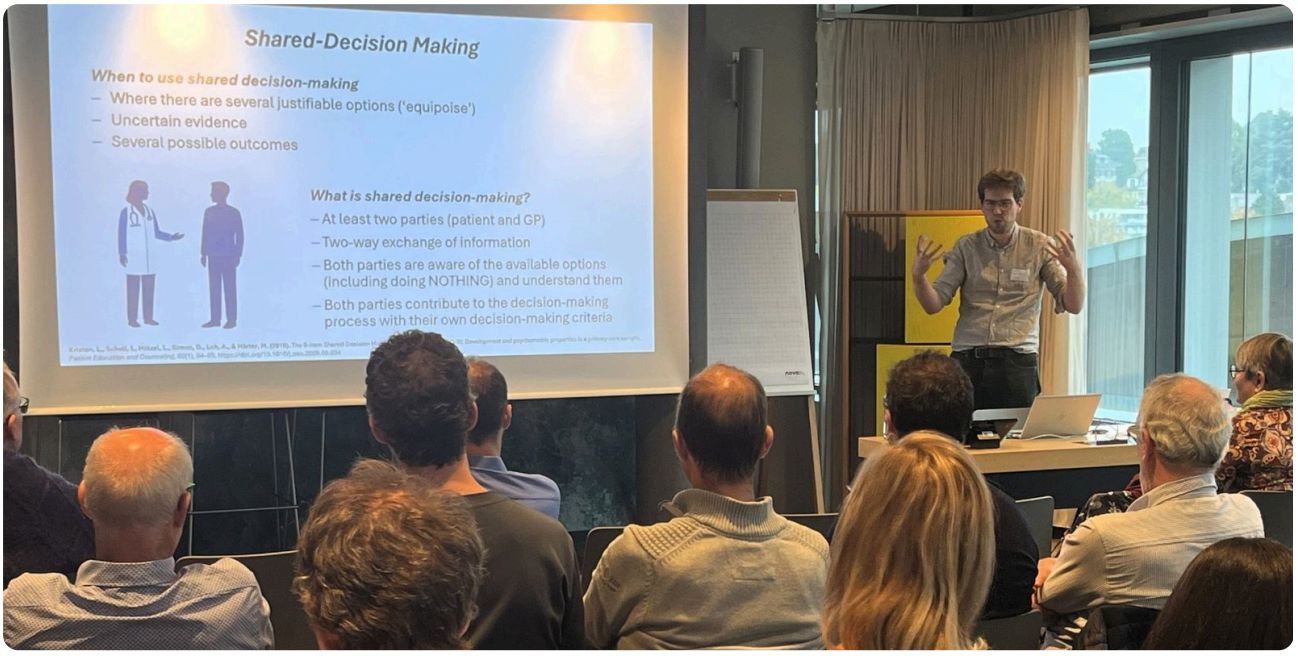
Lessons learned and implications

The experience highlighted the importance of flexibility in implementation research, particularly when changes in policy or clinical practice affect the feasibility of an intervention. Even relatively low-intensity interventions require substantial efforts to recruit and engage physicians, and routine healthcare data have practical limits for evaluating prescribing. Despite these challenges, the preliminary findings are encouraging, and the trial provides valuable insights into the feasibility and complexity of implementing antimicrobial stewardship interventions in routine primary care.

> *Philipp Aebi followed with a second intervention, this time in German-speaking primary care and built on shared decision-making.*

Deciding together instead of prescribing automatically

Philipp Aebi, MD, Research Fellow, Institute of Primary Health Care (BIHAM), University of Bern



Philipp Aebi on shared decision-making

As primary care physicians account for the largest share of outpatient antibiotic use, BIHAM investigated whether shared decision-making could improve outpatient prescribing. Many antibiotics are prescribed for self-limiting illnesses.

What is shared decision-making?

Shared decision-making applies when several options are possible and the evidence is uncertain, and one of the options can be "doing nothing". It requires two-way communication in which all parties give their view and seek a consensus together. Doctors often misjudge what patients want; conversely, patients anticipate what doctors want and act accordingly. Shared decision-making can resolve these assumptions and gaps. BIHAM has developed tools and fact sheets to support it in consultations, available on the BIHAM website.

Does it work?

The intervention was multifaceted: an update on evidence-based treatment, fact sheets used as consultation aids summarising the key facts and the advantages and disadvantages of each option, online learning and quality circles. It took place in German-speaking cantons, with most patients from St Gallen, Zurich and Thurgau, and a few from Bern and Aargau. GPs were advised to use the tools only when they were uncertain about the best option. The investigators do not know to what extent physicians used the consultation aids, and the pandemic years were excluded from some analyses.

The intervention cohort was compared with weighted controls, using SWICA health insurance data and a difference-in-differences analysis. The primary outcome was the share of patients receiving an antibiotic prescribed by their registered primary care practice. Per 100 patients per quarter, 1.35 received an antibiotic with the intervention, compared with an estimated 1.54 without it, which corresponds to about 13% fewer antibiotic prescriptions filled ($p < 0.001$). The secondary outcome, antibiotic prescriptions from all providers, fell by about 3% ($p < 0.001$). Shared decision-making will next be studied in emergency departments and in pharmacies.

A frequent objection to shared decision-making is the time it is expected to take, an understandable concern. Data collected by BIHAM put this into perspective: shared decision-making added 30 seconds to one minute to a 20-minute consultation, and asking about the patient's expectations at the outset saved time that would otherwise be spent changing a prescription at the end. A second concern, that shared decision-making would not work with patients who speak little German, was not confirmed either, according to Philipp Aebi.

TAKE-HOME MESSAGES

- Shared decision-making is an effective stewardship tool that can be transferred into the everyday practice of GPs.
- It costs little consultation time, and clarifying patients' expectations early can save time.

PART 2

Focus on skin infections

Chair: Hubert Maisonneuve, Institut universitaire de Médecine de Famille et de l'Enfance (IuMFE), University of Geneva; Maison de santé pluriprofessionnelle Mermoz, Lyon

> *After the coffee break, the second part turned to skin infections. Hubert Maisonneuve, who helped shape this session, chaired it and introduced Catherine Plüss-Suard, who set out what national data show about antibiotic use and resistance in skin infections.*

Antibiotic use in skin infections: what the data tell us

Catherine Plüss-Suard, ANRESIS, Swiss Centre for Antibiotic Resistance, Institute of Infectious Diseases, University of Bern



Catherine Plüss-Suard on resistance in Cutibacterium acnes

Catherine Plüss-Suard combined three data sources: IQVIA sales data, data from the Sentinella network of about 160 GPs and paediatricians, which record the indication at the consultation, and ANRESIS resistance data from Swiss clinical microbiology laboratories.

Systemic and topical use

Skin and soft tissue infections account for 15% of GP antibiotic prescriptions, and co-amoxiclav accounts for about 60% of the antibiotics prescribed for them. Co-amoxiclav is a broad-spectrum antibiotic with a higher potential to select for resistance. Narrower-spectrum options should be preferred where guidelines allow, for example for erysipelas or cellulitis, and topical treatment may avoid systemic antibiotics for localised impetigo. Fusidic acid dominates topical antibiotic use, ahead of mupirocin and clindamycin,

with the highest use in French-speaking regions, followed by Italian-speaking regions. Since 2023, mupirocin use has increased the most, although from a low level, while fusidic acid use has decreased slightly.

Resistance

Resistance of *Staphylococcus aureus* to fusidic acid has risen since 2023, reaching 12.7% across all ages in 2025 and 21.7% in children aged 0 to 14, almost twice as high. The number of isolates tested also rose sharply in 2023, and changes in participating laboratories or testing practices could account for part of the increase. The literature shows an association between topical antimicrobial use and resistance at both individual and population level. In New Zealand, high-level mupirocin resistance fell from 28% to 11% after mupirocin became prescription-only. Resistant clones may, however, spread independently of use.

Acne

Among oral tetracyclines, doxycycline has the highest sales, but it has other indications, such as Lyme disease, so the share used for acne is unknown. Lymecycline has gradually replaced minocycline, in line with the 2025 Swiss Practice Recommendations for the Treatment of Acne: minocycline is more phototoxic and requires twice-daily administration. This pattern is the same in all Swiss regions. Resistance of *Cutibacterium acnes* to tetracyclines remains low (doxycycline 2.4%, minocycline 0.2%), while clindamycin resistance has increased in China, possibly driven by antibiotic overuse in acne. Antibiotics for acne should always be second-line treatment, combined with a retinoid or benzoyl peroxide.

TAKE-HOME MESSAGES

- Co-amoxiclav accounts for about 60% of GP prescriptions for skin infections. Check whether a narrower-spectrum option fits, or whether topical treatment is an option.
- Topical fusidic acid is used more in French-speaking regions, and *S. aureus* resistance to it seems to be rising in Switzerland, especially in children.
- Lymecycline is used in preference to minocycline for acne, in line with Swiss recommendations, and tetracycline resistance in *C. acnes* remains low.

> *Hubert Maisonneuve then brought the data back into the consulting room, with a hypothetical case inspired in his own practice, to set up the scene for the round table conversation.*

Treating skin infections as a generalist: what guides our decisions?

Hubert Maisonneuve, Institut universitaire de Médecine de Famille et de l'Enfance (IuMFE), University of Geneva; Maison de santé pluriprofessionnelle Mermoz, Lyon

To prescribe or not to prescribe? Hubert Maisonneuve took the audience inside the mind of a GP with the case of Maja, a 17-year-old patient.

Maja presented with a localised infection on the right cheek and chin. The lesions were small, ruptured and crusted, with honey-coloured crusts, indicating non-bullous impetigo, which is highly contagious.

Several questions crossed the GP's mind. Adolescents with impetigo are seen less often. Should antibiotic treatment be started and, if so, for how long? Neither the SSI nor Swiss paediatric guidelines cover the condition, and UpToDate and the other guidelines the GP consulted differ on treatment length and

frequency of administration. There was no time for a literature review during the consultation.

Maja was eager to be cured quickly, but the GP could not establish her reasons, which remained a black box. External factors also shaped the GP's attitude. The waiting room was full. It was Friday afternoon, and the practice would be closed over the weekend, ruling out any reassessment before Monday. The previous consultation had been long and complicated, and the next one, a first consultation for a 15-day-old newborn whose family situation gave cause for concern, already occupied the GP's thoughts. Finally, the GP had slept badly and was tired.

The options ranged from active surveillance with good hygiene, a skin swab or a delayed prescription, to topical treatment (peroxide or mupirocin) or oral therapy for the fastest cure, for instance with flucloxacillin. The choice was left open for the round table.

TAKE-HOME MESSAGE

- Even a consultation that seems simple, such as impetigo, can involve a complex decision.

> *Hubert Maisonneuve then invited four panellists to take up the questions raised during the morning, from the perspectives of general practice, paediatrics, infectious diseases and citizens.*

Round table: prescribing antibiotics for skin infections

Moderator: Hubert Maisonneuve.
Panel: Adrian Rohrbasser, general practitioner, Institute of Primary Health Care (BIHAM), University of Bern; Martine Bideau, paediatrician; Parham Sendi, infectiologist, Head of the Division of Communicable Diseases, FOPH, and Professor, University of Bern; Jean-Baptiste Babinet, citizen partner (ASAP+).



From left to right: Adrian Rohrbasser, Parham Sendi, Martine Bideau, Jean-Baptiste Babinet and Hubert Maisonneuve

Over 45 minutes, the panellists discussed what shapes antibiotic prescribing for skin infections in everyday practice, and where change is possible. Their exchange covered six themes, from the consultation itself to antibiotic choice and prevention.

Shared decision-making and patient expectations

The panellists first stressed the importance of understanding patients' expectations, concerns and priorities when deciding whether to prescribe antibiotics, particularly when evidence is limited or guidelines conflict. Patients may seek reassurance rather than antibiotics, and watchful waiting can be hard to sustain when they are anxious or have limited health literacy. Despite time constraints, the panellists considered it possible to explore patients' concerns, explain treatment options and their consequences, and give a clear recommendation within a short consultation. Good communication, transparency and an established therapeutic relationship were seen as important for shared decision-making and adherence to treatment.

Artificial intelligence in consultations

The increasing use of AI by patients was discussed as both a challenge and an opportunity. Patients may arrive with AI-generated diagnoses and treatment expectations, although this information is not always accurate. Discussing AI use openly could help physicians understand patients' concerns, address misconceptions and improve health literacy. Patients should feel comfortable disclosing their use of AI without fear of judgement.

Changing prescribing habits

Changing prescribing behaviour was described as a complex process, shaped by clinical experience, established habits and professional culture. Physicians may be reluctant to adopt approaches that contradict their previous experience, even when these are supported by evidence. Peer groups, collective reflection and repeated multifaceted interventions were considered important to bring about and sustain change. Guidelines should help physicians develop a coherent approach to treatment and reduce uncertainty. The panel also noted that practising physicians have few opportunities to take part in research.

Involving patients in improving care

Patient involvement in research and quality improvement was emphasised as a way to complement clinical expertise with lived experience. An example from the Netherlands showed how patients can take part in post-operative wound monitoring by submitting daily photographs and completing short questionnaires through an app, supporting their autonomy and engagement.

Antibiotic choice and resistance

The discussion addressed the frequent use of co-amoxiclav instead of narrower-spectrum antibiotics, despite variations in local resistance patterns. External pressures, including limited consultation time and concerns about treatment failure, may contribute to broader-spectrum prescribing. The panel stressed the importance of considering local resistance patterns when selecting an antibiotic.

Managing and preventing skin infections

The management of impetigo was discussed, in particular the role of antiseptic treatment, topical versus systemic antibiotics, and preventive measures to limit transmission. The panel highlighted the need for accessible patient information and practical guidance on prevention and decolonisation.

Participant feedback

100%
of respondents acquired new knowledge or expertise

4.7/5
overall satisfaction

Ten participants completed the feedback survey distributed at the end of the event, among them doctors, researchers, a pharmacist, a student and a citizen partner. All reported having acquired new knowledge or expertise, and overall satisfaction averaged 4.7 out of 5.

Asked about their key take-aways, participants pointed to the potential for changing practice, the role of quality circles, and the importance of trust, conversation and shared decision-making. Rising resistance to fusidic acid also left an impression, as did the need for Swiss guidelines and dedicated tools for impetigo.

Looking ahead, participants asked to hear more about the outcomes of projects initiated in ambulatory care. One suggested integrating the Swiss recommendations for acne into the SSI guidelines.

Symposium closing and outlook

Yolanda Müller closed the symposium by inviting participants to complete the feedback form and thanking the speakers, panellists and participants, as well as the FOPH and KHM for their support.

The day pointed to concrete gaps that the 2026–2029 action plan could contribute to address: the lack of Swiss guidance for impetigo, and the potential of shared decision-making and quality circles to change prescribing habits. ASAP will continue to bring together the people working on these questions, and invites colleagues across Switzerland to follow its work on antimicrobialstewardship.ch.

ASAP
ANTIMICROBIAL STEWARDSHIP IN AMBULATORY CARE PLATFORM

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