

ANTIFUNGAL

NAPS

National Antimicrobial
Prescribing Survey



WHY assess quality of antifungal prescribing?

- High mortality from invasive fungal infection
- Increasing antifungal use due to increasing at risk population
- Rising azole resistance & limited treatment options
- High rates of antifungal toxicity & drug-drug interactions

HOW is Antifungal NAPS different?

- Deep dive audit to assess each phase of prescribing (Prophylaxis, empiric & directed therapy)
- Risk of invasive fungal infection data collected
- New quality & outcome metrics specific for antifungal prescribing and invasive fungal infection

WHAT will your hospital gain by participating?

- Measure rate of breakthrough invasive fungal infection in high risk patient groups to guide local prophylaxis strategy
- Optimise quality of antifungal prescribing for your patients; Reduce toxicity, manage drug-drug interactions
- Benchmark performance against similar hospitals





Participate in the first national Antifungal NAPS benchmarked audit

Which hospitals can participate?

All Australian hospitals are encouraged to participate

What is being audited?

Prescriptions for systemic antifungal agents

Choose to audit all antifungals prescribed at or your hospital or target a specific drug or class of drugs (according to the priority below)

1. Amphotericin B
2. Mould active azoles (Posaconazole, voriconazole...)
3. Echinocandins
4. Other antifungals (Fluconazole, 5-Flucytosine, Terbinafine...)

Both inpatient and outpatient prescriptions may be audited

How many prescriptions should we audit?

We recommend a minimum of:

30 prescriptions OR 3-months of antifungal prescribing

When should the data be submitted?

Submit all data electronically by 28th February 2023 to be included for benchmarking

[NAPS website](#)



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Antifungal NAPS User Guide & Data Collection Form