

AUGUST 2026

SASPI NEWSLETTER

SHAPING THE FUTURE OF ANTIMICROBIAL STEWARDSHIP



SASPI-AIIMS DEOGHAR COLLABORATION

Advancing
Antimicrobial
Stewardship
Latest Updates &
Initiatives

KEY AREAS OF COLLABORATION

- Antimicrobial Stewardship
- AMR Awareness & Education
- Infection Prevention & Control
- Capacity Building & Research

Society of Antimicrobial Stewardship PractIces (SASPI)



Working towards a stronger and more sustainable healthcare ecosystem by advancing antimicrobial stewardship, strengthening professional capacity, and fostering collaborative action against AMR.

All India Institute of Medical Sciences (AIIMS) Deoghar



Partnering with SASPI to promote responsible antimicrobial practices, strengthen healthcare systems, and build awareness and capacity for tackling antimicrobial resistance.

COLLABORATION HIGHLIGHT

“Strengthening antimicrobial stewardship through knowledge exchange, capacity building, and collaborative action to promote rational antimicrobial use and combat AMR.”

MEET THE AMSP TEAM AIIMS DEOGHAR

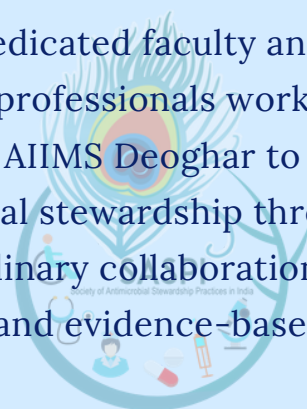
Meet the team members contributing to the advancement of Antimicrobial Stewardship Practices at AIIMS Deoghar.

S. No.	Name	Department & Designation	Role
1	Prof. (Dr.) Nitin Gangane	Executive Director & CEO	Chairperson
2	Dr Ratnesh Kumar	HOD, Microbiology	Member
3	Dr Subodh Kumar	Additional Professor, Pharmacology	Member
4	Dr Sarthak Das	Additional Professor, Paediatrics	Member
5	Dr Archana Mallick	Associate Professor, Pulmonary Medicine	Member
6	Dr Nishit Ranjan	Associate Professor, General Surgery	Member
7	Dr Bijit Biswas	Associate Professor, CFM	Member
8	Dr Sumit Kumar Mahato	Assistant Professor, Pharmacology	Member
9	Dr Mithilesh Kumar Jha	Assistant Professor, Microbiology	Member
10	Dr Sushil Kumar	Assistant Professor, General Medicine	Member
11	Dr Shyam Kishor Kumar	Associate Professor, Microbiology	Member Secretary



Meet The Team Behind The Mission

Meet the dedicated faculty and healthcare professionals working together at AIIMS Deoghar to advance antimicrobial stewardship through multidisciplinary collaboration, education, and evidence-based clinical practices.

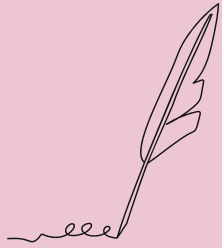




Dr Bhawna Sharma

Assistant Professor

Department of Microbiology, AIIMS Bathinda



SASPI Newsletter – Special Collaborative Issue with AIIMS Deogarh

SHAPING THE FUTURE OF ANTIMICROBIAL STEWARDSHIP THROUGH COLLABORATION AND INNOVATION

Dear Readers,

It is my privilege to welcome you to this edition of the **SASPI Newsletter**, which showcases the inspiring antimicrobial stewardship journey of **AIIMS Deogarh**. This issue stands as a testament to the institution's unwavering commitment to promoting the rational use of antimicrobials, strengthening infection prevention practices, and advancing the collective fight against antimicrobial resistance (AMR). More than a compilation of activities, it reflects a shared vision of excellence, innovation, and multidisciplinary collaboration in healthcare.

A SHARED VISION FOR COMBATING ANTIMICROBIAL RESISTANCE

Antimicrobial resistance continues to pose one of the greatest threats to global health, demanding coordinated action from every healthcare professional. Antimicrobial Stewardship is no longer an option—it is a responsibility that unites clinicians, microbiologists, pharmacologists, infection prevention specialists, nurses, pharmacists, and healthcare administrators. This edition reinforces the importance of evidence-based decision-making and collaborative practice in ensuring that every antimicrobial prescribed today remains effective for tomorrow.

TRANSFORMING EVIDENCE INTO ACTION

The articles featured in this newsletter beautifully demonstrate how scientific evidence can be translated into meaningful clinical practice. From strengthening diagnostic stewardship and advancing microbiology laboratory services to developing institutional antibiograms, optimizing antimicrobial therapy, and promoting infection prevention and control, each initiative represents a significant step toward safer, more effective patient care. These achievements exemplify how stewardship becomes impactful when knowledge is transformed into everyday clinical action.

INNOVATION DRIVING THE FUTURE OF STEWARDSHIP

Healthcare is entering an era where innovation complements clinical expertise. This issue highlights emerging concepts such as Artificial Intelligence in Antimicrobial Stewardship, illustrating how digital technologies may support rapid diagnostics, predict antimicrobial resistance, and enable more precise antimicrobial selection. While technological advances continue to evolve, they serve to strengthen—not replace—the critical role of sound clinical judgment and multidisciplinary expertise in patient care.

BUILDING CAPACITY THROUGH EDUCATION AND ENGAGEMENT

Sustainable antimicrobial stewardship depends on continuous learning and active participation. The educational initiatives, awareness campaigns, training programmes, and community outreach activities highlighted in this newsletter demonstrate the importance of engaging healthcare professionals, students, and the wider community. By nurturing awareness and fostering a culture of responsible antimicrobial use, we strengthen our collective capacity to address AMR at both institutional and societal levels.

BELEBRATING COLLECTIVE EXCELLENCE

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TRANSFORMING EVIDENCE INTO ACTION

Every successful stewardship programme is built upon the dedication of individuals working together towards a common goal. I extend my sincere appreciation to the leadership of AIIMS Deoghar, the Antimicrobial Stewardship Committee, Hospital Infection Control Committee, faculty members, residents, nursing officers, microbiology laboratory personnel, pharmacists, infection control teams, and every contributor whose commitment has made these accomplishments possible. Their passion, expertise, and collaborative spirit continue to inspire progress and set an example for institutions across the country.

TOGETHER TOWARDS A HEALTHIER FUTURE

As you explore this edition, I hope it serves not only as a source of scientific knowledge but also as a reminder that combating antimicrobial resistance requires collective responsibility, continuous innovation, and sustained commitment. Let this newsletter inspire new ideas, strengthen professional collaborations, and encourage every healthcare institution to embrace antimicrobial stewardship as an integral component of quality patient care. Together, through knowledge, collaboration, and innovation, we can preserve the effectiveness of antimicrobials and build a healthier future for generations to come.

WARM REGARDS!



**Executive Director & CEO,
AIIMS Deoghar**

“Antimicrobial resistance (AMR) is one of the greatest public health challenges of our time, threatening the effectiveness of life-saving antimicrobial agents and compromising patient care worldwide. Antimicrobial Stewardship (AMS) is a systematic approach to ensure that every patient receives the right antimicrobial, at the right dose, at the right time, and for the right duration.

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Antimicrobial Stewardship (AMS) is a systematic approach to ensure that every patient receives the right antimicrobial, at the right dose, at the right time, and for the right duration.

Effective stewardship is not the responsibility of a single department; rather, it is a shared commitment that requires coordinated efforts from clinicians, microbiologists, pharmacologists, infection control teams, nursing staff, pharmacists, and hospital administrators.

At AIIMS Deoghar, we are committed to promoting the rational use of antimicrobials through a multidisciplinary Antimicrobial Stewardship Programme. Our institutional AMS Committee has been established to develop, implement, and periodically review evidence-based policies and guidelines that support optimal antimicrobial prescribing. Timely microbiological diagnosis, culture reporting, critical alerts, prescription audits, surveillance of antimicrobial resistance, and continuous education of healthcare professionals form the cornerstone of institutional stewardship activities.”

The success of this programme depends on the active participation of every healthcare worker. By fostering a culture of accountability, continuous learning, and evidence-based practice, we aim to reduce antimicrobial resistance, prevent healthcare-associated infections, enhance patient safety, and improve clinical outcomes.

I extend my sincere appreciation to all members of the Antimicrobial Stewardship Committee, Hospital Infection Control Committee, faculty, residents, nursing officers, laboratory personnel, pharmacists, and support staff for their unwavering dedication. I am confident that through sustained collaboration and collective responsibility, AIIMS Deoghar will continue to strengthen its stewardship initiatives and contribute meaningfully to the national and global fight against antimicrobial resistance

Diagnostic Stewardship: An Introduction



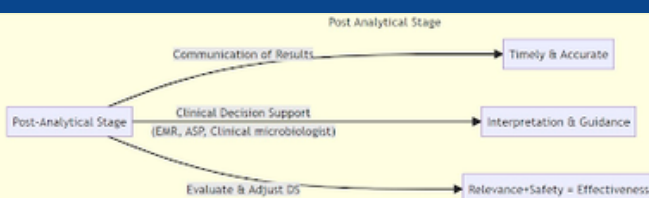
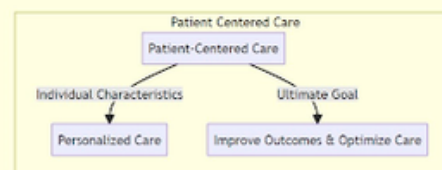
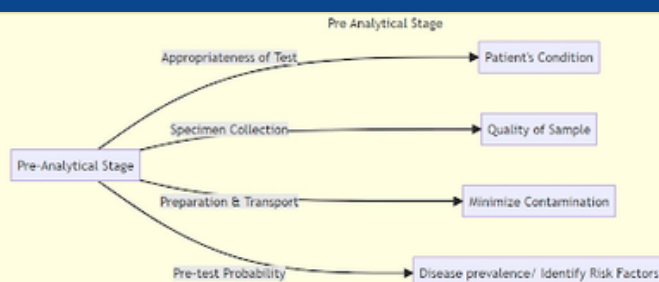
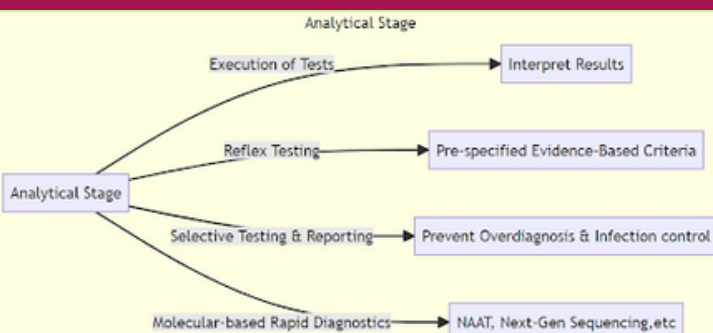
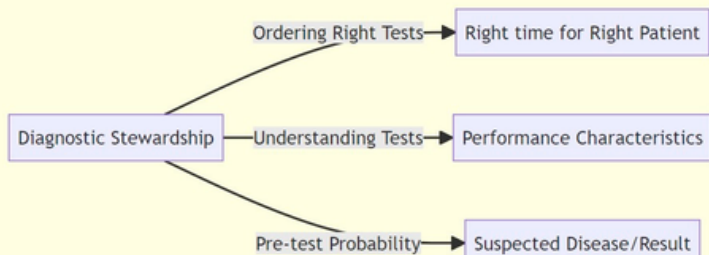
Right Test. Right Patient. Right Time.

"Diagnostic stewardship promotes the appropriate use of diagnostic tests across the pre-analytical, analytical, and post-analytical phases to improve clinical decision-making, patient outcomes, and antimicrobial use."



Dr Ratnesh Kumar

**Head of the
Department of
Microbiology,
AIIMS Deoghar**



Dimopoulos, G.; Akinosoglou, K.
Understanding and
Implementing Diagnostic
Stewardship: A Guide for
Resident Physicians in the Era of
Antimicrobial Resistance.
Microorganisms 2023, **11**, 2214.
<https://doi.org/10.3390/microorganisms11092214>





DIAGNOSTIC STEWARDSHIP: DEPARTMENT OF MICROBIOLOGY, AIIMS, DEOGHAR PERSPECTIVE



Routine Lab Work

Lab Information System (LIS): a software designed for the fast tracking of test report. Report is easily available on the portal for the patient and the treating physician, both once the report is validated by Lab In Charge. There is no need of manual typing.



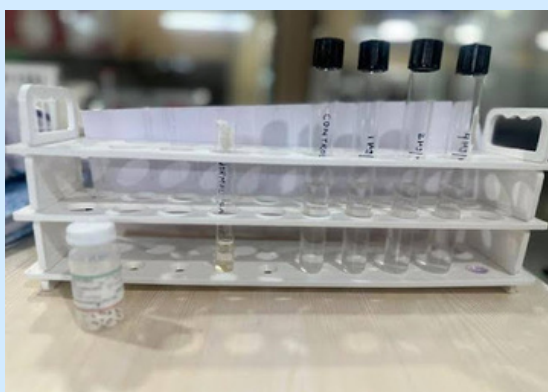
**Dr Ratnesh
Kumar**

**Dr Vimal Singh
Munda**



BacTAlert: Automated microbial detection system generally used for blood sample. It is based upon the principle of detection of altered pH. It is fast and useful method for septicemic patients.

Critical alert for Blood/CSF samples: It is helpful for treating physician to start immediate intervention. It is also useful for laboratory physician for the identification of microbes.



Colistin MIC testing- Gram negative bacteria showing resistant even for Carbapenem also.



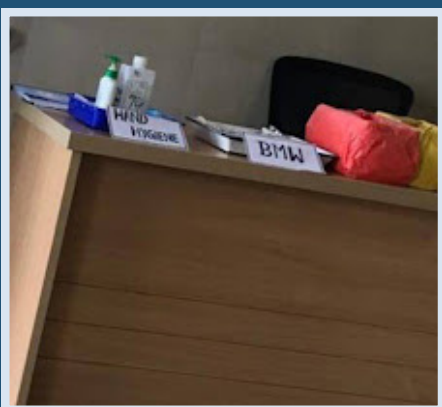
HICC TRAINING AND SURVEILLANCE



Dr Shyam Kishor Kumar



Dr Suman Kumar



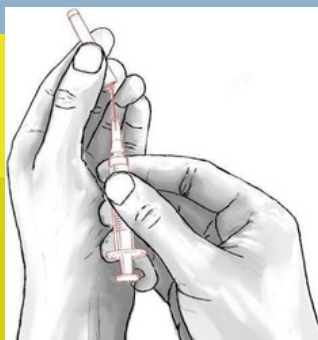
Hand Hygiene/Biomedical Waste Management Audit
Regular audit for Hand Hygiene and Biomedical Waste Management is done by Infection Control Nurses



CAUTI/CLABSI/VAP Surveillance
Done for ICU/IPD patients by Infection Control Nurses



Regular Training on Infection Control Practices
(Hand Hygiene/Biomedical Waste Management).



Needle Stick Injury Management
Proper counselling, testing and management done for healthcare workers underwent Needle Stick Injury



Hepatitis B Vaccination & Anti-HBsAb Titre
Hepatitis B vaccine is given to all healthcare workers. An intramural project is being carried out to check Anti HbsAb titre.



Awareness Program



I. Hand Hygiene Day

Hand Hygiene Day is observed every year on 5th May, which is further extended to cover the whole week. A CME is organised in the institute for faculty, SR, JR, and nursing officers, MBBS students and Nursing students. Students are promoted to participate in Poster and Slogan making competition. Some plays are performed by students in OPD/attendant sitting area to spread awareness among other persons. Community activities like awareness program for school children or awareness program for PHC/CHC area are also organized.



Medical Superintendent taking session in CME



HOD, Microbiology taking session in CME



Executive Director observing posters on Hand Hygiene



Executive Director giving prize to poster winner

AWARENESS ACTIVITY IN THE OPD AREA BY OUR ICN AND NURSING STUDENTS



Executive Director addressing Faculty, SR/JR on WAAW 2025

II. World Antimicrobial Awareness Week (18th-24th November)

Has been observed by AIIMS, Deoghar since November, 2022. Department of Microbiology and Department of Pharmacology organised different activities Panel discussion, Lectures, Community awareness, poster/slogan competition and other activities to increase awareness for rational use of antibiotics.



Quiz program during WAAW 2025



Executive Director, Faculty, SR/JR, MBBS students on WAAW 2025



Session Taken by Dr
Pratima Gupta on WAAW
2024



Session Taken by WHO
representative on WAAW
2024



Panel Discussion on
WAAW 2024



Faculty, SR/JR, MBBS
students attending the
session on WAAW 2024

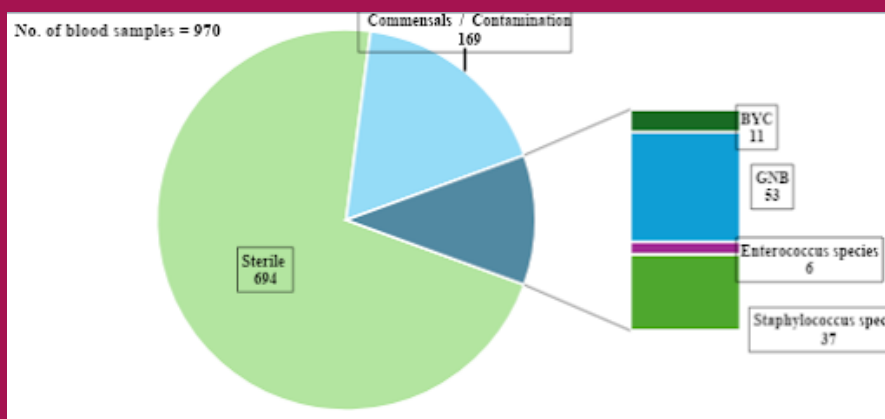
ANTIBIOGRAM



Dr Mithilesh Kumar Jha

Dr Neha Sharat

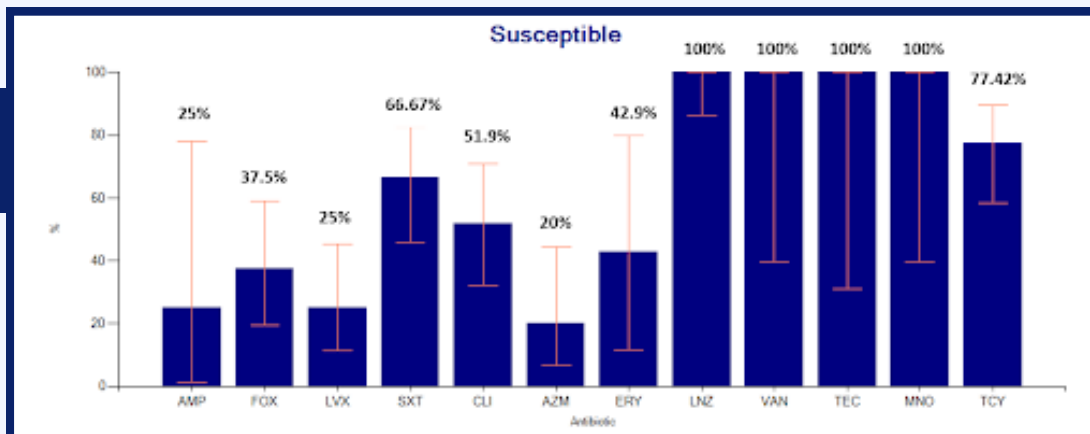
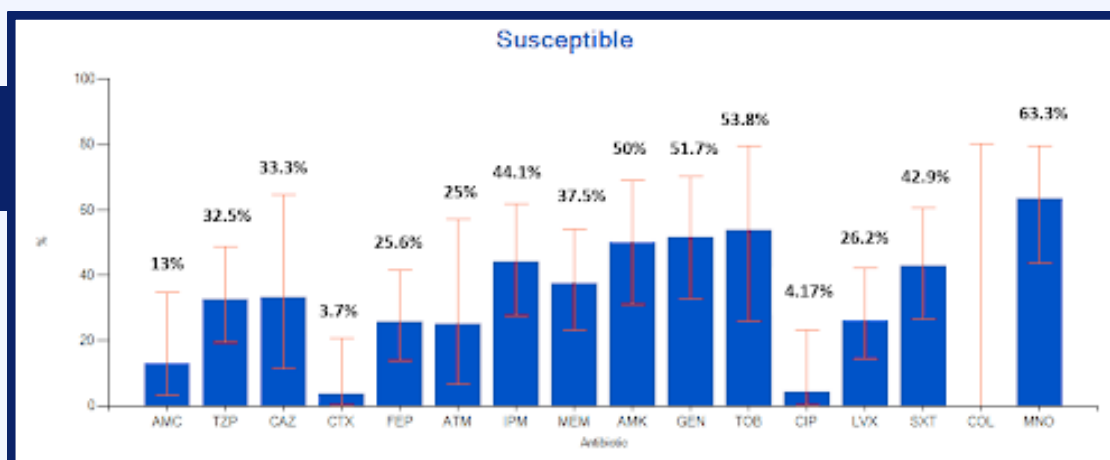
Blood stream Infection



An antibiogram is a cumulative report that explains the percentage of bacterial isolates susceptible to different antimicrobial drugs in a specific healthcare facility or region within a defined timeframe. It should be updated at least annually. It acts as guiding tool for clinicians to select the best empirical antibiotic while awaiting individual culture report from Microbiology laboratory.

Department of Microbiology, AIIMS, Deoghar is using WHONET software for data entry for last few months. So, we have antibiogram for last 6 months and this antibiogram has been released for clinicians also.

Blood- GNB (N=46)

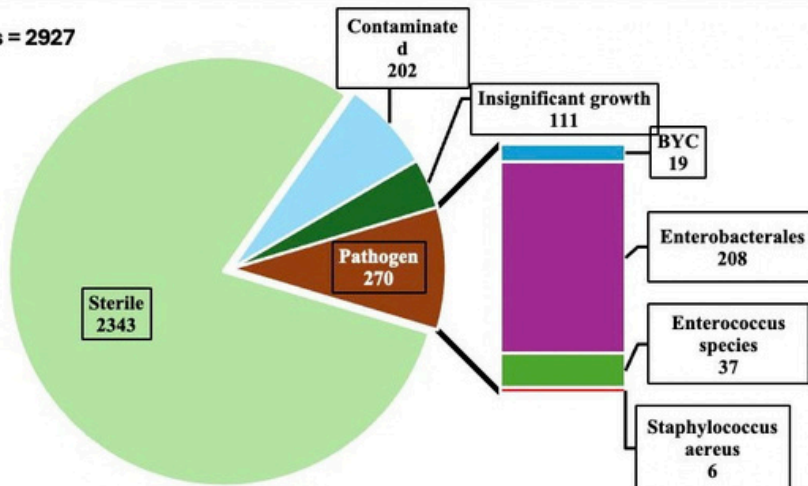


Blood - GPC (N=31)

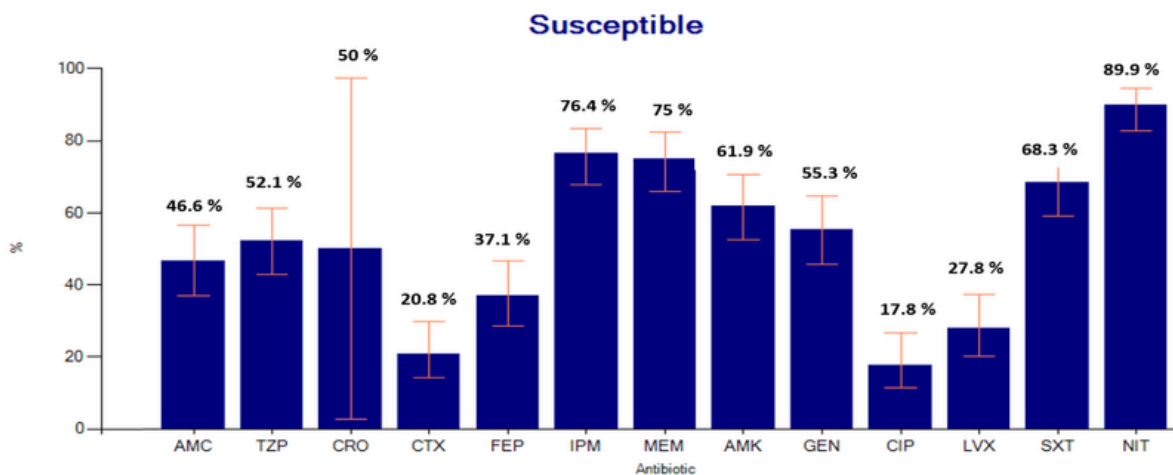


Urinary Tract Infection

No. of urine samples = 2927



Urine –Enterobacteriales (N=124)



RECOMMENDATION FOR EMPERIC ANTIBIOTIC	ANTIBIOTIC	Enterobacteriales
UNCOMPLICATED UTI	NITROFURANTOIN	89.91%
	COTRIMOXAZOLE	68.33%
COMPLICATED UTI (Hospital acquired infection, sepsis, pyelonephritis, etc.)	IMIPENEM	76.42%
	MEROPENEM	75%
	AMIKACIN	61.86%



OPTIMIZING ANTIBIOTIC DURATION IN PEDIATRIC INFECTIONS: AN EVIDENCE-BASED STEWARDSHIP APPROACH



Antimicrobial stewardship (AMS) aims to optimize antibiotic use while minimizing antimicrobial resistance (AMR), adverse drug events, and healthcare costs. A key stewardship strategy is to optimize antibiotic duration based on the best available evidence.



**Dr. Saroj Kumar
Tripathy**



**Dr. Sarthak
Das**



Traditionally, prolonged antibiotic courses were prescribed for many pediatric infections despite limited evidence supporting their superiority. Over the past decade, randomized controlled trials and systematic reviews have shown that shorter antibiotic regimens are equally effective for several common pediatric infections, including community-acquired pneumonia, acute otitis media, urinary tract infections, skin and soft tissue infections, and uncomplicated intra-abdominal infections. Short-course therapy has been associated with comparable clinical cure rates, reduced antibiotic exposure, fewer adverse effects, improved treatment adherence, shorter hospital stays, and a lower risk of selecting antimicrobial-resistant organisms. Antimicrobial stewardship programs play a pivotal role in translating this evidence into clinical practice through evidence-based guidelines, prospective audit and feedback, antimicrobial "time-outs," intravenous-to-oral switch protocols, and clinician education. Biomarkers such as procalcitonin and C-reactive protein, together with rapid microbiological diagnostics, further facilitate individualized decisions regarding antibiotic discontinuation. In low- and middle-income countries, including India, implementing optimized antibiotic durations remains challenging due to limited diagnostic facilities, variable prescribing practices, inadequate stewardship infrastructure, and concerns about severe infections and follow-up. Nevertheless, adapting stewardship interventions to local epidemiology and resource availability can substantially improve antibiotic use and patient outcomes. The growing body of evidence supports shorter antibiotic courses for many common pediatric infections as an effective strategy to achieve comparable clinical outcomes while minimizing unnecessary antibiotic exposure. Integrating evidence-based treatment durations into antimicrobial stewardship programs, supported by evolving clinical guidelines, precision antimicrobial stewardship, and artificial intelligence-assisted decision support, has the potential to optimize antibiotic prescribing, curb antimicrobial resistance, and improve the quality of pediatric healthcare. Continued research and context-specific implementation strategies will be essential to maximize these benefits across diverse healthcare settings.

Artificial Intelligence and Antimicrobial Stewardship

Antimicrobial resistance (AMR) is one of the biggest challenges for the world. This problem is manifested in the form of increased length of hospital stay, higher morbidity and an upsurge in mortality. The Centers for Disease Control and Prevention (CDC) points towards this threatening condition arising due to antibiotic resistance during hospitalisation.



Dr Shyam Kishor Kumar
Associate Professor, Microbiology, AIIMS Deoghar

A report recently published by Lancet, AMR may be responsible for 1.91 million attributable deaths and 8.22 million associated deaths by 2050. Apart from clinical outcomes, AMR may also pose an economic burden due to the addition of other toxic & costly antibiotics or additional diagnostic & treatment modalities. The situation becomes worse when bacteria are showing resistance to available antibiotics; on the other hand, newer antibiotics are not coming into the market at a required pace to replace the previous ones.

Antimicrobial stewardship programs were initiated in various health care institutes to overcome these problems. There are various strategies, like formulary restriction and preauthorisation, prospective audit and feedback, de-escalation/escalation approach, MINDME strategy, PK/PD analysis etc. have been adopted for optimised use of antibiotics leading to slow progression of antibiotic resistance.

However, there are several limitations in this traditional approach. The key element is microbiological diagnosis, which provides culture report after 48-72 hours. It may be further delayed due to other factors like some technical error in sample processing, report dispatch, non-availability of Lab Information System (LIS). During this period, patient treatment is based entirely on the empirical selection of antibiotics or on clinicians' clinical judgement. So, it triggers the selection of broad-spectrum antibiotics, which can give rise to resistant strains of bacteria.

Artificial intelligence can play important role in rapid diagnosis, early prediction of antibiotic resistance and discovery of newer antibiotics also. As this traditional method needs microbiological diagnosis and antibiogram, Artificial intelligence (AI) is based upon analysis of large volumes of real-time and historical data, which is utilised to predict antimicrobial resistance and specific treatment. Machine learning (ML) and Deep learning (DL) are two arms of artificial intelligence which are used to derive data.

Machine learning models work with structured datasets like demography of patients, clinical parameters, microbiological profiles, and antibiotic usage patterns. These data are analysed by different algorithms such as Random Forest (RF), Support Vector Machine (SVM), and gradient boosting methods (GBM). Random Forest works with large datasets and forms decision trees to make better predictions. Support Vector Machine works by finding an optimal boundary that separates data points into distinct classes. Gradient boosting method sequentially combines multiple weak predictive models into a single highly accurate strong predictive model, so it generates high predictive accuracy.

Deep learning approaches further add the capacity to make it able to analyse the complex and unstructured data. Deep learning analyses data by convolutional neural networks (CNN), recurrent neural networks (RNN) and data mining. Convolutional Neural Network algorithm mimics the visual cortex of the human brain, and it analyses images and videos. Recurrent Neural Networks is designed to process sequential or time-series data by utilising internal memory loops.

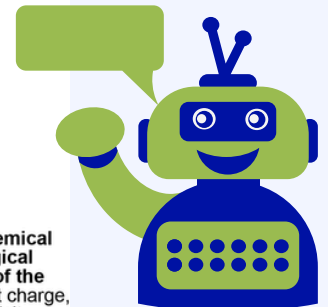
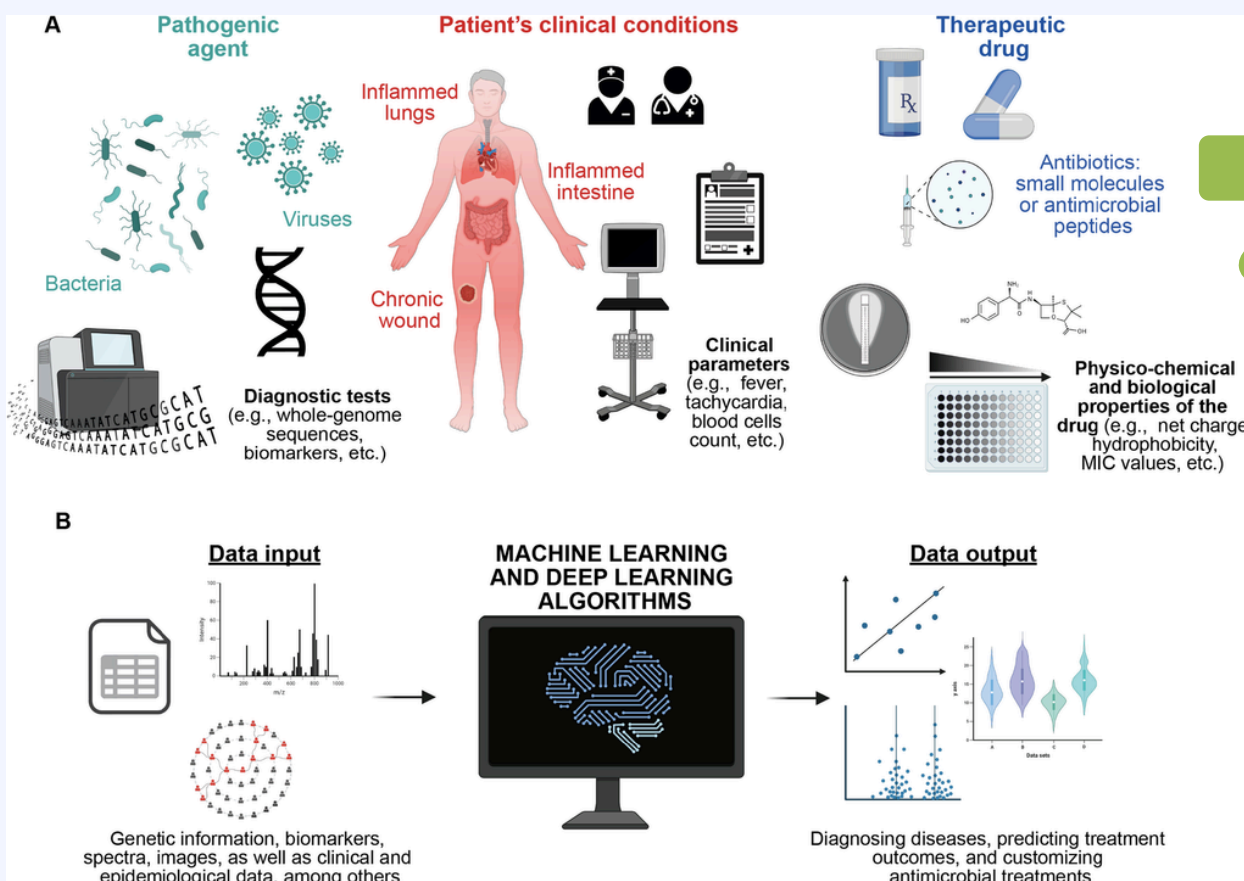
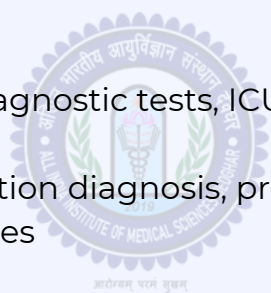


Figure 1

A. Gathering information and data from diagnostic tests, ICU patient clinical conditions, and antimicrobial effectiveness

B. Developing AI-powered models for infection diagnosis, predicting antimicrobial resistance, and tailoring personalised antimicrobial therapies



Task	Data Modality	Data source	Model types
Bloodstream infection	Time-series	ICU clinical	RNN, LSTM
Gram stain	Image	Microscopy	CNN
AMR prediction	Image	Microscopy	CNN
	Mass spectra	Mass	MLP, GBM
	<i>k-mers</i>	Genome	<i>LR, RF, SVM</i>
MIC prediction	<i>k-mers</i>	Genome	GBM

Table 1: A comparison of selected AI models with potential use in diagnostics

Effectiveness of AI depends upon the quality and integration of various data sources, including clinical, microbiological, and molecular dimensions of infection. Electronic health records (EHRs), Microbiology laboratory data, including culture and microbial susceptibility testing results, genomic sequencing data, and antibiotic usage patterns are different data which are used to analyse and to interpret by AI models. So, in its best form, artificial intelligence is fast to decide targeted therapy, minimise dependence on empirical therapy and predict antibiotic resistance. However, AI fails when it comes to complex clinical scenario. It might be due to incomplete or null data for that particular case or some factors might not be taken into consideration by AI models. Accountability is another concern associated with AI. Who will be responsible when an AI decision goes wrong- clinicians, institutions or algorithm developers? So, AI can play a supportive role for treatment, but it cannot fully replace clinical experts. For wide application of AI, three points must be taken into consideration- Validation, trust, and infrastructure. Models should be designed by testing in diverse group of population and in different settings. AI information should be easy to understand and trustworthy for clinicians. Investment should be done by healthcare system for development of digital infrastructure, standardized data systems, and training to manpowers. A co-ordination among regulatory bodies, healthcare institutions, and technology developers must be done for better adoption of AI in antimicrobial stewardship.

R E F E R E N C E S

1. Srimanth, K. S., & Dhakal, A. (2026). Artificial Intelligence in Antimicrobial Stewardship: Predictive Models and the Future of Combating Antimicrobial Resistance. *Asian Journal of Advances in Medical Science*, 8(1), 72–85.
2. Cesaro A, Hoffman SC, Das P, de la Fuente-Nunez C. Challenges and applications of artificial intelligence in infectious diseases and antimicrobial resistance. *npj Antimicrobials and Resistance*. 2025 Jan 7;3(1):2.



Dr Preeti Kumari



Dr Bharat Kumar



Antifungal Stewardship: The Next Frontier in Indian Healthcare

Antimicrobial stewardship in India has largely grown up around antibacterial resistance — but a quieter, equally lethal crisis is unfolding in parallel: rising invasive fungal infections (IFIs) and antifungal resistance, in a system still building the diagnostic and prescribing discipline to manage them. India's 2021 COVID-associated mucormycosis surge was not an aberration — it was a preview of what happens when antifungal stewardship (AFS) lags behind clinical need.



Why antifungal stewardship is harder than it looks- Diagnosis is slow.

Cultures, galactomannan, and beta-D-glucan assays are often unavailable outside tertiary centres, so empirical therapy becomes the default — and often stays that way far too long. - The stakes are concentrated. Antifungals are used mainly in hematology-oncology, transplant, and critical care patients, where both under- and over-treatment carry serious consequences. - India has a unique outpatient problem. Chronic, recurrent, resistant dermatophytosis — fuelled by irrational topical steroid-antifungal combination creams — is a community-level AFS crisis outside hospital walls entirely.



What the evidence tells us



WHO's first Fungal Priority Pathogens List (2022) placed *Aspergillus fumigatus*, *Candida albicans*, *C. auris*, and *Cryptococcus neoformans* in the critical tier — all four are already familiar names in Indian ICUs and hematology units. *Mucorales* and non-*albicans* *Candida* species sit in the high tier, arguably more relevant to everyday Indian practice given our mucormycosis burden.

CMR has since 2020–22 built a network of Advanced Mycology Diagnostic and Research Centers (AMDRCs) to decentralize fungal diagnostics — but until this network reaches secondary care, most consultants will keep making antifungal decisions with incomplete diagnostic support. Early pharmacist-led AFS pilots in Indian hematology units — using simple post-prescription review — have already shown that structured, low-cost interventions improve rational prescribing even without a dedicated ID team on-site.

A practical framework for residents on the ward

- 1. Know your unit's own *Candida* susceptibility pattern** before choosing empirical therapy — non-*albicans* predominance is now common across Indian centres, and fluconazole-by-habit risks early failure.
- 2. Build a diagnostic escalation pathway** to the nearest AMDRC or reference lab before starting therapy, not after — even a 48–72 hour turnaround anchors a planned reassessment point.
- 3. Set a 72-hour antifungal "time-out."** Every patient on empirical systemic antifungals should be reassessed at 72 hours: de-escalate, target, or stop.
- 4. Don't ignore the outpatient/dermatology interface** — irrational combination creams are a major driver of community dermatophyte resistance.
- 5. Use existing IAS structures.** SASPI's Integrated Antimicrobial Stewardship model (Diagnostic + Infection + Antimicrobial Stewardship Practices) already provides the scaffolding — antifungal stewardship needs a chapter within it, not a new committee.

The takeaway for residents:

Antibacterial stewardship took India a decade to mature from pilot projects to a national program. Antifungal stewardship cannot afford the same timeline — the mucormycosis surge already showed what happens when diagnosis, prescribing discipline, and drug access fall out of step under pressure. Start small: audit your own unit's Antifungal starts this month, and ask whether each one had a confirmed or reasonably presumed diagnosis, and a documented 72-hour reassessment.

REFERENCES

- WHO Fungal Priority Pathogens List (2022); Advancing Fungal Diagnostic and Research Stewardship in India (2025); Yadav SP et al., *Cureus* 2024;16(7):e64479; SASPI IAS Practice Statements v1.0 (2024).

MARK YOUR CALENDAR – ASPICON 2026!

8th National Conference of the Society of Antimicrobial Stewardship Practices in India



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ASPICON 2026

8th National Conference of the Society of Antimicrobial Stewardship Practices in India

Theme: Integrated Antimicrobial Stewardship

Protecting Care. Preserving the Future

8–11 October 2026

AIIMS Bathinda, Punjab



ASPICON 2026 | AIIMS Bathinda, Punjab



Pre-Conference Workshop: 8th October 2026



Main Conference: 9th – 11th October 2026

Theme:

Integrated Antimicrobial Stewardship: Protecting Care, Preserving Future

Join national & international experts, engage in high-impact scientific sessions, interactive workshops, and collaborative learning to strengthen antimicrobial stewardship practices across India.

FOR MORE DETAILS VISIT WEBSITE:

<https://aspicon.saspi.in/>