



Invitation to PhD defence

COORDINATE

CRP fOr respiratORy DIagnosis iN Kyrgyz paediatric practice

by **Elvira Isaeva**

Date & time

Tuesday, November 19th, 2024
at 15:00

Venue

Centre for Health and Society (CSS)
Øster Farimagsgade 5, building 35,
room 25.01.53
1535 København K
(Enter from Gammeltoftsgade 15)

Reception

Assessment committee

Chair: Vibeke Brix Christensen (Professor)
Department of Comparative Paediatrics and
Nutrition, Copenhagen University, Denmark

Jan Verbakel (Professor)
Department of Public Health and Primary Care,
University of Leuven, Belgium

Dorte Ejg Jarbøl (Professor)
Research Unit for General Practice, University of
Southern Denmark

Academic advisors

Principal supervisor: **Rune Munck Aabenhus**
(Associate Professor)
The Research Unit for General Practice and Section of
General Practice, Department of Public Health,
University of Copenhagen, Copenhagen, Denmark

Primary co-supervisor: **Jesper Kjærgaard**
(MD PhD)
Department of Paediatrics and Adolescent Medicine,
Juliane Marie Centre, Copenhagen University
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Anja Poulsen (MD PhD)
Department of Paediatrics and Adolescent Medicine,
Juliane Marie Centre, Copenhagen University
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Jørgen Kurtzhals (Professor)
Department of Clinical Microbiology, Copenhagen
University Hospital, Rigshospitalet, Centre for
Translational Medicine and Parasitology, Department

of Immunology and Microbiology, University of
Copenhagen, Copenhagen, Denmark

Talant Sooronbaev (Professor)
National Centre of Cardiology and Internal Medicine
named after academician M. Mirrakhimov, Bishkek,
Kyrgyzstan

Summary

Acute respiratory tract infections (ARTIs) pose a significant health risk to children, especially in low- and middle-income countries like Kyrgyzstan, where limited healthcare access exacerbates the problem. Antibiotics are commonly used to treat ARTIs, but the growing threat of antibiotic resistance presents a global challenge. This PhD project examines the potential of using C-reactive protein (CRP) as a biomarker to manage ARTIs in children, reducing unnecessary antibiotic use while ensuring safety and efficacy. A pilot study confirmed the feasibility of the CRP algorithm, and a larger main trial (COORDINATE) involving 1,204 children showed that the CRP group received fewer antibiotics (35.9% vs. 60% in the control group) with no difference in recovery time. The results highlight the potential of CRP-based strategies to improve antibiotic stewardship and paediatric healthcare.

