Updates from ECDC FWD

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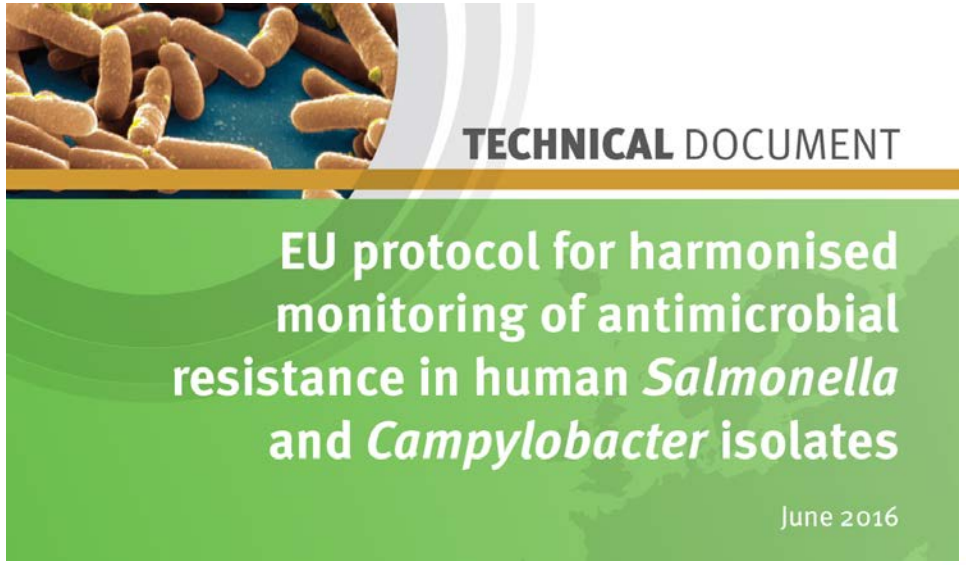
Joint virtual meeting on AMR for the FWD-Network and EURL-AR Network 29th April 2020

Planned or ongoing activities

- Legal mandate for zoonotic AMR collection from public health
- Data collection for 2019 and surveillance reports
- EQA for antimicrobial susceptibility testing
- Development of ECDC Surveillance Atlas for Infectious Diseases to include also FWD AMR data

Legal mandate for reporting AMR data for *Salmonella* and *Campylobacter* since June 2018

- New EU case definitions (Commission Implementing Decision 2018/945/EU) make it mandatory to report AMR for *Salmonella* and *Campylobacter* following the guidance in the EU protocol
- Updates will be made to the EU protocol regarding concentration ranges for broth dilution following the new legislation on AMR monitoring in animals and food



https://www.ecdc.europa.eu/sites/default/files/media/en/publications/Publications/antimicrobial-resistance-Salmonella-Campylobacter-harmonised-monitoring.pdf

Data collection for 2019 AMR data

- Deadline 31 May 2020
  - Feedback in FWD-Net meeting from 16 countries: 3 could report in May, 4 in June, 4 in August and 5 had to check with colleagues
- Last year, 24 EU/EEA countries reported on *Salmonella* AMR and 20 EU/EEA countries on *Campylobacter* AMR
- 2/3 reported measured values (MIC and zone mm) established at national public health reference laboratories
- 1/3 reported interpreted AMR data collected from clinical laboratories
- 15 countries reported on ESBL/AmpC/carbapenemases in *Salmonella* and most of these could also provide the genotype
- Since last year, possible to report resistance predicted from WGS as 'predicted WT/NWT'. Two countries plan to report such data for 2019

Planned reports

- EFSA-ECDC AMR report 2019 (or 2018/2019)
  - New report format since last report, summarising data and highlighting trends and concerning findings
  - Delays expected in data submission due to COVID-19
  - Delays in data validation and report preparation in ECDC possible as more staff are involved in COVID-19 roster
- JIACRA III report on antimicrobial consumption and resistance in humans and animals and humans
  - covering 2016-2018 period
  - expected delivery end of 2020

AST EQA

- 6th round in 2020, organised by SSI, Denmark (Jeppe Boel and colleagues)
- For *Salmonella*, the EQA include
  - phenotypic AST (disk diffusion, dilution or gradient strip) (mandatory participation for 5 priority antimicrobials)
  - detection and confirmation of ESBL-, acquired AmpC and carbapenemase-producing *Salmonella* and the genes conferring this resistance
  - serotyping, and
  - resistance predicted by genotypic methods (e.g. WGS).
- For *Campylobacter*, the EQA include
  - phenotypic AST (disk diffusion, dilution or gradient strip) (mandatory participation for 3 priority antimicrobials)
  - species identification, and
  - resistance predicted by genotypic methods (e.g. WGS).
- COVID-19 affecting the work
  - Delays in the organising laboratory due to staff engaged in COVID-19
  - Problems with shipping across borders
  - Staff resources in receiving laboratories. Will allow extended time for reporting.

Development of ECDC Surveillance Atlas for FWD AMR

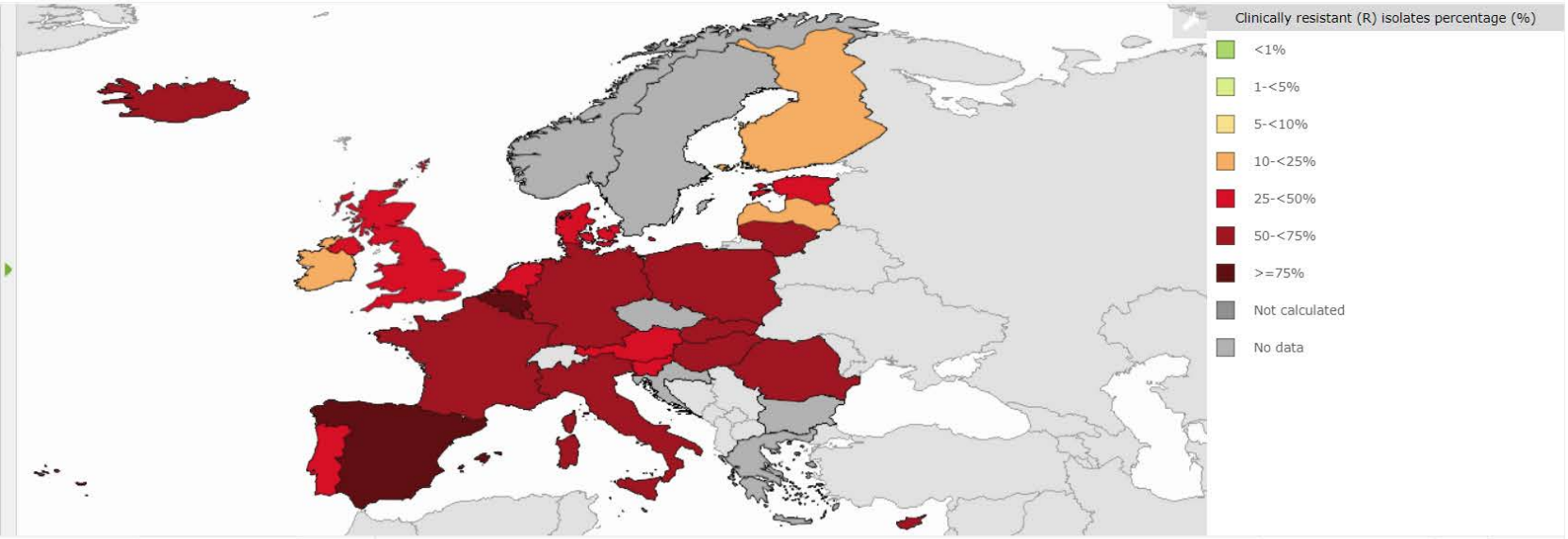
- Same structure as EARS-Net data in the public Atlas
- EU and EU/EEA averages calculated as a population-weighted average
- If <10 isolates have been reported for a selected combination, the indicator will not be calculated
- Proportion non-wild type (applying EUCAST ECOFFs) can only be shown for countries reporting quantitative data to TESSy
- *Shigella* will also be included, clinical breakpoints only except for azithromycin
- Expected launch in the coming months (depending on COVID-19 development)

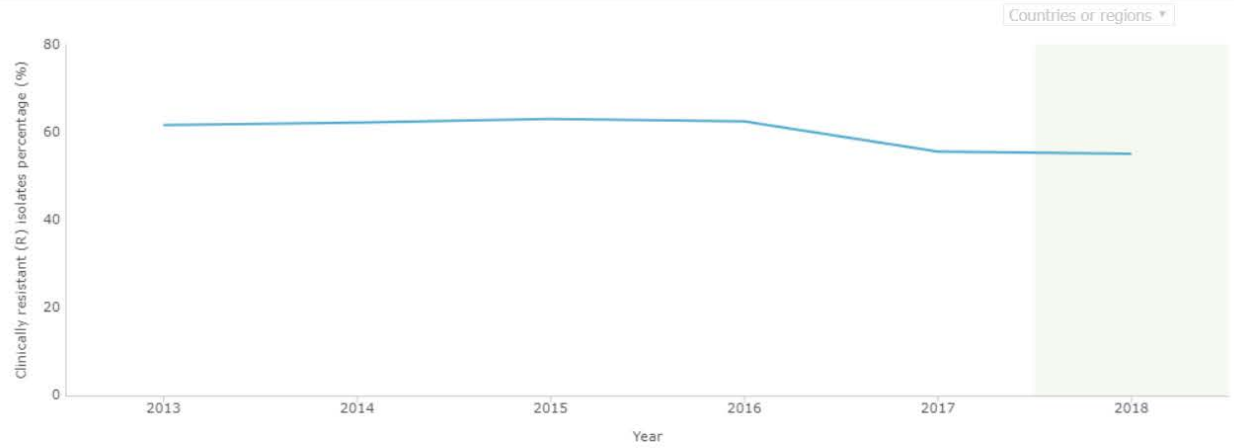
FWD AMR data visualisation

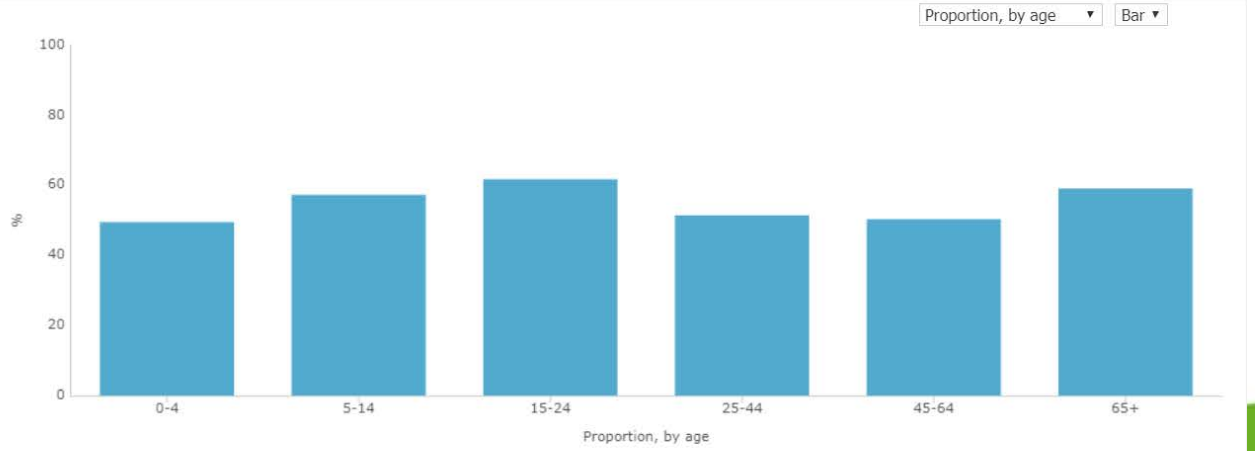
Surveillance Atlas of Infectious Diseases

Salmonellosis | S. Typhimurium | All | Ampicillin | Clinically resistant (R) isolates percentage | 2018

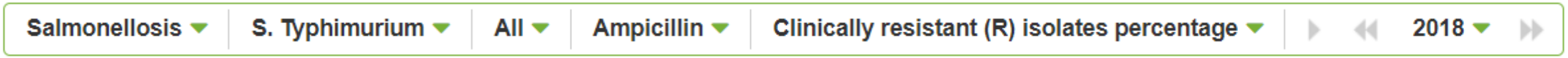
Region	Clinically resistant (R) isolates percentage (%)
EU/EEA	55.1
EU	55.1
Austria	32.4
Belgium	75.1
Cyprus	57.1
Denmark	41.0
Estonia	35.3
Finland	17.4
France	50.0
Germany	69.3
Greece	.
Hungary	53.4
Iceland	66.7
Ireland	22.9
Italy	60.0
Latvia	13.3
Lithuania	72.8
Luxembourg	62.5







Drop-down menus



Disease topic
Salmonellosis
Campylobacteriosis

Serotype or species
All non-typhoidal *Salmonella*, S. Typhi and Paratypi and top 10 non-typhoidal salmonella
Campylobacter jejuni and *C. coli*

Imported status
All/Domestic/Domestic and unknown/Travel-associated

Antimicrobial
All priority antimicrobials plus a few optional.
Combined resistance to critically-important antimicrobials.

Indicator
Percent of resistant isolates based on either ECOFFs, clinical breakpoints or a combination
Number of isolates reported for the selected combination

Time period
2013-2018

Thank you!

For questions, contact fwd@ecdc.europa.eu

EU case definitions (Commission Implementing Decision 2018/945/EU)

In definitions of *Salmonella* and *Campylobacter* enteritidis:

Laboratory Criteria

At least one of the following two:

— Isolation of *Salmonella* (other than *S.* Typhi or *S.* Paratyphi) in a clinical specimen

— Detection of nucleic acid from *Salmonella* (other than *S.* Typhi or *S.* Paratyphi) in a clinical specimen

Note: Antimicrobial susceptibility testing of *Salmonella enterica* should be performed on a representative subset of isolates

Antimicrobial resistance

The results of antimicrobial susceptibility tests must be reported according to the methods and criteria agreed between ECDC and Member States as specified in the EU protocol for harmonised monitoring of antimicrobial resistance in human *Salmonella* and *Campylobacter* isolates ([1]).