



## AGAR Executive Meeting Minutes – Friday 15<sup>th</sup> November 2019

---

### Park Royal Melbourne Airport Hotel

**\*Attachments are available on the AGAR Website in the Executive Members Section.**

#### **Attendees:**

##### Elected Members:

Geoff Coombs (GC) – Chair

Graeme Nimmo (GN) – Deputy Chair

Tom Gottlieb (TG)

Despina Kotsanas (DK)

Peter Collignon (PC)

Jon Iredell (JI)

Louise Cooley (LC)

##### Scientific Officers:

Denise Daley (DD) – Minutes Secretary/AGAR Scientific Officer

Jan Bell (JB) – AGAR Scientific Advisor

Item Number	Item details	Action
	<b>Agenda *</b>	
1.	<b>Apologies</b> Nil	
2.	<b>Minutes - AGAR Executive Meeting, 25th July 2019, Sydney</b> Minutes of the previous meeting were accepted. Proposed: JI Seconded: PC	
3. 3.1  3.2  3.3 3.4	<b>Business Arising</b> Item 17.2 Detection of Duplicates (DD,JB) We can detect duplicates from within the same institution but not when a patient moves from one hospital to another. This is not a problem for common resistances. When unusual resistances are detected DD and JB will investigate further to check if the isolates are from the same patient. 3.2 Preliminary advice is that a tender will be announced for 2019-2020 to conduct an integrated one health surveillance program. The Commission will tender for AURA. 3.3 The 2018 AGAR progress reports have been submitted to the Commission. 3.4 The 2018 CDI manuscripts are in preparation	<b>DD, JB</b>
4. 4.1  4.2  4.3	<b>Correspondence</b> 4.1 2018 – 2019 Financial Acquittal for ASA Contract for AGAR* There was a surplus of \$812 which has been rolled over to 2019-2020. 4.2 Invoice for Deliverable 2* The 2019 budget has been signed off and we received what we requested. 4.3 Access to AGAR Data* The Commission has taken over Hand Hygiene Australia. AGAR members have access to their own AGAR data. Only DD has access to the entire database.	
5.	<b>AGAR Operating Procedures 2019*</b> Some minor changes to the Operating Procedures : The AGAR committee members have been updated.	

	<p>The GNSOP working group has been amended. The next AGAR Executive election will take place in July 2020. Ballot papers will be distributed three weeks before the meeting.</p>	<b>DD</b>
<b>6.</b>	<p><b>AGAR Data Governance Management</b> AGAR 2019 Data Management Plan* This has been updated. GN is the chair.</p>	
<b>7.</b>	<p><b>Financial Reports</b> GC presented the following report:</p>	
7.1	<p>September 2019 AGAR Quarterly Financial Report* This has already been approved by the ASA Committee JB will contact the ASA Business Manager re funding for Antimicrobials 2020</p>	<b>JB</b>
<b>8.</b>	<p><b>Funding for 2018 and 2019 AGAR Programs</b> GC presented the following documents:</p>	
8.1	<p>2018 Budget Final* On track for most of the programs. The funding for the meeting is adequate. There is some surplus for payments to the labs and \$812 overall surplus from the budget.</p>	
8.2	<p>2019 AGAR Contract*</p>	
8.3	<p>2019 AGAR Budget* This meeting is the first budget item. The budget has been increased from \$570,000 to \$651,000. This is due to the GNSOP characterisation and changes to staffing. There is a small increase in the budget for the labs and an increase in the budget for Nexus6.</p>	
<b>9.</b>	<p><b>AGAR Website</b> No changes to the website.</p>	
<b>10.</b>	<p><b>2017 Programs</b></p>	
10.1	<p>ASSOP 2017 CDI Report*</p>	
10.2	<p>AESOP 2017 CDI Report*</p>	
10.3	<p>GnSOP 2017 CDI Report* These reports have been published.</p>	

<p><b>11.</b> 11.1 11.2 11.3</p>	<p><b>2018 Programs</b> ASSOP 2018 Report AESOP 2018 Report GnSOP 2018 Report These reports are all complete and the Amalgamated Report has been signed off by the Commission. The CDI reports are in progress. The Working groups are to write trend data reports for AGAR 2015-2018. Norelle Sherry will replace Jason Kwong on the GNSOP working group and LC will join the group. Suggestions for papers: Febrile neutropenia, line related septicemia, hospital-onset trends, linking the BC outcome data to the therapeutic guidelines, does the NAUSP data reflect the AGAR data, link data to specific indications. The GNSOP group is meeting next week – 19/11/2019 and will generate a list of papers of interest and feed back to the Executive. PC suggested a follow up paper/letter on oxacillin and ceftazidime (Ceftazidime resistance as a surrogate marker for the detection of methicillin-resistant Staphylococcus aureus. Fernandes CJ1, Fernandes LA, Collignon P; Australian Group on Antimicrobial Resistance.)</p>	
<p><b>12</b> 12.1  12.2 12.3</p>	<p><b>2019 Programs</b> ASSOP 2019 Third quarter due today for all three programs. ASSOP – 1,624 episodes to date. Sixteen labs have already submitted Q3. FMC, LH, RAH, WCH and RBHW are still to submit Q2. WH CHW, RDH and SCH have not submitted anything all year. WGS of all MRSA received is in progress. AESOP 2019 – 685 episodes to date. Fourteen labs have already submitted Q3. PAH, RBHW, SVH and LH are still to submit Q2. WH CHW, RDH and SCH have not submitted anything all year. GNSOP 2019 – 5,042 episodes to date. Eleven labs have already submitted Q3. PAH, RBWH, FMC, RAH are still to submit Q2. WH, CHW, WCH, and RDH have not submitted anything all year. 1,035 isolates so far to be sent to WH for WGS. Report from JI: Proposal of tests to perform A) multiplex PCR for a set of genes (for the following groups: ESBL (CTXM groups 1 and 9, SHV5/12, VEB), Carbapenemases (KPC, SME, GES, IMP, NDM, VIM, SPM, AIM, GIM, SIM, OXA23/24/48/58), 16S rmtase (armA, rmtA/B/C/D/E/G/H) and ampC (CMY2, DHA, ACT/MIR) and mcr genes (mcr-1/2/3/4/5. Looking at introducing primers for mcr-9 and mcr-10, found in GNSOP isolates from 2017 and 2018). We will provide BMD results for those mcr positive isolates.</p>	

	<p>B) WGS for 1) all isolates with MEM MIC &gt; 0.25 (not only carbapenemase producers); 2) all <i>P. aeruginosa</i> and <i>Acinetobacter</i> spp. 3) Subset of representative bacterial spp. by phenotype/genotype/region. For quinolone resistance, as PCR for <i>qnr</i>, <i>qepA</i> or <i>oqxAB</i> don't really predict resistance we agreed on sequencing a representative set of quinolone resistant isolates. 4) long read sequencing to have complete maps of plasmids of interest.</p> <p>WH have received isolates from Q1 and Q2 from most of the sites and currently starting to receive isolates from Q3 from some hospitals. WH have stored over 600 isolates so far. WGS and mPCRs are ongoing. WH are awaiting transfer of collection and have obtained some new funding to support biobanking. Conditions of access will be unchanged (via AGAR exec) but long-term security of the collection is enhanced and attribution to AGAR enhanced.</p> <p>Some vitek users are not reporting mupirocin for <i>S. aureus</i> necessitating a large number of confirmatory tests looking for HL-mupirocin resistance. DD will email labs regarding suppressing results.</p> <p>Due to the new CLSI breakpoints for Enterococcus and daptomycin, a large number (several hundred) <i>E. faecalis</i> have a vitek MIC of 4mg/L which is considered intermediate. Etests are needed to confirm the MIC. A line item in the budget is needed to accommodate this large increase in MIC testing.</p> <p>The 104 Bio Merieux AST card is on hold.</p> <p>LC commented that RHH has a potential <i>mecC</i> in a <i>S. aureus</i> isolate. This will be confirmed at Murdoch.</p>	<p>DD</p> <p>GC</p>
<p><b>13.</b> 13.1 13.2</p>	<p><b>AGAR Data Entry Program</b></p> <p>Patient Demographics and Susceptibility Data The automatic matching has been successful.</p> <p>Further Enhancements JB and DD will produce a list of enhancements</p>	<p>JB, DD</p>
<p><b>14.</b> 14.1 14.2 14.3</p>	<p><b>ACSQHC</b></p> <p>2018 Amalgam Sepsis Outcome Programs Report This has been completed.</p> <p>MRSA – A Tale of Three Types – 2019 This was a paper published several years ago and John Turnidge was going to write an update. It was decided that there were too many variables in data collection over the years and Kathryn Daveson from the Commission is re-writing the paper to include only the sepsis episodes.</p> <p>AURA Data Submissions to GLASS* GLASS Requirements*</p>	

<p>14.4 14.5 14.6</p>	<p>AGAR will contribute data. WHO Proposed AMR Indicator – GLASS* Nexus 6 Contract Changes for NHHI* Future of AURA*</p> <p>The Commission will host a lunchtime session at Antimicrobials 2020.</p>	
<p><b>15.</b> 15.1  15.2 15.3</p>	<p><b>Australian Scientific Technical Advisory Group – Antimicrobial Resistance</b> ASAT Minutes 09072019* Next meeting Monday week 25/11/2019 Consultation Paper – Australia’s Next AMR Strategy 2020 and Beyond* Antibiotic Guardian*</p>	
<p><b>16</b> 16.1  16.2</p>	<p><b>Isolate and Data Requests</b> Peter Collignon* AGAR is unable to give out data unless each lab gives permission. DD will supply statistics. AGAR and AGAR labs will be acknowledged. Jon Iredell* WH is looking at a formal bio-bank for isolates. Currently there is none in Australia. This will be based on current tissue bio-bank. It was felt by the Committee that it was not necessary for the AGAR isolates to be sent to a bio-bank. It is necessary however to formalise the sequence data.</p>	<p>DD</p>
<p><b>17</b> 17.1 17.2 17.3 17.4</p>	<p><b>New Business</b> Letter of Support* AGAR Participation in the NAPS NAUSP Data Study* NAPS NAUSP Data Study Project Protocol* Staphylococcus argenteus*</p> <p>Currently there are variations on how S. argenteus is reported eg. In WA it is reported as S. aureus. DD will email AGAR members to ascertain which Maldi-tof are in use as the Bio Merieux instrument does not have S. argenteus on their data base (This is coming in 2020).</p>	<p>DD</p>

	<p>The Committee decided that <i>S. argenteus</i> would be included in the ASSOP program.</p> <p>LC commented that a research student Annabelle Turner is to perform a mapping exercise on what labs are doing re surveillance</p>	
	<p><b>Next Meeting</b> Melbourne - July 2020 – date tba.</p>	