



## AGAR Kids Meeting Minutes – Tuesday 10<sup>th</sup> May 2022

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### **Venue: Teams Teleconference**

#### **Members:**

Chris Blyth (CB) – Chair, AGAR Executive Member, Perth Children’s Hospital, WA

Geoff Coombs (GC) – AGAR Executive Chair, Murdoch University, WA

Alison Kesson (AK) – Children’s Hospital Westmead, NSW

Phoebe Williams (PW) – Sydney Children’s Hospital, NSW

Penelope Bryant (PB) – Royal Children’s Hospital, Vic

Adam Irwin (AI) – Queensland Children’s Hospital, QLD

Anita Campbell (AC) – Perth Children’s Hospital, WA

Morgyn Warner (MW) – Women’s and Children’s Hospital, SA

Louise Cooley (LC) – AGAR Executive Member - Royal Hobart Hospital, Tas

#### **AGAR Scientific Officers:**

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

Jan Bell (JB) – AGAR Scientific Advisor

\* [Documents circulated prior to meeting](#)

Item Number	Item details	Action
1.	<p><b>Apologies</b> GC, AK</p>	
2.	<p><b>Minutes</b> No previous meetings</p>	
<p><b>3.</b> <b>3.1</b></p>	<p><b>Background to AGAR Kids</b> History of AGAR DD gave a brief history of AGAR Established in 1985 with 14 teaching hospitals in all mainland capitals and Canberra. Funded by Eli Lilly until 2003. Snapshot surveys of clinically significant isolates focussing on <i>S. aureus</i>. Ad hoc surveys of <i>E. coli</i>, <i>Enterobacter sp</i>, <i>Klebsiella sp</i>, <i>H. influenzae</i>, <i>Enterococcus sp</i> and <i>S. pneumoniae</i> were also performed. Funded by the DOH/ACSQHC in 2013 AGAR changed focus to continuous surveillance of bacteraemia – three programs: ASSOP – <i>S. aureus</i>, AESOP – <i>Enterococcus sp</i> and GNSOP – Enterobacterales, <i>P. aeruginosa</i> and <i>Acinetobacter sp</i>. largely based on the European AMR Surveillance Program EARS-Net. AGAR in 2021 grew to 30 laboratories servicing 49 institutions. The Mater Hospital, Townsville, Prince of Wales and Gosford Hospital, NSW joined in 2022 AGAR has secured three year funding from the Commonwealth DOH to 30<sup>th</sup> June 2023.</p>	
<p><b>3.2</b></p>	<p>Call to develop AGAR Kids All tertiary paediatric hospitals are members of AGAR. In the 2021 programs, ASSOP (n=2,927) AESOP (n=1,297) and GNSOP (n=8,936), paediatric bacteraemias made up 9.7%, 5.5% and 4.9% respectively of the total numbers.</p>	
<p><b>4.</b> 4.1 4.2</p>	<p><b>AGAR Kids – key documents</b> <a href="#">2013-2016 Paediatric Summary*</a> <a href="#">2020 Sepsis Outcome Programs Report*</a></p>	
5.	<p><b>AGAR Kids Steering Group – roles and responsibilities</b> An open discussion about the role of the AGAR Kids Steering Group occurred. To be an expert group to 1) Guide use of the AGAR paediatric and neonatal data</p>	

	<ol style="list-style-type: none"> <li>2) Develop and lead new projects using the AGAR platform</li> <li>3) Guide funding requests for utilising the AGAR Kids data and isolates</li> <li>4) Provide high level paediatric and neonatal input to the AGAR Executive</li> </ol>	
<p><b>6.</b></p> <p><b>6.1</b></p> <p><b>6.2</b></p>	<p><b>Opportunities – Examples of possible Projects</b></p> <p>ISAIAH–ASSOP Project</p> <p>AC presented a summary of the Paediatric <i>S. aureus</i> bacteraemia project (Aus/NZ).</p> <p>PAEDS/QCH – GNSOP Project</p> <p>AI reported on the GN surveillance study: a three year study involving the PAEDS network. From 2019-2021 approximately 950 GNBs from five children’s hospitals were collected. All Gram-negative bacteraemia isolates had broth microdilution and whole genome sequencing performed.</p> <p>Other example projects included:</p> <ul style="list-style-type: none"> <li>• The Molecular Characterisation of the van operon in vancomycin variable <i>Enterococcus faecium</i> isolated in the Australian Enterococcus Sepsis Outcome Program (AESOP)</li> <li>• Investigating the genetic factor(s) responsible for daptomycin resistance in <i>Staphylococcus aureus</i> reported in the Australian <i>Staphylococcus aureus</i> Sepsis Outcome Program (ASSOP)</li> </ul> <p>PW asked what extra resources were needed for the projects. AI employed research nurses for data input; collected a more comprehensive dataset than AGAR collects and WGS was performed on all isolates.</p> <p>CB commented that funding may be available for AGAR Kids and asked the group to think of opportunities which could present with and without additional funding. CB plans to contact the ANZPID group</p> <p>AI commented that we could value add to other projects, perhaps formally partner with other grant applications.</p> <p>JB commented that isolates from AGAR were available for projects. Approval should be sought from the AGAR Executive.</p> <p>MW suggested that retrospective WGS could be performed on existing isolates.</p> <p>PB described her involvement with the Commission and suggested that the stewardship and AMR databases could be linked.</p> <p>JB commented that from 2021 all referred GNBs are being sequenced.</p>	<p><u>CB</u></p>

	<p>CB proposed that we use the existing AGAR data and analyse the paediatric data from 2017 to 2021.</p> <p>Some reference to the paediatric data is made in the AGAR reports but this could be expanded eg. Stratify by age (including neonates). A paediatric stand-alone report could be written bi-annually.</p> <p>PW asked if any though had been given to partnerships with NICU groups and other organisms eg <i>S. pneumoniae</i></p> <p>CB will report back on the discussion at this meeting to the AGAR Executive.</p> <p>JB and DD asked for standardised age definitions including neonates.</p>	<p><b><u>CB</u></b></p>
<p><b>7.</b></p>	<p><b>Next Meeting</b> TBA</p>	