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Office of Health Protection and Response Division I Chief Medical Officer Group
Australian Government, Department of Health and Aged Care
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RE: Contract for Services for Operating the Australian Group on Antimicrobial Resistance (AGAR) Antimicrobial Resistance Surveillance Program 2021 – 2024, Deliverable Report 29 July 2022

Dear Noel

As per the contract for services between the Commonwealth of Australia as represented by the Department of Health and the Australian Society for Antimicrobials (ASA) in relation to services for operating the 2021 to 2024 Australian Staphylococcal Sepsis Outcome Programs (ASSOP), Australian Enterococcal Sepsis Outcome Programs (AESOP), and Gram-negative Sepsis Outcome Programs (GNSOP), please find enclosed the following attachments as per the deliverable due on 29 July 2022:

- Final 2021 ASSOP, AESOP and GNSOP data analysis reports
- 2021 Programs Financial Budget and Expenditure
- A project plan for 2022-23 including an indicative budget and comment on status of ethics applications, and compliance with privacy, data governance and ethical obligations as required
- Progress report against activity for the period 1 January to 30 June 2022

During 2021 the AGAR Executive was contacted by Professor Simon Finer, Chair of the Council of the International Sepsis Forum, requesting we do not use the terms sepsis or septicaemia in the name of our programs. After much deliberation, the Executive has renamed the three AGAR programs to:

- Australian *Staphylococcus aureus* Surveillance Outcome Program – Blood Stream Infections (ASSOP)

- Australian Enterococcal Surveillance Outcome Program – Blood Stream Infections (AESOP)
- Gram-negative Surveillance Outcome Program – Blood Stream Infections (GNSOP)

Please note there were no changes in the programs' aims and data analyses as described in the contract.

Final 2021 ASSOP, AESOP and GNSOP data analysis reports

In 2021, 13,172 blood stream infections were included in the three programs. With the ongoing COVID pandemic, 2021 proved a very difficult year for most AGAR laboratories. I wish to take this opportunity to thank all participants in providing the data and isolates in a timely manner. Of the 32 AGAR laboratories servicing 51 hospitals enrolled in the 2021 programs, 30 laboratories servicing 48 hospitals were able to participate. Unfortunately, data from the following three hospitals were not available:

- Queensland Children's Hospital
- Cairns Base Hospital
- Royal Prince Alfred Hospital

In 2021 we welcomed Royal Melbourne Hospital to the AGAR programs. In addition to providing data collected from the major adult teaching hospitals, AGAR is now able to provide antimicrobial resistance data from private hospitals, regional hospitals located in the north-west Australia, and most Australian paediatric teaching hospitals.

Each report includes a summary page highlighting the key findings of the program and provides a comprehensive analysis of the data requested by the Department of Health.

Financial statement covering 1 July 2021 – 30 June 2022

As the Department is aware the AGAR finances are managed by ASA. The 1 July 2021 to 30 June 2022 financial statement and accounts is currently being prepared by the Society's Business Manager Mr. Jacson Chung and will be submitted to the Society's auditors in the next month. If required, I will send you the auditor's report when it becomes available and has been accepted by the ASA Committee and the AGAR Executive Committee.

For your information I have attached the 2021 programs financial budget and expenditure report. Page 18 of the report provides a financial summary of each item. As from 28 July 2022, of the $787,648 (GST excluded) provided to fund the 2021 programs, $755,591 has been expended, leaving $32,057. It is anticipated most of the remaining funds will be used on the AGAR Committee meeting, which due to the COVID pandemic, had to be rescheduled from July 2022 to September 2022.

I am requesting any remaining funds from the 2021 budget be used to write the first AGAR paediatric antimicrobial resistance surveillance report to be published in CDI.

Project plan for 2022-23

In 2022, AGAR increased its participation to 33 laboratories servicing 54 hospitals. Additional hospitals in 2022 include:

- Gosford Hospital
- Prince of Wales Hospital
- Mater Private Hospital, Townsville

The inclusion of these three hospitals will further enhance antimicrobial resistance surveillance in urban and regional Australia.

Progress Report for 2022

As outlined in the report I wish to inform you that the following AGAR laboratories which could not participate in the 2021 programs are able to participate in the 2022 programs:

- Queensland Children's Hospital
- Royal Prince Alfred Hospital

Unfortunately, Cairns Base Hospital, due to staffing issues, is not able to participate in the 2022 programs.

On acceptance of the three final reports, I will arrange for the reports to be uploaded onto the AGAR website (https://agargroup.org.au/).

I anticipate a draft of the 2021 ASSOP, AESOP and GNSOP CDI manuscripts will be available before 26 August 2022.

Once again, we look forward to working with the Australian Commission on Safety and Quality in Health Care in producing the 2021 amalgamated report.

Finally, I would like to thank you and your team for your ongoing support for AGAR. Antimicrobial resistance continues to be one of the most significant risks to our health. Enhanced surveillance programs such as AGAR play a critical role in identifying, monitoring, and reporting on rates of resistant bacteria with the highest risk of causing harm to humans. The AGAR data is used to inform clinical and public health policy and practice. While antimicrobial resistance continues to be a challenge to delivery of safe and effective health care, the data and information provided by AGAR is a substantial resource to inform effective responses to reduce the impact of antimicrobial resistance.

Kind regards

Professor Geoffrey Coombs
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On behalf of the AGAR Executive Committee