



## AGAR Executive Meeting Minutes – Friday 24<sup>th</sup> June, 2022

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**Venue: Stamford Plaza Sydney Airport**

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

### **Attendees:**

#### **Elected Members:**

Geoff Coombs (GC) – Chair

Tom Gottlieb (TG) - Deputy Chair

Morgyn Warner (MW)

Peter Collignon (PC)

Jon Iredell (JI)

Louise Cooley (LC)

(Vacant position)

#### **Scientific Officers:**

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

Jan Bell (JB) – AGAR Scientific Advisor

#### **Invited:**

Monica Lahra (ML) - GLASS

Christopher Blyth (CB) – Paediatric Group

Item Number	Item details	Action
	<a href="#">Agenda</a> *	
1.	<p><b>Apologies</b></p> <p>1.1. Morgyn Warner 1.2. Geoff Coombs</p> <p>JI and LC attended via zoom.</p>	
2.	<p><b>Minutes - AGAR Executive Meeting, 19<sup>th</sup> August, 2021</b></p> <p>Minutes of the previous meeting were accepted. Proposed: TG Seconded: JR</p>	
3.	<p><b>Business Arising</b></p> <p>3.1. <a href="#">Re-naming AGAR Sepsis Program</a>*</p> <p>This was in response to an email from Simon Finfer requesting that we no longer use the term “sepsis”. GC had replied to him that we would change to the term “septicaemia” All at the meeting agreed we should keep the acronyms ASSOP, AESOP and GNSOP. LC suggested that the term “surveillance” could be used as it better reflects what we do. It was also suggested that we include “Blood stream infection” in the title of the reports.</p>	

	 <p>All at the meeting agreed this was a good solution.          Post-meeting : GC suggested that the titles be reversed.          GC will contact Simon Finfer re the change to “Surveillance”</p>	<p>GC</p>
<p>4.                  4.1                  4.2                  4.3</p>	<p><b>Correspondence</b>                  AON Insurance*                  AON Policy Schedule*                  Qld Children’s Hospital Participation*</p> <p>Claire Heney from QCH is participating in 2022.</p>	
<p>4.4</p>	<p><b>Ethics HREC QPATH Annual Progress Report*</b>                  Naomi Runnegar can supply the latest Program reports.</p>	
<p>5.</p>	<p><b>AGAR Operating Procedures 2022*</b>                  Some minor changes to this document. Updated 24/6/22</p> <ul style="list-style-type: none"> <li>• Changed Sepsis to Septicaemia. Post-meeting: this will be changed to “Surveillance”</li> <li>• Added AGAR Paediatric Committee</li> <li>• Added Prince of Wales, Gosford and The Mater Hospital, Townsville to the participating institutions for 2022</li> </ul>	<p>GC</p>

	All at the meeting voted in favour of adding the AGAR Paediatric Group.	
6.	<b>AGAR 2020 Data Governance Management*</b> No discussion.	
7. 7.1	<b>Financial Reports</b> <b>March 2022 AGAR Quarterly Financial Report*</b> Proposed: TG Seconded: JI  Funds were used for JB to spend a week in Perth with DD to complete the reports. This was very useful and will continue at least annually.	
8. 8.1 8.2 8.3	<b>AGAR 2020 Programs</b> <b>ASSOP 2020 CDI Manuscript*</b> <b>AESOP 2020 CDI Manuscript*</b> <b>GNSOP 2020 CDI Manuscript*</b>  The CDI manuscripts were published in April 2022.	
9. 9.1  9.2 9.3 9.4	<b>AGAR 2021 Program (GC/DD/JB)</b> <b>2021 Program Budget*</b> Some surplus funds as there were no face to face meetings in 2021. The November 2021 meeting funds have been used on this meeting. GC suggested (prior to the meeting) that some funds could be used to fund Paediatric group projects.  <b>ASSOP 2021 Draft Final Report*</b> <b>AESOP 2021 Draft Final Report*</b> <b>GNSOP 2021 Draft Final Report*</b> Draft final reports have been submitted to DoH The final reports are due 29 <sup>th</sup> July 2022. Data has been sent but no MSSA isolates for RBWH, TPCCH and PAH.	

	<p>WGS for MRSA and <i>E.faecium</i> is complete.                  JB is still waiting for approximately 700 sequences for Westmead to enable the completion of the GNSOP report.                  DD and JB presented the key findings from the reports.</p> <p>A question was raised regarding catheter-related UTIs.                  JB thought that people may not answer yes for “Device –related infection”                  DD will re-circulate the AGAR Program instructions.                  JB will add data for CO and HO device-related UTI to the final GNSOP report.                  PC asked about CO and HO mortality and age mortality for MSSA and MRSA as these seem to be less divergent than previously – ie. ? changed over time. DD will add to the report.                  TG and PC suggested that 2-3 younger scientists be approached to look at the each of the AGAR report data and give a five minute presentation at the committee meeting. The aim would be not to review the data set but to look at a few specific aspects of interest. Suggestions could then be sought from the AGAR committee on things to investigate further.                  Post-meeting: GC felt that this was the task of the AGAR working groups.                  CB questioned the use of an epidemiologist to look at the entire AGAR dataset.                  PC suggested Martin Kirk an epidemiologist from ANU.                  Four years of data could be examined for those institutions that participated in all years and a paper written for an appropriate Australian journal and the ASA newsletter to improve local awareness of AGAR activities.</p>	<p>JI</p> <p>DD                  JB                  DD</p>
<p><b>10.</b>                  10.1                  10.2                    10.3                    10.4</p>	<p><b>AGAR 2022 Program (GC/DD/JB)</b>  <a href="#">2022 Program Budget*</a>                  ASSOP 2022 Progress Report                  29 labs have sent data for 526 episodes to date, 63 MRSA have been sent for sequencing.</p> <p>AESOP 2022 Progress Report                  26 labs have sent data for 241 episodes to date, 87 <i>E. faecium</i> have been sent for sequencing.</p> <p>GNSOP 2022 Progress Report                  27 labs have sent data 1,700 episodes to date. Requests for isolates have been sent.</p>	
<p><b>11.</b>                  11.1</p>	<p><b>AGAR Paediatric Program (CB)</b>  <a href="#">AGAR Paediatrics Program Meeting 10 May 2022 Agenda*</a></p>	

<p>11.2 11.3 11.4</p>	<p><b>AGAR Paediatrics Program Meeting 10 May 2022 Minutes*</b> <b>Campbell et al CID 2022*</b> <b>Campbell et al JAC 2020*</b></p> <p>CB discussed the meeting held in May. JI asked about the scope of the group. PC asked if the group was considering <i>S. pneumoniae</i>. CB commented that the existing AGAR framework would be used – same data and organisms at this point. 2013-2016 paediatric data has already been examined. ML commented that if all AGAR participants are to share paediatric data then it should be made clear what it is to be used for. CB agreed that this would be the case. TG commented that it would be to AGAR’s benefit to have a Paediatric group looking at the data. There was further discussion about the inclusion of <i>S. pneumoniae</i> bacteraemia in the AGAR program. TG commented that it may be a funding issue. PC commented that other groups in Australia were already looking at pneumococci eg. Vicki Krause from CDNA. PC said that they may only be looking at typing and not reporting on AMR and will contact Vicki to check. CB commented that there were approximately 2,000 cases of invasive pneumococcal disease pre COVID but only 1,000 per year during the pandemic. JI said that the PHL do not test a wide spectrum of antibiotics. ML commented that a Paediatric report could be published in CDI, CB agreed that this would be done perhaps bi- or triennially (or longer) due to the small numbers of cases. As not core AGAR surveillance could be considered on ad hoc basis and labs can volunteer to participate. But first a discussion with CDNA suggested The Executive are in full support of the Paediatric Program.</p>	<p>PC</p>
<p><b>12.</b> 12.1 12.2</p>	<p><b>GNSOP (JI)</b> <b>GNSOP 2020 Chromosomal AMR*</b> <b>GNSOP 2020 Plasmid AMR*</b></p> <p>JI proposed that after the final GNSOP report is complete an initial publication be written on resistance genes – are they on the plasmid or chromosome? He reported that ST131 now has common ESBL genes in the chromosome. JI thought that the GNSOP sequencing data should be made available on Genbank. Proposals:</p> <ul style="list-style-type: none"> <li>• Standardised reports</li> </ul>	

	<ul style="list-style-type: none"> <li>• Encourage new ideas through EOIs</li> <li>• Merge specialist interest</li> <li>• Maintain identity and relevance</li> <li>• CTN/CN style triaging at Executive level</li> <li>• Bio banking plans – extended phenotypes by MIC</li> </ul> <p>Jl asked if the Executive would consider bio banking - source of revenue for AGAR, are we happy to start formalising phage reporting, do we agree with the EOI approach?                  PC asked how we could disseminate data better and who do we have to form relationships with to release strain data in return for payment.                  Jl replied that as soon as the report is published then the primary data be made available.                  TG commented that this is too big a topic for this meeting and asked Jl to write to the Executive with details of his requests with firm proposals and where would AGAR fit in.                  TG also replied that ASA needs to be brought into the discussion (as it looks after AGAR funds) re proposals to generate funds eg. from bio-banking.</p>	<p>Jl</p>
<p><b>13.</b></p> <p>13.1</p> <p>13.2</p>	<p><b>ASSOP and AESOP (GC)</b>                  Additional DoH funding received for these projects</p> <p><b>ASSOP 2020 PSSA*</b>                  The following manuscript has been submitted to DoH.</p> <p>“Molecular Epidemiology of Penicillin-Susceptible <i>Staphylococcus aureus</i> Bacteraemia in Australia and Reliability of Diagnostic Phenotypic Susceptibility Methods to Detect Penicillin Susceptibility”                  Geoffrey W. Coombs<sup>1,2</sup>, Nicholas W. T. Yee<sup>1</sup>, Princy Shoby<sup>1</sup>, Denise A. Daley<sup>2</sup>, and Shakeel Mowlaboccus<sup>1</sup></p> <p><b>VVE and Dap SA Progress Report*</b>                  A progress report for the following projects has been submitted to DoH.</p> <p>AESOP – Molecular Characterisation of the <i>van</i> operon in vancomycin variable <i>Enterococcus faecium</i> isolated in the Australian <i>Enterococcus</i> Septicaemia Outcome Program (AESOP)</p>	

	<p>ASSOP – Investigating the genetic factor(s) responsible for daptomycin resistance in <i>Staphylococcus aureus</i> reported in the Australian <i>Staphylococcus aureus</i> Septicaemia Outcome Program (ASSOP)</p>	
<p><b>14.</b></p>	<p><b>GLASS</b>                  ML presented a GLASS update.                  AGAR data is used to provide data on MRSA and 3<sup>rd</sup> gen cephalosporin resistance in <i>E. coli</i>                  107 countries were enrolled in 2021.                  In 2017 22 countries reported approximately 500,000 infections, in 2020 70 countries reported three million infections. Data on almost eight million infections have been reported over the last four years.                  Fifteen LMIC are now reporting to GLASS.</p>	
<p><b>15.</b> 15.1</p>	<p><b>ACSQHC (GC/DD/JB)</b>  <a href="#">AURA 2020 Combined Sepsis Report*</a>                  Available on the AURA website as it was too large a file to add to the AGAR website.</p>	



<p><b>16.</b> 16.1</p>	<p><b>Department of Health Update (GC)</b> <b>2022 AGAR Additional Projects*</b></p> <ol style="list-style-type: none"> <li>1. Investigate the genetic factors responsible for vancomycin variable <i>Enterococcus faecium</i> (VVEfm) containing either the <i>vanA</i> or the <i>vanB</i> genetic complex and determine if VVEfm exposed to increasing concentrations of vancomycin become vancomycin resistant</li> <li>2. Identify possible genetic factors associated with daptomycin resistance in <i>Staphylococcus aureus</i></li> </ol>	
<p>16.2</p>	<p><b>AMR Policy Section Leader*</b> There is a new Director of the AMR Policy Section - Mr Noel Lally</p>	
<p>16.3</p>	<p><b>Project Report E21-52135*</b> See 13.2</p>	
<p>16.4</p>	<p><b>Progress Report Letter*</b> Letter from Geoff accompanying the progress reports.</p>	
<p><b>17.</b></p>	<p><b>AGAR Website</b> Jacson Chung (ASA Business Manager) and DD are looking at ways to revamp and update the website.</p>	
<p><b>18.</b></p>	<p><b>AGAR Data Entry Program</b>  No changes to report.</p>	
<p><b>19.</b> 19.1 19.2 19.3 19.4</p>	<p><b>Isolate and Data Requests</b> <b>Genevieve McKew – PSSA*</b> <b>Genevieve McKew – PSSA Draft Protocol*</b> <b>Ravin Hettiarachchi – PSSA*</b> <b>Naomi Runnegar – Update*</b></p>	

<p><b>20.</b> 20.1 20.2 20.3</p>	<p><b>New Business</b>  <a href="#">Consultation Cover Letter*</a>  <a href="#">Draft Best Practice Model for AMR PHL Surveillance*</a>  <a href="#">AGAR NNN Response*</a></p> <p>No discussion.</p>	
	<p><b>Next Meeting</b>  AGAR Committee Meeting – August (?Friday 19<sup>th</sup>) TBA  AGAR Executive Meeting – suggested that it could be held in Perth before the ICC meeting.</p>	