



The Australian Group on Antimicrobial Resistance

<http://antimicrobial-resistance.com>

MINUTES OF THE AGAR EXECUTIVE MEETING Thursday 10th May 2012

VENUE Qantas Meeting Rooms, Melbourne Airport, Melbourne

ATTENDEES John Turnidge (Chair)
Graeme Nimmo (Deputy Chair)
Geoff Coombs (Secretary/Treasurer)
Keryn Christiansen
Peter Collignon
Narelle George
Iain Gosbell
Tom Gottlieb
Peter Ward
Julie Pearson (Minute Secretary/AGAR Scientific Officer)
Jan Bell (AGAR Scientific Advisor)
Denise Daley (Guest)

1. Welcome

JT welcomed all attendees. Denise Daley was introduced to the group. Denise will take over the *Staphylococcus aureus* and *Enterococcus* data analysis and the administrative duties from Julie Pearson who will resign from the AGAR Scientific Officer post on 30th June 2012. Jan Bell will be responsible for the Gram-negative data analysis.

JT commented that as there were significant changes flagged for AGAR, the majority of the meeting agenda would be deferred to the November meeting to enable discussions on the 2012-2015 funding submission (see item 6).

2. Apologies

None

3. Minutes

The minutes of the November 2011 AGAR Executive meeting were accepted as a true and accurate record.

4. Treasurer's Report (Geoff Coombs)

All reports have been accepted by the ASA Executive.

4.1 Audited 2010/2011 Financial Report

Attachment 1

4.2 December 2011 Financial Report

Attachment 2

4.3 March 2012 Financial Report

Attachment 3

4.4 2010 Ertapenem Financial Report

Attachment 4

4.5 2011 Ertapenem Financial Report

Attachment 5

All reports accepted by the AGAR Executive.

Proposed: GN

Seconded: JT

5. 2011/2012 AGAR Funding

Attachment 6

The first payment from the Commonwealth, due in November 2011, was received in March 2012. GC has forwarded a request for the second payment.

6. 2012/2013 to 2014/2015 AGAR Funding

Attachment 7 (Surveillance Fund Guidelines)

Attachment 8 (EARS-Net Protocol)

Ten days prior to the May AGAR meeting a Request to Quote was received from the Commonwealth for the Health Surveillance Fund Number 2, 2012.

It is proposed that the 2012 surveys are the last of the current protocols and as at 1st January 2013 the collection follows an EARS-Net type protocol i.e. ongoing bacteraemia surveys with on-line data entry for *S. aureus*, *Enterococcus* and Enterobacteriaceae.

Advantages of moving to the EARS-Net protocol included the creation of a defined, continuous dataset resulting in good quality longitudinal data and the ability to benchmark results against other countries.

The Executive unanimously voted in favour of moving to an on-going bacteraemia collection. It was decided that a minimum dataset was required for participation and that this would include susceptibilities (MICs or zone diameters for GNBs and S, I or R for GPCs), date of collection and date of admission (if admitted), and some clinical data. Molecular characterisation to occur on a subset of strains.

Items for consideration:

- This data collection may require more clinical input compared with current AGAR protocols and this may lead to several laboratories withdrawing from AGAR. If the private laboratories withdraw, this may limit the number of community-onset cases represented on the database.
- GN commented that clinical data could be sought on a subset of isolates e.g. one month's worth of isolates rather than on all cases as this would be very time consuming. An epidemiologist would be consulted to determine a meaningful sample size. Only isolates with complete clinical data to be typed.
- Payment to the laboratories will be \$20 per isolate, funding permitting, however it was proposed that laboratories providing clinical data should be paid more than those providing only dates and susceptibilities to reflect the time taken to source that information.
- Ethics approval will be required for all institutions
- Clinical data to be streamlined, including only the most valuable information as determined by the ANZCOSS and AESOP programmes.

7. AGAR Smart Phone Application

JT demonstrated the prototype for the AGAR app. The Developers had misunderstood some of the requirements and it is likely that JT and KC will have to meet with them again. The app will be launched in July and have annual updates.

8. AGAR Membership

HealthScope Pathology did not participate in the 2011 surveys. As membership requires AGAR laboratories to participate in core surveys, it was proposed that JT write to John Andrew to explain that future non-participation would result in HealthScope Pathology being excluded from AGAR.

ACTION: JT

JP reported that Douglass Hanley Moir have difficulty in collecting *S. aureus* for hospital surveys having collected only 5 in 2009 and 8 in 2011.

GC commented that the North West of Australia and a WA Children's Hospital was not represented in AGAR.

The mix of AGAR hospitals to be discussed at the next AGAR Executive meeting.

9. Future AGAR Committee Meetings

The 2012/2013 and 2014/2015 RTQ (see item 6) proposes that there be only one Committee meeting per year in May. The November meeting to be a one day Executive meeting.

It was thought that two meetings a year was good for morale and networking particularly for the Scientists however it was noted that other surveillance programmes (e.g. National *Neisseria* Network) meet annually. To be proposed to the Committee at tomorrow's meeting.

10. Next AGAR Meeting

Executive Meeting: 9th November, however a two day meeting may be required to discuss future programmes.

Meeting to be held in Sydney (venue TBA).

11. Meeting Closed

Meeting closed at 1730. JT thanked the Executive for their input.