



**AGAR Executive Meeting**  
**Qantas Meeting Rooms, Melbourne Domestic Airport**  
**Thursday 21<sup>st</sup> July, 2016**  
**Minutes**

\* [Attachments available on the AGAR website in the Executive members section](#)

<b>Attendees:</b> Elected Members	Geoff Coombs (GC) Chair	Graeme Nimmo (GN) Deputy Chair	Tom Gottlieb (TG) Secretary/Treasurer	Peter Collignon (PC)	Narelle George (NG)
	Despina Kotsanas (DK)	Jenny Robson (JR)			
Scientific Officers	Denise Daley (DD) Minute Secretary AGAR Scientific Officer	Jan Bell (JB) AGAR Scientific Advisor			
Co-opted Members	Jon Iredell (JI) GNSOP Chair	Ben Howden (BH) ASSOP Chair	Paul Johnson (PJ) AESOP Chair	Lindsay Grayson (LG) HHA Representative	

		Action	When
1.	<b>Apologies:</b> George Kotsiou (GK) John Turnidge (JT)		
2.	<b>Confirmation of the Previous Minutes:</b> AGAR Executive Meeting, Melbourne 14th December, 2015 Amendment: Item 4.4 Tony Korman suggested all hospitals serviced by a laboratory could be included in the AGAR data. The Executive decided TO maintain one laboratory/ one hospital		
3.	<b>Matters Arising from Previous Meeting:</b>		
	Nil		
4.	<b>Correspondence</b>		
4.1	Resignation letter from George Kotsiou* A nomination is needed for his position on the Executive committee. Louise Cooley	<b>GC</b>	

		was suggested. GC to contact Louise Cooley. Louise Cooley has accepted the position (post meeting).		
	<b>4.2</b>	Letter from Ben Rogers re post marketing surveillance for Fosfomycin*		
	<b>4.3</b>	Letter from Chris Blythe and Asha Bowen re bacteraemia surveillance in children.* It is proposed to increase the number of Children's Hospitals in AGAR. Four suggested – Princess Margaret Hospital, WA, Lady Cilento Hospital, QLD, Children's Hospital at Westmead NSW and The Children's Hospital, Randwick NSW. GC to contact	<b>GC</b>	
	<b>4.4</b>	The AESOP 2014 report has been accepted by CDI and will be published in June 2016*		
	<b>4.5</b>	The ASSOP 2014 report has been accepted by CDI and will be published in June 2016*		
	<b>4.6</b>	Letter from Peter Ward regarding replacing Timentin in the Vitek card*.		
	<b>4.7</b>	Letter from John Turnidge re <i>S. pneumoniae</i> surveillance.* It was originally proposed that AGAR perform the surveillance but the work is already being performed by the <i>S. pneumoniae</i> reference labs.		
	<b>4.8</b>	Letter from Lena Lee regarding Pseudomonas resistance*		
	<b>4.9</b>	Letter from Lena Lee requesting that Zerbaxa (ceftolozane/tazobactam) be included on the vitek card*		
	<b>4.10</b>	The National Library of Australia requested updates of Staphylococcal surveillance reports.* This is now to be submitted electronically	<b>DD</b>	
	<b>4.11</b>	Request from Kathy Meleady (ACSQHC) for permission to publish the 2013 AGAR reports in <i>Vital Signs 2015</i> report*		
	<b>4.12</b>	The AURA 2016 report has been published and emailed to ASA members		
	<b>4.13</b>	Dr Emma Goeman has expressed interest in St Vincent's Hospital, NSW becoming a member of AGAR		
<b>5.</b>	<b>AGAR Operating Procedures 2016*</b> This document has been updated to reflect comments from the last Executive meeting			
<b>6.</b>	<b>Possible Future AGAR Laboratories</b>			
	<b>6.1</b>	New South Wales 6.1.1 St Vincent's Hospital, NSW - have expressed interest in joining AGAR. See correspondence 4.13 6.1.2 Prince of Wales Hospital, NSW – will be similar demographics to St Vincent's NSW. Currently performing CDS susceptibilities 6.1.3 Liverpool Hospital, NSW. A letter will be sent asking to re-join in 2017	<b>GC</b>	
		6.1.4 ?Dubbo Base Hospital or Wagga Wagga Hospital. Westmead currently do their pathology		
		6.1.5 The Children's Hospital at Westmead. JI will contact them.	<b>JI</b>	
		6.1.6 The Sanatorium Hospital. GC to contact Michael Wehrhann at DHM	<b>GC</b>	
		6.1.7 Concord could do Canterbury Hospital	<b>TG</b>	
	<b>6.2</b>	Victoria 6.2.1 Geelong Hospital, Vic (St John of God Pathology) 6.2.2 Royal Melbourne Hospital, Vic		
	<b>6.3</b>	Queensland 6.3.1 Townsville Hospital 6.3.2 Wesley Hospital, Toowoomba. SNP do their pathology	<b>JR</b>	
	<b>6.4</b>	South Australia 6.4.1 Queen Elizabeth Hospital 6.4.2 Lyell McEwin Hospital. RAH do their pathology but will need someone from each institution to organise ethics and provide clinical data		
	<b>6.5</b>	Western Australia 6.5.1 Bunbury Regional Hospital		

		6.5.2 Princess Margaret Hospital		
<b>7.</b>	<b>Financial Reports</b>			
	<b>7.1</b>	December 2015-March 2016*		
	<b>7.2</b>	June 2016*		
	<b>7.3</b>	2015/2016  All reports have been presented to ASA and will be forwarded to the auditors There is sufficient funds to pilot additional labs (\$250,000) AGAR currently owes HH \$60,000 for website development An invoice for \$15,000 requested from HH for AGAR 2015 line item	<b>LG</b>	
<b>8.</b>	<b>2015 AGAR Funding</b>			
	<b>8.1</b>	2015 Budget* Surplus funds from the 2015 budget will be used to buy consumables Funding for the GNSOP program and JB's salary has been removed from the 2015 AGAR budget and is being managed by ACSQHC and Adelaide University directly. AGAR does not know the amount funded.		
	<b>8.2</b>	2015 Project Plan*		
	<b>8.3</b>	2015 Funding Agreement *		
	<b>8.4</b>	2015 Deed of Variation* <i>S. pneumoniae</i> program – AGAR is not required to conduct the surveillance		
<b>9.</b>	<b>AGAR Website</b>			
		ASSOP, AESOP and GNSOP 2015 have been uploaded to the public area of the website. The number of visitors increase each year although 90% of visits are <90 seconds		
<b>10.</b>	<b>AGAR Working Groups</b>			
	<b>10.1</b>	Financial Report* There are funds available from ASA for meetings of the working groups		
	<b>10.2</b>	ASSOP (BH) There are three projects planned using genomic data. These projects will be uploaded to the AGAR website 10.2.1 Project Proposals 10.2.1.1 Continuing Evolution of ST239 MRSA in Australia – Sarah Baines* 10.2.1.2 Genomic Epidemiology of <i>S. aureus</i> bacteraemia in Australia – Stefano Giulieri* 10.2.1.3 Genomic Characterisation of topical antimicrobial and biocide resistance determinants in <i>S. aureus</i> in Australia – Deborah Williamson*  DD to send raw 2015 data to BH	<b>DD</b>	
	<b>10.3</b>	AESOP (PJ) Commented favourably on the 2015 report. It would be interesting to look at mortality vs van gene, mortality vs van phenotype, mortality vs mixed and pure infections, mortality vs treatment Further investigation of the vanc resistant <i>E. faecium</i> without van genes More details of the community onset <i>E. faecium</i> DD to send raw AESOP 2015 to PJ	<b>DD</b>	

	<b>10.4.</b>	GNSOP (JI) JI will work on key terms of reference and operating procedures for the group  JB to send raw GNSOP 2015 data to JI	<b>JI</b>  <b>JB</b>	
<b>11.</b>	<b>AESOP 2014</b>			
	<b>11.1.</b>	CDI Manuscript – published		
<b>12.</b>	<b>ASSOP 2014</b>			
	<b>12.1.</b>	CDI Manuscript – published		
<b>13.</b>	<b>EnSOP 2014</b>			
	<b>13.1.</b>	CDI Manuscript – published		
<b>14.</b>	<b>AESOP 2015</b>			
	<b>14.1</b>	Final report submitted to ACSQHC and uploaded to the AGAR website		
	<b>14.2</b>	Peer review reports – The executive was asked if peer review publication are still required. It was felt that these publications are essential. PC commented that it needs to be in a free publication, MJA, or Clin Infect Dis. It needs to be on PubMed and Google Scholar. We need to pay attention to keywords and search phrases. TG and JB will write a CDI report for GNSOP 2015 DD and GC will write a CDI report for ASSOP and AESOP 2015 PC suggested that an article be written every two years for MJA, Lancet, Infect Dis with links to CDI We need to contact the journal concerned to see what format the report should be written in, i.e. separate reports for each program or combine all three. We will have 4 yrs. data at the end of 2016 and can include trend data	<b>JB, TG</b> <b>DD, GC</b>	
<b>15.</b>	<b>ASSOP 2015</b>			
	<b>15.1</b>	Final report submitted to ACSQHC and uploaded to the AGAR website		
	<b>15.2</b>	Peer review reports – See 14.2		
<b>16.</b>	<b>GNSOP 2015</b>			
	<b>16.1</b>	Final report submitted to ACSQHC and uploaded to the AGAR website		
	<b>16.2</b>	Peer review reports – See 14.2		
<b>17.</b>	<b>AESOP 2016</b> Thirty two labs enrolled for 2016. First quarter data very prompt this year. Currently 288 episodes, 110 <i>E. faecium</i> , 43 VRE. No data yet from PAH or RNS.			
<b>18.</b>	<b>ASSOP 2016</b> 697 episodes to date, 137 MRSA. No data yet from RNS			
<b>19.</b>	<b>GNSOP 2016</b> Qtr. 1 data received, no requests for isolates made yet.			
<b>20.</b>	<b>AGAR Data Entry Program</b> Almost ready to go, will become mandatory from Oct 1 <sup>st</sup> 2016			
	<b>20.1</b>	The program will be called “AGAR Data Entry Portal”. It will be accessed from a link on the AGAR website. DD to contact Andrew Hollander (AGAR Webmaster) and Norelle Sherry re details of creating link. Norelle Sherry (NS) will be the central co-ordinator There is now a facility to add pdf files eg instruction on use of the program. These can be customised for each lab. We need a generic email address for help. ?secretarial support	<b>DD</b>	

	<b>20.2</b>	Future enhancements 20.2.1 EARS-NET style heat maps 20.2.2 WGS data		
	<b>20.3</b>	Training day for new labs coming on in 2017? November 2016. Await advice from GC regarding new enrolments	<b>DD, LG, NS</b>	
<b>21.</b>	<b>Isolate Requests</b>			
	<b>21.1</b>	Sharon Tennant* Request from USA for Pseudomonas and E. coli for vaccine program testing. JI suggested that we need a caveat on what is to be done with the isolates. AGAR only has a resistant subset of isolates. GC to follow up for more details	<b>GC</b>	
<b>22.</b>	<b>CLSI/EUCAST – No report</b>			
<b>23.</b>	<b>Australian Scientific Technical Advisory Group – Antimicrobial Resistance</b> Currently setting up working groups on how to implement. LG – do we need another summit? It was suggested that there is a one day meeting with guest to attend - ? Dame Sally Davis. ASA to organise.			
<b>24.</b>	<b>New Business:</b>			
	<b>24.1</b>	Doherty Institute – MOU*		
	<b>24.2</b>	Request from Louise Cooley on projects for her registrar using AGAR data. GC will refer this to the three program chairs*	<b>GC</b>	
	<b>24.3</b>	Prospective national clinical study of S. aureus bacteraemia in children – Dr Asha Bowen*		
	<b>24.4</b>	Mayne Pharma Fosfomycin – AGAR agreed to participate. GC to contact 24.4.1 Mayne Pharma Fosfomycin – Anna Tang – email 1* 24.4.2 Mayne Pharma Fosfomycin – Anna Tang – email 2* 24.4.3 Mayne Pharma Fosfomycin – confidentiality agreement* 24.4.4 Mayne Pharma Fosfomycin – post marketing surveillance proposal*	<b>GC</b>	
	<b>24.5</b>	bioMérieux 24.5.1 Nicky Duly – email* 24.5.2 Package insert 22359-P612* 24.5.3 Package insert 9302781* 24.5.4 Package insert 93078160* 24.5.5 Vitek 2 Antimicrobials*  New panels – the large format Australian card will not go ahead. A decision is needed on what will replace Timentin. A working group is to be formed – GN (chair), JR, NG, Peter Ward, JB. It was suggested that there be separate systemic and urine cards. Nitrofurantoin and trimethoprim could be removed from the systemic card. Suggestions are needed for a single card and for two separate cards. A response is required within two weeks.	<b>GN</b>	
<b>9.</b>	<b>Next meeting – Sydney, 9<sup>th</sup> December, 2016 – Executive meeting only</b>			