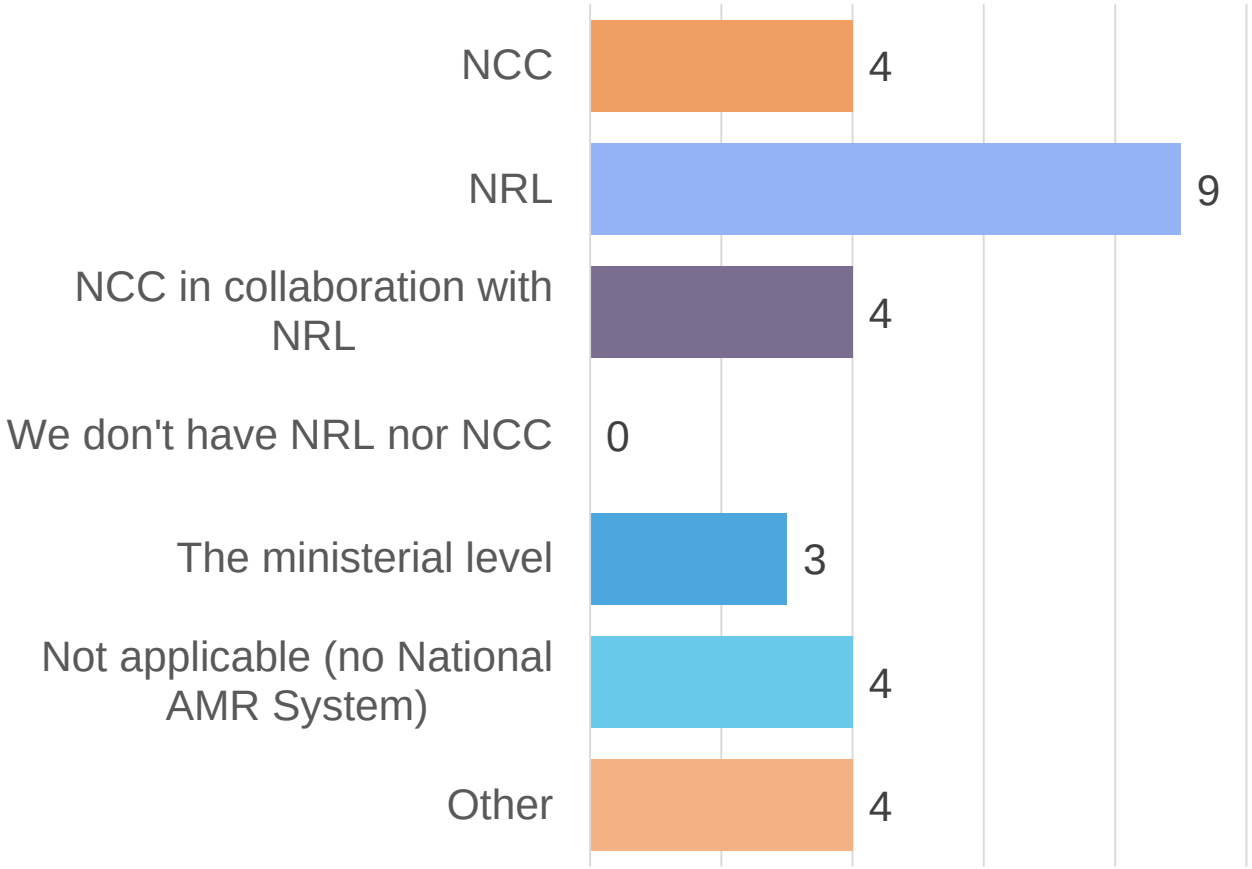
Consensus on the stepwise approach enhanced surveillance implementation:

...

Summary of the discussions and conclusions

Proposal and timeline for the next steps

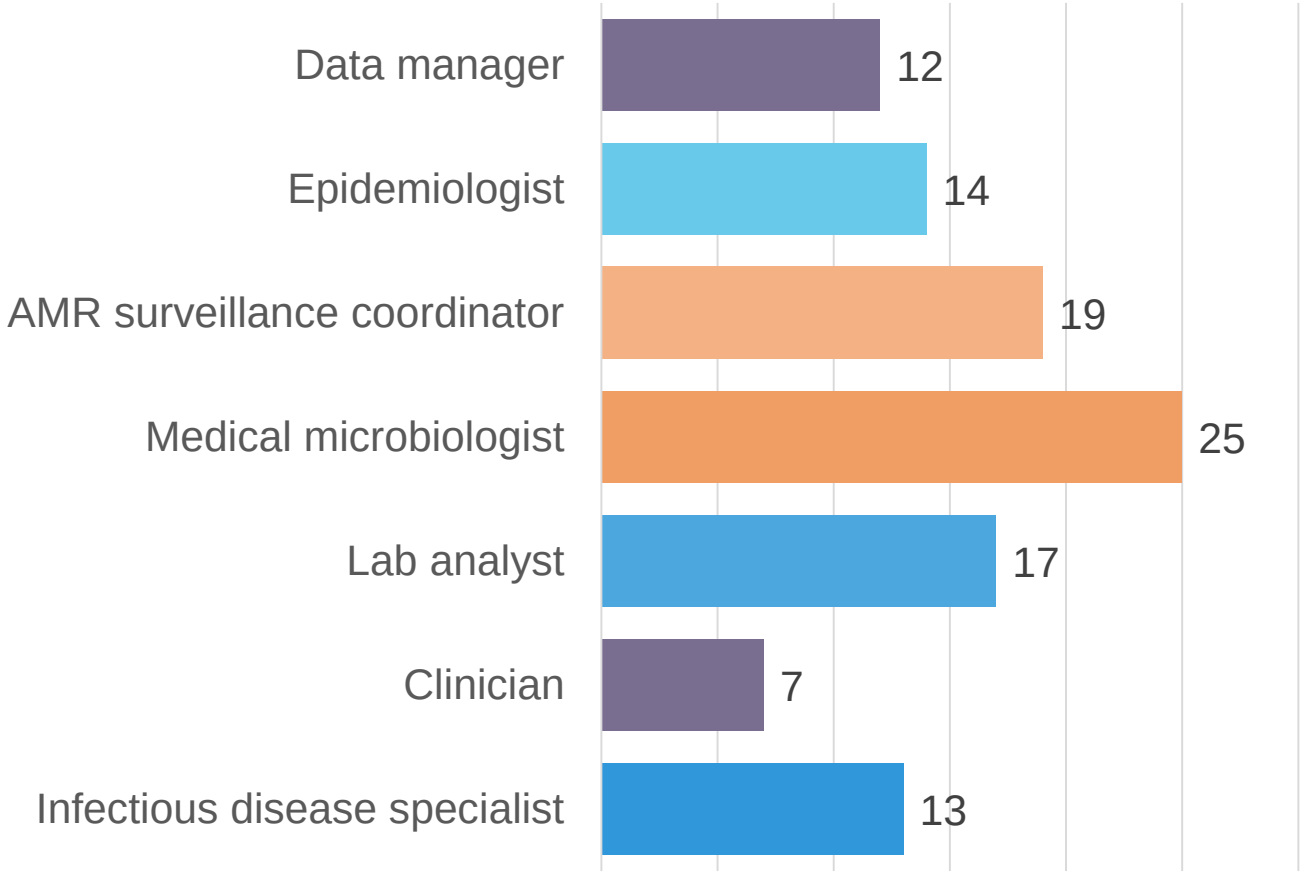
Q1: The operational aspects of the national AMR surveillance system in your country is coordinated by (choose one)



- Majority of countries have an NCC and/or NRL (61%)
- Caribbean countries will receive an official request to participate in the early implementation of the protocol: Further advocate importance
- Comments: Curacao, Haiti

PAHO

Q2: Which expertise is represented in the national AMR coordinating team (select all applicable)

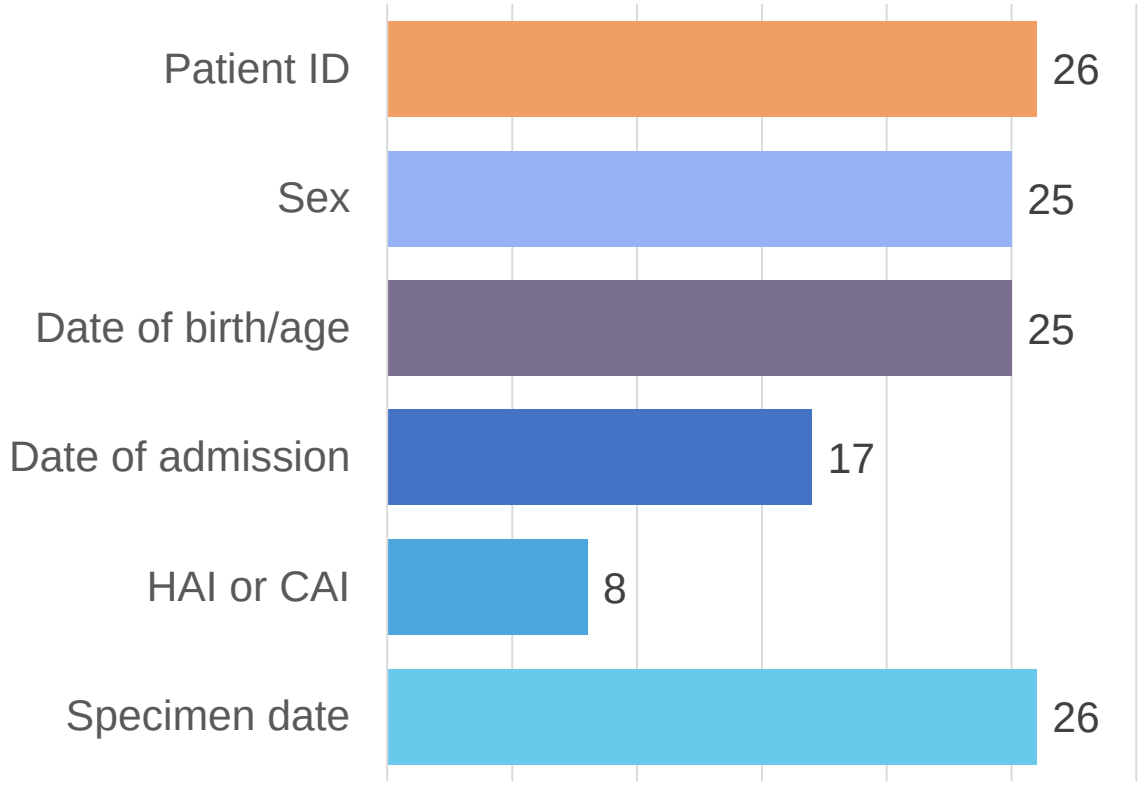


- Multidisciplinary teams with highest representation of medical microbiologists
- Importance of inclusion of disciplines:
  - Datamanager/epidemiologist
  - Clinician/ID specialist

  To ensure translation of data to action!
- How can PAHO support with strengthening multi-disciplinary teams?
- Comments: Argentina, Suriname

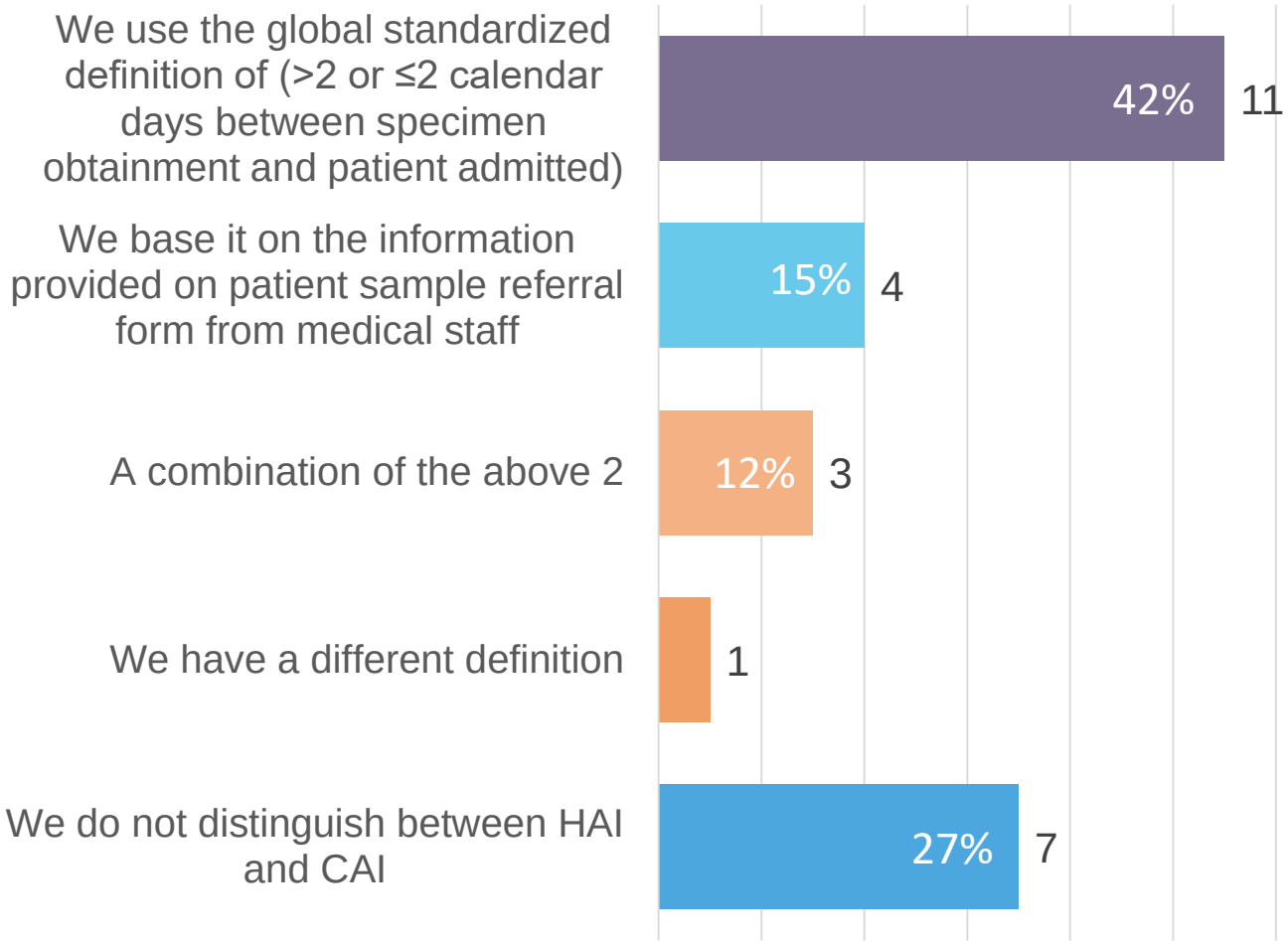
PAHO

Q3: Which data fields are uniformly available at the local surveillance sites (multiple options)



- Majority of data are available!
- Date of admission and HAI/CAI is most challenging
- Data of admission is often available at the local surveillance sites. Working towards including this information into the data collection process.

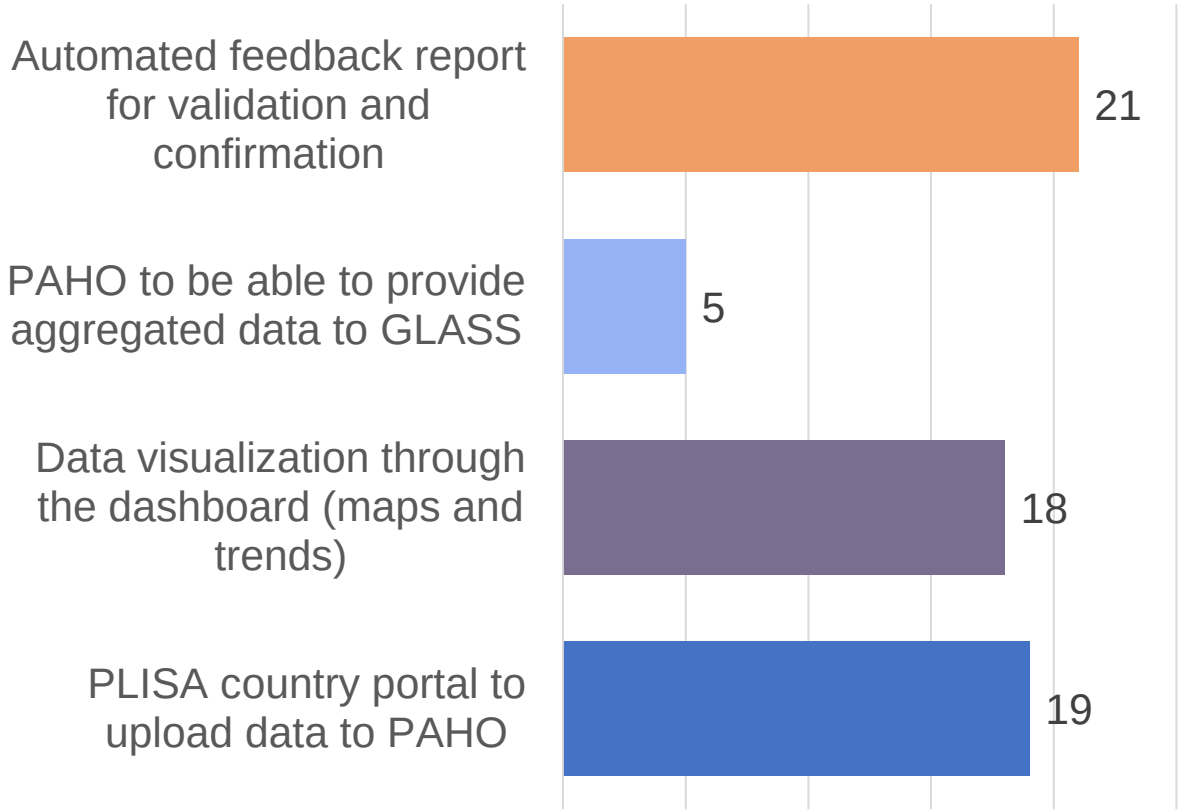
Q4: Which of the following definitions for HAI and CAI is used at the national level in your country ? (choose one)



- When countries are able to provide the admission and specimen date the global international standard identification will be used to as the **gold standard**
- Comments: Uruguay, Belize, Peru

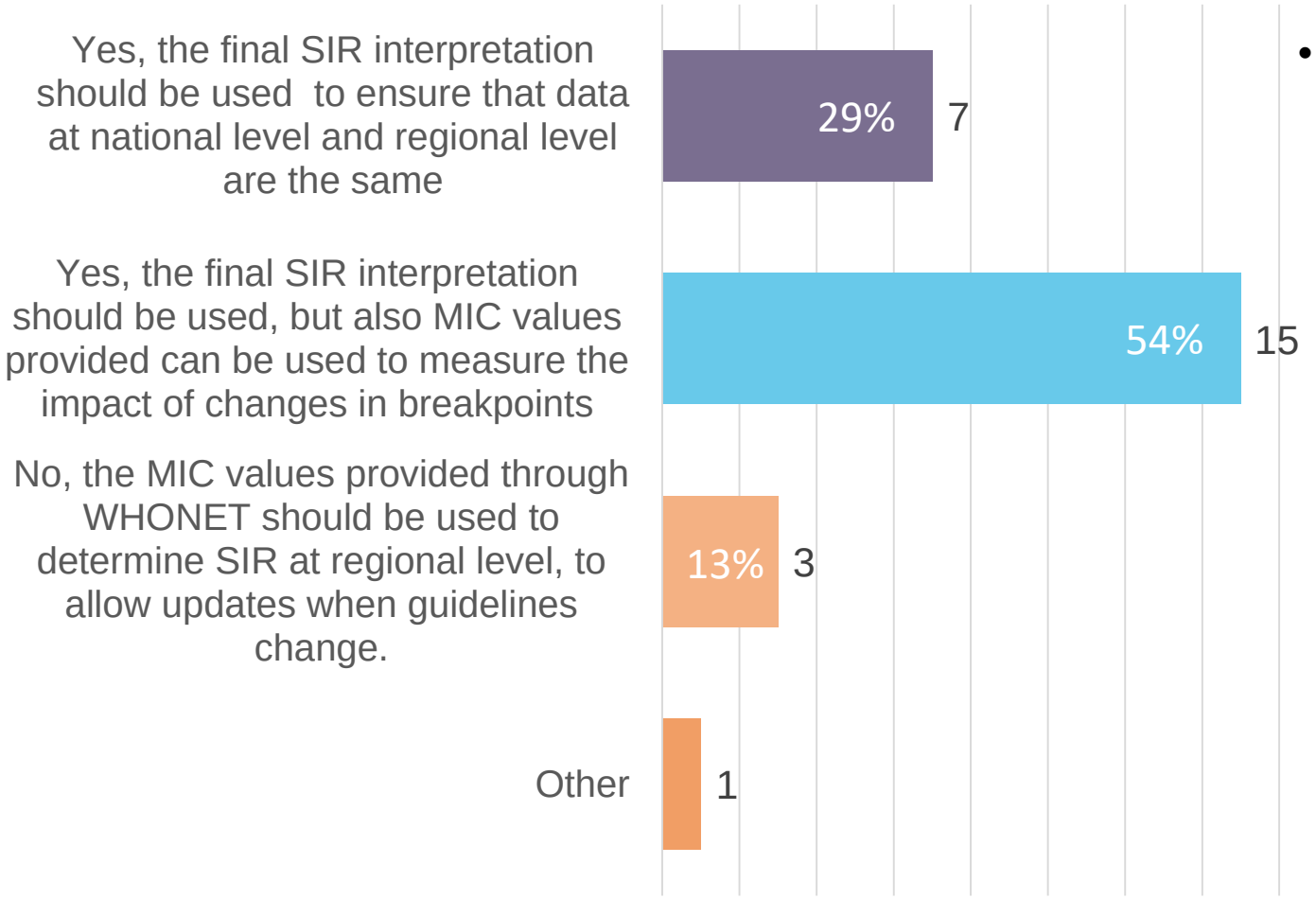
PAHO

Q5: Which of the analysis properties of the new protocol do you consider most important/useful (multiple options)



- Priority is given to the automated feedback, dashboards and PLISA portal for data upload
- Important message! Move ahead with the implementation of the analysis properties at PAHO level

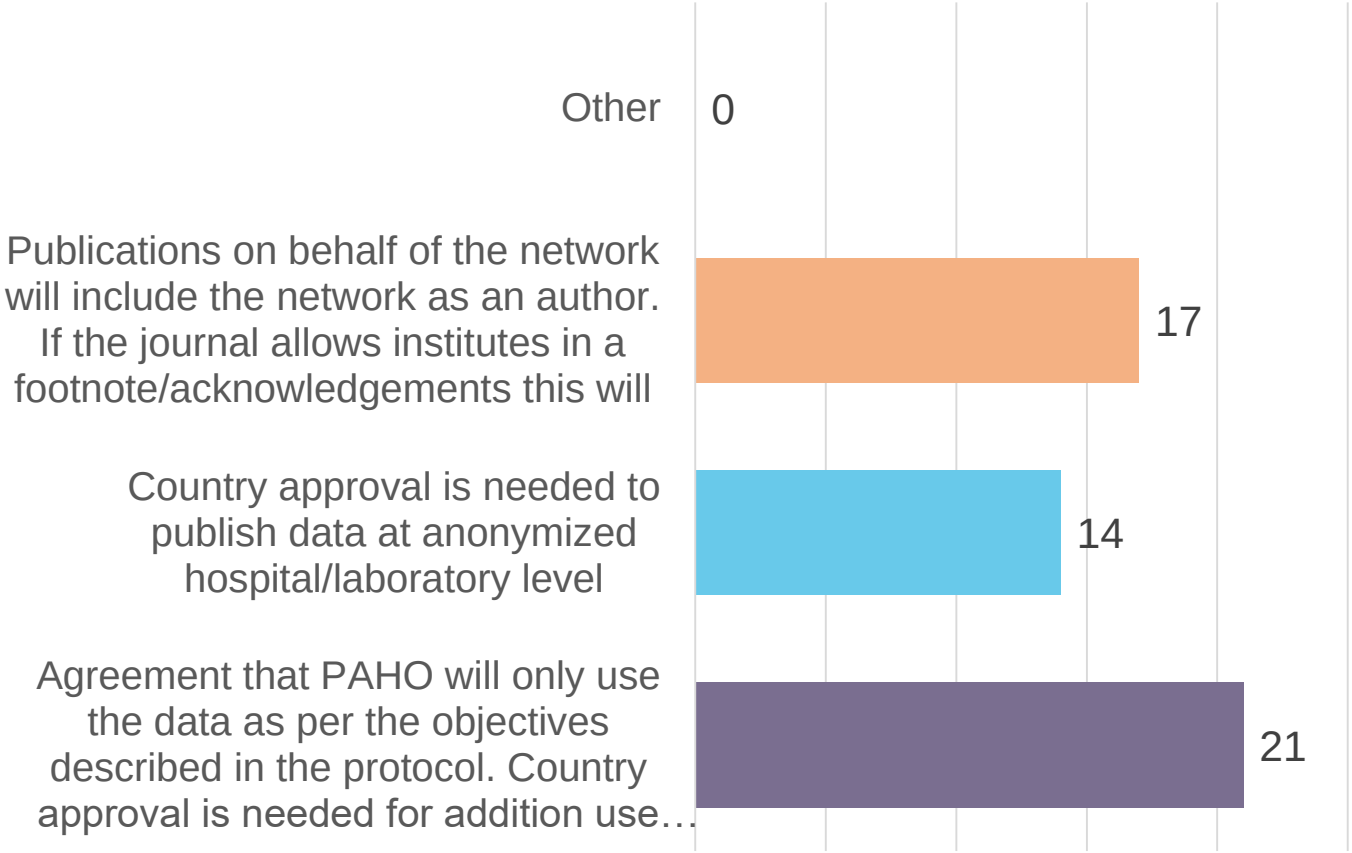
Q6: Should regional data analyses be based on the final SIR interpretation reported by the country?



- SIR interpretation the basis of the resistance proportions calculated,
  - Ensure inclusion of SIR adaptations in case of additional testing
  - Ensure the %SIR is similar at national, regional and global level
  - Final interpretation is the country responsibility
  - Additional analysis using the ‘raw’ data to measure impact of changes in breakpoint

PAHO

Q7: How should the use of regional database for data analysis and reporting be organized? (Multiple selections are possible)

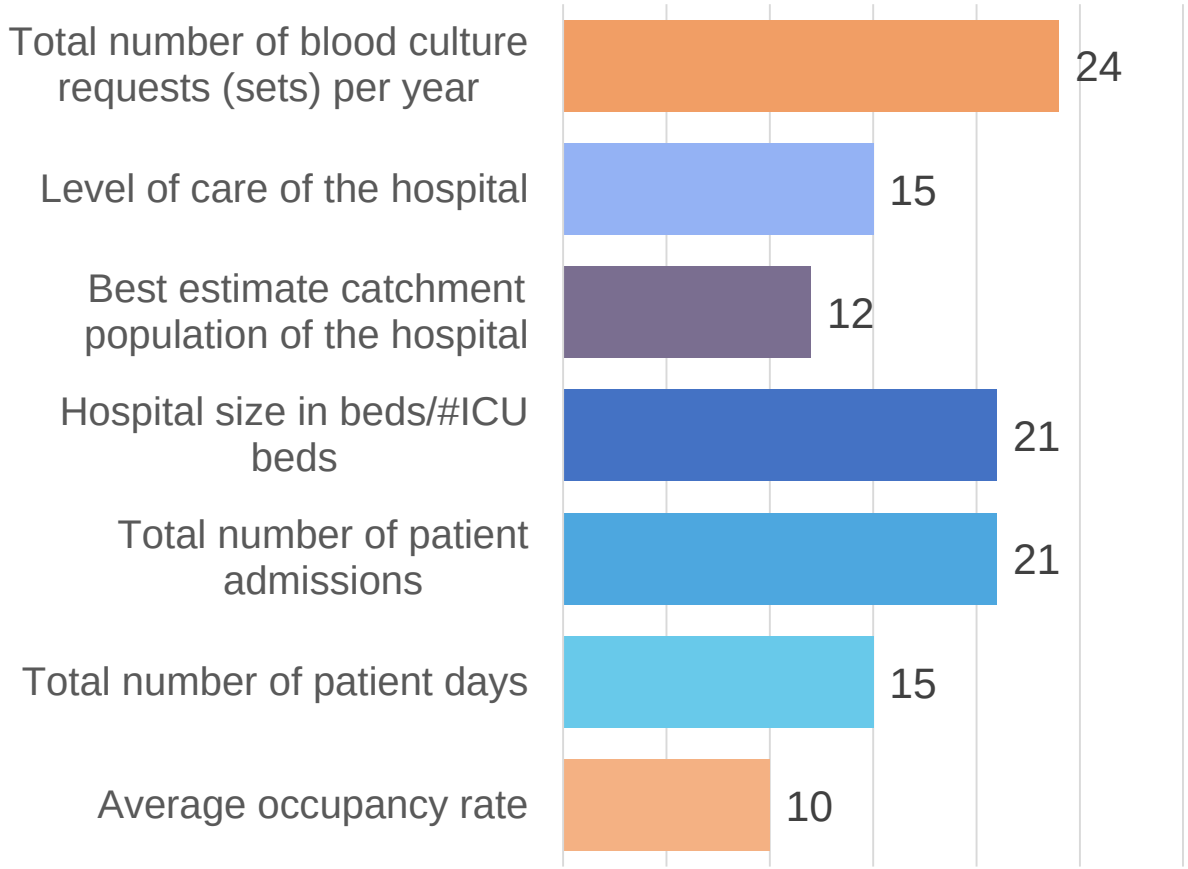


- Richness of the data requires reiteration of agreement:
  - PAHO will only use data as per the protocol objectives
  - Country approval for additional data use, including use of anonymized hospital/lab level data
- Publications on behalf of the network:
  - Network as author
  - Naming institutes in footnote or acknowledgements

Suggest to include these agreements in the protocol or publish on the PAHO-AMR website

Pan American Health Organization
World Health Organization
Americas
PAHO

Q8: Which of the values do you expect to be able to retrieve/collect from the local surveillance sites (multiple selections are possible)

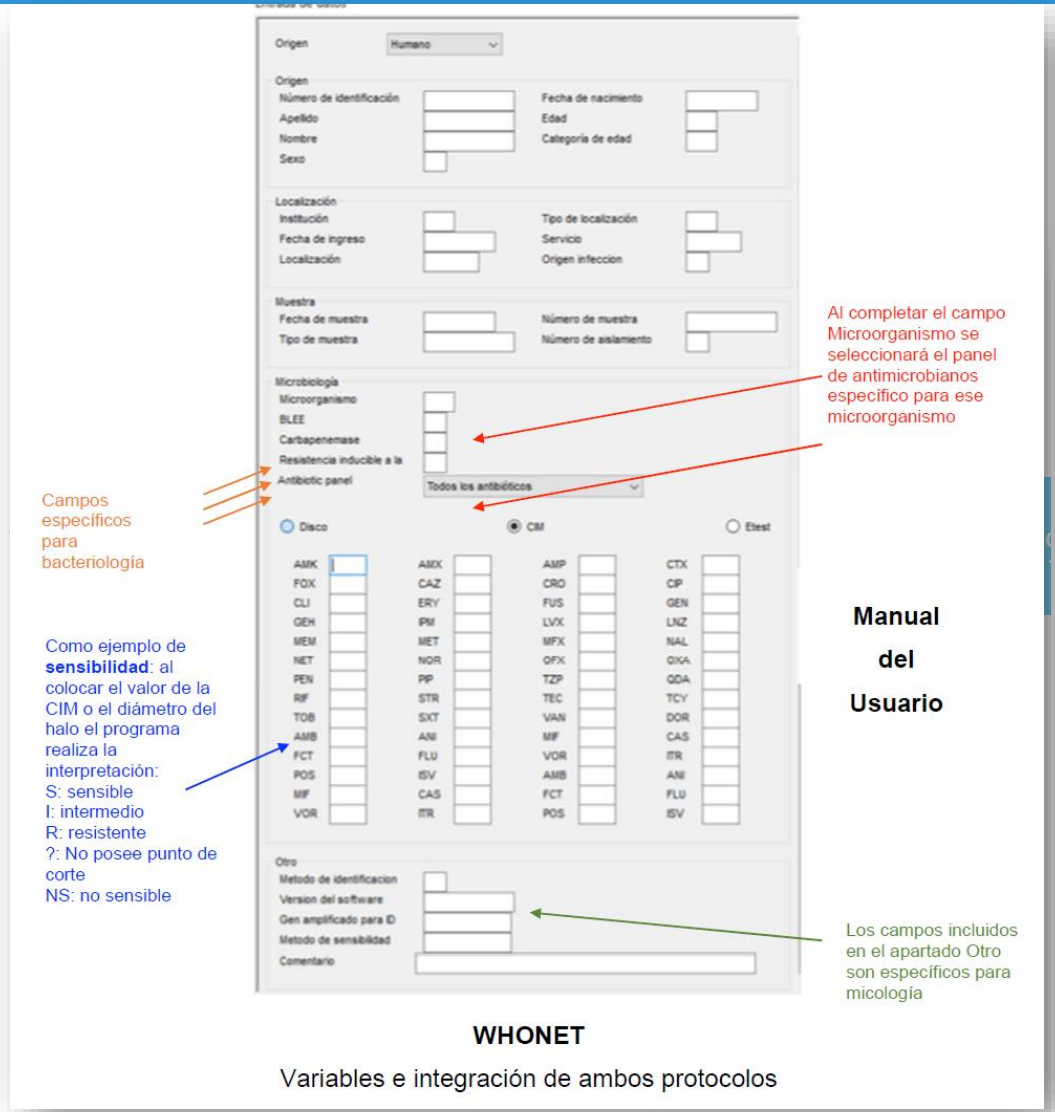


- Total # blood culture sets, Hospital size and Patient admissions mostly available
- More challenging are patient days, level of hospital care, occupancy rate

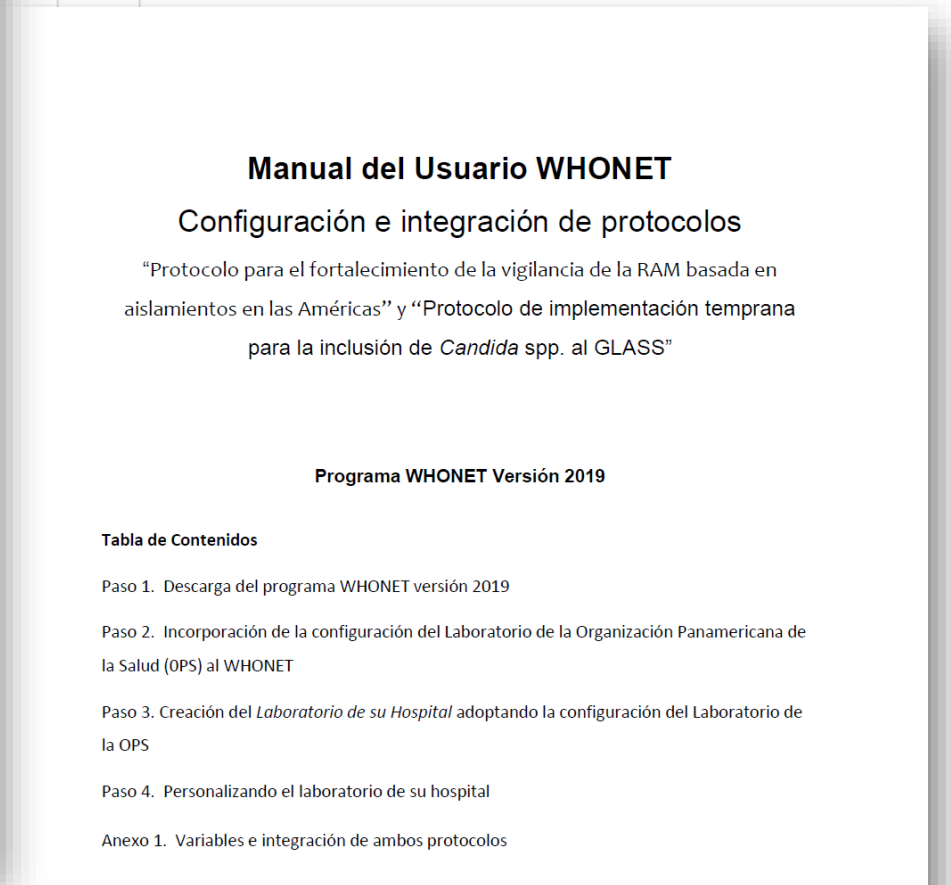
Identify frontrunners that are able to provide this kind of information (through PLISA)

PAHO

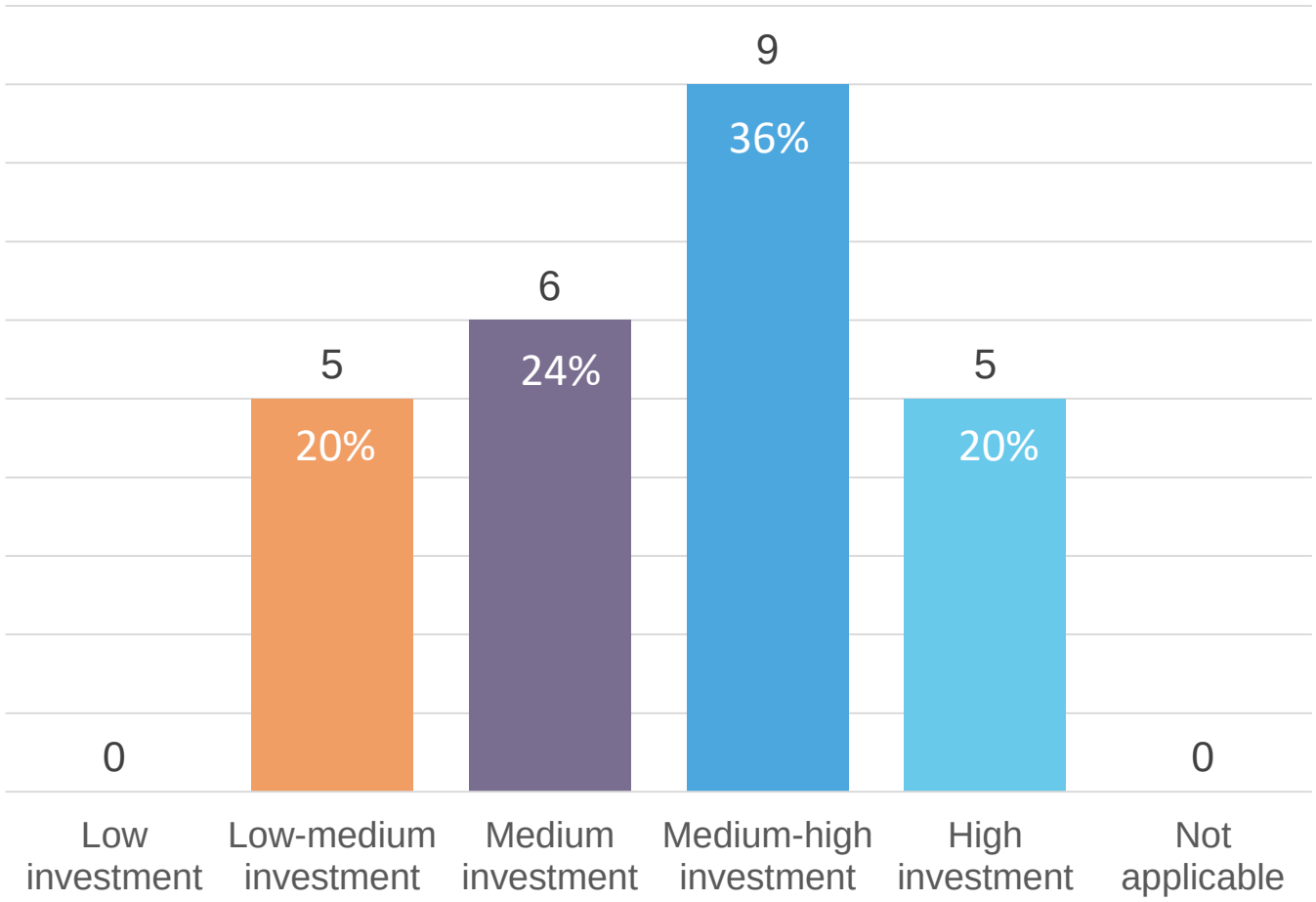
Q9: At the national level, do you intend to make use of the standard WHONET configuration that will be provided?



- Standard WHONET configuration and WHONET manual will be provided next week! ENG/ESP

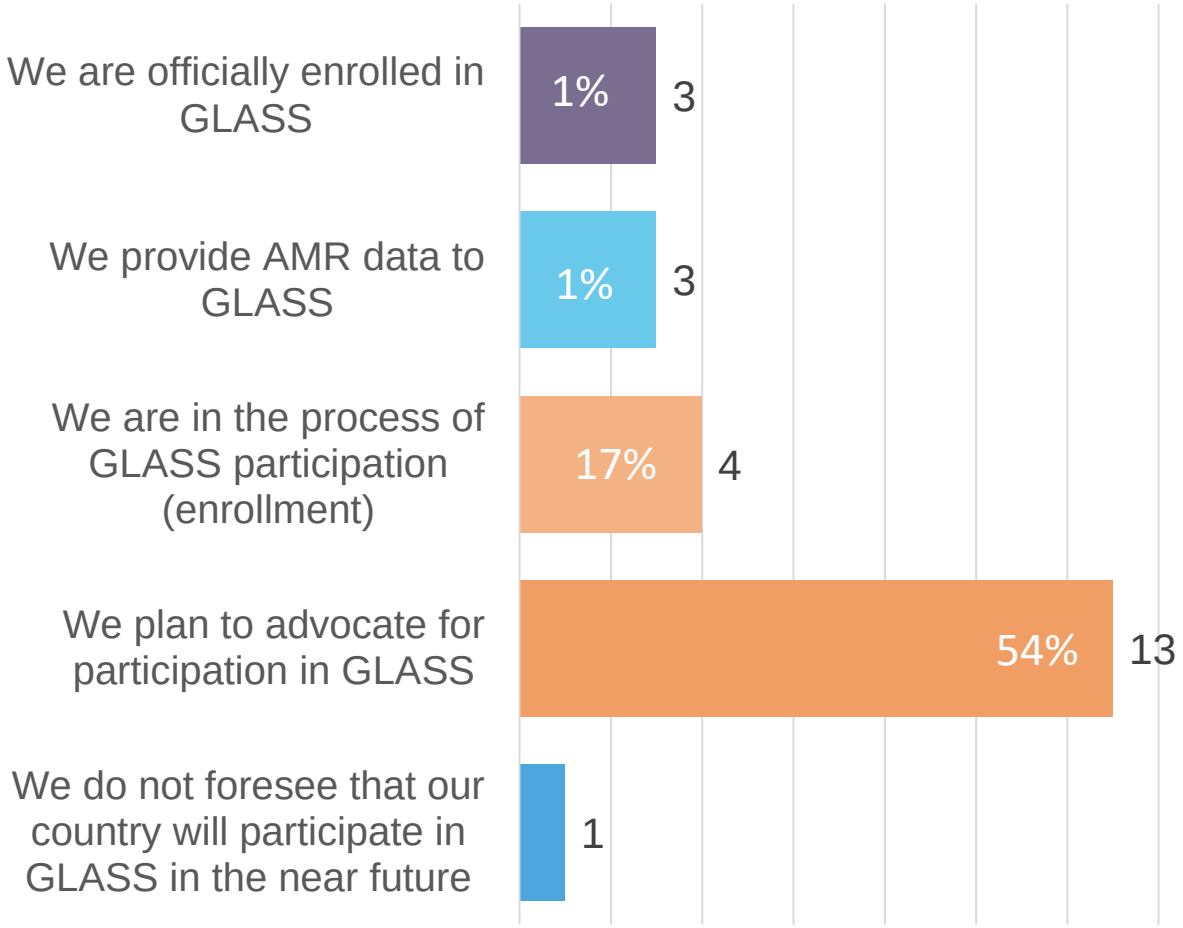


Q11: How would you estimate the investment needed to enable data collection and reporting to the PAHO following the new protocol?



- What kind of support is crucial for the successful implementation of the protocol?

Q12: Regarding the participation (or plan to participate) in GLASS



- The Americas will be well represented on the map!
  - Very important to make our AMR situation known to the world
  - Keep the momentum/awareness & attention also of global funders!

PAHO

Transition period from aggregated to isolate level data 2019-21

Suggested approach:

- All Latin American countries are requested to continue to share their 2018 & 2019 data via the Excel datasheet (memo)

- Caribbean countries will be requested to provide isolate level data (memo)

- Pilot countries, and Caribbean countries that are able will start sharing isolate level data using the standardized WHONET configuration (or same standard/cvs file)
  - Test phase followed by data submission of 2018/2019
  - Test datafiles will be used to create PLISA upload of data at regional level

- Define evaluation points/milestones February, June and October 2020, February 2021. Measure progress related to above steps and # countries able to provide (test) data (Flag challenges/blockers in time and act on them)

Next steps for implementation

- Incorporate agreed changes for the **finalization of the protocol** – Dec 2019 (Eng/Spanish version)
  - Interactive session to discuss main points & final session on Day 3 to reach consensus on next steps
  - Opportunity to provide comments/suggestions **by email until Nov 10**
- Share **WHONET configuration and manual** available for early implementation – Oct 2019 (Eng/Spanish)
  - PAHO will work with WHONET (John Stelling) to finetune configuration and create WHONET PAHO specific export function
  - Provide **WebEx sessions** to provide guidance/explanation for the WHONET configuration – November 2019 (Eng – Uzo /Spanish - Agustina)
- **Share WHONET (test) data files** with PAHO – 2018/2019 data
- Provide individual country support
- Integration of AMR surveillance into **PLISA** – 2019/2020
- Follow the progress of implementation and evaluation points

OTRAS RECOMENDACIONES

Programa de Control de la Calidad

- El Programa ha de ser mantenido y ampliado hasta cubrir todos los paises que participan en la vigilancia de RAM
- Los paises interesados en integrarse en el Programa han de comunicarse con el Programa Regional de RAM en la OPS
- Los paneles de control de calidad para Venezuela seran enviadas a traves de Colombia (INS)

MALDITOF y nuevas tecnologias

- WGS: trabajar en la integracion de las diferentes areas a nivel de los paises

- MALDITOF: analizar el desarrollo de una red regional para bacteriologia y micologia

Microorganismos productores de carbapenemas

- Desarrollar un plan de trabajo multidisciplinario para el fortalecimiento de la capacidad de los paises en la contencion de patogenos multirresistentes, en linea con las recomendaciones globales, regionales y nacionales.

- Organizar un grupo de trabajo para desarrollar un articulo usando los datos de RELAVRA, con un grupo de trabajo que coordine el proceso [propuesta]

- Iniciar el proceso de revision / actualizacion del consenso MDR , XDR, PDR [nuevos patogenos?]

Interaccion con otras redes

- Mantener y mejorar el intercambio de experiencias con redes de otras regiones (Europa) e iniciativas mundiales.

- A nivel regional:
  - Aquellas redes formadas por LNR - continuar con el intercambio de informacion y experiencias (WebEx, reuniones tecnicas, Proyecto de vigilancia RAM en hemocultivos, compartir uso de tecnologias o plataformas de informacion)

  - Aquellas redes formadas por otras instituciones: desde OPS, diseminacion de oportunidades de colaboracion e interaccion regionales con RILAA

Hacia la mejora de la completitud y la calidad de los datos en GLASS

Otras propuestas

- OPS, en colaboracion con los paises, desarrollara proyectos y estrategias para fortalecer la participacion plena de los LNR del Caribe de habla inglesa
    - Nombre para la Red?

- Asegurar y fortalecer la participacion de los LNR en la evaluacion del riesgo de resistencias emergentes en el marco del RSI – a nivel nacional

THANK YOU-GRACIAS-OBRIGADO