CDC/CSTE/APHL
Antimicrobial Resistance Surveillance Task Force

What it is, what it is doing, how to get involved
Dislosures

• I have nothing to disclose relevant to this presentation or to the work described therein
What it is

• Co-sponsored by CDC, CSTE, Association of Public Health Laboratories
• Proposed by CSTE Position Statement 13-SI-01
• 35 members
  • Informatics
  • Laboratory
  • Epidemiology
  • Clinicians
• Second year of a three year planning cycle
• First year: key planning documents (on CSTE website at CSTE.org/ARS)
  • Vision
  • Strategic map and profile
  • Roles and responsibilities for public health agencies
Vision: meet the challenge of ARS

• Flexible – can respond to changing epidemiology (new bugs, spread, novel resistance mechanisms), technology

• Standardization (esp. for informatics)

• Data for action

• Not reinvent the Wheel!
  • Coordinate
  • Expand best practices
  • Fill gaps
Strategic Map

National Antimicrobial Resistance Surveillance Strategic Map: 2017-2020

Strengthen Antimicrobial Resistance Surveillance in the United States

A
Provide Foundational Components for Surveillance
1. Encourage Appropriate Use of Diagnostic Testing/Culturing

2. Provide Timely Delivery of Guidance to Detect and Respond to Novel/ Emerging AR Threats

3. Promote Standards for Cumulative Antibiotics of the Facility, Regional and National Levels

4. Provide Antimicrobial Resistance Surveillance Workforce Development Curriculum

5. Increase Public Health, Lab and Clinical Informatics and Bioinformatics Capacity

6. Establish Roles, Responsibilities and Promote of Public Health and the Clinical Sector

B
Enhance the Capacity and Use of Laboratory Diagnostics for Surveillance
1. Ensure Clinical Labs Have Access to Up-to-Date, FDA-Approved, Removable Tools for Antimicrobial Resistance

2. Support Antibiotic Stewardship Work in Public Health Labs and Expand Where Needed

3. Provide Technical Education about Antimicrobial Resistance Testing

4. Enable Capture of Data Using Standardized Vocabulary Codes for New Tests and Other AR Data

5. Implement A Strategy to Extract Superseded Antimicrobial Susceptibility Test Results

6. Ensure Sufficient Data to Track Resistance Patterns across Settings and Organisms

C
Improve the Quality and Availability of Surveillance Data
1. Evaluate, Enhance & Promote Existing Systems, Processes & Tools

2. Leverage Shared Technical Infrastructure and Services

3. Increase Automation across the Surveillance Continuum

4. Establish and Align Standards for Data Collection, Transmission and Provisioning

5. Maintain Lab, Epic and Clinical Information Systems with Appropriate Vocabulary and Code Sets

6. Communicate Results and Suggested Actions

D
Strengthen the Analysis and Use of Surveillance Data for Action
1. Improve and Automate Detection of Emerging Resistance

2. Integrate Lab, Epic and Clinical AR Use Data for Human, Animal and Environmental Health

3. Build AR Situational Awareness of the Facility, Community and Regional Levels

4. Incorporate New Technology (e.g., Advanced Molecular Detection) and Epidemiological Analytic Methods

E
Secure Resources and Legal and Policy Supports to Implement, Govern, and Sustain the System
1. Establish and Implement a Governance Structure

2. Align with CARB and Successor Objectives

3. Foster Strategic Partnerships

4. Support Stakeholders in Navigating the Regulatory Environment

F
Leverage Public Health-Clinical Partnerships and Policy
G
Incorporate New Technology (e.g., Advanced Molecular Detection) and Epidemiological Analytic Methods
What it is doing: Structure

- Full Task Force
  - Co-chairs (CDC, CSTE, APHL)
  - Core workgroup
  - Informatics for Epidemiology
  - Laboratory
- CP-CRE MMG (input)
What it is doing: planning objectives for July ‘17 - June ‘18

Core (Gov) WG
Informatics WG
Lab WG
Crosscutting
What it is doing: CP-CRE national notifiability

• CDC instructs jurisdictions to report nationally notifiable conditions via a Message Mapping Guide (MMG)
• Informatics Workgroup has formed a sub-Work Group to develop recommendations on which data elements for Carbapenemase Producing-CRE should be in the MMG
• Will make recommendations by end of this year
• Will share the recommendations with state AR programs for planning, preparing to respond to the finished MMG
How to get involved (1)

• Get on the e-mailing list, read the periodic newsletters
• Talk it up in your networks
• Get on WG waiting list
  • Membership – fill vacancies, new work groups if they form
  • SME role
• Give advice
How to get involved (2) – Give advice

• Respond to requests:
  • Surveys
  • Requests for best practices, other documents
  • Feedback on assessments documents (likely early winter 2018)
  • Feedback on recommendation documents (likely May - June 2018, possibly at the CSTE annual conference)
  • Use CP-CRE MMG advice for your early CP-CRE planning
Contact information: Task Force Staff

Monica Huang, CSTE  mhuang@cste.org

Kelly Wroblewski, APHL  kelly.wroblewski@aphl.org

Richard Melchreit, CSTE  ramrd@comcast.net