





EURGen-RefLabCap workshop 29 June 2022

Break-out sessions

- Participants have been divided into groups
- Each group has also been assigned a **moderator**, who will facilitate the active contribution of all participants in the group and clarify questions, if needed
- Each group has been assigned a **rapporteur**, who will summarize the key points of the discussion within their group and convey this in plenary (in front of the other groups) after the break-out session (3-5 minutes)
- Specific topics for the two breakout sessions are explained in the following pages
- The discussion within each group will be captured in a **written summary** by the rapporteurs, which will be shared with the EURGen-RefLabCap network after the meeting. This document will be important to identify common challenges and solutions and share good practice between the participating countries







Break-out session 1 – selection of laboratories for capacity questionnaire

The EURGen-RefLab national coordinators are asked to map the current laboratory capacity in their countries for detection and characterisation of the following healthcare-associated priority pathogens:

- Carbapenem-resistant Enterobacterales (CRE)
- Colistin-resistant CRE (CCRE)
- Carbapenem- and/or colistin-resistant Acinetobacter baumannii complex (CRAb)
- Carbapenem- and/or colistin-resistant Pseudomonas aeruginosa (CR/CCR-Pa)

The capacity questionnaire (emailed on xx June 2022), contains 20 mandatory questions and an optional set of bespoke questions (maximum 10 questions) to survey country-specific issues. Conducting the survey among regional and local laboratories in each country, may for some be the first step in establishing a 'laboratory network' and for others a step towards strengthening the coordination of capacity for detection and characterisation of priority pathogens in existing laboratory networks.

- Exercise 1: Identify a national (or regional)) network of clinical laboratories for participation in the mapping survey:
 - 1. Define candidate laboratories in your countries (or regions/sectors) which types or groups of laboratories should be (or are already) included in the network?
 - Clinical laboratories serving hospitals (internal/external to the hospital, public, private, regional or national coverage)
 - General practice laboratories
 - Public health laboratories
 - Other
 - 2. Discuss the desired outcome and impact of future capacity building activities within your laboratory network
 - Benefits to health services, patients, populations
 - Benefits to National Reference Laboratory (NRL)/National Expert Laboratories (NEL) services and output
 - Organizational advantages/disadvantages
 - Financial advantages/disadvantages
 - Possible synergies between laboratories in the network and the NRL/NEL
 - How to overcome barriers to the inclusion of laboratories in the network







Break-out session 2 – Content of the questionnaire

The draft questionnaire was designed to collect information that can help the NRLs/NELs building diagnostic and surveillance capacity in their own countries. This break-out session is aimed at getting input from the EURGen-RefLabCap coordinators on the content of the questionnaire.

<u>The overall aim</u> of this EURGen-RefLabCap mapping exercise is to **ensure detection and characterization of the priority pathogens in each country**.

Exercise 2: Agree on the content of the questionnaire in order to meet the overall aim

- 1. Discuss the 20 proposed generic questions consider if the following capacities are sufficiently covered:
 - Ensure referral of samples to the NRL by agreed criteria
 - Ensure quality assured testing, including antimicrobial susceptibility testing (AST), species ID and PCR-testing for diagnostic testing purposes
 - Detect and alert local increases of cases and outbreaks
 - Advice clinicians on diagnosis
 - Advice the infection and prevention control team on the risk of onwards spread of detected priority pathogens
- 2. Suggest and formulate 10 additional questions to address local issues affecting the capacity for detection and characterization of the priority pathogens examples are:
 - Are consumables easily procured/available?
 - Are facilities adequate for quality assured testing?
 - Are test results stored and managed in a Laboratory Information System or software?
 - Do the laboratories issue 'suppressed/restricted reports' to clinicians for antimicrobial therapy/antimicrobial stewardship purposes?
 - Are test results extracted and compiled for surveillance purposes e.g. at hospital, groups of hospitals or other level?
 - Are test results reported to a national digital system for public health purposes (including surveillance, AMR alerts, NRL/NEL investigations, international reporting and research)?