TERRESTRIAL ANIMAL HEALTH STANDARDS COMMISSION

FEBRUARY 2012 REPORT

CHAPTER 6.7.

HARMONISATION OF NATIONAL ANTIMICROBIAL RESISTANCE SURVEILLANCE AND MONITORING PROGRAMMES

Article 6.7.1.

Objective

This chapter provides criteria for the:

- 1. development of national antimicrobial resistance surveillance and monitoring programmes,
- 2. harmonisation of existing national antimicrobial resistance surveillance and monitoring programmes,

in <u>food producing</u> animals <u>(e.g. avian, bovine, caprine, equine, ovine, poreine)</u> and in products of animal origin intended for human consumption.

Article 6.7.2.

Purpose of surveillance and monitoring

Active (targeted) surveillance and monitoring are as core parts of national antimicrobial resistance surveillance programmes. Passive surveillance and monitoring may offer additional information (refer to Chapter 1.4.). Regional cooperation between Members conducting antimicrobial resistance surveillance should be encouraged.

- 4. Surveillance and monitoring of antimicrobial resistance is necessary to:
- <u>1.a</u>) follow trends in <u>assess and determine</u> the trends and sources of antimicrobial resistance trends in bacteria;
- <u>2.b</u>) detect the emergence of new antimicrobial resistance mechanisms;
- <u>3.e</u>) provide the data necessary for conducting risk analyses with <u>as</u> relevan<u>tee to</u> for <u>animal</u> human and <u>human</u> animal health;
- <u>4.d</u>) provide a basis for policy recommendations for animal and <u>human</u> public health;
- <u>5.e</u>) provide information <u>on</u> <u>for</u> <u>for</u> <u>evaluating</u> <u>antimicrobial</u> prescribing practices and, <u>useful</u> <u>for</u> <u>development of</u> prudent use recommendations.
- 2. National antimicrobial resistance monitoring and surveillance programmes may include the following components:
 - a) scientifically based surveys (including statistically based programmes);
 - b) routine sampling and testing of animals on the farm, at market or at slaughter;

- c) an organised sentinel programme, sampling animals, herds, flocks, and vectors;
- d) analysis of veterinary practice and diagnostic laboratory records.
- 3. Countries should conduct active surveillance and monitoring. Passive surveillance and monitoring may offer additional information.
- 4. Targeted surveillance is conducted through an active sampling scheme designed to meet programme objectives. Passive surveillance is conducted when samples are submitted to a <u>laboratory</u> for testing from sources outside the programme.

Article 6.7.3.

The development of antimicrobial resistance surveillance and monitoring programmes

1. General aspects

Surveillance of antimicrobial resistance at regular or<u>targeted</u> intervals or ongoing monitoring <u>of the</u> <u>prevalence</u> of <u>resistance in</u> <u>prevalence changes of resistant</u> bacteria <u>from</u> of animal<u>s</u>, food, environmental and human<u>s</u> origin, constitutes a critical part of <u>a animal health and food safety</u> strateg<u>ries</u> aimed at limiting the spread of antimicrobial resistance and optimising the choice of antimicrobial <u>agent</u>s used in therapy.

Monitoring of bacteria from products of animal origin intended for human consumption collected at different steps of the food chain, including processing, packing and retailing, should also be considered.

National antimicrobial resistance monitoring and surveillance programmes should be scientifically based and may include the following components:

- <u>a)</u> <u>statistically</u>-<u>scientifically</u>-based surveys <u>(including statistically-based programmes)</u>;
- b) <u>routine</u> sampling and testing of food producing animals on the farm, at live animal market or at slaughter:
- <u>c)</u> <u>an organised sentinel programme, for example targeted sampling of food producing animals,</u> herds, flocks, and vectors (e.g. birds, rodents);
- <u>d)</u> <u>analysis of veterinary practice and diagnostic</u> laboratory <u>records</u>.
- 2. <u>Sampling strategies</u>
 - a) General
 - ia) Sampling should be conducted on a statistical basis. The sampling strategy should ensure assure:
 - the sample is representativeness of the population of interest;
 - the robustness of the sampling method.
 - $\frac{1}{1}$ The following criteria are to be considered:

<mark>– sample size;</mark>

- sample source (<u>e.g. such as food producing</u> animal, food, animal feed);
- animal species;
- category of *animal* within species (<u>e.g. such as</u> age group, production type);
- stratification within category;
- health status of the animals (e.g. such as healthy, diseased);

- random sample selection (e.g. such as targeted, systematic random);
- <u>type of</u> sample specimens (<u>e.g.</u> faecal, carcass, processed food <u>product</u>).
- <u>sample size;</u>
- b)3) Sample size

The sample size should be: i)large enough to allow detection of existing <u>and emerging antimicrobial</u> resistantce <u>resistance phenotypes</u>.

ii) not excessively large to avoid waste of resources.

<u>Samples size estimates for prevalence of antimicrobial resistance in a large population is provided</u> Details are provided in Table 1 <u>below</u>. Sampling fall follow standard operating procedures.

Tal	ole	1.	Samp.	le si	ze	estimates	for	prevalence	ofan	tim	icrol	bial	l resistance	in a	large	pot	bulation
			p					p-0,	0 - m							$r \sim r$	

	90% Level of confidence			<u>95% Level of confidence</u>			
Expected prevalence	<u>90%</u>	Desired pr	recision	95% Desired precision			
	10%	5%	1%	10%	5%	1%	
10%	24	97	2,429	35	138	3,445	
20%	43	173	4,310	61	246	6,109	
30%	57	227	5,650	81	323	8,003	
40%	65	260	6,451	92	369	9,135	
50%	68	270	6,718	96	384	9,512	
60%	65	260	6,451	92	369	9,135	
70%	57	227	5,650	81	323	8,003	
80%	43	173	4,310	61	246	6,109	
90%	24	97	2,429	35	138	3,445	

Calculations based on v6.04b to c Upgrade, October 1997, Centers for Disease Control (public domain software available at hpp://www.cdc.gov/epo/epi/epiinfo.htm) <u>Epi Info version 3.5.1.</u>, <u>November 2010, Centers for Disease Control and Prevention (public domain software available at</u> <u>http://www.cdc.gov/). Further information on sample size calculation can also be found in Annex 1 of</u> <u>the EFSA Journal (2007), 96, 1-46, "Report including a proposal for a harmonized monitoring scheme</u> <u>of antimicrobial resistance in Salmonella in fowl (Gallus gallus), turkeys, and pigs and Campylobacter jejuni</u> and <u>C. coli</u> in broilers.

<u>34</u>. <u>Sample sources</u>

Members should examine their livestock production systems on basis of available information and assess which sources are likely to contribute most to a potential risk to and decide, after risk analysis, the relative importance of antimicrobial resistance and its impact on animal and human health.

<u>a)</u> <u>Animal feed</u>

Members should consider including animal feeds in surveillance and monitoring programmes as they may become contaminated with antimicrobial resistant bacteria, e.g. *Salmonella*.

<u>ba</u>) <u>Food producing</u> animals

Each OIE Member should examine its livestock production systems and decide, after *risk* analysis, the relative importance of antimicrobial resistance and its impact on animal and human health.

Categories of <u>food producing animals</u> livestock that should be considered for sampling include cattle and calves, slaughter pigs, broiler chickens, layer hens and/or other poultry and farmed fish <u>considered for sampling should be relevant to the country's production system</u> livestock and include.

bc) Food and animal feed

<u>Members should consider including relevant food products originating from food producing animals in surveillance and monitoring programmes as foodborne transmission</u> Contaminated food is commonly considered to be <u>an important</u> the principal route for the transfer of antimicrobial resistance. from animals to humans. Plants and vegetables of different types may be exposed to manure or sewage from livestock and may thereby become contaminated with resistant bacteria of animal origin. Animal feed, including imported feed, may also be considered in surveillance and monitoring programmes.

Level of confidence								
Expected prevalence	90%	Desired pr	ecision	95% Desired precision				
	10%	<u>5%</u>	1%	10%	5%	1%		
10%	24	97	2.429	35	138	3.445		
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80%	43	173	4.310	61	246	6.109		
90%	24	97	2.429	35	138	3.445		

Table 1. Sample size estimates for prevalence of antimicrobial resistance in a large population

Calculations based on Epi Info v6.04b to c Upgrade, October 1997, Centers for Disease Control (public domain software available at hpp://www.cdc.gov/epo/epi/epiinfo.htm)

4<u>5</u>. <u>Type of Ssample specimens to be collected</u>

<u>Feed samples should be collected in amounts sufficient for isolation of resistant bacteria of concern</u> (at least 25 g) and should be linked to pathogen surveillance programmes.

Faecal samples should be collected <u>in amounts sufficient for isolation of the resistant bacteria of</u> <u>concern (at least 5 g from bovine and porcine and whole caeca from poultry)</u> all sfrom livestock, and whole caeca should be collected from poultry. In cattle and pigs, a faecal sample size at least of 5 g provides a sufficient sample for isolation of the bacteria of concern. Sampling of the carcasses at the *abattoir* provides information on *slaughter* practices, *slaughter* hygiene and the level of <u>microbiological</u> faecal contamination <u>and cross-contamination</u> of <u>meat</u>, <u>during the</u> <u>slaughter</u> process. Further sampling <u>of the product at retail sales level</u> from the retail chain <u>may</u> provides <u>additional</u> information <u>on the overall microbiological contamination</u> from <u>slaughter to the</u> <u>consumer</u>.

Existing food processing microbiological monitoring, and 'hazard analysis and critical control points' (HACCP) and other food safety programmes may provide useful samples for surveillance and monitoring of resistance in the food chain after *slaughter*.

Table 2 provides examples of sampling sources, sample types and monitoring outcomes.

Source	Sample type	Outcome	Additional information required <mark>/ <u>or</u> additional stratification</mark>
Herd <mark>/ <u>or</u> f<u>lock</u> of origin</mark>	<u>Faecal <mark>or</mark> bulk milk</u>	Prevalence of resistant ee in bacteria originating from animal populations (of different production types) Relationship resistance – anti <u>microbial</u> biotic use	<u>Per a∆</u> ge categories, production types, etc. Anti <u>microbialbiotie</u> use over time
Abattoir	Faecal	Prevalence of resistan <u>t</u> ce in b acteria l populations originating from animals at slaughter age	
	<u>Caeca<mark>≁ or</mark> ∓i</u> ntestine	As above	
	Carcass	Hygiene, contamination during slaughter	
Processing, packing	<u>Meat-Food</u> products	Hygiene, contamination during processing and handling	
<u>Point of sales</u> (Retail <u>)</u>	Meat <u>Food</u> products	Prevalence of resistan <u>tee in</u> bacteria originating from food, exposure data for consumers	
	Vegetables	Prevalence of resistan <u>t</u> ce in bacteria originating from vegetables, exposure data for consumers	
Various origin <u>s</u>	Animal feed	Prevalence of resistan <u>tee in</u> bacteria originating from animal feed, exposure data for animals	

 Table 2. Examples of sampling sources, sample types and monitoring

 of monitoring

56. <u>Bacterial isolates</u>

The following categories of bacteria could be monitored:

a) Animal bacterial pathogens relevant to the countries' priorities

Monitoring of antimicrobial resistance in animal pathogens is important, both to:

- i) detect emerging resistance that may pose a concern for <u>animal human</u> and <u>human</u> animal health;
- ii) guide *veterinarians* in their prescribing decisions.

Information on the occurrence of antimicrobial resistance in animal pathogens is in general derived from routine clinical material sent to veterinary diagnostic *laboratories*. These samples, often derived from severe or recurrent clinical cases including therapy failure, may provide biased information.

b) Zoonotic bacteria

i) Salmonella

Salmonella should be sampled <u>from animal feed</u>, <u>food producing animals</u>, cattle, pigs, broilers and other poultry, <u>and animal derived food products</u>. For the purpose of <u>consistency and harmonisation</u>, <u>samples should be preferably taken at the *abattoir*. facilitating sampling and reducing the concurrent costs, samples should preferably be taken at the *abattoir*.</u>

Surveillance and monitoring programmes may also use <u>include</u> bacterial isolates <u>obtained</u> from designated national *laboratories* originating from other sources.

Isolation and identification of bacteria and bacterial strains should follow <u>nationally or</u> internationally <u>standardised</u> accepted procedures.

Serovars of <u>public health</u> epidemiological importance such as *S*. Typhimurium and *S*. Enteritidis should be included. The <u>inclusion</u> selection of other relevant serovars will depend on the epidemiological situation in each country.

All *Salmonella* isolates should be serotyped and, where appropriate, phage-typed according to standard methods used at the nationally designated *laboratories*. For those countries that have the capabilities, *Salmonella* could be genotyped using genetic finger-printing methods.

Validated <u>antimicrobial susceptibility testing</u> methods should be used.

ii) Campylobacter

Campylobacter jejuni and *C. coli* <u>should be isolated from food producing animals and</u> <u>associated food products (primarily from poultry)</u>. can be isolated from the same samples as commensal bacteria. Isolation and identification of these bacteria should follow <u>nationally or</u> internationally <u>standardised</u> accepted procedures. *Campylobacter* isolates should be identified to the species level.

Validated antimicrobial susceptibility testing methods should be used.

Agar or broth micro-dilution methods are recommended for *Campylobacter* susceptibility testing. Internal and external quality control programmes should be strictly adhered to.

Validated methods with appropriate reference strains are expected to become available in the near future.

iii) <u>Other emerging bacterial pathogens</u> Enterohaemorrhagic Escherichia coli

Other emerging bacterial pathogens such as methicillin resistant *Staphylococcus aureus* (MRSA), *Listeria monocytogenes* or others which are pathogenic to humans, may be included in resistance surveillance and monitoring programmes.

Enterohaemorrhagie *Escherichia coli* (EHEC), such as the serotype O157, which is pathogenic to humans but not to *animals*, may be included in resistance surveillance and monitoring programmes.

Validated antimicrobial susceptibility testing methods should be used.

c) Commensal bacteria

E_{scherichia} coli and *enterococci* (*Enterococcus faecium* and *E. faecalis*) may be sampled from animal feed, food producing animals and animal-derived food products. are common commensal bacteria.

These bacteria are <u>commonly used in surveillance and monitoring programmes as indicators</u>, <u>providing information on the potential reservoir</u> considered to constitute a reservoir of antimicrobial resistance genes, which may be transferred to pathogenic bacteria. causing disease in animals or humans. It is considered that these bacteria should be isolated from healthy *animals*, preferably at the *abattoir*, and be monitored for antimicrobial resistance.

Validated <u>antimicrobial susceptibility testing</u> methods should be used.

Source	Sample type	Outcome	Additional information required/additional stratification
Herd of origin		Prevalence of resistance in bacteria originating from animal populations (of different production types) Relationship resistance - antibiotic use	Per age categories, production types, etc. Antibiotic use over time
Abattoir	Faecal	Prevalence of resistance in bacterial populations originating from animals at slaughter age	
	Intestine	As above	
	Carcass	Hygiene, contamination during slaughter	
Processing, packing	Meat products	Hygiene, contamination during processing and handling	
Retail	Mcat products	Prevalence of resistance in bacteria originating from food, exposure data for consumers	
	Vegetables	Prevalence of resistance in bacteria originating from vegetables, exposure data for consumers	
Various origin	Animal feed	Prevalence of resistance in bacteria originating from animal feed, exposure data for animals	

Table 2. Examples of sampling sources, sample types and outcome of monitoring

67. Storage of bacterial strains

If possible, isolates should be preserved at least until reporting is completed. Preferably, <u>appropriate</u> isolates should be permanently stored. Bacterial strain collections, established by storage of all isolates from certain years, will provide the possibility of conducting retrospective studies.

78. Antimicrobials to be used in susceptibility testing

Clinically important antimicrobial <u>agents</u> or classes used in human and veterinary medicine should be <u>included in antimicrobial resistance surveillance programmes</u> monitored. <u>Member Countries</u> <u>should refer to Chapter 1.1.6. of the *Terrestrial Manual* and the OIE list of antimicrobials of veterinary <u>importance for monitoring purposes</u>. However, the number of tested antimicrobial <u>agents</u> may have to be limited according to financial resources.</u>

8<u>9</u>. Type of data to be recorded and stored

Data on <u>A</u>antimicrobial susceptibility <u>data</u> should be reported quantitatively <u>(minimum inhibitory</u> concentrations [MICs] or inhibition zone diameters), rather than qualitatively.

Appropriately validated <u>antimicrobial susceptibility testing</u> methods should be used in accordance with Chapter 1.1.6. of the *Terrestrial Manual*, concerning laboratory methodologies for bacterial antimicrobial susceptibility testing. <u>Antimicrobial susceptibility data should be reported quantitatively</u> (minimum inhibitory concentrations [MICs] or inhibition zone diameters), rather than qualitatively.

9<u>109</u>. <u>Recording, storage and interpretation of data results</u>

- a) Because of the volume and complexity of the information to be stored and the need to keep these data available for an undetermined period of time, careful consideration should be given to database design.
- b) The storage of raw (primary, non-interpreted) data is essential to allow the evaluation of the data in response to various kinds of questions, including those arising in the future.
- c) Consideration should be given to the technical requirements of computer systems when an exchange of data between different systems (comparability <u>or compatibility</u> of automatic recording of laboratory data and transfer of these data <u>between and within</u> resistance monitoring programmes) is envisaged. Results should be collected in a suitable national database. They <u>should shall</u> be recorded quantitatively:
 - i) as distributions of minimum inhibitory concentrations (MICs) in milligrams per litre;
 - ii) or inhibition zone diameters in millimetres.
- d) The information to be recorded should include, where possible, at least the following aspects:
 - i) sampling programme;
 - ii) sampling date;
 - iii) animal species /- or livestock category type;
 - iv) type of sample;
 - v) purpose of sampling;
 - vi) type of antimicrobial susceptibility testing method used;
 - vii) geographical origin (geographical information system data where available) of herd, flock or animal;

- viii) age of Aanimal factors (e.g. age, condition, health status, identification, sex).
- e) The reporting of laboratory data should include the following information:
 - i) identity of *laboratory*,
 - ii) isolation date,
 - iii) reporting date,
 - iv) bacterial species,
 - and, where relevant, other typing characteristics, such as:
 - v) serovar<u>type</u>/orserovar,
 - vi) phage-_type,
 - vii) antimicrobial susceptibility result $\frac{-\text{or}}{\text{or}}$ resistance phenotype.

<u>viii) molecular</u> genotype.

- f) The proportion of isolates regarded as resistant should be reported, including the defined <u>interpretive criteria</u> breakpoints <u>used</u>.
- g) In the clinical setting, breakpoints are used to categorise bacterial strains as susceptible, intermediate susceptible or resistant. These <u>clinical</u> breakpoints, <u>often referred to as clinical or pharmacological breakpoints</u>, <u>may be</u> are elaborated on a national basis and <u>may</u> vary between <u>Members</u>.
- h) The system of reference used should be recorded. <u>The antimicrobial susceptibility testing</u> standards and guidelines used should be recorded.
- i) For surveillance purposes, <u>use of</u> the microbiological breakpoint <u>(also referred to as epidemiological cut-off point)</u>, which is based on the distribution of MICs or inhibition zone diameters of the specific bacterial species tested, is preferred. When using microbiological breakpoints, only the bacterial population with acquired resistance that clearly deviates from the distribution of the normal susceptible population will be designated as resistant.
- j) <u>Ideally</u> If available, <u>data should be collected at the individual isolate level, allowing antimicrobial</u> <u>resistance patterns to be recorded</u> the phenotype of the isolates (resistance pattern) should be recorded.
- 110. Reference laboratory and annual reports
 - a) <u>Members</u> should designate a national reference centre that assumes the responsibility to:
 - i) coordinate the activities related to the <u>antimicrobial</u> resistance surveillance and monitoring programmes;
 - ii) <u>coordinate and collect information from participating surveillance laboratories</u> at a central location within the country;
 - iii) produce an annual report on the <u>antimicrobial</u> resistance situation of <u>in</u> the country.

- b) The national reference centre should have access to the:
 - i) raw data;
 - ii) complete results of quality assurance and inter-laboratory calibration activities;
 - iii) inter-laboratory proficiency testing results;
 - iv) information on the structure of the monitoring system;
 - v) information on the chosen laboratory methods.

Table 3. Examples of animal bacterial pathogens that may be included in resistance surveillance and monitoring

Target animals	Respiratory pathogens	Enteric pathogens	Udder pathogens	Other pathogens
Cattle	Pasteurella spp.	Escherichia coli	Staphylococcus aureus	
	Haemophilus somnus	Salmonella spp.	<i>Streptococcus</i> spp.	
Pigs	2Actinobacillus pleuropneumoniae	Escherichia coli		Streptococcus suis
		Brachyspira spp.		
		Salmonella spp.		
Poultry				Escherichia coli
Fish				Vibrio spp.
				4eromonas spp.