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DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health, country knowledge, crisis management
Crisis management and preparedness in health

Luxembourg, 22 June 2018

Audio meeting of the Health Security Committee – 18 June 2018

Flash report

Antimicrobial resistance

Chair: Wolfgang Philipp, Head of Unit, SANTE C3

Audio participants: AT, BE, CZ, DE, EL, ES, FI, FR, HU, IE, LT, NL, PT, NO, SE, UK; SANTE C3, ECDC and WHO.

The Chair welcomed the members of the Health Security Committee (HSC) as well as representatives from the ECDC and WHO.

1. Carbapenem-resistant Enterobacteriaceae (CRE) – updated rapid risk assessment¹

ECDC updated the HSC on the situation in the EU/EEA. The Rapid Risk Assessment of 4 June 2018 updates the previous risk assessment of 8 April 2016. The percentages of resistance to carbapenem antibiotics in *Klebsiella pneumoniae* invasive isolates, vary widely between Member States from 0 to more than 60%. The overall EU average has remained stable over the period 2013-2016, but there have been statistically significant increasing percentages for EL and PT while percentages in CZ, EE, and HU were decreasing. The overall EU percentage of carbapenem resistance in *Escherichia coli* invasive isolates remains very low at 0.1%. Additional information on the epidemiology of CRE in the EU/EEA will come from the analysis of the 2016-2017 ECDC point prevalence survey in European acute care hospitals, the 2018 repetition of the self-assessment by national experts of the epidemiological stages of spread of carbapenemase-producing *Enterobacteriaceae* and the new network for genomic-based surveillance of carbapenem-resistant and/or colistin-resistant *Enterobacteriaceae* at the EU level (EURGen-Net).

The options for action to reduce risks remain very similar to those published in 2016. These should include rapid detection and laboratory investigation; actions to prevent transmission in hospitals, actions to prevent spread in the community and prevent cross-border spread as detailed in the Rapid Risk Assessment. In view of the reports of resistance to ceftazidime-avibactam (CAZ-AVI) in CRE highlighted in a separate Rapid Risk Assessment of ECDC, susceptibility to CAZ-AVI should also be tested for in CRE

¹ <https://ecdc.europa.eu/en/publications-data/rapid-risk-assessment-carbapenem-resistant-enterobacteriaceae-first-update>

isolates prior to treatment with CAZ-AVI and CAZ-AVI treatment should only be administered after consultation with a physician with the appropriate experience in the management of infectious diseases. Improved surveillance and awareness regarding CAZ-AVI resistance in CRE is required².

NL said that it is reviewing what further action should be taken on CRE. This could include making CRE a notifiable disease and whether information and policies regarding CRE and travellers should be revised. NL is concerned that CRE in animals could be a reservoir for the general population and asked for input from other MSs on this question.

IE asked if surveillance should also be extended to non invasive infection.

ECDC responded that EU surveillance currently only covers invasive isolates, i.e. mainly from bloodstream infections, and that the percentages of carbapenem resistance in other types of infections are much higher. ECDC will be carrying out a third survey of MS expert assessment later this year with a view to obtaining an updated assessment of the level of CRE spread and surveillance and control actions in MSs, as well as identifying which changes to surveillance could be recommended.

FR said that currently all CRE cases identified by screening are notified to public health authorities in France. There is extensive surveillance of both colonisation and invasive infections. Public Health France is considering modifying these mandatory requirements. FR has experience of CRE control in the Paris network of hospitals. The conclusion is that comprehensive measures are very important in reducing outbreaks. These papers were published in Eurosurveillance and are cited in the Rapid Risk Assessment.

ES said that despite the detection of some outbreaks of in healthcare facilities related with CRE and other AMR pathogens, resistances should be considered as a background surveillance and control health problem and major discussions should include long term measures rather than a short term OB response. Alert and emergency communication tools, such as EWRS and Rapid Risk Assessments, should be used carefully in this context, in which in-depth longer term surveillance and control measures implementation reports would be more helpful for facing AMR. Spain is looking forward to further work from ECDC on this topic.

ECDC commented that it and EUCAST only recommends one method of testing for colistin susceptibility, i.e. broth microdilution to determine colistin minimum inhibitory concentrations. It is important that all laboratories in MSs should use this method, in particular for data reported to the ECDC.

Conclusions.

- Members noted the importance of sharing up-to-date information on the CRE situation in their countries in order to support preventive measures being taken if needed to reduce cross-border spread by patients who may be transferred from, or who have recently been admitted in hospitals with high levels of CRE.
- SANTE will arrange for a discussion with the HSC on the implications of the new implementing act for case definitions, including AMR case definitions after this act is adopted.

² <https://ecdc.europa.eu/en/publications-data/rapid-risk-assessment-emergence-resistance-ceftazidime-avibactam-carbapenem>

- The HSC will review AMR at its plenary meeting 21-22 June. SANTE will keep the AMR situation under review and organise more audio meetings on CRE as required.

2. *Candida auris* in healthcare settings in Europe³

ECDC introduced the Rapid Risk Assessment of 23 April 2018, which is an update of the Rapid Risk Assessment of 19 December 2016. There has been a significant increase in the number of cases with 620 cases reported by EU/EEA countries for the period 2013-2017 with most cases being detected in 2016 (290 cases) and in 2017 (303 cases). These cases are reported from 7 countries. UK and ES have experienced outbreaks.

ECDC highlighted that important issues for action include ensuring adequate preparedness and laboratory capacity for *C. auris* and alerting clinicians and hospital laboratories.

According to an ECDC survey performed in the beginning of 2018, not all Member States have mycology reference laboratories or have issued laboratory and clinical alerts on *Candida auris*.

ES reported that most of the ES cases are linked to a single outbreak in one hospital in the eastern part of the country. ES will provide further information after the meeting.

UK said that it would also provide additional information on its experience following the meeting.

Conclusion:

- It was noted that the ECDC Rapid Risk Assessment makes clear that admission screening for *C. auris* carriage who are transferred from, or have recently been admitted to hospitals that have detected *C. auris* cases should be considered. This requires that facilities affected by *C. auris* notify the receiving healthcare facilities and clinicians in the case of transfer of patients with *C. auris* carriage or infection. It would also be relevant to notify other Member States through EWRS of any ongoing outbreaks.
- SANTE invited views of Member States on the suggestion that multi-country collaboration could be useful to assist with reference laboratory functions for antifungal susceptibility testing of invasive *C. auris* isolates and to identify correlates of clinical treatment outcomes.

3. *Extensively drug-resistant (XDR) Neisseria gonorrhoeae* in the United Kingdom and Australia

ECDC introduced the Rapid Risk Assessment of 4 May 2018⁴. One case of XDR *Neisseria gonorrhoeae* has been reported from UK and two from Australia. The UK case and one of the Australian cases were reported as having been infected in SE Asia.

³ <https://ecdc.europa.eu/en/publications-data/rapid-risk-assessment-candida-auris-healthcare-settings-europe>

There are limited treatment options for XDR *N. gonorrhoeae*; so this is of particular importance.

The main actions suggested are: to reduce overall the number of cases through primary prevention; to manage cases according to up-to-date guidance; to promote susceptibility testing; treatment with the recommended combined therapy and ensuring partner notification and test of cure. Culture is essential to detect multidrug-resistant gonorrhoea cases. All countries should be participating in AMR surveillance for *N.gonorrhoeae*, currently a number are not providing data to ECDC.

UK asked WHO for further information on surveillance of gonorrhoea outside of Europe.

WHO said this issue was being taken up with the WHO emergency group. The question from UK will be relayed to relevant colleagues and a reply will be provided.

Conclusions

- SANTE reminded Member States of the importance of full participation in surveillance of communicable diseases, including AMR in gonorrhoea.
- Further information from WHO on surveillance of gonorrhoea outside the EU/EEA will be circulated when it becomes available.

⁴ <https://ecdc.europa.eu/en/publications-data/rapid-risk-assessment-extensively-drug-resistant-xdr-neisseria-gonorrhoeae-united>