



## **Update on the EU Agencies activities in the field of AMR**

Ole Heuer (ECDC)  
Pierre-Alexandre Beloeil (EFSA)  
Barbara Freischem (EMA)

AMR One Health meeting,  
15 October 2019, 10:00h – 17:00h,  
Conference Centre A. Borschette, Room 2A, Rue Froissart 36, Brussels

European Centre for Disease Prevention and Control

# Update on EU Agencies Activities on AMR (ECDC)

Ole Heuer, DVM, PhD, Senior Expert and Group Leader Surveillance, SRS Unit, ECDC  
AMR One Health Network Meeting, Brussels, 15<sup>th</sup> October, 2019

# ECDC outputs in 2018



**Antimicrobial consumption**  
Annual Epidemiological Report for 2017  
SURVEILLANCE REPORT

**Surveillance of antimicrobial resistance in Europe 2017**

**Antimicrobial Resistance**  
Tackling the Burden in the European Union

**Antimicrobial use in European long-term care facilities**  
results from the third point prevalence survey of healthcare-associated infections and antimicrobial use, 2016 to 2017

**Antimicrobial use in European acute care hospitals**  
results from the second point prevalence survey (PPS) of healthcare-associated infections and antimicrobial use, 2016 to 2017

**Prevalence of healthcare-associated infections, estimated incidence and composite antimicrobial resistance index in acute care hospitals and long-term care facilities**  
results from two European point prevalence surveys, 2016 to 2017

**Articles**

**Attributable deaths and disability-adjusted life-years caused by infections with antibiotic-resistant bacteria in the EU and the European Economic Area in 2015: a population-level modelling analysis**

Alexander Coombs, Louise Duff-Ingley, Dominik Plachouras, Penelope Quattrocchi, Anell Aki, Gerner Steffen Smeets, Willem Gabriel Coenen, Myrtilé Fontanille, David Zamboni-Graiani, Michael Goon, Shih-Hsiang Chang, Yvonne Castejon-Buena, Maria J Simoes, Carl Suetens, Christine de Wit, and the Senior of AMR-CARAC Group

**Summary**  
Background: Infections due to antibiotic-resistant bacteria are an increasing modern health care issue. However, estimating their incidence, complications, and attributable mortality is challenging. We aimed to estimate the burden of infections caused by antibiotic-resistant bacteria of public health concern in countries of the EU and European Economic Area (EEA) in 2015, assessed in number of cases, attributable deaths, and disability-adjusted life-years (DALYs).

**Findings**  
From EARS-Net data collected between June 1, 2015, and Dec 31, 2015, we estimated 67,689 (95% uncertainty interval [UI] 53,148–74,936) infections with antibiotic-resistant bacteria, of which 63.5% (42,227 of 67,689) were associated with health care. These infections accounted for an estimated 33,919 (24,418–38,409) attributable deaths and 874,541 (704,837–1,099,043) DALYs. The burden for the EU and EEA was highest in infants aged <1 year and people aged 65 years or older, but increased since 2007, and was highest in Italy and France.

**Interpretation**  
Our results present the health burden of four types of infection with antibiotic-resistant bacteria reported for the first time in the EU. The estimated burden of infections with antibiotic-resistant bacteria in the EU and EEA is substantial compared with that of other infectious diseases, and has increased since 2007. Our findings estimate provide useful information for public health decision-makers regarding non-communicable infectious diseases.

**Funding**  
European Centre for Disease Prevention and Control.

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**Introduction**  
Infections due to antibiotic-resistant bacteria are a threat to modern health care and have triggered calls for the development of coordinated and comprehensive national, European, and global action plans.<sup>1</sup> An estimated 25 million antibiotic-resistant bacteria, for example, spreading and colonising patients and the structures of healthcare facilities with antibiotic-resistant bacteria and their effects on the health of populations, however, such information is scarce. The information would also be useful as an priorities, across and within countries, and modern health-care systems.

**Data from the European Antimicrobial Resistance Surveillance Network (EARS-Net) are relevant when monitoring trends in the EU and European Economic Area (EEA), but do not give the full epidemiological picture, in particular for monitoring the burden of the European action plan.**

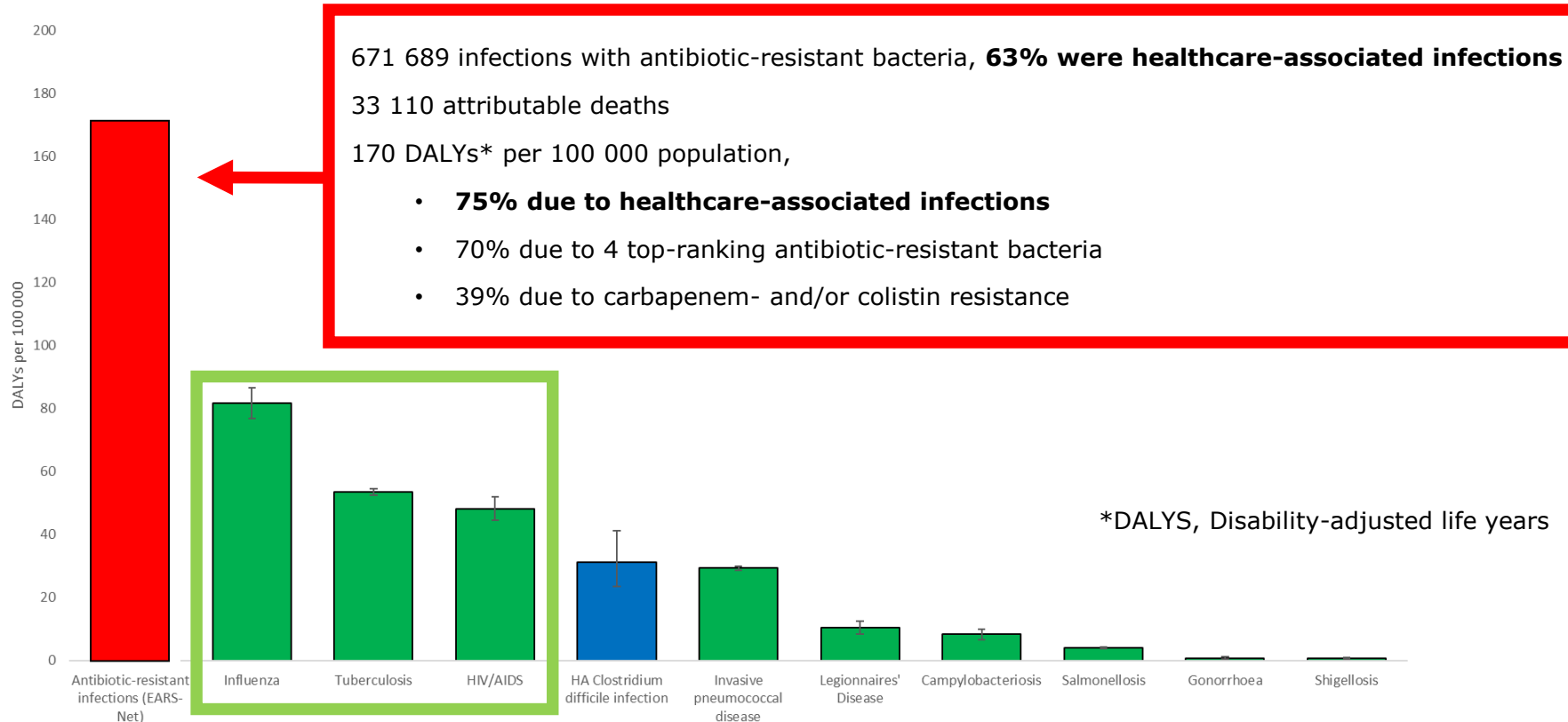
There are several challenges when estimating the burden of disease associated with infections due to antibiotic-resistant bacteria, for example, specifying and methodological procedures for testing of the antibiotic resistance patterns, and the structure of surveillance systems might vary between and within countries. Furthermore, knowledge of the clinical and public health consequences of infections with antibiotic-resistant bacteria is limited. In particular, systematic studies to quantify the appropriate epidemiological study design and statistical inference methods to measure reliable estimates of non-communicable clinical cases attributable to infections with antibiotic-resistant bacteria.<sup>2</sup>

**From the European Antimicrobial Resistance Surveillance Network (EARS-Net) are relevant when monitoring trends in the EU and European Economic Area (EEA), but do not give the full epidemiological picture, in particular for monitoring the burden of the European action plan.**

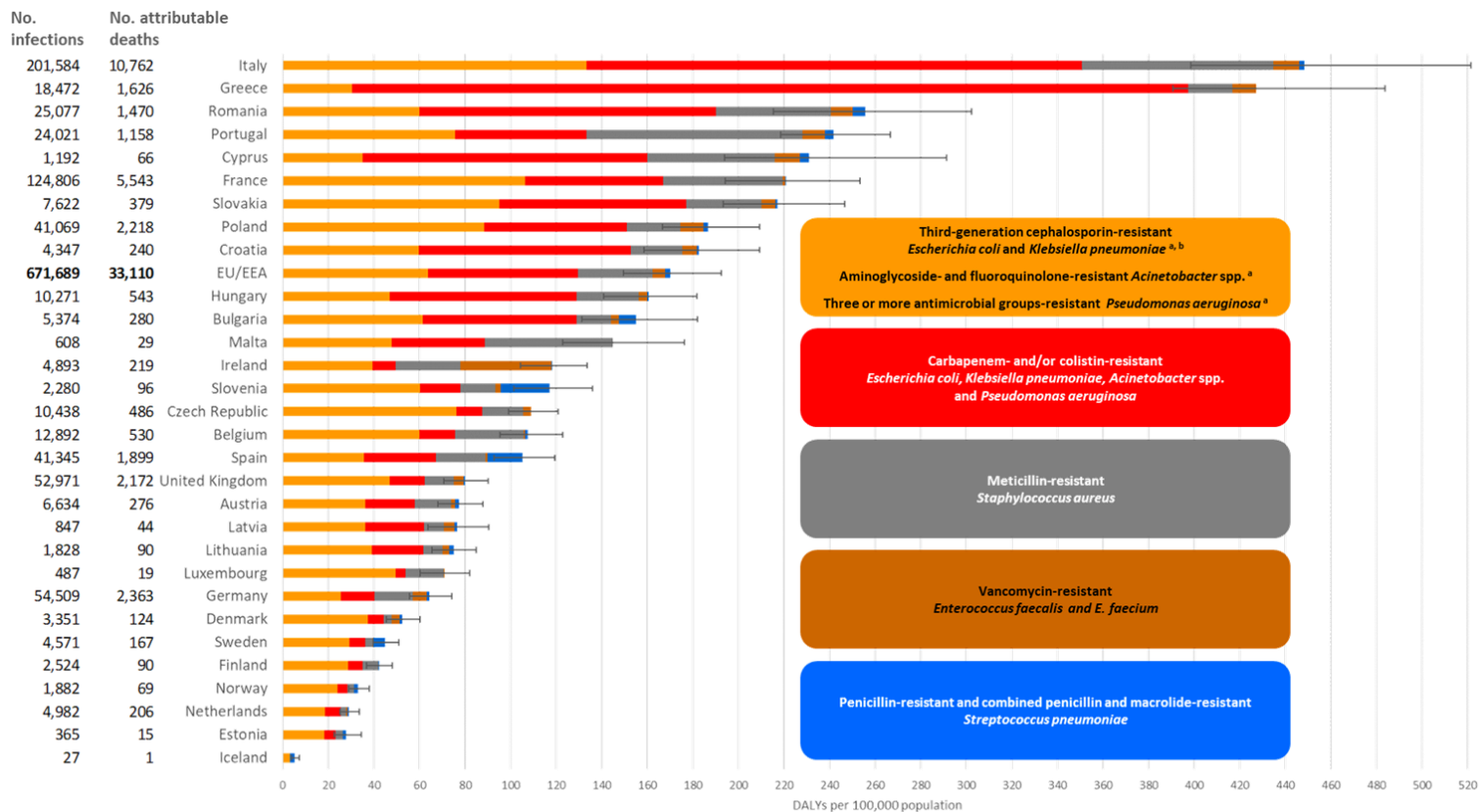
- <https://www.ecdc.europa.eu/sites/portal/files/documents/AMR-surveillance-EARS-Net-2017.pdf>
- <https://www.ecdc.europa.eu/sites/portal/files/documents/ESAC-NET-reportAER-2017-updated.pdf>
- [https://ec.europa.eu/health/amr/action\\_eu\\_en](https://ec.europa.eu/health/amr/action_eu_en)
- <http://www.oecd.org/health/health-systems/AMR-Tackling-the-Burden-in-the-EU-OECD-ECDC-Briefing-Note-2019.pdf>

Cassini A, et al. Lancet Infectious Diseases 5 November 2018;  
Plachouras D, et al.; Ricchizzi E, et al.; Suetens C, et al. Eurosurveillance 15 November 2018.

# Burden of infections with antibiotic-resistant bacteria is comparable to burden of influenza, TB & HIV/AIDS combined



# Estimated burden of infections with antibiotic-resistant bacteria, age-group standardised, EU/EEA, 2015



# Upcoming ECDC outputs in 2019



- **Mid-October**
  - **Update on AMR and antimicrobial consumption data in humans** (AMR: ECDC Atlas; Antimicrobial consumption: ESAC-Net database) made publicly available
  - Media toolkit, including summary of surveillance reports made available to each EU/EEA country under embargo
- **Early November**
  - Report from a survey on healthcare workers' knowledge and attitudes about antibiotics and antibiotic resistance made available to each EU/EEA country under embargo
- **Monday 18 November: European Antibiotic Awareness Day**
  - **EAAD event**, Europahuset, Stockholm
  - **Reports** (EARS-Net 2018, ESAC-Net 2018, Survey of healthcare workers' knowledge and attitudes made publicly available (end of embargo))

# Interagency work (ECDC, EMA, EFSA) in response to EC request for a third JIACRA report

## Joint Interagency Antimicrobial Consumption and Resistance Analysis (JIACRA)

### Purpose

*To provide integrated analysis of relationships between AMC in human and veterinary medicine, and the occurrence of AMR in bacteria from humans and food-producing animals*

### Published

1st JIACRA report Jan 2015

<https://ecdc.europa.eu/en/publications-data/ecdcefsaema-first-joint-report-integrated-analysis-consumption-antimicrobial>

2nd JIACRA report July 2017

<https://ecdc.europa.eu/en/publications-data/ecdcefsaema-second-joint-report-integrated-analysis-consumption-antimicrobial>

(3rd JIACRA report to be published in December, 2020)



# JIACRA III report

- Analysis of on data from **five EU-wide surveillance networks** managed by the three agencies (ECDC, EFSA, EMA)
- Present results of analysis to assess the **relationship between AMC and AMR in food-producing animals and humans**
- Conclusions and recommendations in a **one-health perspective** based on results of integrated analysis of data from the five surveillance network





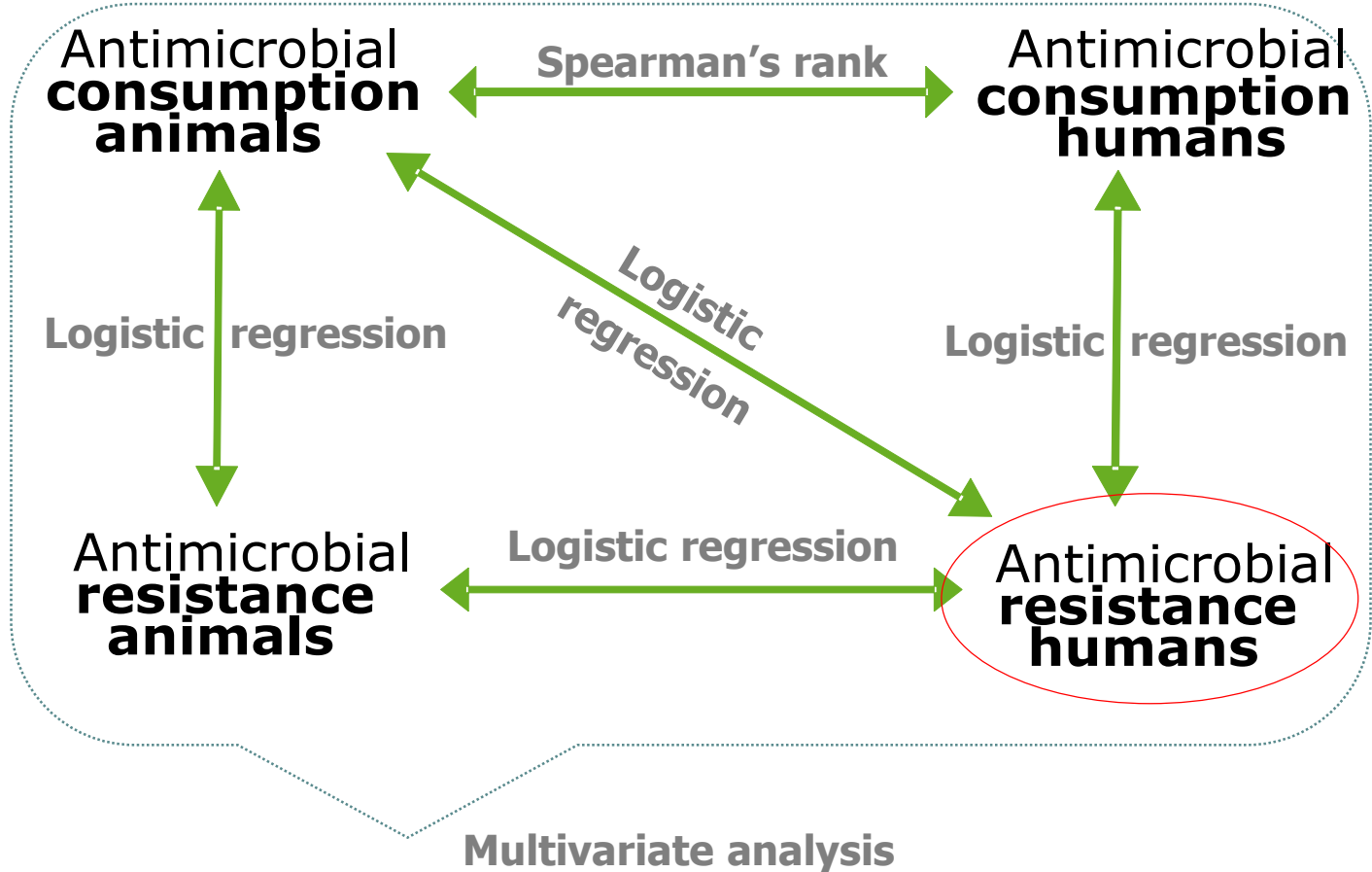
# JIACRA III report

## Joint Interagency Antimicrobial Consumption and Resistance Analysis (JIACRA)

### Analysis, report production and content of JIACRA III

- *Joint Working Group of staff and external experts from the three Agencies*
- *ECDC coordinates the work and ECDC provides the chair of the WG (JIACRA III)*
- *Monthly teleconferences of the JIACRA III WG and 3-4 physical meetings/year in 2019 and 2020*
- *Main bacterial pathogens considered: Salmonella, Campylobacter, E. coli, K. pneumoniae, (E. faecium)*
- *Data on antimicrobial resistance: 3rd- and 4th-generation cephalosporins, fluoroquinolones, aminopenicillins, macrolides, tetracyclines, polymyxines, carbapenems, glycopeptides*
- *Data on antimicrobial consumption: Total antimicrobial consumption in humans and animals (mg/kg)*

# JIACRA reports



# Interagency work (ECDC, EMA, EFSA) in response to EC request for a third JIACRA report



## Joint Interagency Antimicrobial Consumption and Resistance Analysis (JIACRA)

### Feb 2018

Commission request to the three Agencies for a third JIACRA report to be delivered in Dec 2020

### Jan – Mar 2019

The Agencies set up a JIACRA Working Group  
Identifying WG chair and agreeing on an analysis plan and timetable

### Jan 2019 – Dec 2020

Monthly teleconferences of the JIACRA WG  
First draft report Dec 2019  
Four physical meetings of the WG (2019-20)

### Sept 2020

Draft JIACRA III report sent for consultation to the networks, stakeholders and Commission

### Dec 2020

JIACRA III report delivered to the Commission  
Report published on the websites of the three Agencies



## Communicating to professionals in hospitals and long-term care facilities

Up to half of all antibiotic use in hospitals is unnecessary or inappropriate. Antibiotic misuse in hospitals is a major driver of antibiotics resistance. What can be done?

[View materials](#) ▶

New communication toolkit

Patient stories

Data and reports



## #KeepAntibioticsWorking: join us on social media!

As a healthcare professional, **what can you do to keep antibiotics working?** What can a patient association do to contribute? What can policymakers do at European level? What can a parent do? Everyone can join the campaign on European Antibiotic Awareness Day-posting his/her own **message, picture or video** using the **#KeepAntibioticsWorking** hashtag. Tell the world what you do, in your professional or personal life, at individual or collective level, to use antibiotics responsibly and **#KeepAntibioticsWorking!**

[Read about the #KeepAntibioticsWorking campaign](#)

Thank you!

# EUROPEAN ANTIBIOTIC AWARENESS DAY



A EUROPEAN  
HEALTH INITIATIVE

18 November

E-mail: [EAAD@ecdc.europa.eu](mailto:EAAD@ecdc.europa.eu)  
Website: <http://antibiotic.ecdc.europa.eu>  
Facebook: [EAAD.EU](https://www.facebook.com/EAAD.EU)  
Twitter: [@EAAD\\_EU](https://twitter.com/EAAD_EU) (#EAAD #KeepAntibioticsWorking)  
Global Twitter: [#AntibioticResistance](https://twitter.com/EAAD_EU)

WORLD ANTIBIOTIC AWARENESS WEEK

18-24 NOVEMBER

2010

ANTIBIOTICS  
HANDLE WITH CARE





EUROPEAN MEDICINES AGENCY  
SCIENCE MEDICINES HEALTH

# Update from the EMA on AMR-related activities

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Focus in 2019

European Commission AMR One Health Network,  
15 October 2019

Presented by Barbara Freischem,  
Head of Department, Veterinary Surveillance and Regulatory Support

An agency of the European Union





# The European Medicines Agency



Since March 2019 in  
Amsterdam, the Netherlands

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SPARK building  
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1043 DP Amsterdam

Permanent address:  
Domenico Scarlattilaan 6  
1083 HS Amsterdam

[www.ema.europa.eu/contact](http://www.ema.europa.eu/contact)





# Outline

1. ESVAC report 2019
2. Implementation of the new veterinary regulation, Regulation (EU) 2019/6
3. Antimicrobial Advice Ad Hoc Expert Group (AMEG)
4. Other relevant activities

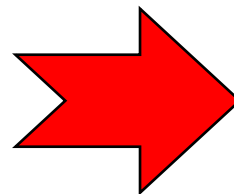




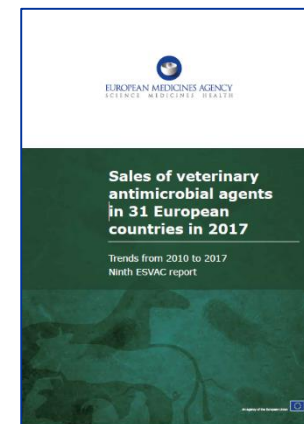
# 1. ESVAC 2019 report (2017 sales data)



**9 countries**  
(2009)



**31 countries**  
(2017)

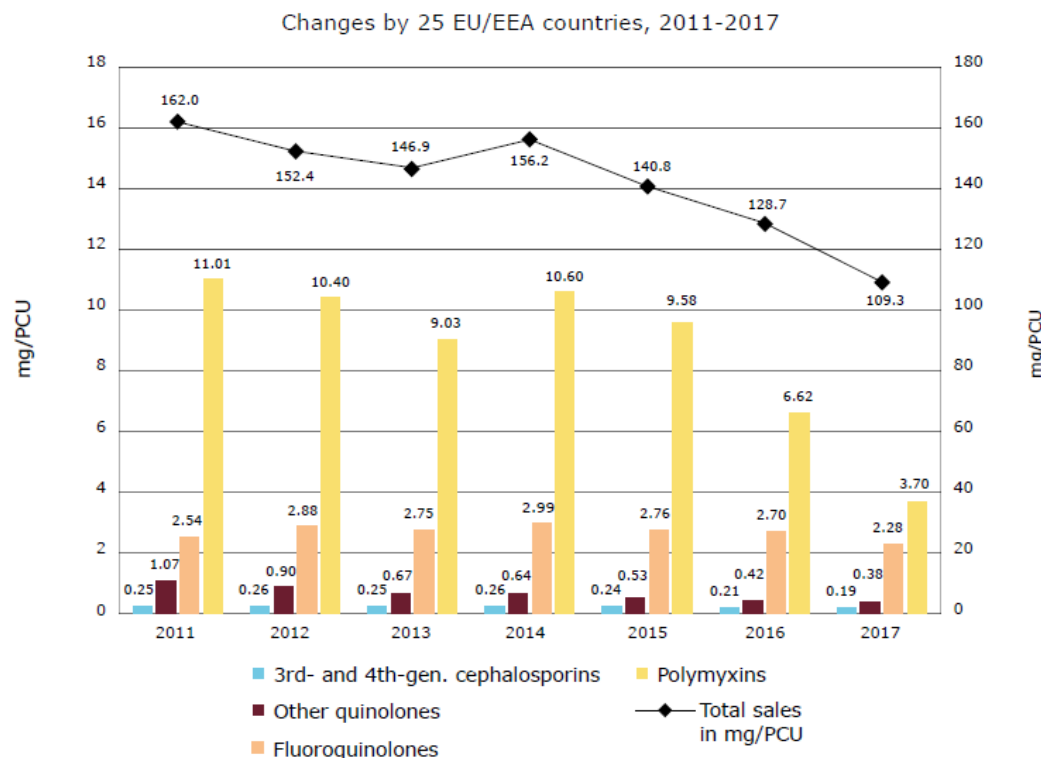


- Drop in sales (mg/PCU) of 32.5% since 2011 (25 countries)
- Sales in 2017 varied from 3.1 to 423.1 mg/PCU (median=61.9 mg/PCU)
- All EU Member States report since 2017 (plus 2 EEA countries & Switzerland)

# 1. ESVAC 2019 report



Changes in sales over time -  
2011 to 2017 in 25 countries



<sup>1</sup> Austria, Belgium, Bulgaria, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden and United Kingdom.

# 1. ESVAC 2019 report



Spatial distribution of overall sales of all antimicrobials for food-producing animals, in mg/PCU, for 31 countries, for 2017



## 2. Implementation of the new veterinary regulation, Regulation (EU) 2019/6

New rules on veterinary medicines and medicated feed

- [Regulation \(EU\) 2019/4](#) on medicated feed
  - [Regulation \(EU\) 2019/5](#) amending the tasks of the EMA
  - [Regulation \(EU\) 2019/6](#) on veterinary medicines
  - Key objectives include
    - Tackling AMR
    - Reduction of administrative burden
    - Aligning rules on oral administration
- } apply from 28 Jan. 2022

### Main **objectives** :

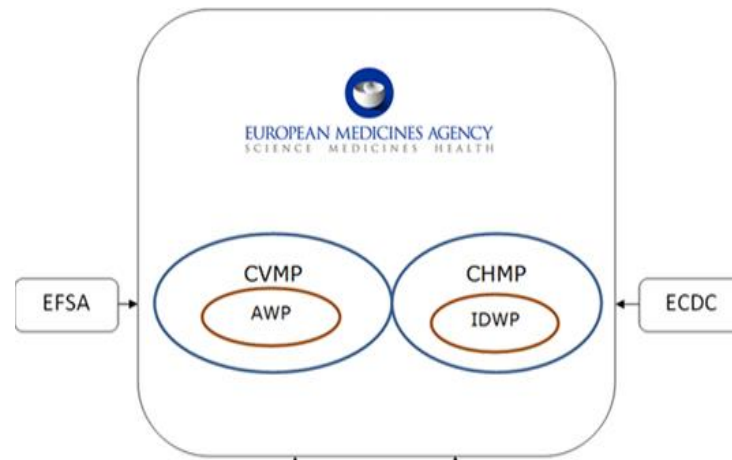
- simplify the regulatory environment and reduce administrative burden for pharmaceutical companies developing veterinary medicines, for example through streamlined [pharmacovigilance](#) rules;
- stimulate the development of innovative veterinary medicines, including products for small markets ([minor use and minor species](#));
- improve the functioning of the internal market for veterinary medicines;
- strengthen EU action to fight [antimicrobial resistance](#) through specific measures ensuring prudent and responsible use of antimicrobials in animals, including reserving certain antimicrobials for the treatment of infections in people.

## 2. Implementation of Regulation (EU) 2019/6

- Regulations (EU) 2019/4 and (EU) 2019/6 require the European Commission to adopt delegated and implementing acts
- In 2019:
  - EMA: 4 AMR-related request for advice
    - Criteria designating antimicrobials for human use only
    - Recommendations for substances/classes to be included
    - Recommendation on specific requirements for the collection of data on antimicrobial medicines used in animals
    - Format for the collection of data
  - EFSA: 1 AMR-related act
    - Specific limits for carry-over of 24 specific antimicrobials
  - Engagement of experts from relevant EU agencies

### 3. Antimicrobial Advice Ad Hoc Expert Group (AMEG)

- 2017-19: Revision of advice
  - **Preliminary Risk Profiling** – adopted in June 2019
  - **Categorisation** of antibacterials used in animals according to the risk that their use in animals poses to human health based on WHO’s critically important antimicrobials
    - Public consultation → ended March 2019
    - Revision ongoing
    - Adoption at CVMP + CHMP → Dec. 2019
    - Publication Jan. 2020





## 4. Other activities of cross-Agency relevance

1. [Reflection paper on antimicrobial resistance in the environment: considerations for current and future risk assessment of veterinary medicinal products](#)
  - Published for public consultation on 16 November 2018
  - Consultation ended on 31 August 2019
  - Next steps dependent of the Agency moving out of business continuity in 2020
    - Finalisation in view of comments received
2. TATFAR – input into activity 1.4 - methodology for measuring and reporting the consumption of antimicrobials per species in veterinary medicine
3. Alternatives to Antimicrobials – EMA Reflection paper under revision





# Any questions?

## Further information

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Barbara Freischem at [barbara.freischem@ema.europa.eu](mailto:barbara.freischem@ema.europa.eu)

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AMR One Health meeting  
15 October 2019  
Conference Centre A. Borschette, Brussels

# Update on AMR-related Mandates

Trusted science for safe food

## EFSA/ECDC 2018 ESCP on AMR

## Technical Specifications on AMR monitoring

### SCIENTIFIC REPORT

APPROVED: 31 January 2019  
doi: 10.2903/efsa.2019.5598

#### The European Union summary report on antimicrobial resistance in zoonotic and indicator bacteria from humans, animals and food in 2017

European Food Safety Authority and  
European Centre for Disease Prevention and Control

#### Abstract

The data on antimicrobial resistance in zoonotic and indicator bacteria in 2017, submitted by 28 EU Member States (MSs), were jointly analysed by EFSA and ECDC. Resistance in zoonotic *Salmonella* and *Campylobacter* from humans, animals and food, and resistance in indicator *Escherichia coli* as well as methicillin-resistant *Staphylococcus aureus* in animals and food were addressed, and temporal trends assessed. 'Microbiological' resistance was assessed using epidemiological cut-off (ECOFF) values; for some countries, qualitative data on human isolates were interpreted in a way which corresponds closely to the ECOFF-defined 'microbiological' resistance. In *Salmonella* from humans, as well as in *Salmonella* and *E. coli* isolates from fattening pigs and calves of less than 1 year of age, high proportions of isolates were resistant to ampicillin, sulphonamides and tetracyclines, whereas resistance to third-generation cephalosporins was uncommon. Having occurrence/prevalence rates of presumptive extended-spectrum beta-lactamase (ESBL/AmpC) producers in *Salmonella* and *E. coli* monitored in meat (pork and beef), fattening pigs and calves, and *Salmonella* monitored in humans, were observed between countries. Carbapenemase-producing *E. coli* were detected in one single sample from fattening pigs in one MS. Resistance to colistin was observed at low levels in *Salmonella* and *E. coli* from fattening pigs and calves and meat thereof and in *Salmonella* from humans. In *Campylobacter* from humans, high to extremely high proportions of isolates were resistant to ciprofloxacin and tetracyclines, particularly in *Campylobacter coli*. In five countries, high to very high proportions of *C. coli* from humans were resistant also to erythromycin, leaving few options for treatment of severe *Campylobacter* infections. High resistance to ciprofloxacin and tetracyclines was observed in *C. coli* isolates from fattening pigs, whereas much lower levels were recorded for erythromycin. Combined resistance to critically important antimicrobials in both human and animal isolates was generally uncommon but very high to extremely high multidrug resistance levels were observed in *S. Typhimurium* and its monophasic variant in both humans and animals. *S. Kentucky* from humans exhibited high-level resistance to ciprofloxacin, in addition to a high prevalence of ESBL.

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**Keywords:** antimicrobial resistance, zoonotic bacteria, indicator bacteria, ESBL.

**Requestor:** European Commission

**Question number:** EFSA-Q-2017-00752

**Correspondence:** zoonoses@efsa.europa.eu (EFSA); FWD@ecdc.europa.eu (ECDC)

### SCIENTIFIC REPORT

APPROVED: 30 April 2019  
doi: 10.2903/efsa.2019.5709

#### Technical specifications on harmonised monitoring of antimicrobial resistance in zoonotic and indicator bacteria from food-producing animals and food

European Food Safety Authority (EFSA),  
Marc Aerts, Antonio Battisti, René Hendriksen, Isabelle Kempf, Christopher Teale\*,  
Berné-Alex Tenhagen, Kees Veldman, Danuză Vlăduț, Beatriz Guerra, Ernesto Liebana,  
Daniel Thomas-López and Pierre-Alexandre Delaiz

#### Abstract

Proposals to update the harmonised monitoring and reporting of antimicrobial resistance (AMR) from a public health perspective in *Salmonella*, *Campylobacter coli*, *Campylobacter jejuni*, *Escherichia coli*, *Enterococcus faecalis*, *Enterococcus faecium* and methicillin-resistant *Staphylococcus aureus* (MRSA) from food-producing animals and meat in the EU are presented in this report, accounting for recent trends in AMR, data collection needs and new scientific developments. Phenotypic monitoring of AMR in bacterial isolates, using microdilution methods for testing susceptibility and interpreting resistance using epidemiological cut-off values is reinforced, including further characterisation of those isolates of *E. coli* and *Salmonella* showing resistance to extended-spectrum cephalosporins and carbapenems, as well as the specific monitoring of ESBL/AmpC/carbapenemase-producing *E. coli*. Combinations of bacterial species, food-producing animals and meat, as well as antimicrobial panels have been reviewed and adapted, where deemed necessary. Considering differing sample sizes, numerical simulations have been performed to evaluate the related statistical power available for assessing occurrence and temporal trends in resistance, with a predetermined accuracy, to support the choice of harmonised sample size. Randomised sampling procedures, based on a generic proportionate stratified sampling process, have been reviewed and reinforced. Proposals to improve the harmonisation of monitoring of prevalence, genetic diversity and AMR in MRSA are presented. It is suggested to complement routine monitoring with specific cross-sectional surveys on MRSA in pigs and on AMR in bacteria from seafood and the environment. Whole genome sequencing (WGS) of isolates obtained from the specific monitoring of ESBL/AmpC/carbapenemase-producing *E. coli* is strongly advocated to be implemented, on a voluntary basis, over the validity period of the next legislation, with possible mandatory implementation by the end of the period; the gene sequences encoding for ESBL/AmpC/carbapenemases being reported to EFSA. Harmonised protocols for WGS analysis, interpretation and external quality assurance programmes are planned to be provided by the EU-Reference Laboratory on AMR.

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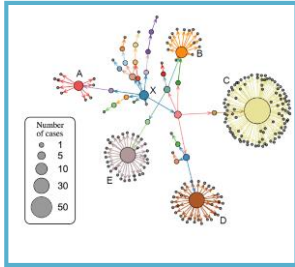
**Keywords:** antimicrobial resistance monitoring, *Salmonella*, *Campylobacter*, *E. coli*, MRSA, food-producing animals, food

**Requestor:** European Commission

**Question number:** EFSA-Q-2018-00051

**Correspondence:** zoonoses@efsa.europa.eu

\* From 9 February 2018 to 2 February 2019.



- EFSA ECDC WGS Data Collection and Analysis
- NGS for Risk Assessment



- Environment  
and  
AMR



- AMR GP  
Feed Residues

## “Technical support to collect and analyse whole genome sequencing (WGS) data in the joint ECDC-EFSA molecular typing database”

at least *L. monocytogenes*, *Salmonella*, *E.coli*

- **ToR1:** to analyse **outcome of ECDC and EFSA Surveys on WGS** capacity for foodborne pathogens in MSs (food and PH).
- **ToR2:** ... to assess the **state of the art of pipelines** for collecting and analysing WGS data...
- **ToR3:** ... to assess **needs/requirements** for analysis and comparability; interactions among databases; roles and responsibilities.
- **ToR4:** to prepare a **Technical Report**: identification, comparison of potential solutions for a joint EFSA-ECDC.

Published in May 2019, <https://efsa.onlinelibrary.wiley.com/doi/epdf/10.2903/sp.efsa.2019.EN-1337>

=> ECDC-EFSA are drafting a road map for implementation:  
basis for a new upcoming EC Mandate

## BIOHAZ Panel

### Opinion on the application and use of Next Generation Sequencing (including Whole Genome Sequencing) for risk assessment of foodborne microorganisms

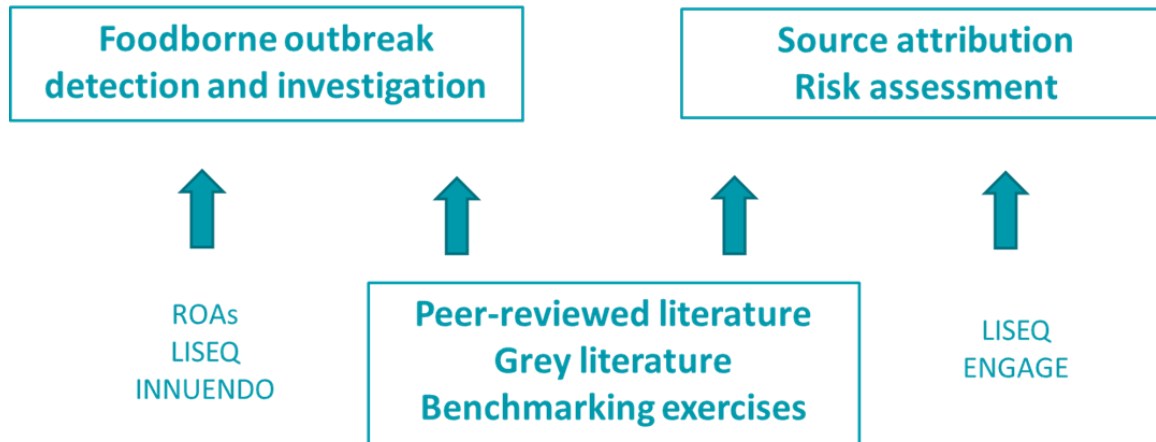
(by 31 December 2019)

BIOHAZ Panel is asked to issue  
a **Scientific Opinion** on **Whole Genome Sequencing and Metagenomics** for  
**outbreak investigation, source attribution and risk assessment of foodborne microorganisms.**

**1.** Evaluate the **possible use of NGS** (e.g. WGS and metagenomic strategies) in **foodborne outbreak detection/investigation** and **hazard identification** (e.g. generation of data on virulence and AMR genes, plasmid typing) based on the outcomes of **the ongoing WGS outsourcing activities, experience from different countries** and **underlining the added value for risk assessment.**

**2.** Critically analyse **advantages, disadvantages and limitations of existing NGS-based methodologies** (including WGS and metagenomics) as compared to **microbiological methods cited in the current EU food legislation** (e.g. *Salmonella* serotyping, STEC monitoring, AMR testing), taking into account benchmarking exercises.

## ToR 1. Possible use of NGS: added value for MRA



- **ROA:** EFSA/ECDC Rapid Outbreak Assessments
- **LISEQ:** EFSA's tender on 'closing data gaps for performing risk assessment on *L. monocytogenes* in ready-to-eat (RTE) Foods - activity 3: the comparison of isolates from different compartments along the food chain, and from humans using whole genome sequencing (WGS) analysis'
- **INNUENDO:** EFSA's thematic grant on 'analytical platform and standard procedures for the integration of WGS to surveillance and the outbreak investigation of food-borne pathogens in the context of small countries with limited resources'
- **ENGAGE:** EFSA's thematic grant on 'establishing next generation sequencing ability for genomic analysis in Europe'

## ToR 2. To critically analyse existing NGS-based methodologies

- **Classical microbiological methods required in the EU food safety legislation**

- *Salmonella* serotyping
- STEC serogroup identification
- **AMR monitoring in zoonotic and comensal bacteria**

- **SWOT analysis of NGS-based alternative methods**

- Strengths
- Weaknesses
- Opportunities
- Treats
- Consider benchmarking exercises



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- Cross-referring to EFSA’s report on *‘Technical Specifications on harmonised monitoring of antimicrobial resistance in zoonotic and indicator bacteria from food-producing animals and food’*
- The assessment of this Opinion will confirm the conclusion that it would be appropriate to follow **“a gradual approach to the integration of WGS within the harmonized AMR monitoring”**.

## BIOHAZ Panel

**Self-tasking mandate for a scientific opinion on the role played by the environment in the emergence and spread of antimicrobial resistance (AMR) through the food chain**

(by 31 December 2020)

**WG: EFSA+ ECDC (1 member) + EMA (observer) + EEA (observer)**

# AMR, a major global threat



## EU Action Plans against the threats of AMR

a One Health approach, addressing:

- Man,
- Animals,
- Environment

Specific actions to make the EU a 'best practice region' including

'better addressing the **role of the environment**'  
and  
'closing knowledge gaps on AMR in the environment'



1<sup>st</sup>  
Action Plan  
2011-2016

7 priority areas including 'intention to contain the risks of spreading AMR via the environment'

2<sup>nd</sup>  
Action Plan  
2017 - ...

- WHO
- FAO
- OIE
- Codex Alimentarius

EFSA  
Advisory  
Forum

Priorities Areas of work,  
Rank Nr. 1

'need to **improve scientific understanding** of the role played by the environment in the emergence and transmission of resistance through animal, human and manufacturing waste in water and soil, and to **explore what action** may be **required to reduce associated risks.**'

## Environmental Sources...

- . Effluents and/or residues from terrestrial/aquatic food-producing animals (e.g. slurry, manure, air)
- . Post-harvest food plants (e.g. slaughterhouses and food processing plants)
- . Urban and hospital wastewater treatment plants
- . Crop production and horticulture (due to direct use of antimicrobials)

## Food-producing environments (in the mandate):


**all environments where food of animal or non-animal origin is produced/processed,**

- . **at primary level** (e.g. animal farms, fruits and vegetables cultivation fields etc.)
- . **at post-harvest level** (e.g. slaughterhouses, processing plants etc.)

Large uncertainties on the role played by the environment on emergence, spread and persistence of R-bacteria..

## AMR from a 'One Health' perspective:

Environment also source of R-bacteria/genes to man and animals.



**Food-producing environments can be contaminated: by R- bacteria/determinants from environmental sources ...**



**...and from there, R-bacteria/determinants**

**can further spread to man and animals ...**

In relation to the food chain and environmental contamination with AMR bacteria/determinants, there is a need to **review scientific evidence**, to identify...

- . Main sources and routes of transmission?
- . Which AMR-bacteria/determinants - public health priority?
- . Strategies and Control Options to mitigate the risks?

... to provide EU risk managers information on options to manage AMR-related risks at environmental level

**To contribute to the fight against AMR**

## ToR 1

To **identify the main environmental sources and transmission routes leading to the contamination of foods** of animal and non-animal origin **with antimicrobial-resistant bacteria and/or resistance determinants**

## ToR 2

Among **antimicrobial-resistant bacteria and/or resistance determinants contaminating food** through the **routes identified** above, to **identify the ones of highest priority for public health**, if possible their **relative importance**, and the **main risk factors** influencing their **occurrence and persistence in food-producing environments and food**.

## ToR 3

To **review** and, if possible, **assess the impact** of existing or new possible **strategies and options to mitigate the risk** of **emergence, spread and food-borne transmission** of the **antimicrobial-resistant bacteria** identified above

## ToR 4

To **identify data gaps influencing the assessment of the food chain-related AMR risks posed by the environment and provide recommendations** to inform future EU research priorities on this topic

**Scientific Opinion to evaluate the specific maximum levels of cross-contamination for 24 antimicrobial active substances in non-target feed below which there would not be an effect on antimicrobial resistance, and the levels for which there would be growth promotion/increase yield**

(by 30 September 2021)

- **WG: BIOHAZ** (leading), **AHAW**, **FEEDAP** Panel members, and external experts, as well as 1 expert representing **EMA**.

The EC requests **to assess the impact of the presence of low-level concentration in feed of 24 antimicrobial active substances ... on animal health, human health and, where possible, on the environment.**

## ToR 1

To assess the **specific concentrations of antimicrobials** resulting from **cross-contamination in non-target feed for food-producing animals**, below which there would not be an effect on the emergence of and/or selection for resistance in microbial agents relevant for human and animal health

- The **endpoint** for this assessment should be the **excretion of resistant bacteria** from the animals.
- The assessment should **consider the impact on the environment of low-level concentrations in feed**, where possible

## ToR 2

To assess **which levels of the antimicrobials** have a **growth promotion/increase yield effect**.



- EC
- ECDC, EMA
- EFSA Scientific Panels
- Biocontam Unit

**Thank you for your attention!**

