

**EUCAST Steering Committee Meeting
Brussels, Belgium, 28-29 January 2008**

Attending

Dr Derek F.J. Brown	DB	Scientific Secretary	United Kingdom
Dr Rafael Cantón	RC	Clinical Data Co-ordinator	Spain
Prof Gunnar Kahlmeter	GK	Chairperson	Sweden
Prof Alasdair P. MacGowan	AM	BSAC	United Kingdom
Dr Johan W. Mouton	JM	CRG	The Netherlands
Prof Inga Odenholt	IO	SRGA	Sweden
Prof Arne Rodloff	AR	DIN	Germany
Prof Claude-James Soussy	CS	CA-SFM	France

Apologies

Prof Waleria Hryniewicz	WH	EUCAST	Poland
Prof Pietro Varaldo	PV	EUCAST	Italy
Dr Martin Steinbakk	MS	NWGA	Norway

Representing EMEA (28 Jan)

Dr Michael Berntgen	MB	EMEA, London
Prof Charlotta Edlund	CE	Läkemedelsverket, Uppsala, Sweden
Dr Canan Bolstad	CB	Statens legemiddelverk, Norway
Guy Paulus MD, PhD	GP	Senior Advisor Toxicology, Consultant to Targanta Therapeutics

		Action
1	Chairman's welcome GK welcomed Dr Michael Berntgen, Prof Charlotta Edlund (doripenem rapporteur) and Dr Canan Bolstad (dalbavancin co-rapporteur) representing EMEA and national medicines agencies.	
2	Minutes of meeting of 19-20 November 2007	
2.1	The minutes were accepted as a correct record.	
3	Matters arising from minutes of 19-20 September 2007	
3.1	Minocycline (3.1) Ad Fluit has not yet provided MIC data for <i>H. influenzae</i> , and will be reminded.	JM
3.2	Clinical data on fosfomycin (3.4) RC reported that outcome data from Spain was related to disc diffusion, rather than MICs.	
3.3	Rationale documents and technical notes (5.5, 8, 22.2) The status of these is detailed in section 20.	
3.4	Extended indications for a tetracycline (6.1) Company and EMEA have been notified of proposed breakpoints for extended indications.	
3.5	Antifungal susceptibility testing subcommittee (10.1) A written report on progress has been received and circulated (see item 22). MB noted that the EMEA procedure for setting antifungal breakpoints was at the second round of questions.	

3.6	Anaerobe breakpoints (11.1) Draft breakpoints have been summarised by GK (see section 8).	
3.7	Mycobacteria (12.4) GK noted that there are currently several international initiatives in this area and that the proposal for a subcommittee will not be actively pursued until our future relationship to ECDC has been sorted.	
3.8	Methodological documents on the EUCAST website (13.2) DB reported that it was not appropriate to separate all methodological documents as this would not fit well with the current categorisation.	
3.9	ECDC (14.1) See section 15.	
3.10	ECCMID symposium (17.2) See section 18.	
3.11	Quinupristin-dalfopristin breakpoints (18.2) RL has confirmed that strains of <i>E. faecium</i> with MICs 2-4 mg/L have resistance mechanisms and the breakpoints of 1/4 mg/L have been confirmed. Data from Nordic-Pharma have not yet been obtained.	GK
3.12	Macrolide breakpoints (18.6) The macrolide breakpoint table has been finalised.	
3.13	Trimethoprim with enterococci (19.5) A footnote has been added regarding the intermediate category.	
3.14	Tetracycline breakpoints (19.13) A footnote has been added for Enterobacteriaceae. A footnote has been added regarding predicting minocycline susceptibility from tetracycline susceptibility for meningococci. Footnote regarding anaerobes is to be prepared. Revise table has been distributed.	
3.15	Oral and iv penicillin breakpoints (20.2) Note added regarding different usage in different countries.	
3.16	Penicillin breakpoints for pneumococci (20.4) A draft footnote explaining different situations has been added.	
3.17	Revised penicillin breakpoint table (20.6) The revised table has been distributed.	
3.18.	Telavancin (21.6, 21.7, 21.12) See section 4.2.	
3.19	Oral cephalosporins (23.1) Data on dosages and breakpoints have not yet been received from all.	ALL
3.20	Disc diffusion method (25.2) Responses to the questionnaire on the future of EUCAST are being collated.	GK
4	New drugs	
4.1	New quinolone	

	Company presentation expected in Barcelona in April. It is expected to be submitted to EMEA in April.	
4.2	New glycopeptide Responses from the company are awaited.	
5	Extended indications for a tetracycline	
5.1	The company were not contesting proposed breakpoints for extended indications.	
6	New cephalosporin	
6.1	Noted that the company was not contesting proposed breakpoints.	
7	Expert rules subcommittee	
7.1	Roland Leclercq has distributed to the subcommittee his responses to the comments on the draft released for wide consultation.	
7.2	It is expected that the document will be completed in time for the workshop at ECCMID.	
8	Anaerobe subcommittee	
8.1	Breakpoints suggested by AR and Luc Dubreuil have been tabulated by GK.	
8.2	Proposals for moxifloxacin for anaerobic intra-abdominal infections may be brought through Germany (mutual recognition procedure was originally used). GK will ask if Bayer are preparing to submit this extended indication.	GK
8.3	Separate breakpoints have been included for Gram-positive and Gram-negative anaerobes with some agents.	
8.4	MIC distributions have been sent to GK for addition to the wild type MIC distributions website.	GK
8.5	Agreed to send the table to national committees for comment.	GK
9	New glycopeptide	
9.1	There was brief discussion prior to meeting with the company.	
10	New glycopeptide	
10.1	The agent was presented to the Steering Committee by the company.	
11	New glycopeptide	
11.1	Discussions on draft breakpoints followed the presentation from the company.	
12	New carbapenem	
12.1	There was brief discussion prior to meeting with the company.	
13	New carbapenem	
13.1	A further meeting with the company discuss proposed EUCAST breakpoints.	
14	New carbapenem breakpoint discussion	
14.1	Discussions on draft breakpoints followed the meeting with the company.	
15	ECDC	
15.1	GK noted that a call for proposals for a susceptibility testing project to cover the work done by EUCAST is expected soon.	
16	EMEA	
16.1	Information regarding new agents is included in individual sections.	
17	CLSI	
17.1	No new information.	

18	ECCMID	RC ALL
18.1	The expert rules workshop has been scheduled for the Saturday 09.00-13.00	
18.2	The symposium on EUCAST breakpoints has been scheduled for the Saturday 13.30-15.30.	
18.3	The business meeting has been scheduled for the Saturday, after the symposium.	
19	EUCAST committees	
19.1	General committee members have been asked to reconfirm their membership and some responses have been received.	
19.2	A representative from Finland and Paul Tulkens (as ISC representative) have been proposed as General Committee members on the Steering Committee.	
19.3	The national committee representation and ESCMID appointees will continue as at present. It is likely that if ECDC funds EUCAST in the longer term they will require a member on the committee.	
20	Technical notes and rationale documents	
20.1	The table of the status of documents and responsibilities for action was presented by RC and updated following review. The table will be sent to all to remind individuals of required action.	
21	New diaminopyrimidine	
21.1	A preliminary presentation of the agent was given by the company.	
22	Antifungal susceptibility testing subcommittee	
22.1	The subcommittee met at the same time as the Steering Committee and a joint session was held to discuss progress. A written report on progress provided by Juan Luis Rodriguez Tudela (JR) has been seen by all. JT summarised the outcome of the previous day's meeting.	
22.2	JR highlighted problems with setting breakpoints for voriconazole. MIC distributions for 10000 isolates show a wild type 0.12-1 mg/L. With an AUC/MIC target of 24, MICs of 1 mg/L would be covered. However, variation in Monte Carlo simulations makes it very difficult to use. A CV of 25-30% is used in calculations but actually the CV is 100%. It was suggested that <i>C. glabrata</i> and <i>C. krusei</i> are not given breakpoints as there is no clinical evidence that infections can be reliably treated. ECOFFS should be used for other species and ≤ 0.12 mg/L would be appropriate.	
23	New glycopeptide	
23.1	The agent was presented to the Steering Committee by the company.	
24	Miscellaneous agents	
24.1	The draft breakpoint table for miscellaneous agent was reviewed again. Several comments have been received from CA-SFM.	
24.2	<p>Rifampicin</p> <p>Streptococcal breakpoints are needed as streptococci may be treated in combination. 0.06/0.5 mg/L was agreed.</p> <p>CA-SFM noted for meningococcal MICs are 0.002-0.25 mg/L, with MICs >32 mg/L for resistant mutants. Salivary concentrations are no higher than 0.25 mg/L so breakpoints should be reduced from 0.5/0.5 mg/L to 0.25/0.25 mg/L. GK noted that the breakpoints for meningococci have recently been extensively examined in CLSI and it does not seem worthwhile setting a breakpoint one dilution different when MICs for resistant mutants are very high.</p>	

	<p>CA-SFM suggested that for staphylococci a susceptible breakpoint of 0.06 mg/L is too low. Others felt that the current proposal for 0.06/0.5 mg/L is appropriate as the intermediate category includes low-level resistant strains which are likely to respond to treatment with the combinations usually used. A small proportion of isolates actually fall into the intermediate category as most are highly susceptible or MICs are ≥ 32 mg/L.</p>	
24.3	<p>Trimethoprim There was concern regarding the breakpoint for enterococci, but this has been the subject of many discussions and the reason for including enterococci in the intermediate category is given in the footnote.</p>	
24.4	<p>Trimethoprim-sulphamethoxazole CA-SFM suggest that the susceptible breakpoint is too low for <i>S. pneumoniae</i> and 1/2 mg/L were proposed. This appears reasonable from the MIC distribution.</p> <p>It was noted that while <i>Moraxella</i> is intrinsically resistant to trimethoprim the combination is active.</p> <p>Agreed to include <i>Stenotrophomonas</i> in the table as it may not be noticed in the footnote.</p>	
24.5	<p>Fosfomycin CA-SFM suggest 32/32 mg/L for both iv and oral formulations. It was agreed to accept 32/32.</p>	
24.6	<p>Colistin CA-SFM asked why there is an intermediate category for Enterobacteriaceae when the distribution is markedly bimodal. Agreed 2/2 mg/L for all.</p>	
24.7	<p>Fusidic acid CA-SFM noted a poorer clinical outcome when MICs were >1 mg/L. Breakpoints of 1/1 mg/L were agreed.</p> <p>IE was agreed for β-haemolytic streptococci.</p>	
24.8	<p>The miscellaneous table will be updated and sent to the Steering Committee for a final check.</p>	GK
25	<p>Tetracyclines</p>	
25.1	<p>SRGA proposed removing Enterobacteriaceae breakpoints for tetracycline as it is not used. It may have some value in contrast to tigecycline. Agreed to remove it.</p>	
25.2	<p>Tetracycline CA-SFM suggest 0.5/1 mg/L for <i>N. gonorrhoeae</i> as there are some failures at 1 mg/L. Data supporting this would be useful. The change was agreed but it was noted that disc diffusion cannot distinguish strains with MICs 0.5 and 1 mg/L.</p>	CS
25.3	<p>Minocycline It was suggested that note 2 for minocycline and meningococci is inappropriate as it is not widely used. Others have requested this note and it was agreed to leave it at present.</p>	
25.4	<p>AM noted that doxycycline susceptibility cannot be predicted from tetracycline as some resistance mechanisms do not affect doxycycline. There is no reason to treat doxycycline any different to minocycline. It was agreed to include doxycycline breakpoints in the table.</p>	
25.5	<p>The revised breakpoint tables for tetracyclines will be distributed for final check before release.</p>	GK

26	Macrolides	
26.1	Agreed to add <i>Shigella</i> to the azithromycin footnote.	GK
27	Penicillins	
27.1	There was insufficient time to discuss these and CA-SFM comments will be distributed with the latest version of the table.	GK
27.2	GK reported that the labelling of comments has been changed from numbers to letters as the numbers may be confused with breakpoints.	
27.3	Anaerobe breakpoints will need discussion. It would be useful to know how proposed anaerobe breakpoints were derived.	AR
27.4	The revised breakpoint table will be distributed.	GK
28	Any other business	
28.1	David Livermore has suggested that <i>P. mirabilis</i> should be added to footnote 5 of the cephalosporins table. This was agreed.	GK
28.2	While the problem of finding appropriate flights at the end of the meeting was appreciated it was noted that there has been a tendency for members to leave earlier on the second day of the meetings. This results in a truncated meeting and some members having to wait several hours for their flights which have been booked for around 6 pm. Members were requested to book flights that allow the meeting to continue until around 4 pm, as agreed.	ALL
29	Next meetings	
29.1	22-23 April 2008. After ECCMID 2008, Barcelona	
29.2	12-13 June 2008. Birmingham. Supported by BSAC	
	8-9 September 2008. provisionally Sweden	
	24-25 November 2008.	

Ratified minutes of meeting 28-29 January 2008 (ESCMID). Prepared by DB, GK and RC

<p>Dr Derek F.J. Brown Health Protection Agency Clinical Microbiology and Public Health Laboratory Addenbrooke's Hospital, Hills Road Cambridge CB2 0QW United Kingdom</p>	<p>Scientific Secretary Tel: +44 1223 257020 Mobile: +44 7762 746692 Fax: +44 1223 242775 Email: dfjb2@cam.ac.uk</p>
<p>Dr. Rafael Cantón Servicio de Microbiología Hospital Universitario Ramón y Cajal Carretera de Colmenar Km 9,1 28034-Madrid Spain</p>	<p>Clinical Data Co-ordinator. Tel: + 34 913 368 330 Mobile: + 34 619 235 954 Fax: + 34 913 368 809 Email: rcanton.hrc@salud.madrid.org</p>
<p>Professor Waleria Hryniewicz National Medicines Institute Chelmska 30/34 00-725 Warsaw Poland</p>	<p>Tel: + 48 22 41 33 67 Mobile: +48 601 244 976 Fax: +48 22 41 29 49 Email: waleria@cls.edu.pl</p>
<p>Professor Gunnar Kahlmeter Klinisk mikrobiologi Centrallasarettet 351 85 Växjö Sweden</p>	<p>Chairperson Tel: +46 470587477 Mobile: +46 709844685 Fax: +46 470587455 Email: gunnar.kahlmeter@ltkronoberg.se</p>
<p>Professor Alasdair P. MacGowan Department of Medical Microbiology Southmead Hospital Westbury on Trym Bristol BS10 5NB United kingdom</p>	<p>Tel: +44 117 959 5651 Mobile: +44 7919 337856 Fax: +44 117 959 3154 Email: alsadair.macgowan@north-bristol.swest.nhs.uk Email: joanne.cook@north-bristol.swest.nhs.uk (secretary)</p>
<p>Dr Johan W. Mouton, Dept Medical Microbiology and Infectious Diseases Canisius Wilhelmina Hospital C-70 Weg door Jonkerbos 100 6532 sz Nijmegen The Netherlands</p>	<p>Tel: +31 24 3657514 Mobile: +31 651381270 Fax: +31 24 3657516 Email: mouton@cwz.nl</p>
<p>Professor Inga Odenholt, Infectious Diseases Research Unit, ing. 77 plan 2 Malmö University hospital SE 205 02 Malmö, Sweden</p>	<p>Tel: +46 40 331806 Mobile: +46 708445296 Fax: +46 40 336279 Email: inga.odenholt@med.lu.se</p>
<p>Prof Claude-James Soussy Hôpital Henri Mondor Service de Bactériologie 51 Av De Lattre De Tassigny Creteil 94010 France</p>	<p>Tel: +33 149812831 Mobile: +33 Fax: +33 Email: claudesoussy@hmn.ap-hop-paris.fr</p>
<p>Professor Arne C. Rodloff Inst für Medizinische Mikrobiologie der Universität Leipzig Liebigstr 24 Leipzig 04103 Germany</p>	<p>Tel: +49 3419715200 Mobile: +49 175 365 6650 Fax: +49 3419715209 Email: acr@medizin.uni-leipzig.de</p>
<p>Dr Martin Steinbakk Department of Microbiology Akershus University Hospital P.O. Box 23 N-1478 Lørenskog Norway</p>	<p>Tel: +47 67 928 500 Mobile: +47 913 97667 Fax: +47 67 928 519 Email: martin.steinbakk@ahus.no Email: drmartin@online.no</p>
<p>Professor Pietro Varaldo Institute of Microbiology and Biomedical Sciences Polytechnic University of Marche Medical School Via Ranieri, Monte d'Ago 60131 Ancona Italy</p>	<p>Tel: +39 071 220469 Mobile: +39 347 3401782 Fax: +39 071 2204693 Email: pe.varaldo@univpm.it</p>