

EUCAST Report

EUCAST, the European Committee on Antimicrobial Susceptibility Testing, is convened by ESCMID and the national breakpoint committees in Europe. All final and discussion documents referred to below, are available on the EUCAST website at www.eucast.org. EUCAST's view on the process of harmonising breakpoints for existing antimicrobials, for defining breakpoints for new antimicrobials and for setting epidemiological cut-off values were described in the *Journal of Antimicrobial Chemotherapy* (JAC 52:145-148, 2003) and are further developed in a document available on the website.

EUCAST AT 14TH ECCMID IN PRAGUE, MAY 2004

- The annual EUCAST General Committee meeting will be held, as usual, during the ECCMID.
- This year's EUCAST symposium is entitled "Susceptibility testing and its role in therapy and epidemiology".
- There is also a symposium on "Antimicrobial susceptibility testing of difficult organisms (fungi, mycobacteria, chlamydia, mycoplasma and viruses)".

The time and place of all three activities will be announced in the ECCMID programme.

CONSTITUTIONAL AMENDMENTS

The EUCAST Steering Committee wishes to suggest a number of changes to the EUCAST constitution. They are all designed to improve our channels for dissemination of information and for consultation. The EUCAST General Committee will, in addition to national representatives, have one representative each from ISC and FESCI. Instead of having representatives from the pharmaceutical industry and manufacturers of media and devices for susceptibility testing, these groups will be offered communication channels with EUCAST through an email network whereby each representative will have exactly the same information and opportunity to comment on Steering Committee proposals as the EUCAST General Committee. The amended constitution will clarify how EUCAST is fund-

ed and will stipulate that members of the Steering Committee will declare any significant involvement with industry.

EUCAST "AUTHORITY"

Since the question of the authority of the EUCAST has been raised a few times it is important to point out that EUCAST has no legal standing. Similar to the NCCLS and the European national breakpoint committees, EUCAST consists of scientists that are entrusted with the task of giving national recommendations on questions related to antimicrobial susceptibility testing. These scientists, altogether numbering almost 100 on the participating national committees, have now agreed to work jointly towards harmonisation of their recommendations. The effort has been recognised by DG Sanco in the form of joint financing of EUCAST activities, and by EMEA in the form of a formalised collaboration.

REFERENCE METHODOLOGY

The EUCAST recommendations for broth microdilution MIC determination were published as a Discussion Document inserted in CMI during 2003. It is also available on the EUCAST website. A reference method based on this document is now being taken through CEN and in a joint project between CEN and ISO will eventually appear as an ISO-document. Arne Rodloff is chairing the CEN-committee and James Jorgensen is chairing the ISO-committee.

HARMONISED NOMENCLATURE FOR DESCRIBING S, I AND R-BREAKPOINTS

The six national breakpoint committees on the EUCAST Steering Committee have agreed to a common nomenclature for describing S, I and R-breakpoints. The recommended way of expressing the breakpoints is $S \leq$ (less than or equal to) X mg/L and $R >$ (more than) Y mg/L. In tables the breakpoints are given as e.g. 0.5/2.0, to be interpreted as $S \leq 0.5$ mg/L and $R > 2.0$ mg/L. A breakpoint lacking an intermediate category is thus clearly indicated since the numerical MIC

value will be the same for both break-points, e.g. 0.5/0.5 interpreted as $S \leq 0.5$ and $R > 0.5$ mg/L.

DEFINITIONS OF CLINICAL BREAKPOINTS AND EPIDEMIOLOGICAL CUT-OFF VALUES

New definitions of clinical breakpoints and epidemiological cut-off values are available on the EUCAST website for comment. They were accepted by all six national breakpoint committees on the EUCAST Steering Committee meeting in 2003.

PROCEDURE FOR SETTING BREAKPOINTS AND COLLABORATION WITH EMEA

A document which describes the procedure for harmonising breakpoints for existing antimicrobials and for defining breakpoints for new antimicrobials is available on the EUCAST website for comment. The European Agency for the Evaluation of Medicinal Products (EMA) and EUCAST are, at the moment, developing procedures by which the expertise of EUCAST can be fully utilised in the process of determining breakpoints for new drugs. The CPMP committee has voted in favour of such a joint procedure.

EUROPEAN CLINICAL BREAKPOINTS

Tentative EUCAST harmonised MIC breakpoints have been given to four classes of existing antimicrobials: fluoroquinolones, aminoglycosides, glycopeptides and oxazolidinones. Tables are available on the EUCAST website.

A corresponding process has been started for cephalosporins, carbapenems and aztreonam. Our hope is to conclude the process for these agents during 2004 and to liaise with NCCLS in doing so.

WILD TYPE MIC DISTRIBUTIONS AND EPIDEMIOLOGICAL CUT-OFF VALUES

Tables and graphs of MIC distributions of bacteria without resistance mechanisms are available on the EUCAST website. Each graph also con-

tains the EUCAST clinical breakpoints, when defined, and the epidemiological cut-off value for that drug-species combination. For drugs that have been addressed by EUCAST species specific epidemiological cut-off values are shown in tables.

FUNDING

EUCAST is funded by ESCMID and the National breakpoint committees in France, Germany, Norway, Sweden the Netherlands and the UK. Recently EUCAST has been granted co-funding for 3 years by DG-Sanco of the European Commission.

LIAISON WITH OTHER GROUPS

EUCAST continues to liaise with ESCMID study groups, EMEA, and EARSS (the European Antimicrobial Resistance Surveillance System), and we value the bi-annual opportunity to liaise with NCCLS. On several occasions during 2003 we have had in-depth discussions with pharmaceutical companies and with industry involved in the development of devices and media for susceptibility testing.

Gunnar Kahlmeter
Chairman,
EUCAST Steering Committee

ESCMID and bioMérieux Award 2005 for Advances in Clinical Microbiology

The European Society of Clinical Microbiology and Infectious Diseases (ESCMID) is pleased to announce an award of EUR 10'000 sponsored by bioMérieux to recognise excellence and/or major contributions to progress in clinical microbiology by young scientists from Central and Eastern Europe.

The award expresses the shared mission of ESCMID and bioMérieux to advance laboratory practice of clinical and diagnostic microbiology across Europe.

Application

Nominations of Central and Eastern European scientists born in 1964 or later are to be submitted in writing. They must contain a description of the nominee's career, his/her postal and email address, place and date of birth, list of publications, research interests and major contributions to the development of clinical microbiology. Two supporting letters from outside the nominating institution must be included. Self-applications will not be considered. Seven copies of all materials, plus one colour photograph (on paper or electronically as tif, jpg or eps file) must be sent to the ESCMID Award Committee.

The selection of the recipient will be made by the ESCMID Award Committee. Members of the ESCMID Executive Committee are ineligible. No correspondence beyond that necessary for the application will be accepted.

The deadline for submission is October 1, 2004. Applicants will be notified of the decision by March 15, 2005. The Award will be granted at 15th ECCMID 2005 in Copenhagen.

Please send your application to:

ESCMID Executive Office
P.O. Box 6, Clarastrasse 57
CH-4005 Basel, Switzerland
Phone +41 61 686 77 99
Email peter.schoch@escmid.org

Europe to Establish Centre for Disease Prevention and Control

Over the last 2 years, the public has become keenly aware of the threat of emerging infectious diseases with the global spread of severe acute respiratory syndrome (SARS), the continuing threat of bio-terrorism, the proliferation of West Nile virus, and the discovery of human cases of monkey pox in the United States. At the same time, an old foe has again reared its head, reminding us that our worst nightmare may not be a new one. In 2003, highly pathogenic strains of avian influenza virus again crossed the species barrier from birds to humans and caused fatal illnesses. Luckily, the worst-case scenarios of the start of the next pandemic did

not come about in the 2004 avian influenza virus scares. However, the year's events eliminated any remaining doubts that international advance planning is necessary to tackle the threat of communicable diseases.

LEGISLATIVE AND INFRASTRUCTURE CHANGE

It seems we are now much better equipped with technologies and reagents to rapidly identify and respond to disease outbreaks than we were a few years ago. The most promising means of accelerating the response time e.g. to pandemic

influenza is the use of plasmid-based reverse genetic systems to construct influenza virions and vaccines.

On the other hand, legislation is being enacted to translate scientific advances into real public health benefits. Though at times European policy makers seemed to be struggling to keep pace with scientific progress, a few weeks ago an important step was made to equip Europe with the necessary means to prevent and control the spread of communicable diseases. Members of the European Parliament and Member State governments agreed on setting up the European Centre for Disease Prevention and Control.