EUCAST at the ECCMID 2001 in Istanbul

MEETING OF THE MAIN COMMITTEE
The next meeting of the EUCAST Main Committee will be held at the 11th ECCMID in Istanbul on
Sunday, 1 April 2001, 16.00-18.00 in room A3 at the Conference Centre.
This is an open meeting and observers are welcome.

SYMPOSIUM
In collaboration with the INSPEAR and HARMONY programmes, EUCAST has organised a symposium on quality assurance to be held on
Wednesday, 4 April 2001, 14.00-16.00.

Quality Assurance of Antimicrobial Susceptibility Testing
Chairmen: Derek F.J. Brown (Cambridge, UK)
Gunnar Kahlmeter (Vaxjo, Sweden)

- Quality assurance and EUCAST - Derek F.J. Brown (Cambridge, UK)
- Proficiency testing of INSPEAR laboratories - Herve Richet (Nantes, France)
- The HARMONY approach to improving quality - Barry Cookson (London, UK)
- External quality assessment in Europe - Jerry J.S. Snell (London, UK)
- Quality assurance of antimicrobial susceptibility testing in Sweden - Gunnar Kahlmeter (Vaxjo, Sweden)
- Quality assurance of susceptibility testing through use of expert systems - Michel Peyret (St. Louis, USA)
Main Committee

The EUCAST Main Committee membership as of May 2000 is listed below. Nominations for representatives of countries where no official representative is listed should be sent to Prof. Ian Phillips at the EUCAST office.

Country representatives

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<th>Country</th>
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<td>Albania</td>
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<td>Latvia</td>
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<td>Austria</td>
<td>Prof. Helmut Mittermayer</td>
<td>Lithuania</td>
<td>Prof. Alvydas Laiškis</td>
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<td>Belarus</td>
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<td>Belgium</td>
<td>Prof. Ludo Verbist</td>
<td>Norway</td>
<td>Prof. Martin Steinbakk</td>
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<td>Bosnia</td>
<td>Dr. Selma Uzunovic-Kamberovic</td>
<td>Netherlands</td>
<td>Prof. John Degener</td>
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<td>Bulgaria</td>
<td>Prof. Krassimir Metodiev</td>
<td>Dr. Martin Steinbakk</td>
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<td>Croatia</td>
<td>Dr. Arjana Tambic-Andrasevic</td>
<td>Poland</td>
<td>Prof. Valeria Hryniewicz</td>
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<td>Czech Republic</td>
<td>Dr. Pavla Urbaskova</td>
<td>Portugal</td>
<td>Prof. José Melo-Cristino</td>
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<td>Denmark</td>
<td>Dr. Niels Frimodt-Møller</td>
<td>Russia</td>
<td>Prof. Sergei Sidorenko</td>
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<td>Dr. Tönis Karki</td>
<td>Slovak Republic</td>
<td>Dr. Leon Langsadl</td>
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<td>Finland</td>
<td>Dr. Pentti Huovinen</td>
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<td>Dr. Jana Kolman</td>
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<td>Germany</td>
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<td>Prof. Richard Wise</td>
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<td>Ireland</td>
<td>Dr. Lynda Fenelon</td>
<td>Yugoslavia</td>
<td>Dr. Branka Tomanovic</td>
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Pharmaceutical industry representatives

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<td>Prof. André Bryskier</td>
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<td>Prof. Andrés Mittermayer</td>
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<td>Prof. Fernando Baquero</td>
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<td>Prof. Hoench Marion Roussel</td>
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<td>Dr. Anne Harris</td>
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<td>Dr. Margaret Harrison</td>
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Device manufacturers representatives

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<td>Dr. Jean Pierre Marcel</td>
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Original ESCMID committee members not in other categories

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<td>Prof. Tom Bergan</td>
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<td>Prof. Fernando Baquero</td>
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<td>Prof. Ivan Phillip</td>
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<td>Prof. Gian Carlo Schito</td>
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Changes to the Main Committee membership since 1999:

- Prof. Alvydas Laiškis was nominated to represent Lithuania.
- Dr. Lynda Fenelon is the representative for Ireland.
- Dr. Selma Uzunovic-Kamberovic is representing Bosnia.
- Dr. Jean-Pierre Marcel acts as a representative of the device manufacturers.

For further nominations please contact the EUCAST Secretariat:

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Martin-Buber-Weg 17
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e-mail: Cornelia.Hasselmann@t-online.de

It is essential that representatives are well recognised nationally by clinical microbiologists and infectious diseases specialists.
EUCAST Subcommittees

Breakpoints Subcommittee

The Breakpoints Subcommittee is the vital final link in the chain of EUCAST activities – we exist in order to set European breakpoints for old and new antibiotics. It is therefore vital that it should have the confidence not only of the rest of the Committee and those national committees that they represent, but also of the Society at large, and eventually of other authorities in the field. It is probably true to say that this subcommittee has been the subject of more comment – approving and adverse – than any other. I wish here to set out its current constitution, as a basis for future discussion and development.

The Subcommittee is modelled on the original ESCMID Study Group on Breakpoints, ESGAB, which successfully agreed breakpoints for some eight new antibiotics before it was disbanded in 1995. The nine members of the Subcommittee, including its chairman, are appointed for two-year periods, from among EUCAST members, by the whole EUCAST, who themselves are the appointed representatives of all the European nations. It is expected that there will be one industry representative among its members. The current Subcommittee members have agreed and published a EUCAST Definitive Document (E. Def 2.1 in CMI 2000;6:570-572) on the method by which breakpoints will be determined. This method has recently been used to determine the linezolid breakpoints (EUCAST Definitive Document E. Def 4.1 now available). It also has the voting system agreed for the EUCAST generally, and it carries authority to make decisions on behalf of the whole of EUCAST, to which it is accountable and who may dismiss the Subcommittee if they are not satisfied with its decisions.

Terminology Subcommittee

EUCAST Definitive Document E. Def 1.1 on terminology was published in CMI 1998;4:291-296. Suggestions for revisions were discussed and responses detailed by Prof. Phillips. The Fun- gal Subcommittee were asked to make proposals relating to fungi for inclusion in the next revision. The revised version of the terminology document E. Def 1.2 has now been published in CMI 2000;6:503-508.
A Discussion Document, "Determination of minimum inhibitory concentrations (MICs) of antibacterial agents by agar dilution" was published as an insert in CMI in May 2000. At the Main Committee meeting in Stockholm, May 2000, minor amendments were agreed and a revised version was published as the Definitive Document E.Def 3.1 in CMI 2000;6:509-515. A draft Discussion Document, "Determination of minimum inhibitory concentrations (MICs) of antibacterial agents by broth microdilution", has been prepared and will be published as a discussion document in the form of an insert in CMI.

A collection of potential reference strains has been expanded. Once reference MIC methods are agreed, the work of characterising the strains will commence, although funding will be necessary for this. The problem of the cost of maintenance and distribution of any collection is yet to be resolved. A document on approaches to quality assurance of antimicrobial susceptibility testing is being prepared.

Three documents are being prepared, on fermentative yeasts, non-fermentative yeasts and filamentous fungi. Inter-laboratory reproducibility studies involving several European countries and the USA on the method for Candida are underway. Further work is necessary to develop methods for other fungi.

An outline position document is being updated following a WHO meeting in June 2000 to discuss testing of second-line drugs.
Contributions from various Subcommittee members on different pathogens have been combined into a single outline document on antimicrobial susceptibility testing of intracellular and cell-associated pathogens. It is anticipated that this will be published as a discussion document in CMI in the near future.

A questionnaire on molecular methods has been distributed, and input from laboratories using such methods is requested. The Subcommittee has contacted the NCCLS, and input has again been requested. The aim is to collate questionnaire results and to produce a draft position paper on the use of molecular methods in susceptibility testing.

An outline of a document on automated methods of antimicrobial susceptibility testing has been produced. It is intended to expand this into a document covering various aspects of automation, including a review of mechanised and automated systems, evaluation and validation of automated systems, quality assurance, expert systems and safety.

Don’t forget to visit us on the ESCMID website: http://www.escmid.org
EUCAST Newsletter, No. 3, February 2001

NCCLS Subcommittee on Antimicrobial Susceptibility Testing

Boston, June 2000

As has been my custom for the past three years, I attended this meeting held in Boston at the perhaps intentionally isolated Boston Harborside Hyatt hotel. Dr. Mary Jane Ferraro again took the chair, and I was once again impressed by the smooth management of the NCCLS staff, particularly by the documentation.

Before the meeting proper, there were the usual working group meetings. I put my energies into the final drafting of the new M39-P document on Analysis and Presentation of Cumulative Antimicrobial Susceptibility Test Data, under the coordination of Janet Hindler, although this subject is the province of our own ESGARS, chaired by Fernando Baquero. A major question for many was how to best deal with the problem of duplicate isolates – and anyone who believes that we all do this in the same way should read the epidemiological papers in CM! The solution suggested will intrigue many – but we must await the document, due in early 2001.

In the meeting itself, approval was given to the new editions of M11-A5 (Anaerobes) and M23-A2 (Development of In Vitro Susceptibility Testing Criteria and Quality Control Parameters), as well as to the new M39-P – after much discussion! New or amended QC ranges or breakpoints were agreed for telithromycin and Helicobacter pylori; for moxifloxacin; for ampicillin, penicillin, cefotaxime and ceftriaxone and Str. pyogenes; for gatifloxacin and H. influenzae; for cefepime and beta-haemolytic and viridans streptococci; for ceftidoren and H. influenzae; and for cefotaxime and ceftriaxone and viridans streptococci – but not quite yet, site-specific breakpoints for pneumococci, on which discussion continues unabated. The oxacillin disk screening test for pneumococci received minor modification (8-12mm becoming ≤12mm, with a note on the use of S. aureus ATCC 25923 to detect disk deterioration).

Not all will follow the advice that isolates of Staph. saprophyticus from urine should not routinely be tested. It was also regrettable from a European viewpoint that consensus was not attained for mecillinam disk-diffusion breakpoints, although that may not be the end of the matter.

Finally, after three exhausting days, there was a brief discussion of the problems of testing Stenotrophomonas and Burkholderia, led by the chairman of the working group on the topic, Dr. Dwight Hardy.

Tampa, 7-9 January 2001

On the first day, I attended a meeting of the independent NCCLS Subcommittee on Culture Media, chaired by Dr. Rennie of Canada. This group is responsible for documents on Mueller-Hinton agar (M22) and broth (M32) and for protocols for evaluation of these media by manufacturers (M6 for agar, that for broth not yet in existence). The Subcommittee is also responsible for custody and periodic testing of standard lots of media. Since EUCAST now has a reference method for agar dilution MIC determination, and will have one for broth microdilution, these documents become very important to us.

The main AST subcommittee met for two gruelling days. There were two requests for breakpoint determinations. The first was for linezolid, based largely on the same data as that presented to the EUCAST Breakpoints Subcommittee in December 2000 (EUCAST Definitive Document E. Def 4.1 now available). The NCCLS came to a slightly more complex decision, with a susceptible (S) breakpoint of ≤4mg/L for staphylococci (as EUCAST), a lengthily argued ≤2mg/L (S), 4mg intermediate (I) and ≥8mg/L resistant (R) for enterococci (we chose ≤4mg/L S and ≥8mg/L R), and ≤2mg/L S for streptococci (we chose ≤4mg/L). The minor differences will have little effect on clinical reports or statistics on resistance based on the two systems. Both John Turnidge and I made the point that it is undesirable to have breakpoints lying within the distribution curve for the basal population of enterococci.

The second breakpoint request was for mecillinam, for which the requested breakpoints of ≤8mg/L (S) and ≥32mg/L (R) were agreed. It was interesting to observe the Subcommittee dealing with a drug not marketed in the USA!

Of major interest were the reports of several working groups. Dr. Tenover’s group, on fastidious organisms, has finally come to the conclusion that separate cefotaxime and ceftriaxone “meningitis” and “non-meningitis” breakpoints are needed for pneumococci. The implications of that decision will continue to be debated at length, I have no doubt! NCCLS documentation will not change until 2002. For H. influenzae, although quinolone-resistant strains have now clearly been identified, there is still too little experience with them for breakpoints to be changed.

Dr. Karen Bush is chairing a group considering extended (not expanded!) spectrum beta-lactamases (ESBLs) and is currently collecting information and opinion.
Dr. Hecht’s anaerobe group reported further work on agar and broth microdilution methods and their correlation, as well as QC criteria. Problems with a toxic peptone in Brucella medium, as well as variability of the composition of the medium from various manufacturers, were also reported.

In relation to Ms. Hindler’s group on the generation of cumulative susceptibility results (the new M39), Dr. Stelling presented arguments in favour of including only the first isolate of a given species (regardless of its susceptibility) as a means of dealing with duplicates. Our own ESGARS, chaired by Fernando Baquero, will be dealing with this matter.

Dr. Hardy reported on the continuous attempt to devise good methods for *Stenotrophomonas* and *Burkholderia*.

Dr. Walker, on behalf of the NCCLS Veterinary AST, reported on problems in establishing methods for campylobacters, on which they are working on behalf of the main AST.

At the end of the meeting, Mr. Folkers reported on the formation of a Susceptibility Testing Manufacturers Association, and I invited him to consider that this might be the appropriate group from which to elect the two manufacturers representatives to EUCAST.

The next meeting of the AST is scheduled for 17-19 June 2001 in Boston, and the following one for 6-8 January 2002 in Tampa.

Ian Phillips
Chairman EUCAST

Retirement of Chairman of EUCAST

In April 2001, I celebrate my 65th birthday, the normal age for retirement in the UK. I informed the ESCMID Executive Committee about a year ago that I would retire as Chairman of EUCAST at the end of my second term of office in 2001, and my retirement has been accepted by the Committee, who have the task of recruiting and appointing my successor.

Although things have moved more slowly than I would have wished, most of my objectives expressed in 1997 when the Committee was formed have been fulfilled. We devised a democratic means of appointing the Committee to answer the criticisms of some of our colleagues of the old ESGAB group, now having a voting representative of all European countries. The enlarged Committee necessitated the setting up of small subcommittees to take forward different aspects of our work. These took shape in 1998, and have been active in different measure. As a result, we have shown that such a structure can deliver documents representing their and the whole Committee’s views: we now have a series of three Definitive Documents (on terminology, breakpoint determination and an agar dilution MIC reference method), all now published in CMI. A further Discussion Document on a broth microdilution MIC reference method will appear as an insert in CMI. These agreed documents make it possible for us now to make progress on agreeing European breakpoints, based on MICs, pharmacology and clinical results, for old and new antibiotics, a process that has started with linezolid. The first breakpoint, for linezolid, has now been delivered (E. Def 4.1), and I feel satisfied that I can hand over a viable structure to my successor. Finally, we have established valuable relationships with outside groups such as NCCLS and the European Medicines Evaluation Agency, EMEA.

Of course, our activities – or, to some, lack of them – have attracted criticism and approval in equal measure. We have been accused of both a lack of and excessive democracy, of moving too slowly and too quickly. As the poet Kipling advised, I have tried to treat triumph and disaster with equanimity, though I am conscious of failing to do so on occasion.

Throughout I have had the active support of the Scientific Secretary of the Committee, Dr. Derek Brown, and I wish to thank him for this. I also thank those who have produced draft documents, which will eventually, I hope, form a complete dossier on susceptibility testing. And I thank Conny Hasselmann for her administrative efficiency. One day, there may even be an international dossier on susceptibility testing – but that was not one of the outcomes that I expected would be delivered during my period of office. As for my successor …… I wish him or her calm seas and a prosperous voyage – and a non-mutinous crew!

Ian Phillips
Chairman EUCAST
European Society of Clinical Microbiology and Infectious Diseases

Membership Application / Renewal

Please tick: □ 2001 □ 2002 □ 2003 □ 2004

Membership is open to any individual engaged in the fields of clinical microbiology and/or infectious diseases. Membership commences and is renewable each January. Membership applications received prior to October 31st become effective in the current year if not indicated otherwise, and journals will be supplied from the month of renewal/application receipt through the end of the relevant year; applications received after October 31st become effective the following January. Please note that your membership will become effective upon receipt of your dues, which should accompany your membership application.

Reduced-rate membership is available to any trainee or young (age limit 35 years) or retired individual who is engaged in the fields of clinical microbiology and/or infectious diseases.

Please print or type:     Prof. □ Dr. □ Ms. □ Mr. □ Date of Birth: ______________________________________

Surname:  _________________________________________________  First Name(s):  ________________________________________________

Department:  ___________________________________________________________________________________________________________

Hospital/Company:   ______________________________________________________________________________________________________

Street/P.O. Box:   ________________________________________________________________________________________________________

Country:  ________________________________ Postal Code:  ____________________  City:  __________________________________________

Phone:  _________________________________  Fax:  _________________________  E-mail:  __________________________________________

Speciality:  □ Clinical Microbiology □ Infectious Diseases □ Other  ________________________________________________

Regular Membership: Annually dues of EURO 82 are mandatory and represent the minimum fee.

Reduced-Rate Membership: Annually dues of EURO 31 are mandatory and represent the minimum fee.

Please tick: □ EURO 82 □ EURO 31 □ EURO 6 □ EURO 6 for general membership (which includes a subscription to Clinical Microbiology and Infection, the official journal of ESCMID, in print as well as a subscription to ESCMID News).

Total: EURO_____ x _____ years = EURO___________.

Payment of dues can be accepted in EURO only. Payment should be made by credit card, Eurocheque or draft drawn on a German bank and payable to the ESCMID, or by a bank transfer to one of the Society accounts:

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Please charge my credit card with EURO ____________ card’s expiry date:

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Date:  _____________________________  Signature:  _____________________________

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