

Consultative Meeting on AMR Surveillance Protocol Update

Venue: Conference Room (IEDCR New Building)

Date: 15-16 September, 2021

Time: 9:30 am

Background:

Antimicrobial resistance (AMR) represents a major threat to human health with significant global economic and security implications.

IEDCR has been conducting AMR Surveillance in Bangladesh successfully since 2017 till now in nine different hospitals all over the country. The Surveillance system was developed according to Global Antimicrobial Resistance Surveillance System (GLASS) Early Implementation Protocol with taking into consideration the country perspective.

GLASS is the first global system to incorporate official national data from surveillance of AMR in human, in the food chain, and the environment. It comprises routine and focused surveillance activities, and several survey and studies.

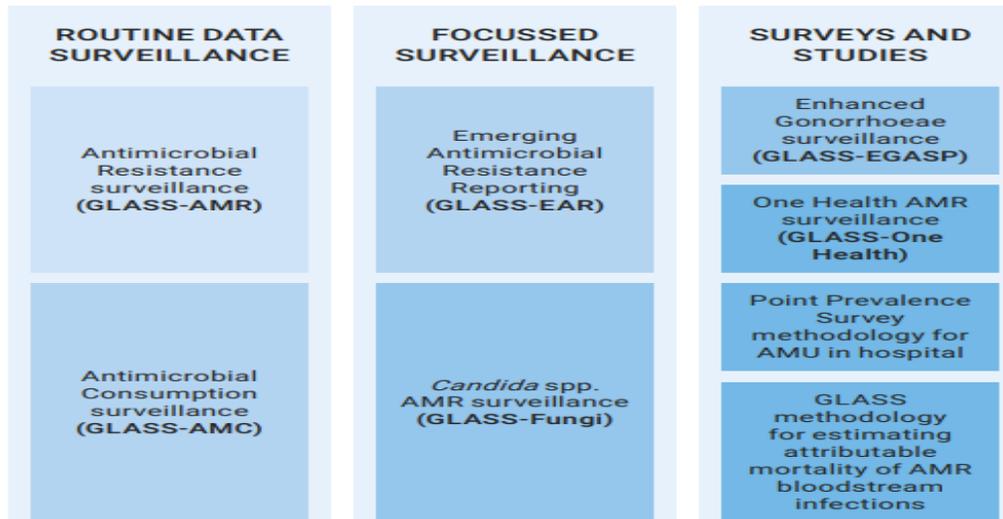
GLASS provides a standardized approach to the collection, analysis, interpretation and sharing of data by countries and seeks to actively support capacity building and monitor the status of existing and new national surveillance systems.

GLASS was designed to be implemented in five-year cycles, followed by revision and further development based on lessons learnt and best practices identified during each of these periods.

The first phase, defined as 'early implementation' of GLASS, covered the period 2015–2019



Current GLASS Activities



Over the time, WHO has updated GLASS protocol taking into consideration the growing challenges of AMR. IEDCR as the surveillance coordinator also taken initiative to update it's existing protocol.

A Two-days Consultative Meeting on AMR Surveillance Protocol Update was arranged at IEDCR where members from sectoral working group and representatives from the sentinel sites were invited.

The participants assembled to discuss the newly added protocols in GLASS and to prioritize its components which can be merged with the existing protocol of AMR Surveillance in Bangladesh according to country perspective.

First Day:

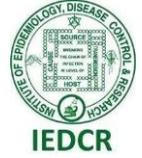
On the First day there were brief presentations on Existing protocol of AMR Surveillance and new added protocols of GLASS by some of the participants.



Presentations:

1. AMR Surveillance in Bangladesh & GLASS Protocol presented by Dr. Saima-binte-Golam Rasul, AMR Surveillance Consultant, IEDCR.
2. Global Antimicrobial Resistance and Use Surveillance System (GLASS) and its updates presented by Dr. Zakir Hossain Habib, PSO, Head of Microbiology Department, IEDCR.
3. Early implementation protocol for inclusion of Candida spp presented by Dr. Sharmin Sultana, SSO, Department of Virology, IEDCR.
4. Molecular methods for antimicrobial resistance (AMR) diagnostics to enhance the Global Antimicrobial Resistance Surveillance System presented by Dr. Abdullah Yusuf, Associate Professor, Microbiology, National Institute of Neuroscience.
5. Whole Genome Sequencing (WGS) for Surveillance of AMR presented by Dr. Manjur Hossain Khan, Assistant Professor (cc), Virology, IEDCR.
6. The Detection and Reporting of Colistin Resistance presented by Dr. Ishrat Siddiqui, MO, IEDCR.
7. Global Antimicrobial Resistance Surveillance System (GLASS)- Antimicrobial consumption (AMC) Framework presented by Dr. Ripon Barua, PSO, Dept. of Parasitology, IEDCR.
8. Integrated Surveillance of AMR in Foodborne Bacteria: Application of One Health Approach presented by Dr. Khaleda Islam, Surveillance Lead, Fleming Fund Country Grant, Bangladesh.
9. Global Antimicrobial Resistance Surveillance System (GLASS)- Emerging AMR Reporting (EAR) Framework presented by Dr. Ripon Barua, PSO, Dept. of Parasitology, IEDCR.

On the Second day, the participants were divided into group work on different new protocols and have a discussion on specific protocols by each group. After discussion each group share a presentation featuring the importance of that protocol, its implementation challenges and timeline.



After all these two-days discussion the participants develop an outline to update the existing protocol of AMR Surveillance in Bangladesh step by step.

Decisions taken:

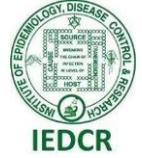
1. The AMR Surveillance protocol according to GLASS early implementation plan should be updated.
2. *Neisseria gonorrhoeae* should be included in the priority pathogens in the protocol as early as possible.
3. Inclusion of fungal pathogen, especially *Candida* spp. bloodstream infection of ICU patients should be initiated at earliest possible time.
4. Blood culture sample should be increased from 5 to at least 10 in every sentinel sites.
5. Funding source should be explored to start the Genomic AMR Surveillance and Whole Genome Sequencing of the MDR pathogens.

Attendee List:

1. Prof. Dr. Tahmina Shirin, Director, IEDCR
2. Dr. Zakir Hossain Habib, PSO, Head of Microbiology Department, IEDCR
3. Dr. Ahmed Nawsher Alam, PSO, IEDCR
4. Dr. ASM Alamgir, PSO, IEDCR
5. Dr. M Salim Uzzaman, General Secretary, One Health Bangladesh
6. Dr. Mahbubur Rahman, Assistant Professor, IEDCR
7. Dr. Aninda Rahman, DPM, ARC, CDC, DGHS
8. Dr. Ishrat Siddiqui, MO, IEDCR
9. Dr. Manjur Hossain Khan, Assistant Professor (cc), Virology, IEDCR
10. Dr. Ripon Barua, PSO, Dept. of Parasitology, IEDCR
11. Dr. Saima-binte-Golam Rasul, AMR Surveillance Consultant, IEDCR
12. Dr. Sharmin Sultana, SSO, Department of Virology, IEDCR
13. Dr. Shariful Alam Jilani, Professor, Microbiology, Ibrahim Medical College



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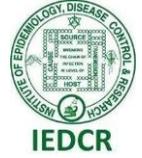


14. Dr. Shakeel Ahmed, Associate Professor, Head of Dept. Microbiology, BITID
15. Dr. Sazzad Bin Shahid, Associate Professor, Dept. of Microbiology, DMC
16. Dr. Mostakimur Rahman, Associate Prof. Dept. of Microbiology, Nilphamari Medical College
17. Prof. Dr. Mushtaque Ahmed, Professor, Head of Dept. Microbiology, Popular Medical College
18. Prof. Dr. Most. Fahmida Begum, Head of Department of Microbiology, UAMCH
19. Dr. Abdullah Yusuf, Associate Professor, Microbiology, National Institute of Neuroscience
20. Dr. Khaleda Islam, Surveillance Lead, Fleming Fund Country Grant, Bangladesh





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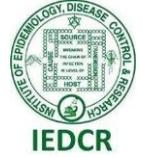


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