TASK FORCE CHARTER
Proposed Final Working Draft
10 January, 2017

Purpose

The CSTE/CDC Antimicrobial Resistance Surveillance Task Force ("the Task Force") will develop a national strategic plan to improve surveillance for currently known and future emergence of antimicrobial resistant (AR) bacteria as charged in the CSTE Position Statement 13-SI-01 – "Recommendations for Strengthening Public Health Surveillance of Antimicrobial Resistance in the United States." This strategic plan will include collaboration and coordination with existing surveillance frameworks such as state reportable disease requirements, the National Notifiable Disease Surveillance System (NNDSS), the National Healthcare Safety Network, and the CDC Antibiotic Resistance Laboratory Network (ARLN) among others. It will include defining the surveillance data required at all levels of governmental public health (federal, state, local) to achieve the defined purposes of AR surveillance at each level. The Strategic Plan will also identify the gaps in current clinical and public health AR surveillance practices and provide the basis for determining the technologies, personnel, skill sets, training and strategies for collecting, analyzing and reporting such data that will move the nation significantly towards the desired state of AR surveillance. To develop this Strategic Plan, the Task Force will include representation from federal, state, and local government agencies and non-governmental organizations, including professional organizations. Broad collaboration with all parts of the public health, laboratory, and clinical domains will be needed to assure a broad base of support and wide spread endorsement and adoption of Task Force recommendations.

Scope

The Task Force is making recommendations for public health surveillance which has traditionally been conducted by public health agencies. Therefore, the recommendations of the Task Force will be directed primarily at state, local, and federal public health agencies. However, recommendations will also affect clinical settings and practitioners to the extent that their actions are necessary to successfully collect and transmit data for AR surveillance and correspondingly to implement prevention and control measures.

The Task Force will focus discussions on a prime example of a healthcare-associated antimicrobial resistant pathogen: carbapenem-resistant *Enterobacteriaceae* (CRE), because the clinical experience with, and data collection for, CRE are now sufficiently mature to realize the public health benefits of surveillance. In addition, many states are now undertaking or considering CRE surveillance and there are several options to consider. However, surveillance for other AR organisms can be considered in the Task Force discussions, including other AR bacteria and viruses that would encompass respiratory, foodborne, and sexually transmitted diseases. Every effort will be made to communicate with public health practitioners working in these areas to assure that Task Force-recommendations can be generalized to other areas of ARS. In addition, it is hoped that the approach of the Task Force will be able to benefit from as well as inform other areas of surveillance, for example chronic diseases and syndromic

surveillance, particularly in relation to electronic reporting standards and the discussions of the surveillance roles held at the different public health levels and by clinical medicine providers.

Goals of the Task Force

- Develop and deliver a strategic plan that addresses roles and responsibilities, identifies gaps, and describes current fragmentation impeding AR surveillance at each governmental level
- Delineate the type and scope of resources and training that should be applied to assure robust antimicrobial resistance surveillance systems and processes at all governmental levels
- Better define and coordinate the responsibilities of surveillance systems at all jurisdictional levels for early detection and ongoing monitoring of antimicrobial resistance problems across the spectrum of diseases (e.g., healthcare-associated, respiratory, foodborne, and sexually transmitted)
- Enable antimicrobial resistance surveillance systems to leverage shared technical infrastructure for microbiology results reporting while preserving and enhancing their capacity to meet additional jurisdictional- or program-specific needs beyond Electronic Laboratory Reporting (ELR) (i.e. Electronic Medical Records, electronic Initial Case Reports, National Healthcare Safety Network, susceptibility results, etc.)
- Identify ways that surveillance systems can maintain flexibility to leverage continuous advancements in diagnostic technology and practices
- Maximize the contribution of public-private partnerships and policy opportunities that can be applied to further streamline and standardize the delivery of antimicrobial resistance data to public health surveillance systems (i.e. Digital Bridge)
- Recommend models for communicating antimicrobial resistance data to healthcare practitioners, policymakers, and the public in actionable forms to promote and inform antimicrobial resistance prevention programs
- Collaborate with the Clinical Laboratory Improvement Advisory Committee (CLIAC) and CDC's Center for Surveillance, Epidemiology and Laboratory Services to establish strategies and rules for safeguarding against suppression of antimicrobial susceptibility test results when those results are relevant for local antimicrobial stewardship, infection prevention, clinical management and by public health
- Collaborate with CSTE ELR Workgroup to establish the standards for reporting AR data to state and local health departments and assure that ELR serves the dual purpose needs of communicable disease and antimicrobial resistance reporting at the local, state, and national levels
- Set in motion a sustainable process that will assure the task force work products are used to the fullest extent to strengthen AR surveillance at all governmental levels