ANTIMICROBIAL RESISTANCE SURVEILLANCE TASK FORCE, YEARS 5–7
Progress Report: Recommendations for Antimicrobial Resistance Surveillance in the United States
Introduction
The years 5-7 Antimicrobial Resistance Task Force (ARSTF) (the “Task Force”) annual report describes progress made from October 2020 through July 2023. The work of the Task Force, like many other public health activities, came to a near halt due to the COVID-19 pandemic. However, in April 2022, efforts resumed, and following a successful roundtable session at the June 2022 Council of State and Territorial Epidemiologists (CSTE) Annual Conference, the Task Force formed three new Workgroups to tackle three reaffirmed priority areas. Activities since the summer of 2022 have included the recruitment and onboarding of new Workgroup Co-Leads and members, and review and re-publication of foundational Task Force documents that capture collective achievements and serve as a guide for continued success.

This report covers Years 5-7 based on timelines, naming conventions, and coverage of previous reports. For historical purposes, it is relevant to disclose that there was no annual report for Year 1, and the review of coverage in reports for Years 2, 3, and 4 has some gaps in project periods as the timing of reports was not clearly defined. The Core Group has determined that from this point, annual progress reports will align with funding cycles, and Year 8 will cover August 1, 2023, through July 31, 2024. Depending on project resources, the aim will be to publish reports in the Fall of the same year the project year is completed.

Task Force Resumes Activities
National and global response efforts to address the COVID-19 pandemic were the primary public health focus from early 2020. This thorough disruption of public health activities led to the interruption of Task Force progress.

Previously, the Task Force held annual in-person meetings to share activity updates and accomplishments, and to determine future priorities. The last in-person meeting was held in February 2020, just prior to a nationwide halt in travel. A virtual meeting was held in the Fall of 2021, but member engagement remained a challenge due to competing pandemic-related priorities. In April 2022 members of the Task Force were able to turn toward pre-pandemic priorities once again. Initial discussions for a Task Force return to activities included reorganization and the return of regular meetings of the Core Group, identification and placement of support staff, and ensuring all Core Group members were fully updated on previous Task Force priorities and accomplishments. The Core Group agreed that the CSTE Annual Conference in June of 2022 provided an opportunity to re-engage the Task Force membership and reaffirm priorities for the coming year.

2022 CSTE Annual Conference: Roundtable Discussion
The Task Force Co-Chairs authored and submitted an abstract for a Roundtable discussion at the 2022 CSTE Annual Conference (Appendices: 1. 2022 CSTE Annual Conference Roundtable Abstract). The purpose of the discussion was to, “offer participants an opportunity to discuss progress, provide insight, and inform future ARSTF activities and advancement of AR surveillance.” The abstract was accepted, and the Task Force held a 1-hour virtual Roundtable on June 21, 2022, at the CSTE 2022 Annual Conference. There were 113 online participants.

The discussion began with Co-Chair introductions, an overview and background of the Task Force, including a high-level summary of activities to date and a review of the four priority areas identified by
the Task Force in 2021 (*Appendices: 2. 2022 CSTE Annual Conference Roundtable Presentation*). The primary focus of the conversation was re-assessing needs, gaining input for the future direction of the Task Force, and seeking participation in Workgroups for the priority areas.

Feedback obtained during the ARSTF Roundtable session at the Conference reaffirmed the Task Force’s priority areas of work while recognizing an appropriate reorganization and collapse from four to three priority areas:

**Previous Priority Areas of Work for Year 4**

- Promoting interoperable linkages between laboratory data and epidemiologic case findings.
- Releasing suppressed antimicrobial susceptibility test (AST) result data to inform public health action.
- Developing capacity for a more informed workforce, including for antimicrobial resistance, antimicrobial use and stewardship, and informatics.
- Approaching antimicrobial resistance from a One Health perspective.

**Newly Confirmed Priority Areas of Work for Years 5-6**

- Promoting interoperable linkages between laboratory data and epidemiologic case findings (now inclusive of addressing the release of suppressed AST data).
- Developing capacity for a more informed workforce, including for antimicrobial resistance, antimicrobial use and stewardship, and informatics.
- Approaching antimicrobial resistance from a One Health perspective.

Further discussions during the Roundtable included the need for expanded expertise for a well-rounded One Health approach. Veterinary medicine and infection preventionists were identified as top priorities for inclusion in Task Force membership and Workgroup participation.

**Workgroup Development and Formation**

Following the CSTE Roundtable discussion, the Core Group determined outreach strategies and developed a plan of action to begin forming the three Workgroups, with one to address each priority area. The approach included a communication plan, a survey to gauge Workgroup interest, and developmental milestones for Workgroup formation.

**Outreach Plan and Interest Survey Deployment**

The Core Group’s communication plan included a wide range of individuals. The plan targeted the following groups, ensuring the two new areas of expertise highlighted during the CSTE Roundtable – veterinary medicine and infection preventionists – were included.

The outreach plan included targeted communication to the following groups:

- Participants from the CSTE Roundtable
- CSTE’s Healthcare-Associated Infections (HAI), enteric diseases, and sexually transmitted diseases subcommittees
- State Public Health Veterinarian listserv
• Strategically identified Centers for Disease Control and Prevention (CDC) partner listservs, including One Health
• Laboratory groups and networks, including the National Wastewater Surveillance System (NWSS) Laboratory Community of Practice and the APHL Microbiology CoLLABorate site

The Core Group developed targeted communications for the relevant groups, including background information on the Task Force and three priority areas, and a short survey to gauge interest and collect basic contact information. The survey aimed to gain information from interested participants for each Workgroup. The Core Group sent out the interest survey during the week of September 6, 2022, and closed it on September 19, 2022. Individuals were encouraged to share the survey with others who may also be interested in any Workgroup.

Survey Response and Expertise of Participants

In total, 156 survey responses were received. Replies included individuals working within federal, state, and local health departments as well as private industry and university settings. Roles included epidemiologists (medical, wastewater, healthcare-associated infections, antimicrobial resistance, foodborne and waterborne diseases, surveillance), laboratorians (microbiologists, department chief, director, chemical threats coordinator/chemist), a state public health veterinarian, public health administrators, a professor, and a graduate student.

The response regarding interest in participation was impressive and allowed for a high level of expertise within each Workgroup. The Core Group wanted to ensure the number of Workgroup participants was manageable for in-depth discussions and coordinated input. Therefore, expectations and deliverables were defined for active participation in each of the volunteer-based Workgroups.

Workgroup Informational Calls

The Workgroup informational calls aimed to provide interested Co-Leads and members with more in-depth information relevant to each Workgroup. The three Task Force Co-Chairs self-selected to serve as the main advisor and lead for each of the Workgroup informational calls as follows:

• “Interoperable Linkages” - Melissa Cumming (MA/CSTE)
  Promoting interoperable linkages between laboratory data and epidemiologic case findings (now inclusive of addressing the release of suppressed AST data).
• “One Health” - Annastasia Gross (APHL)
  Approaching antimicrobial resistance from a One Health perspective.
• “Workforce Development” - Dawn Sievert (CDC)
  Developing capacity for a more informed workforce, including for antimicrobial resistance, antimicrobial use and stewardship, and informatics.

Informational Calls were held for each Workgroup on November 9, 2022; there were approximately 50 participants in each of the three sessions. Presentations included an overview of the Task Force, including background, organizational structure, and the plan for formation of the three Workgroups identified at the June 2022 Roundtable. The Priority Matrix (Appendices: 3. Priority Matrix) was also presented to provide specific guidance, including potential deliverables and next steps for each priority area previously identified by the Task Force.
In addition, expectations for anticipated time commitments for participants and roles of Co-Leads and members were discussed. For example, Co-Leads are expected to lead monthly calls, keep their Workgroup on task, and provide updates to the Co-Chairs quarterly. Members are expected to attend monthly meetings, actively participate in creating and reviewing deliverables, and review and comment on documents produced by the Task Force or its Workgroups. Finally, interested Workgroup participants had time to ask questions of the Co-Chairs and gain further clarity on participation and Workgroup activities as needed.

Upon conclusion of the three informational calls, the next steps for Core Group selection of Workgroup Co-Leads and finalizing member rosters were identified. This would include a follow-up email from CSTE with a final opt-in survey to gauge interest in the specific priority areas and participation roles.

Workgroup Co-Lead Selection and Roster Finalization
Following the informational calls, CSTE shared the opt-in survey with all participants as the Task Force worked towards finalizing the Workgroup rosters. Email outreach occurred on November 14, 2022, and a survey close deadline of November 23, 2022, was provided for prospective Workgroup member consideration.

Following the informational calls, Workgroup interest fell to a more operational level with 36 opt-in survey respondents. No individuals who expressed interest were excluded from Workgroup membership. Survey responses of individuals interested in overlapping Workgroups were reviewed to achieve a balance of membership numbers and robust areas of expertise for each priority area. Participants who self-identified as interested in Co-Lead roles were also given opportunities to ask additional questions about expectations for serving in these leadership roles. The Core Group made the final selections for Workgroup Co-Leads, and a call was held on January 25, 2023, where these individuals were given a final opportunity to ask questions of the Co-Chairs. This call aimed to ensure that Workgroup Co-Leads felt supported, empowered, and prepared to begin working with each of their Workgroups.

Once Workgroup Co-Leads were established, final Workgroup Member outreach was completed, and Member rosters were confirmed. Final Workgroup rosters included two Co-Leads for each Workgroup and the following membership breakdown:

- Interoperable Linkages = 8
- One Health = 15
- Workforce Development = 12

Kick-Off Calls
On February 8, 2023, the Workgroup Co-Leads were provided Workgroup Member contact information to take charge of each of their perspective Workgroups. Actions included outreach to Workgroup members to schedule kick-off calls and coordinate a monthly meeting cadence. The Workgroup Co-Leads were provided guidance from the Core Group for a recommendation that kick-off calls be completed by March 31, 2023.

Kick-Off Calls for each Workgroup occurred on the following dates:
Workgroup Activities
Following kick-off calls, each Workgroup Co-Lead established a monthly meeting cadence and began the initial strategy and planning phases with Workgroup members.

Interoperable Linkages
Co-Leads for this Workgroup include Joseph Gerth, MPH, from the Massachusetts Department of Health, and Hsiu Wu, from CDC. Their Workgroup has identified three primary areas of focus: a) Improving interoperability between Antimicrobial Resistance Laboratory Network (AR Lab Network) regional labs and state and local health departments. b) Focusing on the National Healthcare Safety Network’s AR option in the antimicrobial use and resistance (AUR) module concerning the suppression of AR data. The group intends to learn from jurisdictions with successful implementation and consider existing data structures already in use. The goal is to identify where suppression is happening and create a document to help jurisdictions understand how reporting is accomplished and to make system improvements specific to data suppression. c) Exploring the use of multidrug-resistant organism (MDRO) registries and notification systems for individuals needing contact precautions who are transferred between or re-admitted to healthcare facilities. The goal is to identify jurisdictions with successful systems and develop best practices.

Workforce Development
Co-Leads for this Workgroup include Gregory Danyluk, Ph.D., MPH, MS, from the Florida Department of Health in Polk County and Daniel Evans, MS, CIC, REHS/RS, CPH, from the North Dakota Department of Health and Human Services. The top priority for this Workgroup is to compile a list of high-quality resources for training in the field of antimicrobial resistance for developing capacity for a more informed workforce, including for antimicrobial resistance, antibiotic use and stewardship, and informatics. The group has determined that the training list needs to be robust, cover skills from beginner to advanced levels, and include training for epidemiologists, laboratorians, and other stakeholders involved in antimicrobial resistance. In addition, advanced molecular detection and next generation sequencing have become a higher priority for inclusion in training across areas of expertise. Once the Workgroup has developed the initial list, they plan to engage with partners from CSTE’s subcommittees and workforce program, and other partner organizations (e.g., APHL, NACCHO, ASTHO, etc.) that are in the fight against antimicrobial resistance to continue to build a training resource list. It is anticipated that finalized materials will be made available on CSTE’s ARSTF webpage.

One Health
Co-Leads for this Workgroup include Andrew Hennenfent DVM, MPH, DACVPM from the Iowa Department of Health and Human Services and Ryan Jepson M(ASCP) from the State Hygienic Laboratory at the University of Iowa. This group has expanded efforts from a One Health three-circle diagram to a four-circle diagram to include plant health. Given this expansion, the Workgroup recognized the need to identify experts to provide guidance in this area. They selected two plant health experts to join the group. Initially, the Workgroup aims to develop a One Health crosswalk. This resource
will highlight available data sources, guidelines, and other materials across the four One Health domains, while identifying gaps and opportunities to address them. The group wants to create a guidance document for One Health programs in the long term.

Core Group Support for Workgroups
The Core Group maintained regular communication with the Workgroup Co-Leads to assist where needed. In addition, Co-Leads were invited to quarterly Core Group calls to provide progress updates and discuss challenges needing Core Group guidance and support.

2023 CSTE Annual Conference: Roundtable Discussion
The Task Force Co-Chairs authored and submitted a Roundtable abstract for the June 2023 CSTE Annual Conference (Appendices: 5. 2023 CSTE Annual Conference Roundtable Abstract). The purpose of the roundtable discussion was to

- Review recent accomplishments and highlight ongoing activities of the ARSTF, including progress updates from three recently re-established Workgroups.
- Offer participants an opportunity to engage in discussion of the activities of the Workgroups and continue to inform future ARSTF direction and advancement of antimicrobial resistance surveillance.

In 2023 the CSTE Annual Conference was held in person. During the Roundtable session, Workgroup Co-Leads were able to present current progress and strategies with stakeholders and gain input for future direction and next steps. This session proved valuable in confirming current priorities and gaining insight into additional needs.

Task Force Background Documents
The Core Group remained active between the CSTE Roundtable preparations and discussions and Workgroup development activities by performing a thorough review of background documents. These documents provide important information to the Workgroups and ensure that historical information is documented in a manner that provides a foundation for Task Force members as the group continues toward the completion of deliverables.

Priority Matrix
The Priority Matrix (Appendices: 4. Priority Matrix) was initially developed by the Task Force in Project Year 4. Following the June 2022 CSTE Conference Roundtable discussion and input, the Core Group revised and updated the Priority Matrix to align with current goals identified by Task Force members. It was also determined that this document would provide needed guidance to the newly forming Workgroups. The document captures priority-specific background information, context and scope, and previously identified deliverables with the next steps for the Workgroups to consider as they set goals and define activities. The current version of the Priority Matrix was finalized by the Core Group in November 2022.

The “Priority Description/Workgroup” section of the table also tied back to original foundational
documents previously created to more clearly define how each Workgroup fits within the Strategic Objectives defined within the 2017-2020 Strategic Profile. Though the Strategic Profile was developed in 2017, the core values of the Strategic Priorities remain relevant in 2023.

Operations and Processes of the ARSTF
This document serves as the governing instrument and operational guidelines for the Task Force. The Core Group worked to revise the document to align with current priorities, expand and formalize the expertise needed within the Task Force, clarify expectations for Workgroup Co-Leads and members, and define the decision-making process within the Task Force.

The language was refined to clearly define expertise needed within the Task Force including, “Other individuals and organizations (members) participating on the Task Force have been selected to ensure a wide range of expertise and stakeholder perspectives and are included from several disciplines: public health epidemiology, public health leadership at the state and local levels, public health and clinical laboratories, clinical medical care (infectious disease), infection prevention and control, veterinary medicine, plant/crop health, environmental health, and informatics.”

CSTE ARSTF Webpage
CSTE hosts the CSTE ARTSF webpage here. As the Core Group was undertaking efforts to update core documents, work was done to ensure that similar language was used on the outward-facing webpage, and links to documents were up-to-date and accurate, and reflected the current priorities and efforts of the Task Force.

All Task Force background documents were finalized before Workgroup kick-off calls and proved to be valuable resources to both Workgroup Co-Leads and members as they began initial planning efforts.

Next Steps for the Task Force
Short and Long-term Goals of the Workgroups
At the time of this report, Workgroups were in the early stages of formation. They had identified short, medium, and long-term goals (described in the relevant sections above). The goal is for the Core Group to continue to provide support and guidance for these groups to create valuable outputs within the first year of development.

Task Force Meetings
The Core Group is considering holding Task Force meetings in the Fall of 2023 and Spring of 2024. Details for timing, planning, and format (in-person versus virtual) will include collaboration and input from the Core Group and Workgroups.
Acknowledgments
The ARSTF sincerely thanks and acknowledges all contributors to the activities mentioned within this report, including:

- **ARSTF Co-Chairs:**
  - Annastasia Gross (APHL)
  - Dawn Sievert (CDC)
  - Melissa Cumming (CSTE)

- **ARSTF Core Group Members:**
  - Beth Daly (CSTE)
  - Jacob Clemente (CDC)
  - Kelly Wroblewski (APHL)
  - Laura Lane (J Michael Consulting)
  - Lindsay Jordan Pierce (CSTE)
  - Natalie Raketich (J Michael Consulting)
  - Tracy Stiles (APHL)
  - William Fritch (CSTE)

- **ARSTF Workgroup Co-Leads and Members**

- **2022 and 2023 CSTE Annual Conference Roundtable Participants**
Appendices

1. 2022 CSTE Annual Conference Roundtable Abstract

Title: Antimicrobial Resistance Surveillance Task Force: Progress and Future

Authors: Melissa Cumming, MS, CIC, Massachusetts Department of Public Health, Dawn Sievert, PhD, MS, Centers for Disease Control and Prevention and Puja Shah, MPH, CLSSGB, CSTE

Key Objectives:
Highlight Year 5/6 accomplishments and ongoing activities of the Antimicrobial Resistance Surveillance Task Force (ARSTF) and highlight the Year 4 Progress Report that was released November 2021.

Offer participants an opportunity to discuss progress, provide insight, and inform future ARSTF activities and advancement of AR surveillance.

Brief Summary:
The ARSTF released its Year 4 Report and Recommendations in November 2021, and the Task Force continues to make progress and provide updated recommendations in the areas of data standardization needs, AR surveillance challenges and opportunities, and stakeholder organizations engagement and collaboration. The Task Force established four priority areas and continues to work in these areas of: 1) Promoting interoperable linkages between laboratory data and epidemiologic case findings; 2) Releasing suppressed Antimicrobial Susceptibility Test result data to inform public health action; 3) Developing capacity for a more informed workforce, including for antimicrobial resistance, antibiotic use & stewardship, and informatics; and 4) Approaching AR from a One Health perspective. This Roundtable will summarize achievements of the ARSTF, highlight progress made on implementation of recommendations, and discuss next steps. Participants will be encouraged to share their AR surveillance experiences, challenges, and needs, and make recommendations to guide future activities. The results of the 2022 Roundtable discussion will be incorporated into the Task Force’s Year 5 and 6 combined report, which will include recommendations for AR surveillance improvements and advancements and next steps of the ARSTF.
2. 2022 CSTE Annual Conference Roundtable Presentation

Agenda

- Please "raise hand" via the Zoom controls
- Agenda
  - Introductions and Purpose of ARSTF
  - Priorities from 2020
  - Priorities moving forward
  - Open Discussion

Introductions

ARSTF Co-chairs
- Dawn Sievert (CDC)
- Melissa Cumming (MA/CSTE)
- Annastasia Gross (APHL)

Antimicrobial Resistance Surveillance Task Force (ARSTF)

- The ARSTF was formed in response to the CSTE position statement 13-SI-01, "Recommendations for strengthening public health surveillance of antimicrobial resistance in the United States," in 2016
- To plan and implement solutions needed to strengthen AR surveillance
- To develop partnerships around actionable recommendations
- Task Force Members: CSTE, CDC, APHL, clinical and laboratory representatives, state and local health departments
- ARSTF Year 4 Progress Report – was posted November 2021
Current ARSTF Structure

Core Group: Oversight, Governance, and Sustainability of the Task Force
Full Task Force Members

Year 4 Priority Areas

- Promoting interoperable linkages between laboratory data and epidemicologic case findings
- Releasing suppressed Antimicrobial Susceptibility Test result data to inform public health action
- Developing capacity for a more informed workforce, including for antimicrobial resistance, antibiotic use & stewardship, and informatics
- Approaching AR from a One Health perspective

Priority 3 Progress

Developing capacity for a more informed workforce, including for antimicrobial resistance, antibiotic use & stewardship, and informatics.

**AUR/Informatics Learning Resource Guide**

- **Purpose**
  - To provide a list of learning topics, learning foci/competencies, and existing related resources
  - To be modified based on jurisdictions’ needs to become an on-boarding check list for new staff members
  - To identify and address potential gaps in available resources

- **Target Audience**
  - State and Local Health Departments’ staff, including public health laboratory staff, who work in the field of antimicrobial resistance/antimicrobial use surveillance

Priority Areas Discussion

Year 4 Priority Areas

Year 5-6 Priority Areas

Promoting interoperable linkages between laboratory data and epidemicologic case findings
Releasing suppressed Antimicrobial Susceptibility Test result data to inform public health action
Developing capacity for a more informed workforce, including for antimicrobial resistance, antibiotic use & stewardship, and informatics
Approaching AR from a One Health perspective
Next Steps

There will be follow-up outreach to gauge interest in participation and leadership roles for participants to individuals who registered for this Round Table

- If you registered late or are interested in getting involved, please add your name/email to the chat and we’ll be sure you are included in that communication

Target Goals

- Late July – Receive participant responses indicating interest
- Late Summer – launch work groups
  - Bi-weekly or monthly meetings
### 3. Priority Matrix (November 2022)

<table>
<thead>
<tr>
<th>Priority Description/Workgroup</th>
<th>Priority Context and Scope</th>
<th>Previously Identified Deliverables and Next Steps for Workgroup Consideration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promoting interoperable linkages between laboratory data and epidemiologic case findings.</td>
<td><strong>Priority Context and Scope</strong>&lt;br&gt;This priority area is a continued effort from Year 3 of the Antimicrobial Resistance Surveillance Task Force (&quot;the Task Force&quot;), with the addition of releasing suppressed antimicrobial susceptibility test (AST) result data to inform public health action, formerly a separate priority area. An interoperable linkage between laboratory data and epidemiologic case finding will allow programs to have collective information sharing to inform public health action. This interoperable linkage should apply to data flows of all levels, including clinical laboratories to state public health departments, state public health departments to Centers for Disease Control and Prevention (CDC), and CDC back to the States. Laboratory accession number, e.g., State Lab ID numbers, will be considered as one of the top potential linking numbers. In addition to continuing the efforts in electronic laboratory reporting of antimicrobial resistance (AR) data, electronic case reporting (eCR) will also be considered for inclusion in any future discussions around data exchange and system interoperability. <strong>Special Consideration for this Workgroup</strong>&lt;br&gt;Regarding suppression of AST data, the Task Force engaged AST instrument manufacturers in Year 3 to better understand data suppression. At that time, it was felt that public health use cases of accessing suppressed AST data were needed and that it was essential to specify why accessing suppressed AST data is important and what currently suppressed information is needed for public health actions. Following the June 2022 Task Force Roundtable discussion at the annual Council of State and Territorial Epidemiologists (CSTE) Conference, it was decided to merge &quot;releasing suppressed antimicrobial susceptibility test result data to inform public health action&quot; as one focus area under &quot;promoting interoperable linkages between laboratory data and epidemiologic case findings.&quot; Given funding and priority changes since the COVID pandemic began, this Workgroup can consider whether the topic of access to suppressed AST data remains a priority.</td>
<td>Deliverables:&lt;br&gt;- Engage in annual review of relevant position statements and operational guidance documents (e.g., Carbapenemase-Producing Organisms (CPO), Sexually Transmitted Infections (STI)).&lt;br&gt;- Determine if there is a need to assess the AR Lab Network to better understand 1) the challenges and barriers of data linkage between the state laboratories and epidemiology programs, and 2) what specific data elements are required for data linkage.&lt;br&gt;- Create a document to define public health use cases and the impact of having access to the suppressed antimicrobial susceptibility test result data.&lt;br&gt;- Create a best practice guidance document to release suppressed data. <em>Next Steps:</em>&lt;br&gt;- Review existing related documents and assess whether to update or create new guidance document(s).&lt;br&gt;- Engage the CSTE Electronic Laboratory Reporting (ELR) Workgroup and other related CSTE steering committees and subcommittees.&lt;br&gt;- Engage clinical laboratory experts and others, which include but are not limited to the Society for Healthcare Epidemiology of America (SHEA) and Clinical and Laboratory Standards Institute (CLSI).&lt;br&gt;- Identify reportable conditions for which AR is relevant and engage with Digital Bridge and Reportable Conditions Knowledge Management System (RCKMS) to understand how resistance data factors into ongoing eCR initiatives, where applicable.&lt;br&gt;- Identify a Task Force representative to Systemic Harmonization and Interoperability Enhancement for Laboratory Data (SHIELD) collaborative.</td>
</tr>
<tr>
<td>Strategic Objective B3: Provide technical information about AR testing.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strategic Objective B4: Enable capture of data using standardized vocabulary codes for new tests and other AR data.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strategic Objective B5: Implement a strategy to extract suppressed AST results.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strategic Objective C2: Leverage shared technical infrastructure and services.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strategic Objective C4: Establish and align standards for data collection, transmission, and provisioning.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strategic Objective C5: Maintain epi, lab and clinical information systems with appropriate vocabulary and code sets.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strategic Objective C6: Ensure sufficient data to track resistance patterns across settings and organisms.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strategic Objective D2: Integrate epi, lab and clinical data.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Priority Description/Workgroup</td>
<td>Priority Context and Scope</td>
<td>Previously Identified Deliverables and Next Steps for Workgroup Consideration</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>----------------------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Developing capacity for a more informed workforce, including for antimicrobial resistance and use, stewardship, and informatics. | Antimicrobial Resistance (AR) is a cross-cutting topic, involving laboratory science, epidemiology, and informatics across pathogens and programs. Workforce development across this spectrum of disciplines would strengthen AR practice. Continuing education in AR/antimicrobial use (AU), specifically data analysis and informatics, is needed. An HAI-focused mentorship program was previously proposed through the CSTE HAI Subcommittee. Lessons learned from the previous HAI mentorship program and other program areas can inform the Antimicrobial Resistance Surveillance Task Force’s (“the Task Force”) efforts into broader AR workforce development. | Deliverables:  
- Evaluate the previously developed training list and update as appropriate, adding or removing trainings as needed.  
- Define antimicrobial use and resistance (AUR) training needs, including specific training topics and the levels of details needed.  
- Develop a module for AR workforce development, potentially leveraging the CSTE learning management system (LMS).  
Next Steps:  
- CSTE will review the most recent Epidemiology Capacity Assessment to identify existing training needs. Pending review results, future assessment may be needed to further elucidate AR workforce development needs.  
- Engage the Association for Professionals Infection Control and Epidemiology (APIC), CSTE Healthcare-Associated Infections (HAI) subcommittee, Epidemiology and Laboratory Capacity for Infectious Diseases Cooperative Agreement (ELC) staff, Association of Public Health Laboratories (APHL), and others to identify workforce development resources and needs. |
<table>
<thead>
<tr>
<th>Priority Description/Workgroup</th>
<th>Priority Context and Scope</th>
<th>Previously Identified Deliverables and Next Steps for Workgroup Consideration</th>
</tr>
</thead>
</table>
| Approaching AR from a One Health perspective. | AR has a direct impact on human, animal, and environmental health. For example, there have been reports of CRE isolation from companion animals in the US and other countries. The complexity of AR highlights the need of cross-sector collaborations and an approach from a “One Health” perspective. The Antimicrobial Resistance Surveillance Task Force (“the Task Force”) shall strive to coordinate priority objectives across all relevant programs and stakeholders. | Deliverables:  
- Identify use cases in human/animal healthcare settings, focusing on infection control.  
- Springboard discussions include carbapenem-resistant Enterobacteriales (CRE) in companion animals.  
- Create a guidance document on a collaboration framework/approach for State Health Departments to implement for established connections, outreach and sharing updates on check-in meetings or periodic (e.g., quarterly) meetings across One Health partners ahead of any outbreak/situation/need. The guidance document should include What, Who, Wher, Where, Why, and How.  

Next Steps:  
- Engage new partners with the Task Force. Suggestions include: National Association of State Public Health Veterinarians (NASPHV), American Association of Veterinary Laboratory Diagnosticians (AAVLD), Multi-State One Health Antibiotic Stewardship (led by the Minnesota Department Health), foodborne and waterborne epidemiologists, environmental epidemiologists, National Wastewater Surveillance System (NWSS), Food and Drug Administration (FDA), Environmental Protection Agency (EPA), United States Department of Agriculture (USDA), American Veterinary Medical Association (AVMA). Identification and onboarding of additional partners will require further discussion.  
- Identify Task Force representative to participate in discussions with other stakeholders, e.g., NASPHV, AAVLD, AVMA.  
- Explore mechanisms, models, and new funding streams (for example SHARF funding) for convening partners to approach AR challenges and solutions, with the Task Force acting as a coordinating or supporting body as beneficial. |
4. 2023 CSTE Annual Conference Roundtable Abstract

Title: Antimicrobial Resistance Surveillance Task Force: Progress and Engagement

Authors: Melissa Cumming, MS, CIC, LTC-CIP, Massachusetts Department of Public Health, Dawn Sievert, PhD, MS, Centers for Disease Control and Prevention and Annastasia Gross, MPH, MT(ASCP), Minnesota Department of Health

Key Objectives:
Review recent accomplishments and highlight ongoing activities of the Antimicrobial Resistance Surveillance Task Force (ARSTF), including progress updates from three recently re-established Workgroups.

Offer participants an opportunity to engage in discussion of the activities of the Workgroups and continue to inform future ARSTF direction and advancement of antimicrobial resistance (AR) surveillance.

Brief Summary:
This Roundtable session will review accomplishments and recent activities of the ARSTF, with a focus on progress made by the Task Force’s three Workgroups. Feedback obtained during the 2022 ARSTF Roundtable session reaffirmed the Task Force’s focus on four priority areas, which have been collapsed into three re-established Workgroups: 1) Promoting interoperable linkages between laboratory data and epidemiologic case findings (now inclusive of addressing the release of suppressed AST data); 2) Developing capacity for a more informed workforce, including AR, antibiotic use, stewardship, and informatics; and 3) Approaching AR from a One Health perspective. The feedback from the 2022 ARSTF Roundtable discussion and re-establishment of three Workgroups are being incorporated into the Task Force’s Year 5 and 6 (combined) Report. Roundtable Participants will be encouraged to share their AR surveillance experiences, challenges, and needs, and make recommendations to guide ongoing activities of the Task Force and its Workgroups. The Task Force continues to make progress and provide updated recommendations in the areas of data standardization needs, AR surveillance challenges and opportunities, and stakeholder organization engagement and collaboration.