

MAPPING STRATEGY. SUGGESTED QUESTIONNAIRE FOR THE SUMMARY REPORT

26 October, 2022 Egle Kudirkiene



MAPPING STRATEGY



- Needs for mapping
- Selection of laboratories
- Suggested questionnaire
- Execution

NEEDS FOR MAPPING



■ General, e.g.:

To establish or to improve national laboratory network for surveillance of AMR

■ Specific, e.g:

- To elucidate the diagnostics capacities, equipment and resources of laboratories to be able to harmonise the methodologies used for characterisation
- To identify laboratories that perform culture-independent detection of Salmonella and/or Campylobacter
- To identify which PCR setups are used for Campylobacter jejuni/coli identification
- To identify how many laboratories can do serotyping of Salmonella enterica and by which method (serology/molecular)
- To harmonise or to improve referral of samples/isolates for surveillance of AMR

SELECTION OF LABORATORIES



- Consider the geography and population size served
 - E.g. only the hospital/regional laboratories may be selected
- Consider/discuss specific needs for mapping

SUGGESTED QUESTIONNAIRE 1/15



■ Prepared for distribution to the local/regional laboratories in your own language



Mapping of the local/regional laboratories capacities for the detection and characterization of *Salmonella* and *Campylobacter*

You are hereby invited to participate in a survey of clinical microbiology laboratory capacity for the detection and characterization of Salmonella and Campylobacter. The survey is organized by the NRL within the framework of of the Food and Waterborne Diseases and Antimicrobial resistance – Reference Laboratory Capacity (FWD AMR-RefLabCap) project.

- Aims to support NRLs for filling-in the mapping summary report in English
 - Suggested questions correspond to the sections 3-7, and should be used depending on your needs
 - Sections 1 and 2 are aimed to describe mapping methodology and PH system in the country and thus are not part of the questionnaire
- Suggested questions can be modified and additional questions may be added depending on your needs
 - contains 13 general questions and a maximum of 29 specific questions

SUGGESTED QUESTIONNAIRE 2/15



General part

- 13 questions to provide basis for section 3 of the summary report

3. Laboratories performing diagnostics of Salmonella and Campylobacter

- Information on the geographical coverage, private/government status
- The number of local/regional laboratories that perform detection of *Salmonella* and *Campylobacter* in your country

	Information about the laboratory
Name of the laboratory	
Name and surname of the contact person	
Email address of the contact person	
Address and institution of the laboratory	
Region/Area covered by the laboratory	
Estimated patient population size covered (approximate	
number of people in the geographical area the laboratory	
covers)	
Organisation of the laboratory (e.g. hospital, university, public	
health, private company etc.)*	

^{*}please use classification relevant to your country

2. D	oes your laborato	y carries out d	iagnostic te:	sting of <i>Saln</i>	<i>nonella</i> and/	or Campy	lobacter ((select bot	h answers, i	f rel	levant);
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Includes both, culture- and PCR-based detection

- a) Salmonella
- b) Campylobacter
- c) None of the above

3. How many samples and/or isolates are annually tested at your lab	boratory for the following pathogens?
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Includes all testing methods

1)	Salmonella	(p	lease specify)
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b) Campylobacter (please specify)_____

SUGGESTED QUESTIONNAIRE 3/15



- The number of local/regional laboratories that perform characterisation of *Salmonella* and *Campylobacter* in your country

Campy	vlobacter in your country
	your laboratory perform species identification of Campylobacter? (please select all relevant answers)
	both, phenotypic and genotypic testing
-	Yes, C. jejuni
	Yes, C. coli
c)	Yes, other species (please indicate species)
d)	None of the above
	your laboratory perform species/serovar identification of Salmonella? (please select all relevant answers)
Includes	both, phenotypic and genotypic testing
a)	Yes, species
b)	Yes, all serovars
c)	Yes, selected serovars (please indicate serovars)
d)	None of the above
6. Does	your laboratory perform antimicrobial susceptibility testing for Salmonella and/or Campylobacter? (select all relevant answers)
Includes	both, phenotypic and genotypic testing
a)	Yes, on all Salmonella isolates
b)	Yes, on selected Salmonella isolates (please indicate the selection criteria)
c)	Yes, on all Campylobacter isolates
d)	Yes, on selected Campylobacter isolates (please indicate the selection criteria)
e)	None of the above

SUGGESTED QUESTIONNAIRE 4/15



- Information on the laboratories' status regarding quality assurance, accreditation and

	oratories status regarding quality assurance, accreditation an
participation in EQAs	7. Does your laboratory hold accreditation or certification for some or all laboratory services provided?

This could have been obtained for one or more methods under national or international standards for laboratory Services

- a) Yes (please provide the details)
- b)
- 8. Does your laboratory use control material (specimens, DNA etc.) from a reliable source for quality control testing of the following methods? (please select all relevant answers)

Includes both, phenotypic and genotypic testing

- a) Salmonella
 - Detection
 - Species identification
 - Serovar identification
 - d. Antimicrobial susceptibility testing
 - No, the laboratory does not have access to controls from reliable sources
- b) Campylobacter
 - Detection
 - b. Species identification
 - c. Antimicrobial susceptibility testing
 - No, the laboratory does not have access to controls from a reliable source
- 9. Has your laboratory participated in any external quality assurance (EQA) schemes for the following methods within the last 3 years? (please select all relevant answers)

Includes both, phenotypic and genotypic testing

- c) Salmonella
 - Detection
 - Species identification
 - Serovar identification
 - Antimicrobial susceptibility testing
 - No, laboratory did not participate in any EQAs
- d) Campylobacter
 - f. Detection
 - Species identification
 - h. Antimicrobial susceptibility testing
 - No, laboratory did not participate in any EQAs

SUGGESTED QUESTIONNAIRE 5/15



- Other information of relevance

10. Does your laboratory provide testing services to other laboratories? (please select all relevant answers)

Include any type of tests for detection and characterization of Salmonella and Campylobacter

- a) Yes, for Salmonella
- b) Yes, for Campylobacter
- c) No
- 11. Is your laboratory a member of any of the following types of network? (please select all relevant answers)
 - a) National network of clinical laboratories
 - b) Regional network of clinical laboratories
 - c) National group of laboratories involved in capacity building activities in diagnostics and/or research
 - d) International group of laboratories involved in capacity building activities in diagnostics and/or research
 - e) No, none of the above
- 12. Does your laboratory participate in any type of national surveillance for *Salmonella* and/or *Campylobacter*? (please select all relevant answers)
 - a) Voluntary continuous surveillance
 - b) Mandatory continuous surveillance
 - c) Sentinel surveillance (for example by submitting data in shorter periods a number of times per year)
 - d) No, none of the above

SUGGESTED QUESTIONNAIRE 6/15



- Needs for support

- 13. What kind of support would you like to receive from the national reference laboratory (NRL) and/or national network?
 - a) Provision of control materials (isolates, DNA etc.)
 - b) Shipment of samples/isolates
 - c) External quality assessment (EQA) exercises for phenotypic antimicrobial susceptibility testing
 - d) Support for outbreak detection and management (including guidance)
 - e) Training/workshops for laboratory staff
 - f) NRL support visit to your laboratory
 - g) Long-term storage of isolates
 - h) Participation in laboratory network
 - i) Accreditation practices
 - j) Other areas of support
 - We are not interested in or able to join a national network and receive support from the network including the NRL

SUGGESTED QUESTIONNAIRE 7/15



Specific part

- 6 questions to provide basis for section 4 of the summary report
- **4. Human resources, laboratory equipment and funding at local/regional laboratories** describe the qualifications and skills of the personnel working on detection and characterisation of *Salmonella* and *Campylobacter* at local/regional laboratories (personnel in different roles: leaders, technical staff, etc) and funding situation

14. On a scale from 1 to 5, how would you rate staffing situation in relation to the workload resulting from the testing of Salmonella and/Campylobacter in your laboratory (with 1 being not adequate at all and 5 being fully adequate)? (e.g. diagnostic testing, quality assurance, participating in EQA, paperwork, training and continuous education of staff etc.)	or
15. On a scale from 1-5, how would you rate the situation in relation to qualifications and skills of technical staff for all types of Salmonell and /or Campylobacter testing in your laboratory (with 1 being not adequate at all and 5 being fully adequate)? Please provide details for specific type of testing, if needed	'a
16. On a scale from 1-5, how would you rate the situation in relation to availability of financial resources to perform Salmonella and/or Campylobacter testing in your laboratory (with 1 being not adequate at all and 5 being fully adequate)? (e.g. equipment and materials for diagnostic testing, quality assurance, participating in EQA, training and continuous education of staff education education education of staff education	:c.)

SUGGESTED QUESTIONNAIRE 8/15



- The laboratory capacity (e.g. availability of the needed equipment, materials, documentation, etc.) in relation to the detection and characterisation of *Salmonella* and *Campylobacter*

17. On a scale from 1-5, how would you rate the situation in relation to availability of documentation for all methods used in your laboratory (protocols, guidance for interpretation of results) for Salmonella and/or Campylobacter testing in your laboratory (with 1 b not adequate at all and 5 being fully adequate)? Please provide details for specific methods, if needed	eing
18. On a scale from 1-5, how would you rate the situation in relation to availability of documentation (SOPs, IQC, QA and biosafety procedures) for all types of <i>Salmonella</i> and/or <i>Campylobacter</i> testing in your laboratory (with 1 being not adequate at all and 5 being adequate)? Please provide details for specific type of testing, if needed	fully
19. On a scale from 1-5, how would you rate the situation in relation to availability of procedures for the procurement, inventory, use storage of laboratory equipment, consumables and reagents for all types of Salmonella and/or Campylobacter testing in your laborato (with 1 being not adequate at all and 5 being fully adequate)? Please provide details for specific type of testing, if needed	

SUGGESTED QUESTIONNAIRE 9/15



Specific part

- 4 questions to provide basis for section 5 of the summary report

5. Salmonella and Campylobacter detection methods used in diagnostic laboratories

Detection methods used in the diagnostic laboratories. If culture-independent diagnostic tests are used, describe if/when isolation of the pathogen is carried out at the diagnostic laboratory or elsewhere Describe if/when/how the isolates are stored at the diagnostic laboratories

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20. Whic	ch media does your laboratory use for culture-based detection of the following pathogens? (please select all relevant answers)
a)	Salmonella
•	a. Direct plating, please indicate media in use
	b. Selective enrichment and selective plating, please indicate media in use
b)	Campylobacter
	a. Direct plating, please indicate media in use
	b. Selective enrichment and selective plating, please indicate media in use
21. Wha	t are the following procedures in your laboratory if Salmonella and/or Campylobacter is detected using culture-independent
methods	s (please select all relevant answers)
a)	In all cases, the laboratory performs culture-based detection
b)	In selected cases, the laboratory performs culture-based detection
c)	All positive samples are sent to another laboratory for culture-based detection
d)	None of the above
e)	Other procedure, please specify
22. Does	your laboratory store Salmonella and/or Campylobacter-positive samples? (please select all relevant answers)
a)	Yes, we freeze-store all samples (please specify the temperature and the length of the storage)
b)	We freeze-store only selected samples (please specify the temperature and the length of the storage)
c)	We store samples differently (please specify the temperature and length of the storage)
d)	We don't store positive samples
23. Does	your laboratory store Salmonella and/or Campylobacter isolates? (please select all relevant answers)
a) Y	es, we freeze-store all isolates (please specify the temperature and the length of the storage)
b) \	We freeze-store only selected isolates (please specify the temperature and the length of the storage)
c) V	Ve store isolates in a different way (please specify the temperature and length of the storage)
d) \	Ve don't store isolates

SUGGESTED QUESTIONNAIRE 10/15



Specific part

Includes all types of tests

Other, please specify

Yes, to hospitals/other healthcare facilities Yes, to relevant public health authority

- 8 questions to provide basis for section 6 of the summary report

6. Salmonella and Campylobacter characterisation methods used in local/regional laboratories

The methods used for characterisation of *Salmonella* and *Campylobacter* for diagnostic and/or surveillance purposes and communication of the results

relevant	answers)		28 Whi	ch methods does your laboratory use for phenotypic testing of AMR in Salmonella and/or Campylobacter? (please select all
a)	Salmone	lla		answers)
	a.	MALDI TOF	a)	Automated system (e.g. Vitek)
	b.	Biochemical tests	b)	Commercial broth microdilution (e.g. Sensititre/Trek)
	c. Ant	Antisera	c)	In-house micro broth dilution
	d.	Molecular methods	d)	Agar dilution
	e.	None of the above, please spe	e)	Gradient strips (e.g. <u>Etest</u>)
b)		f)	Disk diffusion	
ы		g)	Other methods, please specify	
	b.	Biochemical tests	29. Whic	ch genotypic testing method does your laboratory use for testing the presence of antimicrobial resistance genes or point mutat
	c.	Molecular methods		onella and/or Campylobacter isolates? (please select all relevant answers)
	d.	None of the above, please spe	a)	Conventional PCR
		, , , , , , , , , , , , , , , , , , ,	b)	Single-gene sequencing
			c)	Real time PCR
			d)	DNA array
			e)	Whole genome sequencing (WGS)
			f)	Other methods, please specify

SUGGESTED QUESTIONNAIRE 11/15

25. Does your laboratory perform antimicrobial resistance testing for the following antimicrobials? (please select all relevant answers)



- Other relevant details

Includes both, phenotypic and genotypic testing a) Salmonella Ampicillin (AMP) Chloramphenicol (CHL) Meropenem (MEM) Cefotaxime (CTX) Ceftazidime (CAZ) Ciprofloxacin (CIP)/pefloxacin (PEF) Gentamicin (GEN) Colistin (COL) Tetracycline (TCY) Trimethoprim (TMP) 26. Does your laboratory perform phenotypic and/or genotypic AMR testing of bacterial isolates in compliance with the 'EU protocol for Azithromycin (AZM) harmonised monitoring of antimicrobial resistance in human Salmonella and Campylobacter isolates'? Sulfamethoxazole (SMX) a) Yes

Other guidance, please specify_____

No (please specify the reason and which set of guidelines you follow instead)

27. Which phenotypic antimicrobial susceptibility testing guidance (for methodology and breakpoints) do you use in your laboratory?

b) Campylobacter

a. Gentamicin (GEN)

Tigecycline (TGC)
None of the above

- b. Erythromycin (ERY)
- c. Ciprofloxacin (CIP)
- d. Tetracycline (TCY)
- e. None of the above
- f. Other antimicrobials, please specify____

Other antimicrobials, please spe

30. Please indicate the purpose of antimicrobial resistance testing in your laboratory (please select all relevant answers)

(please select all relevant answers)

a) EUCAST

CLSI

- a) To inform the clinicians on possibilities for antibiotic treatment
- b) To inform infection prevention and control measures
- c) Other purposes, please specify_____

SUGGESTED QUESTIONNAIRE 12/15



Specific part

- 11 questions to provide basis for section 7 of the summary report

7. Salmonella and Campylobacter isolate referral and linking to cases

- Sample collection and referral to local/regional laboratories

32. Does your laboratory (or other authorities) issue guidance on sampling practices of patients suspected to be infected with *Salmonella* and/or *Campylobacter*? (please select all relevant answers)

Guidance can be issued by the laboratory, the hospital and/or local, regional or national health authorities and may contain instructions about populations to be sampled, use of antimicrobial therapy, possible exposure, etc..

- a) Yes, Salmonella
- b) Yes, Campylobacter
- c) No, none of the above
- 33. Does your laboratory (or other authorities) issue guidance on submission of clinical samples (including types and quality of samples, shipment conditions and documentation required) to their users? (please select all relevant answers)

Guidance can be issued by the laboratory, the hospital and/or local, regional or national health authorities and may contain instructions about sample type, container and transport medium, transport method etc.

- a) Yes, instructions on submissions of clinical samples are provided in a laboratory user manual/handbook /standard operating procedure document or information is provided on a website
- b) Yes, instructions on submission of clinical samples are provided on request e.g. via phone calls from users
- c) No, instructions on submission of clinical samples are not provided

SUGGESTED QUESTIONNAIRE 13/15



- Sample/isolate referral to NRL and communication

34. Does your laboratory refer (send) newly detected isolates or positive samples to the national reference (or expert laborator	y)
laboratory for further testing? (please select all relevant answers)	

- a) Yes, Salmonella
- b) Yes, Campylobacter
- c) No, none of the above
- 35. Does your laboratory (or other department) routinely communicate pre-defined data sets on species/serovar ID and/or antimicrobial test results from your laboratory for any of the following purposes? (please select all relevant answers)
 - a) Infection prevention and control purposes
 - b) Local surveillance purposes (e.g. surveillance within the specific area, etc.)
 - c) Early warning purposes (e.g. accumulation of cases, new variants of concern)
 - e) No, none of the above
- 36. Does your laboratory (or other authorities) issue guidance on positive sample/isolate referral (includes handling, storage, transportation and frequency) from your laboratory to the national reference (or expert) laboratory? (please select all relevant answers) Please answer 'yes' if guidance is followed by your laboratory staff
 - a) Yes
 - b) No
 - c) Other, please specify_____
- 37. Does your laboratory (or other authorities) issue test requisition form (e.g. may include background information about laboratory methods used in your laboratory, results, patient data) for positive sample/isolate referral from your laboratory to the national reference (or expert) laboratory? (please select all relevant answers)

Please answer	'yes' if	guidance	is followed b	ру уоц	ır laborator	y staf
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- a) Yes
- b) No
- c) Other, please specify_____

SUGGESTED QUESTIONNAIRE 14/15



- Patient and laboratory data management

38. How	does your laboratory record information about samples/isolates tested in your laboratory (includes collection, tracking, storage
and diag	nostic test results)?
a)	We use a pre-defined physical paper form
b)	We use electronic laboratory information management system (LIMS) or software application (e.g.WHONET)
c)	Other, please specify
39. How	does your laboratory send laboratory data to the national reference (or expert) laboratory or to relevant public health authorities?
(select a	Il relevant answers)
a)	We send a pre-defined physical paper form
b)	We send a pre-defined form by email
c)	We use a pre-defined web-based form
d)	We have access to electronic laboratory information management system (LIMS) or software application (e.g. WHONET)
e)	Other, please specify
40. Does	s your laboratory have access to case data for samples sent to your laboratory for Salmonella and/or Campylobacter testing?
(please s	select all relevant answers)
a)	Patient age
b)	Patient gender
c)	Travel information
d)	Hospitalization status
e)	Underlying diseases
f)	Antimicrobial treatment
g)	None of the above
h)	Other, please specify
41. Does	s your laboratory have procedures for laboratory test result recording, review and notification of laboratory results?
a)	Yes
b)	No
c)	Other, please specify
42. Does	s your laboratory have procedures for patient and/or laboratory data protection and data loss?
a)	Yes
b)	No
c)	Other, please specify

SUGGESTED QUESTIONNAIRE 15/15



Question design

- Mandatory vs. optional questions
- Multiple choice vs. single choice
- Comments/additional information
- Etc.

■ Additional questions for sections 3-7 and/or topics for section 8 of the summary report

- Lab Assessment of Antibiotic Resistance Testing Capacity (LAARC)
 https://www.cdc.gov/drugresistance/intl-activities/laarc.html
- PAHO/WHO Rapid assessment tool for monitoring laboratory capacity for antimicrobial resistance surveillance

https://www3.paho.org/hq/index.php?option=com_docman&view=download&category_slug=antimicrobial-resistance-amr-4104&alias=43598-rapid-assessment-tool-for-monitoring-laboratory-capacity-for-antimicrobial-surveillance-form-598&Itemid=270&lang=en

EXECUTION OF THE SURVEY



■ Introduction meeting to local/regional laboratories

 To explain the purpose of the mapping and to provide motivation to participate

■ Survey distribution – clear deadlines!

- Phone calls or visits great for establishing a personal contact
- Survey tools
 - EU Survey
 - Google Forms
 - Survey Monkey
 - Enalyzer, etc.
- A combination of strategies

■ Follow – up, if needed