

## Structured feedback on *Draft GLASS-AMR Manual 2.0*

### **Context**

When GLASS was launched in 2015, and as advised by countries' representatives<sup>1</sup>, GLASS started with a simple surveillance methodology based on routine clinical practices to capture AMR in fast growing bacteria causing common human infections. The lessons gathered from the early implementation phase have informed the development of the ***Draft GLASS-AMR Manual 2.0***.

The manual provides an update of the GLASS methods for AMR surveillance in humans and is part of a package of documents and tools designed to inform further implementation of GLASS. It describes the objectives and methodology of GLASS-AMR, the GLASS component dealing with global surveillance of AMR in fast growing bacteria causing common infections in humans. The purpose of the manual is to provide guidance for countries on the GLASS-AMR methods and metrics.

### **Questionnaire**

This questionnaire asks for feedback on the ***Draft GLASS-AMR Manual 2.0*** and the development of GLASS methodology for surveillance of AMR. Please discuss this questionnaire with colleagues in charge of AMR surveillance in your country to ensure the responses reflect the views and experiences of the national AMR surveillance. Please provide one consolidated form to reflect your country's view.

The responses should be submitted through the online version of this questionnaire found in the GLASS 2020 platform.

Thank you for your support to the development of GLASS!

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<sup>1</sup> Surveillance of antimicrobial resistance for local and global action. Stockholm, 2–3 December 2014 (<https://www.who.int/antimicrobial-resistance/events/SwedenMeeting/en/>)

**1: Does the Draft GLASS-AMR Manual 2.0 provide sufficient guidance for countries on the GLASS AMR methods and metrics?**

Yes ☐

No ☐

Don't know ☐

If your response is 'No': What is missing in the Draft GLASS-AMR Manual 2.0 in terms of providing sufficient guidance for countries on the GLASS AMR methods and metrics?

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**2: Is the GLASS-AMR methodology presented in a clear manner?**

Yes ☐

No ☐

Don't know ☐

If your response is 'No': What is missing in the presentation of the GLASS-AMR methodology?

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**3: Does the Draft GLASS-AMR Manual 2.0 provide useful tools for putting the GLASS-AMR surveillance approach into practice?**

Yes ☐

No ☐

Don't know ☐

If your response is 'No': What is missing in the Draft GLASS-AMR Manual 2.0 in terms of tools for putting the GLASS-AMR surveillance approach into practice?

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**4: Is the inclusion of new specimen types, pathogens, and antimicrobials appropriate?**

Yes ☐

No ☐

Don't know ☐

If your response is 'Yes': Is any information on the new specimen types, pathogens, and antimicrobials missing in the draft manual?

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If your response is 'No': Please indicate the rationale for your response regarding the inclusion of new surveillance targets.

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**5: Do you find the Draft GLASS-AMR Manual 2.0 useful for assisting with enhancing your national AMR surveillance system?**

Yes ☐

No ☐

Don't know ☐

If your response is 'No': What is missing in the Draft GLASS-AMR Manual 2.0 for you to find it useful for assisting with enhancing your national AMR surveillance system?

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**6: Considering the advantages of analysing individual level AMR surveillance data described in the Draft GLASS-AMR Manual 2.0, would your country be capable of starting anonymised individual data submission in the next stage of the GLASS implementation?**

- Yes ☐
- No ☐
- Don't know ☐

Please indicate the rationale for your response regarding starting anonymised individual data submission.

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**7: Quality and representative surveillance data are essential to accurately inform strategies to prevent and control the emergence of AMR. Although all countries participating in GLASS are making substantial efforts in this direction, still a large variability in AMR data quality and representativeness is observed across countries. In order to motivate continuous development of national AMR surveillance systems, GLASS would like to categorise the AMR data regarding quality and representativeness.**

**Please indicate the elements you consider key for this categorisation:**

- Geographical representation of patients seeking care ☐
- Healthcare facility type of care representation ☐
- Medical speciality representation ☐
- Community level representation ☐
- National population sample representation ☐
- Level of testing activity ☐
- Quality assured microbiological data ☐
- Quality of epidemiological data (bias mitigation) ☐
- Completeness of reported surveillance data ☐
- Other (please suggest): ☐ .....

**8: Please share any additional comments you have on the Draft GLASS-AMR Manual 2.0.**

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