Structured feedback on

GLASS method for estimating attributable mortality of antimicrobial resistant bloodstream infections

Context

Assessing the impact of AMR on human health is key to guide mitigation interventions to reduce human suffering and prioritise the ever-scarcer resources. The ***GLASS method for estimating attributable mortality of antimicrobial resistant bloodstream infections*** provides a master template and is expected to generate robust estimates of the impact of AMR on global health through a systematic, harmonised approach in all countries. AMR is considered a threat to achieving the defined Sustainable Development Goals (SDG) by 2030. The SDG indicators to monitor progress in containing AMR is about the proportion of bloodstream infections among patients due to MRSA and E. coli resistant to 3rd generation cephalosporin. The GLASS master protocol for assessing impact of AMR on human health aims to estimate in-hospital mortality attributable to AMR bloodstream infections, at a minimum due to E. coli resistant to 3rd generation cephalosporin and methicillin-resistant Staphylococcus aureus (MRSA) bloodstream infections, both for community and hospital-acquired infections. The methodology is based on a prospective cohort study design. For each target pathogen (e.g. MRSA), up to three cohorts of patients will be followed-up until hospital discharge, including patients with AMR blood stream infections (BSIs) of each target species, drug-susceptible BSIs of each target species and patients without BSI of the target pathogen (at enrolment). Sample size calculation, variables to be collected, questionnaire and informed consensus templates are included in the master template.

Questionnaire

This questionnaire asks for feedback on the ***GLASS method for estimating attributable mortality of antimicrobial resistant bloodstream infections*** and also on the feasibility for its application in your country. Please discuss this questionnaire with colleagues in charge of AMR surveillance in your country to ensure the responses reflect the views and experience of the national AMR surveillance. Please provide one consolidated response for your country's view.

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

Thank you for your support to the development of GLASS!

1: Is the *GLASS method for estimating attributable mortality of antimicrobial resistant bloodstream infections* presented in a clear manner?

Yes ☐

No ☐

Don't know ☐

If your response is 'No': Please suggest how the protocol can be improved to present the methodology more clearly.

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2: Does the *GLASS method for estimating attributable mortality of antimicrobial resistant bloodstream infections* provide appropriate tools for implementation of the protocol?

Yes ☐

No ☐

Don't know ☐

If your response is 'No': What tools are missing to support the implementation of the protocol?

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3: Do you find the *GLASS method for estimating attributable mortality of antimicrobial resistant bloodstream infections* useful for assisting with estimating impact of AMR on human health?

Yes ☐

No ☐

Don't know ☐

If your response is 'No': What is needed to further improve the usefulness of the methodology in estimating the impact of AMR on human health?

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4: In addition to E. coli resistant to 3rd generation cephalosporin and MRSA, do you consider that other bacterial pathogens should be included in the study as suggested in the protocol?

Yes ☐

No ☐

Don't know ☐

If your response is 'Yes': Which additional pathogen(s) should be included?

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5: Would you be capable to implement the *GLASS method for estimating attributable mortality of antimicrobial resistant bloodstream infections* in your country?

Yes ☐

No ☐

Don't know ☐

What support do you need from WHO to facilitate the implementation of the protocol?

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6: Please share any additional comments you have on the *GLASS method for estimating attributable mortality of antimicrobial resistant bloodstream infections*.

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