

15. SPECIFIC TERMS OF REFERENCE FOR THE NRC FOR *HAEMOPHILUS INFLUENZAE*

AIMS

- Each National Reference Centre (NRC) must meet both the general and the specific terms of reference.
- In the specific terms of reference, the NRC tasks dedicated to each selected pathogen or group of pathogens are described.
- These aim to guarantee the knowledge, the know-how and the epidemiological surveillance expertise of each NRC.
- The task list is not exhaustive and can be modified in function of the requirements and the evolution of knowledge and techniques.
- In the event a NRC is unable to perform a specific task, this can be subcontracted to preserve the knowledge in the NRC. If this is the case, quality of the subcontracted task has to be proven and assured.
- Each list of specific terms of reference is divided into three parts: 1) a reminder of the specific missions, 2) a description of the tasks that the NRC must be able to do including the competencies and 3) a list of the tasks that will be asked in a particular context.
- The type of analysis indicated for each specific pathogen in each particular situation (diagnosis or confirmation, typing, sensitivity to antimicrobial substances, virulence...) is defined.
- The collaboration with national and international surveillance systems (e.g. ECDC) and when relevant with other reference centres (European Medicines Agency, food safety reference centres, veterinary reference centres, ...) is also a priority.

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SPECIFIC MISSIONS

1. To monitor circulating strains by performing microbial typing.
2. To monitor the antibiotic susceptibility with active search for BLNAR (beta-lactamase negative strains resistant to ampicilline).
3. To collaborate with regional mandatory notification services with the aim to reach an exhaustive surveillance on *H. influenzae type b* in Belgium with a maximum of cases confirmed in NRC.
4. To collaborate with existing national and international networks.
5. To participate in national surveillance, transfer microbiological data (through e-health reporting) and contribute to the presentation and interpretation of the results in a public health approach including the assessment of the vaccination impact.
6. To interact with epidemiologists and other NRC's with the aim to sustain/adapt the use of the various outputs (with regards to quality of care, recommendations for control/prevention, ...).

THE NRC MUST BE ABLE TO (LEVEL OF COMPETENCES)

1. Confirm the identification including the differentiation between non-haemolytic strains of *H. haemolyticus* by classical and/or molecular techniques.
2. Perform the serotyping based on capsular antigen.
3. Determine the antibiotic susceptibility and detection of BLNAR.
4. Perform the genotyping using a standardized method (MLST, PFGE...).
5. Look for specific antibodies in patient serum.
6. Have access to whole genome sequencing and expertise in species specific bioinformatics analysis.

TASKS THAT WILL BE ASKED IN A PARTICULAR CONTEXT

1. To type confirmed invasive cases.
2. To type a representative subset of non-invasive cases.
3. To collaborate with the European network: ECDC including case reporting and to participate in quality controls.
4. To participate in the identification and assessment of vaccine failure.
5. To ensure a good representativeness for surveillance purposes, including geographical coverage when relevant.
6. To participate to a seroprevalence study, if requested.
7. To discriminate the invasive from non-invasive *H. influenzae* cases at reporting (based on the case definition from ECDC).