

22. SPECIFIC TERMS OF REFERENCE FOR THE NRC FOR *LISTERIA MONOCYTOGENES*

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 confirm the identification by non-classical techniques (other than culture + biochemical identification or MaldiTof) if clinical relevant.
2. To monitor circulating strains by microbial typing (serotyping and genotyping) of isolated strains.
3. To study the antibiotic susceptibility of circulating strains.
4. To collaborate in 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.
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 diagnosis by classical and molecular techniques.
2. Perform the serotyping.
3. Perform the genotyping by an internationally recognized method (WGS, PFGE, MLST).
4. Determine the antibiotic susceptibility.
5. Manage a collection of representative strains.
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 genotype isolated strains.
2. To monitor antibiotic susceptibility of isolated strains relevant to cure and prevention.
3. To collaborate with international food safety agencies and with existing networks: Food and Waterborne Diseases Network (FWD) of ECDC.
4. To collaborate with the reference lab of national animal and food safety agencies (one health perspective) and participate to a joint output.
5. To ensure a good representativeness for surveillance purposes, including geographical coverage or by collaborative work with food and veterinary networks when relevant).