

24. SPECIFIC TERMS OF REFERENCE FOR THE NRC FOR *MYCOBACTERIUM* SPP.

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 diagnosis of mycobacterial infections.
2. To perform the antibiogram of non-tuberculosis mycobacterium strains.
3. To characterize the isolated strains at the species level.
4. To monitor the antibiotic resistance on all clinically relevant strains.
5. To collaborate with existing national and international networks (ECDC, BELTA).
6. To give support to the activities of FARES/VRGT.
7. 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.
8. 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. Perform/confirm the culture of mycobacteria.
2. Confirm the diagnosis by molecular techniques.
3. Determine the antibiotic susceptibility to first and second line drugs by classical and molecular techniques of tuberculosis and non-tuberculosis mycobacteria.
4. Genotype the strains by an internationally recognized method, to perform cluster analyses and to report clustering results to the authorities.
5. Detect and to identify atypical spp.
6. Detect latent tuberculosis infection (LTBI).
7. Detect *M. tuberculosis* and its resistance to rifampicin directly on sputum samples.
8. Have access to whole genome sequencing and expertise in species specific bioinformatics analysis.
9. Manage a collection of representative strains.

TASKS THAT WILL BE ASKED IN A PARTICULAR CONTEXT

1. To identify mycobacteria to the species level.
2. To monitor the antibiotic susceptibility relevant to curative and preventive care.
3. To genotype the strains and compare with animal and environmental strains if needed.
4. To collect and transmit annual data on *M. bovis* to the Food Agency and animal reference laboratory.