

25. SPECIFIC TERMS OF REFERENCE FOR THE NRC FOR MYCOSIS

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 help and support the diagnosis and the treatment of patients with mycosis.
2. To confirm the identification of unusual or difficult to identify fungi.
3. To determine or confirm the susceptibility to antifungal drugs.
4. To improve, develop and validate diagnostic methods.
5. To participate in and organize national surveys.
6. To collaborate with existing national and international networks.
7. To participate in national surveillance of relevant fungi (including susceptibility testing for *Candida* and *Aspergillus*), 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 culture of the fungi and to confirm the identification/diagnosis of fungal infections by conventional and/or molecular techniques.
2. Detect fungal elements in tissue sections by microscopy and identify them by molecular biology.
3. Contribute to the technical validation and to the clinical evaluation of new diagnostic techniques.
4. Perform antigen detection for invasive mycosis (*Cryptococcus* and *Aspergillus*).
5. Perform molecular typing.
6. Determine the in vitro susceptibility to antifungal drugs.
7. Manage a collection of representative strains.
8. Have access to whole genome sequencing and expertise in species specific bioinformatics analysis.

TASKS THAT WILL BE ASKED IN A PARTICULAR CONTEXT

1. To contribute to the solving of identification problems of fungi.
2. To perform susceptibility testing of yeasts and relevant molds.
3. To validate antifungal resistance results reported in nosocomial candidemia to the national surveillance program of nosocomial bloodstream infections (NSIH-SEP).
4. To support investigations and control of clusters or outbreaks of anthropophilic tinea.
5. To contribute to the development of typing methods for outbreak investigations.
6. To participate in the investigation and the formulation of recommendations to control nosocomial outbreaks of invasive fungal infections.