

37. SPECIFIC TERMS OF REFERENCE FOR THE NRC FOR INVASIVE *STREPTOCOCCUS PNEUMONIAE*

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.

37. SPECIFIC TERMS OF REFERENCE FOR THE NRC FOR INVASIVE *STREPTOCOCCUS PNEUMONIAE*

SPECIFIC MISSIONS

1. To characterize the invasive pneumococci strains.
2. To monitor the serotype distribution of invasive pneumococci.
3. To monitor the antibiotic susceptibility of invasive *S. pneumoniae* strains.
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.
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 of *S. pneumoniae* using classical and molecular techniques.
2. Determine the capsular serotypes.
3. Determine the antibiotic susceptibility and report according to the EUCAST guidelines.
4. Perform molecular characterization of the invasive *S. pneumoniae* strains by either multilocus sequence typing (MLST) or whole genome sequencing.
5. Manage a collection of representative invasive isolates.

TASKS THAT WILL BE ASKED IN A PARTICULAR CONTEXT

1. To type a subset of invasive isolates based on a sample size calculation.
2. To type a subset of non-invasive isolates.
3. To type retrospectively a subset of isolates, when required.
4. In case of outbreaks or increase in the number of cases caused by a specific serotype, to identify the involved clone by use of whole genome sequencing (if any) and to compare it with circulating strains in other countries.
5. To participate in the surveillance of invasive pneumococcal diseases (IPD) by the collection of additional data (i.e. vaccination, clinical information) and by facilitating the links with other databases i.e. Pedisurv, vaccinet, ...
6. To identify any possible capsular switching.
7. To follow the development of new vaccines and provide expert advice to the health authorities.
8. To collaborate with the European network EARSS.
9. To validate antimicrobial resistance data from the national surveillance program (NSIH-SEP).
10. To participate to the yearly MDRO NRC meeting.
11. To ensure a good representativeness for surveillance purposes, including geographical coverage when relevant.