

# **National Department of Health**

Title: AMR data management protocol

ID: G\_90\_SOP\_26\_A

- 1. Preparation and sharing of AMR data files
- 2. Minimum surveillance data elements to be submitted by all participating AMR surveillance sites to the national reference laboratory
- 3. Two-way information exchange between surveillance sites and the national reference laboratory

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#### **Changes to the last Authorized Version:**

Version	Date issued	Changes
G_90_SOP_26_A	28/2/22	New version

### **Certification of printed copy:**

Version	
Authorised by (name)	
Signed	
Date	



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#### 1. Purpose

AMR surveillance data comprises isolate, patient and surveillance site level data. Appropriate data management is important in ensuring good data quality to inform guideline development, policies and action to mitigate AMR.

#### 2. Scope

This procedure applies to AMR data management and reporting within the NAMRSC as the national coordinating centre, CPHL as the national reference laboratory and AMR surveillance sites in the human health sector.

#### 3. Principle/Clinical application

AMR data should be analysed and reported to relevant stakeholders at the surveillance site level (clinicians, hospital management), nationally (relevant government departments and committees, development partners) and globally (Global AMR Surveillance and Use System [GLASS]) to drive policy and action.

#### 4. Responsibilities

Role	Responsibility
Quality officer	Export CSV file from SENAITE
(surveillance site laboratory)	Convert to WHONET file using BacLink
laboratory	Perform data analysis using WHONET
	Provide feedback to Medicines and Therapeutics Committee
	Share data files and reports with CPHL
National AMR data officer (CPHL)	Provide support to surveillance sites on AMR data management
	Support development and provide feedback on AMR surveillance reports developed by surveillance sites
	Compile, analyse and report on AMR data from all surveillance sites

#### 5. Data file

The starting point for data analysis using WHONET is a data file containing AMR data from the surveillance site(s) derived from the laboratory information management system SENAITE.



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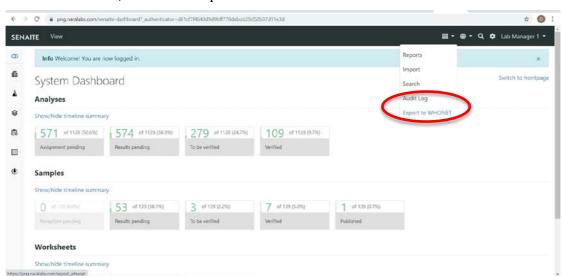
## 6. Equipment/Materials

- Computer or laptop
- SENAITE laboratory information management system
- BacLink 2021 software
- WHONET 2021 software
- AMR data file(s)

#### 7. Procedure

#### 7.1 Preparation and sharing of AMR data files

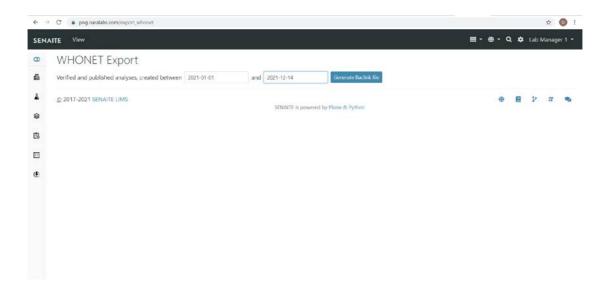
a) Once logged into SENAITE, click on the Reporting icon in the top right corner of the screen, and select 'Export to WHONET'.



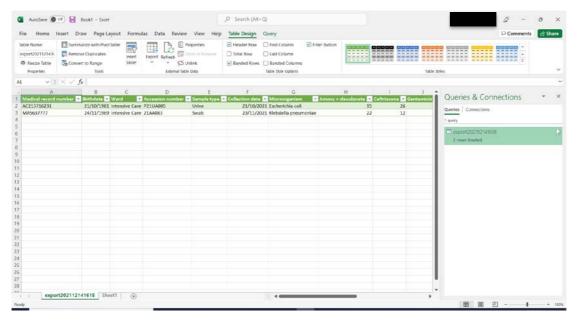
b) Type the start and end date into the date fields to select the date range, and click 'Generate BacLink file'. This downloads the data in CSV file format and can be found in the Downloads folder of your computer.



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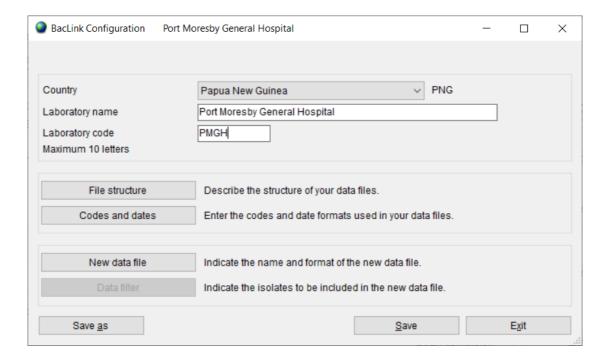
- c) Open the CSV file in MS Excel. If it opens as a Tab-Separated Values (TSV) file (in which the data elements are not separated into distinct columns):
  - i. Click on 'Data tab'
  - ii. Click on 'From Text/CSV'
  - iii. Choose the TSV file
  - iv. Click on 'Import'
  - v. Check that the Delimiter is Tab
  - vi. Click on 'Load'





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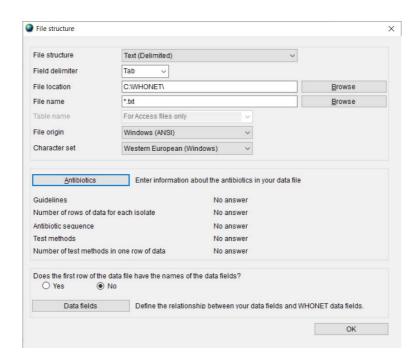
- d) To use the file in WHONET, the Excel file needs to be converted using BacLink. Before the conversion, delete any extraneous information in the Excel file which is not part of the data to be converted (e.g. data elements which will not be analysed or reported).
- e) Save the file in Text (Tab delimited) (\*.txt) format.
- f) Open BacLink and configure a new file format (only needs to be done once):
  - i. Click on 'New Format'
  - ii. Select country
  - iii. Enter the Laboratory name
  - iv. Enter a Laboratory code



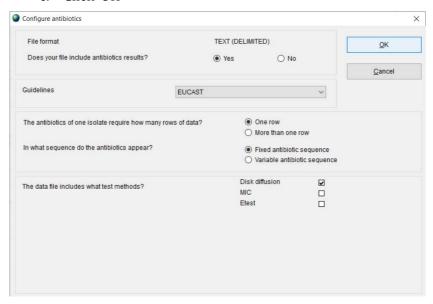
- v. Click on 'File structure' to define its configuration
  - a. Ensure 'File structure' is Text (delimited) and 'Field delimiter' is Tab (these options should be selected by default)
  - b. Select location of data file
  - c. File name can be left blank for the time being, and entered just prior to converting the data



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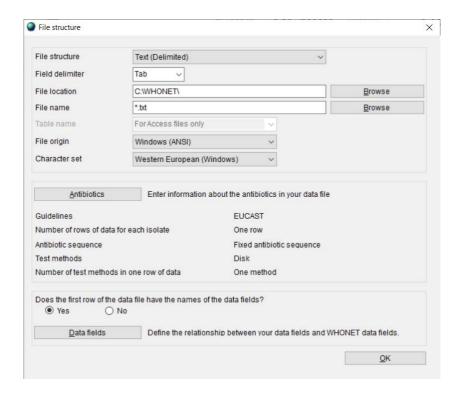
- vi. Click on 'Antibiotics' to define their configuration
  - a. Change 'Guidelines' to EUCAST
  - b. Check the box(es) of the test method(s) contained in the data file
  - c. Click 'OK'



vii. Answer 'Yes' to 'Does the first row of the data file have the names of the data fields?'

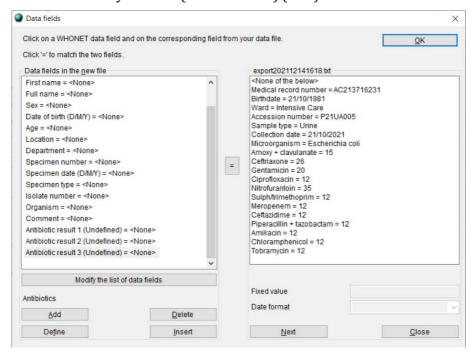


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#### viii. Click on 'Data fields'

- a. Click on 'Select a sample file'
- b. Find your Text (Tab delimited) (\*.txt) file

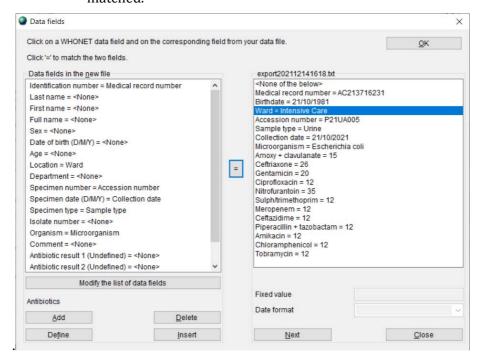


c. Match each WHONET data field on the left with the corresponding field on the right by clicking on the WHONET data field on the left,

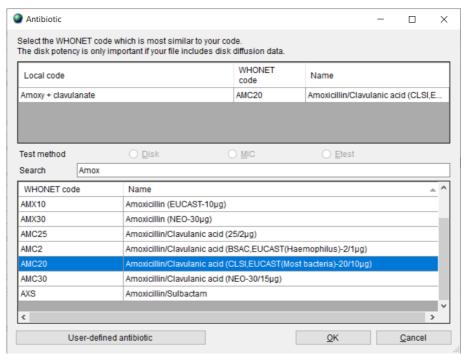


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then clicking on the matching data field on the right, and then the "=" sign in the middle. Continue doing this until all fields have been matched.



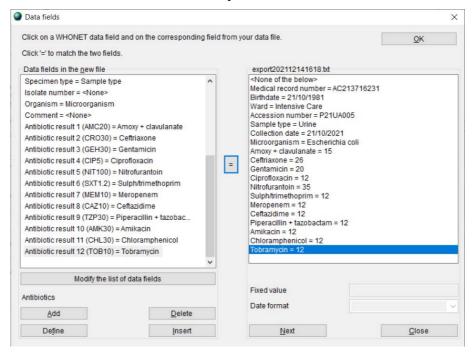
d. Match 'Antibiotic result 1 (Undefined) = <None>' on the left with the first antibiotic result on the right, then click 'Define' and select the appropriate EUCAST breakpoint and click 'OK'.





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e. Continue doing this for all AST results in the data file. Add more antibiotic results as required.



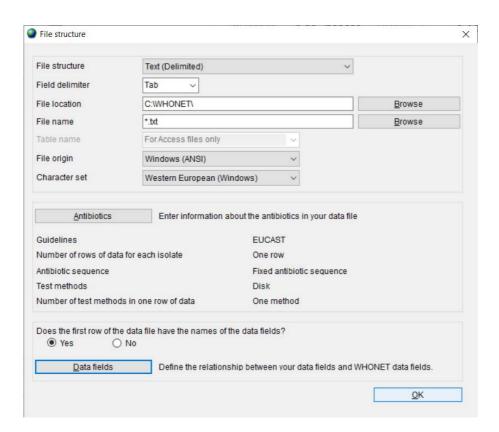
- f. Click 'OK' in the top right corner
- ix. Click 'OK' to complete the configuration of the file structure



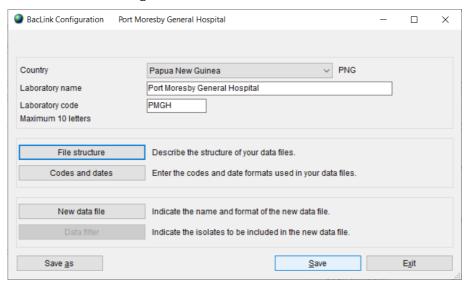
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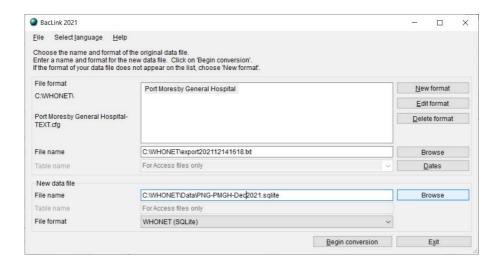
x. Save the configuration and click 'Exit'



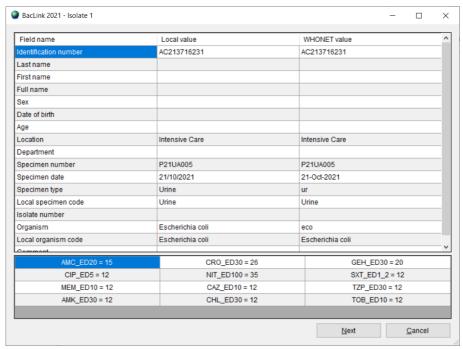
g) To run the conversion, select the Text (Tab delimited) (\*.txt) file by clicking 'Browse' next to File name. The new data file name will be auto-populated by WHONET. Change this to a consistent file name that includes reporting year, reporting month and the name of the surveillance site.



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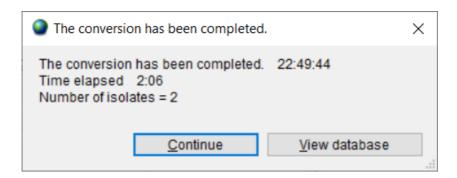
h) Click 'Begin conversion'. BacLink will display for you results from the conversion of the first three isolates in the original data file. Check all the fields have been converted correctly.



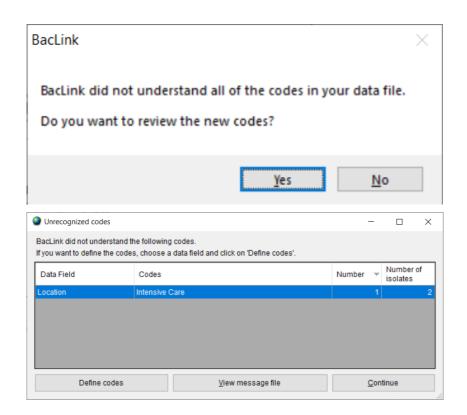
i) You will be notified of the completion of the conversion.



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j) Click 'Continue' and there may be some new/unrecognised codes to review and define



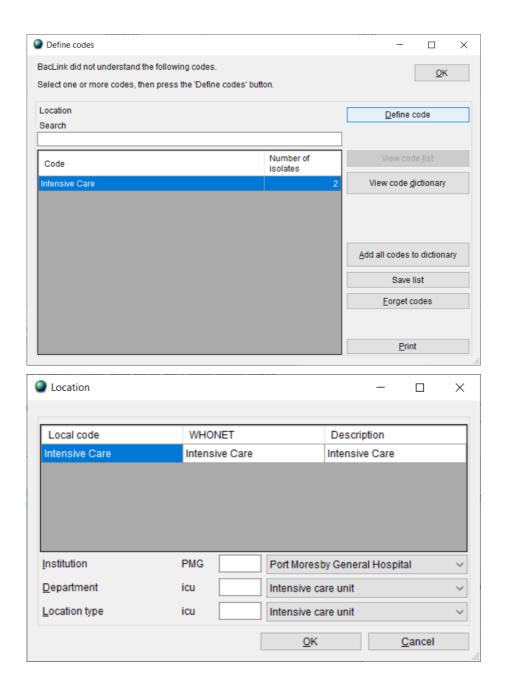
i. Click 'Define code' and complete defining the relevant code(s).



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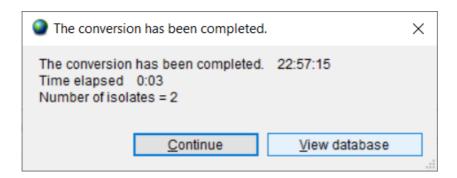
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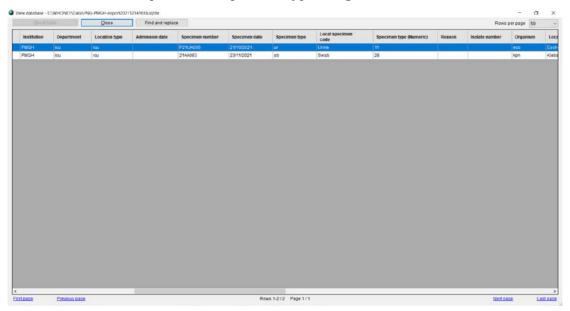
k) Run the conversion again (allow replacement of the existing file) and click 'View database'.



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l) The output screen should display as follows. The sqlite data file is then checked for internal errors and consistency, as well as de-duplicated to include a single result for each patient and specimen type using WHONET.



# 7.2 Minimum surveillance data elements to be submitted by all participating AMR surveillance sites to the national reference laboratory (other data elements may be removed prior to sharing)

Data element	Description
Unique patient identifier / medical record number	A unique numerical code which allows the facility to identify the patient from whom a specimen was collected
Patient admission date	Date of admission to hospital, in the format DD/MM/YYYY
Patient sex	Sex of the patient: female, male or unknown



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Patient date of birth / age	(Ability to calculate) age of the patient
Patient location	Ward/department the patient is situated in
Date of specimen collection	The date the specimen was collected, in the format DD/MM/YYYY
Specimen type	Type of specimen: blood, urine, stool, urethral/cervical swab, etc
Pathogen identification	Identification of the pathogen isolated OR indicate 'no growth'
AST results	Zone of inhibition diameter (mm) for each antibiotic tested OR minimum inhibitory concentration, AND interpretation (S, I, R)

# 7.3 Two-way information exchange between surveillance sites and the national reference laboratory

- a) Surveillance sites share sqlite data files with the national reference laboratory via email by the 10<sup>th</sup> of each month (e.g. November 2021 data to be shared by 10 December 2021).
- b) Once received, the national reference laboratory adds a surveillance site identifier as a data element, performs a quality check and basic analysis of the data, ensures data has been de-duplicated, provides feedback to the surveillance site and follows up on any missing information by the end of the month (e.g. feedback on November 2021 data files by 31 December 2021).
- c) The national reference laboratory maintains backups of all data files.

#### 8. Safety

N/A

#### 9. Quality Control

Data quality should be verified by checking for accuracy and completeness prior to data analysis.

#### 10. Reference and related documents

WHO Collaborating Centre for Surveillance of AMR 2006, *WHONET: Data analysis 1*, accessed 15 November 2021, <a href="https://whonet.org/documentation.html">https://whonet.org/documentation.html</a>

WHO Collaborating Centre for Surveillance of AMR 2006, *WHONET: Data analysis 2*, accessed 17 November 2021, <a href="https://whonet.org/documentation.html">https://whonet.org/documentation.html</a>