

EU-JAMRAI-2 Survey on <u>future</u> environmental AMR surveillance in Europe - goals, sampling, indicators and challenges

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1 Introduction

Background

Antimicrobial resistance (AMR) is one of the most serious cross-border threats to health. To mitigate AMR, a One Health approach is needed, considering the interconnection between humans, animals and the environment.

Following the 2017 EU One-Health Action Plan against AMR and the 2023 Council Recommendation, the European Commission has financed a 2nd European Joint Action on AMR and Healthcare-associated infections (EU-JAMRAI-2) within the EU4Health programme. This project brings together 128 partners from the EU, Iceland, Norway and Ukraine, and will last from 2024 to 2027. For more information on EU-JAMRAI-2, please visit the website here: https://eu-jamrai.eu/.

EARS-Env

EU-JAMRAI-2 aims to establish a European One Health community among countries, institutions, and sectors to combat AMR. Among its activities is the development of a European surveillance network for AMR in the environment: EARS-Env. Within EARS-Env, the objectives and setup of environmental AMR surveillance (matrices, samples, and indicators) will be summarized, and a blueprint and guidance for a common environmental AMR surveillance will be developed, and subsequently piloted in the 16 participating countries. "The environment" is understood as the living environment (water, soil, air), including modifications by various discharges (wastewater, hospital effluents), or amendments (organic amendment, slurry, manure, sludge).

Surveys

To achieve this, two separate but related surveys have been developed. The outcomes of the surveys will serve as input for the development of the above-mentioned guidance and protocols for environmental AMR surveillance. The surveys address two objectives:

A) the first survey aims to draw up an inventory of existing AMR monitoring of environmental compartments (wastewaters, soils etc) (please use this link: Survey A: Existing environmental surveillance).

B) this survey will examine surveillance objectives, samples / matrices and indicators desirable for future environmental AMR surveillance.

Survey B Structure: Future Environmental Surveillance

The survey has the following structure:

- Consent
- Participant profile
- Future environmental surveillance
- Satisfaction
- Annexes

Survey B on future environmental surveillance includes general and specific objectives, urgent and long-term signals, sampling strategies, indicators and methods for future environmental surveillance according to your opinion.

Deadlines

Please fill in ASAP

Annexes (top right corner of the screen)

A list of human and veterinary antimicrobials and AMR genes is available in Annex 1. A list of term definitions together with the related EU regulations is available in Annex 2.

Contact

For questions, please email your national contact point.

Thank you very much for your valuable contributions.

On behalf of the full team of EU-JAMRAI 2 work package 8.3 - Roosmarijn Luiken, Luis Lucena, Thibault Stalder,

Christophe Dagot and Heike Schmitt.

2 Practical instructions and FAQ's

IMPORTANT WHEN SUBMITING YOUR RESPONSE:

Due to technical issues, there is a need to wait around 10 minutes for the survey's submission button to appear when finalising your response. After pressing the submission button, one should land in a confirmation page where you can download your pdf submission containing a contribution ID to your indicated email.

Please remember to save a draft when completing the survey and right before submitting. When reloading your draft response from your draf link, it may appear blank but it can take around 10 minutes for all the saved answers to appear, so you need to wait until then to submit. If you submitted your response and you did not land in a confirmation page, you most probably did not succeed in the submitting process.

It is also not possible to add more than 3 surveillance systems per survey as there will be difficulties when submitting. Therefore, we recommend you create another survey response for additional surveillance systems.

For any issue encountered after following our recommendations, please contact directly the email indicated in our EU survey at the right panel.

What is understood as surveillance in this survey?

For this questionnaire, a surveillance system is defined as a structured approach targeting specific environmental compartments (such as wastewater, or surface water, or soil), with a set selection of sampling sites, frequencies of sampling and indicators such as specific resistant bacteria and/or resistance genes.

Who can fill in the questionnaire?

This questionnaire is open to experts involved in current environmental surveillance activities, as well as in surveillance in other domains (human or animal surveillance). Experts from different backgrounds can participate, such as governmental and academic scientists. Also, governmental representatives, members of NGOs and waterboards can fill in this questionnaire.

Answers can be submitted directly. However, for some countries, answers are collected by one national contact point. If you are aware of other experts who should be consulted, please let the contact person in your country know.

Survey platform

The questionnaire is publicly available and runs on the EU survey platform. It can be answered without an EU login. Please be aware that we will not accept any response or data outside this platform.

How long will it take me to fill in this survey?

The estimated time to complete this survey ranges from 1 to 4 hours, depending mainly on the number of matrices to be reported.

Can I save a draft while working on the survey?

Respondents can save drafts multiple times and are encouraged to test this functionality early to avoid data loss. Ensure your final draft is saved before submission.

Can my contribution be modified or submitted after the submission deadline?

Only in exceptional circumstances (e.g. technical issues or data errors) will it be possible to extend the deadline or allow re-submission. We strongly recommend that you allow yourself sufficient time ahead of the submission deadline to input your response. We also recommend you save your draft frequently and review thoroughly before final submission.

How will the results be used?

Survey responses will guide the development of standardized protocols and sampling strategies for environmental surveillance, contributing to more integrated systems aligned with the One Health framework.

After data analysis, interpretation and consultation, the results of all contributing responses in this survey will be published in a scientific journal.

A pilot on environmental AMR surveillance will be organized in a second phase of EU-JAMRAI-2.

Will my contribution to this survey be anonymous?

Yes, the name of each specific respondent and all accompanying personal data (email addresses, etc.) will be strictly anonymized in the resulting scientific publication, deliverables, EU-JAMRAI-2 policy reports and in any other communication and dissemination materials.

Will my contribution to this survey be acknowledged?

All contributors will be acknowledged in publications in a special acknowledgement section in the form they prefer (ie, name and/or institution). If you are interested in a more formal recognition of your contribution (e. g. co-authorship with associated responsibilities) you can let us know via your country contact point.

How will my personal data be used?

As this online service collects and further processes personal data, Regulation (EU) N° 2018/1725 of the European Parliament and of the Council of 23 October 2018 on the protection of individuals with regard to the processing of personal data by the Community institutions and bodies and on the free movement of such data, is applicable.

The personal data collected and further processed are data necessary for the participation in this questionnaire, namely organization, your view on the topics subject to the survey, country of residence and your contact details (name and email of the contributors). These will be only used to contact the respondents in case we have additional questions (e.g. whether SOPs could be supplied).

For the collection of data in this survey, we rely on the EU Survey external system. For more information on how EU Survey processes personal data, please see: https://ec.europa.eu/eusurvey/home/privacystatement.

How long do we keep your data?

Your personal data will remain in the database until the results have been completely analyzed and exploited for EU-JAMRAI-2. The project EU-JAMRAI-2 ends in December 2027.

3 Consent

Your consent to the processing of your data

When you submit this questionnaire, you consent that EU-JAMRAI-2 will process your personal data provided in the questionnaire as explained in this data protection statement. You may also withdraw your consent later at any time. However, this will not affect the lawfulness of any data processing carried out before your consent is withdrawn.

*3.1 Please confirm that you have read and understood the Data Protection Statement above and that you consent to the processing of your personal data: Ves No
*3.2 Please confirm that you consent to the publication of your anonymized survey responses in EU- JAMRAI-2 reporting and possible scientific publications: Yes No
*3.3 Please confirm that you consent to possibly be contacted by EU-JAMRAI-2 survey organizers in relation to your responses to support the finalization of this survey: Ves No
*3.4 I would like to be acknowledged in the acknowledgement section of a possible publication: O Yes No
*3.5 For acknowledgements, please use the following (we suggest name and institution but are open to other possibilities): 50 character(s) maximum
4 Participant profile
*4.1 Which country are you working in? Afghanistan Albania Algeria

	American_Samoa
	Andorra
	Angola
	Anguilla
	Antigua_and_Barbuda
	Argentina
	Armenia
0	Aruba
	Australia
	Austria
	Azerbaijan
	Bahamas
	Bahrain
	Bangladesh
	Barbados
	Belarus
	Belgium
	Belize
	Benin
	Bermuda
	Bhutan
	Bolivia
	Bosnia_and_Herzegovina
	Botswana
	Brazil
	British_Virgin_Islands
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	Burundi
	Cambodia
	Cameroon
	Canada
	Cape_Verde
	Cayman_Islands
	Central_African_Republic
	Chad
	Chile
	China
	Colombia
	Comoros
	Congo
	Costa_Rica
	Cote_dlvoire
	Croatia

CubaCuração

	Cyprus
	Czechia
	Dem_Peoples_Rep_of_Korea
	Democratic_Republic_of_the_Congo
	Denmark
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	Dominica
	Dominican_Republic
	Ecuador
\bigcirc	Egypt
	El_Salvador
	Equatorial_Guinea
	Eritrea
	Estonia
	Eswatini
	Ethiopia
	Faroe_Islands
	Fiji
	Finland
	France
	French_Polynesia
	Gabon
	Gambia
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	Ghana
	Gibraltar
	Greece
	Greenland
	Grenada
	Guam
	Guatemala
	Guernsey
	Guinea
	Guinea_Bissau
	Guyana
	Holy_See
	Honduras
	Hungary
	Iceland
	India
	Indonesia
	Iran
	Iraq
	Ireland

Isle_of_Man

0	Israel
	Italy
	Jamaica
	Japan
	Jersey
	Jordan
	Kazakhstan
	Kenya
	Kosovo
	Kuwait
	Kyrgyzstan
	Laos
	Latvia
	Lebanon
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- Malaysia
- Maldives
- Mali
- Malta
- Marshall_Islands
- Mauritania
- Mauritius
- Mexico
- Moldova
- Monaco
- Mongolia
- Montenegro
- Montserrat
- Morocco
- Mozambique
- Myanmar
- Namibia
- Nepal
- Netherlands
- New_Caledonia
- New_Zealand
- Nicaragua
- Niger
- Nigeria
- North_Macedonia

	Northern_Mariana_Islands
	Norway
	Oman
	Pakistan
	Palau
	Palestine
	Panama
0	Papua_New_Guinea
	Paraguay
	Peru
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\bigcirc	Portugal
	Puerto_Rico
\bigcirc	Qatar
\bigcirc	Romania
\bigcirc	Russia
	Rwanda
	Saba
	Saint_Kitts_and_Nevis
	Saint_Lucia
	$Saint_Vincent_and_the_Grenadines$
	Samoa
	San_Marino
	Sao_Tome_and_Principe
	Saudi_Arabia
	Senegal
	Serbia
	Seychelles
	Sierra_Leone
	Singapore
	Sint_Eustatius
	Sint_Maarten
	Slovakia
	Slovenia
	Solomon_Islands Somalia
	South_Africa South_Korea
	South_Sudan
	Spain Spain
	Sri_Lanka
	Sudan
	Suriname
	Sweden
	Switzerland

Syria

	Tajikistan
	Thailand
	Timor_Leste
	Togo
	Tonga
	Trinidad_and_Tobago
	Tunisia
	Turkey
	Turks_and_Caicos_islands
	Uganda
	Ukraine
	United Kingdom
	United_Arab_Emirates
	United_Kingdom
	United_Republic_of_Tanzania
	United_States_of_America
	United_States_Virgin_Islands
	Uruguay
	Uzbekistan
	Vanuatu
	Venezuela
	Vietnam
	Wallis_and_Futuna
	Western_Sahara
	Yemen
	Zambia
	Zimbabwe
4.2 W	nat type of institution do you work for?
betw	een 1 and 13 choices
	Ministry of Environment
	Ministry of Health
	Ministry of Agriculture
	Ministry, other
	Governmental institute (environmental domain / environmental protection agency)
	Governmental institute (human / public health domain)
	Governmental institute (animal health domain)
	Governmental institute (other)
	Research Institution / Academia / University
	Healthcare institution
	NGO / non-profit organisation
	Waterboard / water sector
	Other
4.3 Ot	her institution:

Taiwan

100 character(s) maximum

* 4.4 <i>A</i>	At which territorial scale do you mainly work in your country?
	Supranational
	National
	Regional
0	Local
0	Other
4.5 F	Please describe 'other'
50	character(s) maximum

4.6 Can you give contact details of the person / persons that helped complete this survey, one for each surveillance system that is included in your answers? If it is just you/one person, just fill one row.

	Name of institution	Type of institution	Name and surname of contact person	Email	Name of surveillance system for which the contact person provided details
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

5 Future surveillance: Objectives, sampling strategy and methods for future environmental surveillance

5.1 Do you believe there is a need for a future (next 5 to 10 years) surveillance system for antimicrobial
resistance or related pollutants (e.g. antibiotics or fungicides) in any of the following environmental
compartments? (click all that apply)
yes, in wastewater
yes, in inland water (including surface/ground water)
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yes, in soil and/or related environments, biosolids and irrigation water
yes, in another environmental compartment (e.g. transport locations, air, etc.)
no, there is no need for environmental surveillance
5.2 Please specify which 'other' environmental compartment:
50 character(s) maximum
5.3 Do you want to explain?
500 character(s) maximum
5.1 Environmental compartment
5.1.1 If yes, for which of these environmental compartments do you want to describe your vision/expert
opinion on the design of the future surveillance? (we advise maximally 2 depending on your expertise)
yes, in wastewater
yes, in surface and/or ground water
yes, in soil and/or biosolids/irrigation water
yes, in another environmental compartment (e.g. transport locations, air, etc.)
The following questions are related to your vision/expert opinion for the future regarding environmental
surveillance for the compartment of your choice. They contain questions on the objectives of environmental

Future: next 5 years

The questions address a time-frame of the next 5 years. Therefore we ask you to consider surveillance systems you believe will be possible to implement within the next 5 years, even if the required methodology is not yet available in your country and/or the exact outline still needs to be established.

surveillance, starting from general purposes which are then broken down into more specific purposes.

Followed by questions on sampling, targets, lab methods, finances and more.

Important: Many questions are mandatory, however they all have the option 'I don't know'. Please use this option when applicable.

5.2 Future surveillance - Wastewater-based surveillance

In this section, when we speak about 'environment' or 'environmental surveillance' we mean WASTEWATER surveillance. Please keep that in mind when answering.

5.2.1 Future surveillance - Objectives of surveillance

5.2.1.1 General objectives

Which of the following general objectives should be addressed by AMR surveillance in the environment? Rank the following options in order of importance (1=most important).

	1	2	3	4	5	Not important at all	I don't know/I prefer not to answer
* Provide information about patterns and trends in AMR	0	0	0	0	0	0	0
* Support and inform risk assessment of AMR in the environment (including informing exposure assessments)	0	0	0	0	0	•	0
* Alert on emergence and evolution of AMR	0	0	0	0	0	0	0
* Assess the effectiveness of interventions	0	0	0	0	0	0	0

5.2.1.2 Specific objectives- Patterns and trends in AMR

If environmental AMR surveillance should provide information about patterns and trends in AMR, for which objectives should data be collected? Rank the following options in order of importance (1=most important).

	1	2	3	4	5	Not important at all	I don't know/I prefer not to answer
* Determine spatial variations in the levels of AB /ARB/ARGs within the area under surveillance	0	0	0	0	0	0	0
* Determine temporal variations in the levels of AB/ARB/ARGs within the area under surveillance	0	0	0	0	0	0	0
* Identify and monitor transmission of clinically relevant AMR mechanisms across geographical borders	0	0	0	0	0	0	0
*							

AMR (from humans and/or animals) as they contaminate the environment	Identify and monitor sou	urces of emissions of	0	0	0	0	0	0	0
	,	,							

5.2.1.3 Specific objectives- data for risk assessments

If environmental AMR surveillance should deliver data to inform risk assessments, for which objectives should data be collected? Rank the following options in order of importance (1=most important).

did data be collected: Hank the following option	1	2	3	4	5	Not important at all	I don't know/I prefer not to answer
* Use environmental surveillance to generate data helping to assess the risks of AMR and related pollutants to human health (e.g. data enabling determination of human exposure to AMR in the environment)	0	0	0	0	0	0	0
* Use environmental surveillance to generate data helping to assess the risks of AMR and related pollutants to animal health	0	0	0	0	0	0	0
* Use environmental surveillance to generate data helping to assess the risks of AMR, including antibiotics and related pollutants, to environmental health (such as to aquatic life)	0	0	0	0	0	0	0
* Identify and monitor transmission of clinically relevant AMR mechanisms from humans to animals and from animals to humans	0	0	0	0	0	0	0
* Apply environmental surveillance for tracing of outbreaks	0	0	0	0	0	0	0
* Apply environmental surveillance to assess environmental law offences	0	0	0	0	0	0	0

5.	2.1	.4	Other	?
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10	00 character(s) maximum			

5.2.1.5 Specific objectives - Emergence and evolution of AMR

If emerging forms of AMR should be monitored within environmental surveillance of AMR, rank the following options in order of importance (1=most important).

					I don't
					know/l
1	2	3	4	5	prefer

						Not important at all	not to answer
* Generate data on the emergence of new clinically relevant resistance mechanisms	0	0	0	0	0	0	0
* Identify and assess hotspots for emergence, genetic transmission and evolution of AMR	0	0	0	©	0	0	0
* Identify and monitor predictors and drivers of AMR diversity and abundance	0	0	0	0	0	0	0
* Identify and monitor transmission of clinically relevant AMR mechanisms across bacterial species	0	0	0	0	0	0	0

5	2	1	6	Ot	h	er	?
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5.2.1.7 Specific objectives – Efficiency of interventions

If determining the efficiency of interventions to curb AMR should be pursued within environmental surveillance of AMR, rank the following options in order of importance (1=most important).

	1	2	3	4	5	Not important at all	I don't know/I prefer not to answer
* Evaluate treatment methods for AMR removal at centralised wastewater utilities	0	0	0	0	0	0	0
* Evaluate the efficiency of changes in antibiotic stewardship and/or infection prevention and control within human or animal populations	0	•	0	0	0	0	•
* Evaluate treatment methods for AMR removal at hospital wastewater facilities	0	0	0	0	0	0	0
* Evaluate treatment methods for AMR removal during sludge treatment	0	0	0	0	0	0	0

	2	4	0	Othor	2
Ο.	.∠.		.0	Other	•

1	00 character(s) maximum		

Signals for urgently actionable public health interventions

In the field of public health surveillance of communicable diseases, some health threats require urgent action among competent national authorities in order to initiate a response (e.g. COVID-19). With a view to ascertain which AMR signals should require such prompt response, if any, a series of scenarios have been listed in the question below.

5.2.1.9 Which of the following AMR signals in the environment should trigger URGENTLY ACTIONABLE INTERVENTIONS? (1=most important).

ETTVETTOTO: (T=most important).	1	2	3	4	5	Not important at all	I don't know/I prefer not to answer
* Increase in the levels of clinically relevant ARB/ARGs	0	0	0	0	0	0	0
* Increase in the levels of any antibiotic	0	0	0	0	0	0	0
* Increase in the levels of antibiotic residues	0	0	0	0	0	0	0
* Transmission of clinically relevant AMR mechanisms in water environments across geographical borders	0	0	0	0	0	0	0
* Persistence in time of AMR determinants	0	0	0	0	0	0	0
* Emergence of new clinically relevant resistance mechanisms	0	0	0	0	0	0	0
* Increase of AMR drivers (antibiotics, biocides, heavy metals, microplastics, etc)	0	0	0	0	0	0	0
* Increase in biomarker indicators of transmissibility of ARGs (ex. mobile genetic elements)	0	0	0	0	0	0	0
* Transmission of clinically relevant AMR mechanisms in water environments across human-animal species	0	0	0	0	0	0	0
* Transmission of clinically relevant AMR mechanisms in water environments across bacterial species	0	0	0	0	0	0	0
* Increase in the levels of AMR-related toxicity (e.g. water biodiversity loss)	0	0	0	0	0	0	0

	(e.g. water biodiversity loss)				
5.2.	1.10 Other ?				
10	0 character(s) maximum				

Exploring signals for public health surveillance in wastewater

discharges of UWW) affecting neighbouring member states, transboundary cooperation is necessary in order to prompt a swift notification to competent authorities for a timely response.
5.2.1.11 In future, do you agree with the idea of needing to develop a cross-border one-health early warning and response alert system of AMR in wastewater? (Respond 2 if you don't have an opinion)
5.2.1.12 Do you agree with the idea that AMR detection in wastewater could be a reflection of the resistan microbial communities and biofilms existing within the piping system instead of the circulation of AMR in the human population?
Exploring the role of hospital wastewater for monitoring of AMR
5.2.1.13 Are you willing to answer 8 questions about AMR surveillance in hospital wastewater?YesNo
5.2.1.14 To which extent do you agree with the idea that AMR detection in hospital wastewater could improve the management of hospital outbreak detection and investigation?
5.2.1.15
To which extent do you agree with the idea that AMR and/or antibiotics detection in hospital wastewater could improve
adjusting antibiotic prescription stewardship (e.g., management of resistance to last-resort antibiotics) at the
hospital level based on existing AMR indicators?
5.2.1.16 To which extent do you agree with the idea that AMR detection in hospital wastewater could improve the
management of hospital effluents based on existing AMR indicators in the local water environment?

As outlined in the new (recast) Urban Wastewater Treatment Directive 2024, in case of water pollution (e.g.

According to WHO, Infection Prevention and Control (IPC) interventions in healthcare facilities, such as hand hygiene, and ensuring access to high-quality water, sanitation and hygiene (WASH) services can reduce the risk of health care-associated infections (HAIs) by up to 70% and have a high economic return on investment. Recently, WHO has published a global framework for action and monitoring for 2024–2030 for IPC and WASH.

5.2.1.17

ev	aluation of the efficiency of WASH and IPC practices?
5.2	2.1.18
In	future, to which extent do you agree with the idea of needing to develop a mandatory routine monitoring
of	hospital wastewater as a national surveillance system of AMR in hospital environments?
*5	2.1.19
	future, which of the following operators should be held responsible for carrying out such AMR surveillance in hospital
	stewaters?
****	Hospital professionals
	Public health institutions
	□ Economic operators of the water sector
	☐ Independent government agencies/associations
	☐ Independently contracted agencies
	Universities
	Other
	☐ I prefer not to answer/I don't know
5.2	2.1.20 Please specify 'other':
5	50 character(s) maximum
5	50 character(s) maximum
į	50 character(s) maximum
5.2	2.1.21 The AMR Industry Alliance has developed a third-party certification scheme for antibiotic
5.2 ma	2.1.21 The AMR Industry Alliance has developed a third-party certification scheme for antibiotic anufacturers to promote and demonstrate responsible antibiotic manufacturing in the global
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5.2 ma ph pa	2.1.21 The AMR Industry Alliance has developed a third-party certification scheme for antibiotic anufacturers to promote and demonstrate responsible antibiotic manufacturing in the global armaceutical supply chain. To which extent do you agree with the idea of needing to develop such a third rty certification scheme for demonstrating good hospital wastewater management practices? 2.1.22 If so, which of the following hospital environments would you prioritise as sampling sites? Hospital wastewater Hospital water pipes Hospital sinks and drains Housekeeping equipment High touch surfaces
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5.2 ma ph pa	2.1.21 The AMR Industry Alliance has developed a third-party certification scheme for antibiotic anufacturers to promote and demonstrate responsible antibiotic manufacturing in the global armaceutical supply chain. To which extent do you agree with the idea of needing to develop such a third-rty certification scheme for demonstrating good hospital wastewater management practices? 2.1.22 If so, which of the following hospital environments would you prioritise as sampling sites? Hospital wastewater Hospital sinks and drains Housekeeping equipment High touch surfaces ICU areas Other
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5.2 ma ph pa * 5.2	2.1.21 The AMR Industry Alliance has developed a third-party certification scheme for antibiotic anufacturers to promote and demonstrate responsible antibiotic manufacturing in the global armaceutical supply chain. To which extent do you agree with the idea of needing to develop such a third-rity certification scheme for demonstrating good hospital wastewater management practices? 2.1.22 If so, which of the following hospital environments would you prioritise as sampling sites? Hospital wastewater Hospital water pipes Hospital sinks and drains Housekeeping equipment High touch surfaces ICU areas Other I prefer not to answer/I don't know

To which extent do you agree with the idea that AMR detection in hospital wastewater could improve the

5.2.1.24 Would there be fundamental changes to your answers on 'objectives' if you were to consider the far future (10 years) instead of the next 5 years? if so, please explain: 300 character(s) maximum
eee character(e) maximum
5.2.2 Future surveillance - Sampling
Sites
5.2.2.1 Wastewater-based surveillance
Wastewater-based surveillance is understood here as surveillance directed at determining the circulation of AMR determinants in the human and animal population, but not in the wider environment (the determination of AMR inn effluents in order to characterise emissions to the environment is included).
In future, which of the following environmental sub compartment is essential to monitor for wastewater-based surveillance?
between 1 and 2 choices
Animal husbandry waste water
Aquaculture waste water
Hospital wastewaterIndustrial effluents
Inlet and outlet of centralised, municipal wastewater treatment plants
Inlet of centralised, municipal wastewater treatment plants
Other
Outlet of centralised, municipal wastewater treatment plants
Reused water
Urban water runoff
Wastewater from healthcare clinics
Wastewater from long-term care facilities, nurseries
5.2.2.2 Please specify 'other':
100 character(s) maximum
Frequency
5.2.2.3 In future, how frequently should the surveillance be undertaken?
Once annually
Twice a year
Three times a year
Every three months
Every month
O Daily

2.2.4 In future, to which of the following NATURAL phenomena should environmental AMR surveillance	Э
dapt in order to be more representative? (1-3 answers if needed)	
Maximum 3 selection(s)	
Distribution across all seasons	
Cold seasons	
Hot seasons	
The first rainfall of a season	
Events of heavy rainfall and storm overflow	
Drought period	
Sand and dust storms	
Extreme weather disasters (e.g earthquakes, volcanic eruptions, hurricanes, tsunamis)	
Bird/fish migration season	
Pollination season	
None of the above	
Other	
I don't know / prefer not to answer	
2.2.5 Please specify 'other':	
100 character(s) maximum	
2.2.6 In future, to which of the following periods impacted by human activities should environmental AM	 1R
2.2.6 In future, to which of the following periods impacted by human activities should environmental AM urveillance in wastewater adapt to in order to be most representative? (One answer - 3 max if necessary	
urveillance in wastewater adapt to in order to be most representative? (One answer - 3 max if necessary	
urveillance in wastewater adapt to in order to be most representative? (One answer - 3 max if necessary Maximum 3 selection(s)	
urveillance in wastewater adapt to in order to be most representative? (One answer - 3 max if necessary Maximum 3 selection(s) Pesticide application periods	
urveillance in wastewater adapt to in order to be most representative? (One answer - 3 max if necessary Maximum 3 selection(s) Pesticide application periods Food harvest periods	
urveillance in wastewater adapt to in order to be most representative? (One answer - 3 max if necessary Maximum 3 selection(s) Pesticide application periods Food harvest periods Events of treated industrial emissions Periods of increased incidence in human infections (e.g. respiratory disease period in winter, gastroenteritis in	
 arveillance in wastewater adapt to in order to be most representative? (One answer - 3 max if necessary Maximum 3 selection(s) Pesticide application periods Food harvest periods Events of treated industrial emissions Periods of increased incidence in human infections (e.g. respiratory disease period in winter, gastroenteritis in summer) 	
Arveillance in wastewater adapt to in order to be most representative? (One answer - 3 max if necessary Maximum 3 selection(s) Pesticide application periods Food harvest periods Events of treated industrial emissions Periods of increased incidence in human infections (e.g. respiratory disease period in winter, gastroenteritis in summer) Periods of increased incidence in infectious outbreaks across livestock and aquaculture	
### Arryeillance in wastewater adapt to in order to be most representative? (One answer - 3 max if necessary ####################################	
Auximum 3 selection(s) Pesticide application periods Food harvest periods Events of treated industrial emissions Periods of increased incidence in human infections (e.g. respiratory disease period in winter, gastroenteritis in summer) Periods of increased incidence in infectious outbreaks across livestock and aquaculture Periods of touristic travelling Bathing season	
Auximum 3 selection(s) Pesticide application periods Food harvest periods Events of treated incidence in human infections (e.g. respiratory disease period in winter, gastroenteritis in summer) Periods of increased incidence in higher infectious outbreaks across livestock and aquaculture Periods of increased incidence in pests in agriculture Periods of touristic travelling Bathing season Mass gatherings: religious pilgrimages (Hajj), music, sport and festivity events (Olympics, Oktoberfest)	
### Inveillance in wastewater adapt to in order to be most representative? (One answer - 3 max if necessary #### Maximum 3 selection(s) Pesticide application periods	
### Periods of increased incidence in pests in agriculture Periods of touristic travelling Bathing season Mass gatherings: religious pilgrimages (Hajj), music, sport and festivity events (Olympics, Oktoberfest) None of the above Other	
### Inveillance in wastewater adapt to in order to be most representative? (One answer - 3 max if necessary #### Maximum 3 selection(s) Pesticide application periods	
### Annual Content of the above Identity Identity ### Periods of increased incidence in human infectious outbreaks across livestock and aquaculture ### Periods of increased incidence in pests in agriculture ### Periods of touristic travelling ### Bathing season ### Mass gatherings: religious pilgrimages (Hajj), music, sport and festivity events (Olympics, Oktoberfest) ### None of the above ### Other ### Idon't know / prefer not to answer ### Presentative? (One answer - 3 max if necessary ### Max if necessary ### Amax if necessary ### Max if necessary ### Amax if necessary ### Max if necessary ### Amax if necessary ### Amax if necessary ### Pesticide application periods ### Events of treated industrial emissions ### Periods of increased incidence in human infections (e.g. respiratory disease period in winter, gastroenteritis in summer) ### Periods of increased incidence in infectious outbreaks across livestock and aquaculture ### Periods of increased incidence in pests in agriculture ### Periods of increased incidence in pests in agriculture ### Periods of touristic travelling ### Bathing season ### Mass gatherings: religious pilgrimages (Hajj), music, sport and festivity events (Olympics, Oktoberfest) ### None of the above ### Other ### Idon't know / prefer not to answer ### Periods of increased incidence in infectious outbreaks across livestock and aquaculture ### Periods of increased incidence in pests in agriculture ### Periods of increased incidence in pests in agriculture ### Periods of increased incidence in pests in agriculture ### Periods of increased incidence in pests in agriculture ### Periods of increased incidence in pests in agriculture ### Periods of increased incidence in pests in agriculture ### Periods of increased incidence in pests in agriculture ### Periods of increased incidence in pests in agriculture ### Periods of increased incidence in pests in agriculture ### Period	
### Available of the above Other	
### Annual Content of the above Identity Identity ### Periods of increased incidence in human infectious outbreaks across livestock and aquaculture ### Periods of increased incidence in pests in agriculture ### Periods of touristic travelling ### Bathing season ### Mass gatherings: religious pilgrimages (Hajj), music, sport and festivity events (Olympics, Oktoberfest) ### None of the above ### Other ### Idon't know / prefer not to answer ### Presentative? (One answer - 3 max if necessary ### Max if necessary ### Amax if necessary ### Max if necessary ### Amax if necessary ### Max if necessary ### Amax if necessary ### Amax if necessary ### Pesticide application periods ### Events of treated industrial emissions ### Periods of increased incidence in human infections (e.g. respiratory disease period in winter, gastroenteritis in summer) ### Periods of increased incidence in infectious outbreaks across livestock and aquaculture ### Periods of increased incidence in pests in agriculture ### Periods of increased incidence in pests in agriculture ### Periods of touristic travelling ### Bathing season ### Mass gatherings: religious pilgrimages (Hajj), music, sport and festivity events (Olympics, Oktoberfest) ### None of the above ### Other ### Idon't know / prefer not to answer ### Periods of increased incidence in infectious outbreaks across livestock and aquaculture ### Periods of increased incidence in pests in agriculture ### Periods of increased incidence in pests in agriculture ### Periods of increased incidence in pests in agriculture ### Periods of increased incidence in pests in agriculture ### Periods of increased incidence in pests in agriculture ### Periods of increased incidence in pests in agriculture ### Periods of increased incidence in pests in agriculture ### Periods of increased incidence in pests in agriculture ### Periods of increased incidence in pests in agriculture ### Period	
### Available of the above Other	

The role of AMR in global health and climate change

Real time

consid	8 In your opinion, will climate change influence AMR in such a way that this should be taken into deration for AMR surveillance in wastewater, if so, please indicate how. character(s) maximum
	9 In your opinion, which of the following future scenarios impacted by human activities should AMR illance in wastewater adapt to in order to be more representative? CBRN incidents (chemical, biological, radiological and nuclear) Periods of armed conflicts, war and mass casualties Mass migration across geographical borders Direct non-treated industrial discharges into the environment (e.g. shipwrecks emitting industrial substances into marine waters, leakages from pharmaceutical or hospital facilities into rivers, etc) Outbreaks derived from high-containment laboratories for high threat pathogens (e.g. biosafety level-4 laboratories, gain-of-function research labs) Severe foodborne illness/outbreaks events (e.g. <i>E. coli</i> O104:H4 outbreak)
	During any ongoing public health emergency of international concern
	None of the above I don't know /I prefer not to answer Other
	10 Please specify 'other': haracter(s) maximum
popul	11 The new (recast) <u>EU Urban Wastewater Treatment Directive</u> calls for identification of vulnerable ations. In future, which of the following (vulnerable) populations should and practically can be the of the AMR surveillance in wastewater?
	Victims of CBRN incidents (chemical, biological, radiological and nuclear)
	War victims, displaced people, people in refugee camps
	Elderly
	Students
	Chronically ill and disabled
	Low-income, homeless individuals and children in foster care
	Rural isolated populations
	Racial or ethnic minorities (e.g. indigenous or immigrant communities) Institutionalized persons (for example, persons in correctional facilities, nursing homes or mental health
	facilities)
	People engaging in criminal activities (e.g. use of illegal substances)
	Sex workers and victims of sexual trafficking
	Employees of the industry sector (e.g. wastewater, landfill)
	Farmers
	Health professionals (e.g. medical doctors, veterinarians, nurses)
	People residing in areas with non-sewered sanitation
	People residing in areas near WWTPs

	None of the above
	Other
	I don't know /I prefer not to answer
	Children and pregnant women
5.2.2.1	12 Please specify 'other':
150 c	character(s) maximum
E 0 0 4	40 W
	13 Would there be fundamental changes to your answers on 'sampling', ie sites and frequency, if you
	consider the far future (10 years) instead of the next 5 years? If so, please explain: character(s) maximum
300 0	Sharacter(s) maximum
5.2.3	Future surveillance - AMR indicators
* 5.2.3.1	l Identifying and monitoring antibiotic resistant bacteria (ARB)
Which	of the following bacterial targets would be the MOST FEASIBLE AND INFORMATIVE option for
culture	e-based environmental surveillance of AMR?
	Aeromonas spp
	Acinetobacter baumanii
	Bordetella pertussis
	Campylobacter spp
	Citrobacter freundii
	Corynebacterium diphteriae
	Clostridium perfringens
	Clostridioides difficile
	Enterococcus spp
	Escherichia coli
	Shiga toxin/verocytotoxin-producing Escherichia coli
	Haemophilus influenzae
	Klebsiella pneumonia
	Listeria monocytogenes
	Legionella spp
	Neisseria gonorrhoeae
	Neisseria meningitidis
	Pseudomonas aeruginosa
	Salmonella spp
	Shigella spp
	Staphylococcus aureus
	Streptococcus pneumoniae
	Vibrio cholera
	Total coliform bacteria
	Others

I don't know/l prefer not to answer
5.2.3.2 Please specify 'other':
100 character(s) maximum
* 5.2.3.3 Which of the following antibiotic-resistant groups of bacterial human pathogens from the WHO Bacterial Priority Pathogens list 2024 would be the MOST FEASIBLE AND INFORMATIVE option for
culture-based AMR?
Maximum 15 selection(s)
Acinetobacter baumannii carbapenem-resistant
Enterobacterales third-generation cephalosporin-resistant
Enterobacterales carbapenem-resistant
Enterococcus faecium vancomycin-resistant
Haemophilus influenzae ampicillin-resistant
Mycobacterium tuberculosis rifampicin-resistant
Neisseria gonorrhoeae third-generation cephalosporin, and/or fluoroquinolone-resistant
Pseudomonas aeruginosa carbapenem-resistant Pseudomonas aeruginosa carbapenem-resistant
Salmonella Typhi fluoroquinolone-resistant
Non-typhoidal Salmonella fluoroquinolone-resistant
Shigella spp. fluoroquinolone-resistant
Staphylococcus aureus methicillin-resistant Group A
Streptococci macrolide-resistant
Streptococcus pneumoniae macrolide-resistant Group B
Streptococci penicillin-resistant
Others
I don't know / I prefer not to answer
E Tacht Mich. / Epicion Notite and well
5.2.2.4 Plages specify 'other':
5.2.3.4 Please specify 'other': 100 character(s) maximum
100 Character(s) maximum
*5.2.3.5 Which of the following fungal human pathogens from the WHO fungal priority pathogens list 2022
would be the MOST FEASIBLE AND INFORMATIVE option for culture-based AMR surveillance?
Maximum 15 selection(s)
Aspergillus fumigatus
Candida albicans
Candida auris
Candida parapsilosis
Candida tropicalis
Coccidioides spp
Cryptococcus gattii
Cryptococcus neoformans
Eumycetoma causative agents
Fusarium spp

Lomentospora prolificans
Editiontospora promitano
Mucorales
Nakaseomyces glabrata (Candida glabrata)
Paracoccidioides spp
Pichia kudriavzeveii (Candida krusei)
Pneumocystis jirovecii
Scedosporium spp
☐ Talaromyces marneffei
Others
I don't know /I prefer not to answer
= 1 don't know /1 protot flot to differen
5.2.3.6 Other:
100 character(s) maximum
Too Grandstor(o) maximum
Identifying and monitoring antibiotic resistant genes (ARGs)
, g
According to NCBI's bacterial genomic data, the highest diversity of submitted AMR gene sequences
corresponds to resistance to beta-lactams, followed by aminoglycosides, quinolones, glycopeptides,
tetracyclines and macrolides, among others.
5.2.3.7 Which of the following antibiotic resistance classes should be prioritized for the purpose of AMR
surveillance in wastewater?
Maximum 15 selection(s)
Aminoglycoside resistance
Amphenicol resistance
 Amphenicol resistance Carbapenem and monobactam resistance
 Amphenicol resistance Carbapenem and monobactam resistance Cephalosporins (First- and second-generation) resistance
 Amphenicol resistance Carbapenem and monobactam resistance Cephalosporins (First- and second-generation) resistance Cephalosporins (Third- and/or fourth-generation) resistance
 Amphenicol resistance Carbapenem and monobactam resistance Cephalosporins (First- and second-generation) resistance Cephalosporins (Third- and/or fourth-generation) resistance Fluoroquinolone resistance
 Amphenicol resistance Carbapenem and monobactam resistance Cephalosporins (First- and second-generation) resistance Cephalosporins (Third- and/or fourth-generation) resistance Fluoroquinolone resistance Glycopeptide resistance
 Amphenicol resistance Carbapenem and monobactam resistance Cephalosporins (First- and second-generation) resistance Cephalosporins (Third- and/or fourth-generation) resistance Fluoroquinolone resistance Glycopeptide resistance Imidazole derivative resistance
 Amphenicol resistance Carbapenem and monobactam resistance Cephalosporins (First- and second-generation) resistance Cephalosporins (Third- and/or fourth-generation) resistance Fluoroquinolone resistance Glycopeptide resistance Imidazole derivative resistance Lincosamide and Streptogramin resistance
Amphenicol resistance Carbapenem and monobactam resistance Cephalosporins (First- and second-generation) resistance Cephalosporins (Third- and/or fourth-generation) resistance Fluoroquinolone resistance Glycopeptide resistance Imidazole derivative resistance Lincosamide and Streptogramin resistance Macrolide resistance
Amphenicol resistance Carbapenem and monobactam resistance Cephalosporins (First- and second-generation) resistance Cephalosporins (Third- and/or fourth-generation) resistance Fluoroquinolone resistance Glycopeptide resistance Imidazole derivative resistance Lincosamide and Streptogramin resistance Macrolide resistance Penicillin resistance
Amphenicol resistance Carbapenem and monobactam resistance Cephalosporins (First- and second-generation) resistance Cephalosporins (Third- and/or fourth-generation) resistance Fluoroquinolone resistance Glycopeptide resistance Imidazole derivative resistance Lincosamide and Streptogramin resistance Macrolide resistance
Amphenicol resistance Carbapenem and monobactam resistance Cephalosporins (First- and second-generation) resistance Cephalosporins (Third- and/or fourth-generation) resistance Fluoroquinolone resistance Glycopeptide resistance Imidazole derivative resistance Lincosamide and Streptogramin resistance Macrolide resistance Penicillin resistance
Amphenicol resistance Carbapenem and monobactam resistance Cephalosporins (First- and second-generation) resistance Cephalosporins (Third- and/or fourth-generation) resistance Fluoroquinolone resistance Glycopeptide resistance Imidazole derivative resistance Lincosamide and Streptogramin resistance Macrolide resistance Penicillin resistance Polymyxin resistance
Amphenicol resistance Carbapenem and monobactam resistance Cephalosporins (First- and second-generation) resistance Cephalosporins (Third- and/or fourth-generation) resistance Fluoroquinolone resistance Glycopeptide resistance Imidazole derivative resistance Lincosamide and Streptogramin resistance Macrolide resistance Penicillin resistance Polymyxin resistance Tetracycline resistance
Amphenicol resistance Carbapenem and monobactam resistance Cephalosporins (First- and second-generation) resistance Cephalosporins (Third- and/or fourth-generation) resistance Fluoroquinolone resistance Glycopeptide resistance Imidazole derivative resistance Lincosamide and Streptogramin resistance Macrolide resistance Penicillin resistance Polymyxin resistance Tetracycline resistance Trimethoprim/sulphonamide resistance
Amphenicol resistance Carbapenem and monobactam resistance Cephalosporins (First- and second-generation) resistance Cephalosporins (Third- and/or fourth-generation) resistance Fluoroquinolone resistance Glycopeptide resistance Imidazole derivative resistance Lincosamide and Streptogramin resistance Macrolide resistance Penicillin resistance Polymyxin resistance Tetracycline resistance Trimethoprim/sulphonamide resistance Other
Amphenicol resistance Carbapenem and monobactam resistance Cephalosporins (First- and second-generation) resistance Cephalosporins (Third- and/or fourth-generation) resistance Fluoroquinolone resistance Glycopeptide resistance Imidazole derivative resistance Lincosamide and Streptogramin resistance Macrolide resistance Penicillin resistance Polymyxin resistance Tetracycline resistance Trimethoprim/sulphonamide resistance Other
Amphenicol resistance Carbapenem and monobactam resistance Cephalosporins (First- and second-generation) resistance Cephalosporins (Third- and/or fourth-generation) resistance Fluoroquinolone resistance Glycopeptide resistance Imidazole derivative resistance Lincosamide and Streptogramin resistance Macrolide resistance Penicillin resistance Polymyxin resistance Tetracycline resistance Trimethoprim/sulphonamide resistance Other I don't know /I prefer not to answer
Amphenicol resistance Carbapenem and monobactam resistance Cephalosporins (First- and second-generation) resistance Cephalosporins (Third- and/or fourth-generation) resistance Fluoroquinolone resistance Glycopeptide resistance Imidazole derivative resistance Imidazole derivative resistance Lincosamide and Streptogramin resistance Macrolide resistance Penicillin resistance Polymyxin resistance Tetracycline resistance Trimethoprim/sulphonamide resistance Other I don't know /I prefer not to answer

5.2.3.9 For each of the indicator purposes shown in the table below, which antimicrobial resistance gene targets would be the best for qPCR-based AMR surveillance in wastewater? Choose up to 10 genes for each category. You can use the genes shown in table 3 in the annex 1 or add other genes you might know.

	AMR proxy / anthropogenic pollution markers	Clinically relevant ARG for human health risk assessment	Clinically relevant ARG for animal health risk assessment	Clinically relevant ARG for environmental health risk assessment	Predictors of diversity and evolution (mobility markers)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

5.2.3.10 How would you allocate the following types of gene indicators across environmental compartments for AMR surveillance and risk assessment purposes?

	Anthropogenic pollution markers	Clinically relevant ARG for human health risk assessment	Clinically relevant ARG for animal health risk assessment	Clinically relevant ARG for environmental health risk assessment	Predictors of diversity and evolution (mobility markers)
Surface water					
Ground water					
Wastewater					
Water reuse					
Sludge (WWTP)					
Manure					
Soil					

5.2.3.11 How would you allocate the following types of gene indicators by the following objectives of AMR surveillance in wastewater?

The above used objectives were:

- 1) Provide information about patterns and trends in AMR (including identification of emission sources)
- 2) Support and inform risk analysis of AMR in the environment
- 3) Alert on emergence and evolution of AMR
- 4) Assess the effectiveness of interventions

	Anthropogenic pollution markers	Clinically relevant ARG for human health risk assessment	Clinically relevant ARG for animal health risk assessment	Clinically relevant ARG for environmental health risk assessment	Predictors of diversity and evolution (mobility markers)
Monitor trends of AMR					
Provide data for risk assessment					
Determine emerging AMR forms					
Evaluate interventions					

5.2.3.12 Identifying and monitoring levels of antibiotic and antibiotic residues

Which of the following antimicrobial classes should be monitored for AMR risk assessment in wastewater?

Antibiotics	Antibiotics Maximum 15 selection(s) Aminoglycosides Amphenicols Carbapenems and monobactams First- and second-generation cephalosporins Fluoroquinolones Glycopeptides Imidazole derivatives Lincosamides and Streptogramins Macrolides Other Penicillins Polymyxins Tetracyclines Third- and/or fourth-generation cephalosporins Trimethoprim/sulphonamides
Antimycotics	Antimycotics Maximum 5 selection(s) Azoles Amphotericin B Echinocandins Terbinafine Others
Disinfectants / preservatives	Disinfectants / preservatives Triclosan Quaternary ammonium compounds QACs Chlorhexidine Chlorine-releasing compounds Aldehyde-based compounds Alcohols Hydrogen peroxide Peracetic acid Weak organic acids Others

*5.2.3.13 Defining criteria for risk assessment of antibiotics and antibiotic residues

Which of the following already established indicators should be used to assess the selective	e potency of
antibiotics for environmental risk assessments?	
Lowest Observed Effect Concentration (LOEC)	
No Observed Effect Concentration (NOEC)	

■ Predicted No Effect Concentration (PNEC)

■ Minimal Selective Concentration (MSC)

Minimal Inhibitory Concentration	on (MIC)
Others	
I don't know / prefer not to ans	wer
5.2.3.14 Please specify 'other':	
100 character(s) maximum	
*5.2.3.15 Which of the following indi	cators currently being researched could be used to help assess the
selective potency of antibiotics for e	environmental risk assessments?
Maximum 3 selection(s)	
Minimal concentration inducing	resistance mutations
_	ng the rate of horizontal transfer of mobile resistance determinants
Minimal increased persistence	
Total bacterial community grov	
Selective ability of whole efflue	
Length of time exposure to ant	ibiotics
ARB/ARG diversity and abund	ance
Additive, synergistic or antagor	nistic effects of antibiotics and other chemical mixtures
Seasonal variations of antibioti	CS
Others	
I don't know / I prefer not to an	swer
None of the above	
None of the above	
5.2.3.16 Please specify 'other':	
100 character(s) maximum	
5 2 3 17 To which extent do you ac	ree with the idea of using WHO's AWaRe and EMA'AMEG antibiotic
, , ,	s for selecting the antibiotics for surveillance and risk assessment of
AMR levels in wastewater?	s for selecting the antibiotics for surveillance and risk assessment of
AIVIR levels in wastewater?	
5 0 0 40 MH - t - th t t t	
• •	cal parameters would be feasible and informative to collect?
100 character(s) maximum	
Methodological aspects	
motification ground approve	
	wing methods below would be the MOST FEASIBLE AND
•5.2.3.19 In future, which of the follo INFORMATIVE to monitor AMR in t	

Eletative abundance of ARGs measured by qPCR
Absolute quantification of ARGs measured by ddPCR/dPCR
Relative abundance of ARGs measured by ddPCR/dPCR
High-throughput real-time PCR methods (relative abundance of gene only)
Shot-gun metagenomics
Target enrichment metagenomics (i.e. enrichment of AMR genes in shot-metagenomics libraries)
Quantitative isolate-based methods -phenotypic assays (such as ESBL-producing <i>E. coli</i> in Tricycle protoco
Quantitative isolate-based methods in combination with whole genome sequencing of isolates
Isolate-based methods - proportion of resistant bacteria among isolates of a given species
A combination of culture-based, qPCR and metagenomics
A combination of culture-based, qf Cft and metagenomics A combination of culture-based methods and qPCR
A combination of qPCR and metagenomics
A combination of culture-based methods and metagenomics
Other
I don't know /I prefer not to answer
5.2.3.20 Please specify 'other':
100 character(s) maximum
*5.2.3.21 What should be the preferred unit reported for absolute quantitative-based assays?
Maximum 2 selection(s)
Cumulative sum of all quantified ARG (e.g., ARGs/L)
Gene copies / CFU per L
Gene copies / CFU per g of dry mass (for solids)
Gene copies / CFU per g of wet mass (for solids)
Gene copies / CFU per g of ashes (for solids)
Other
I don't know /I prefer not to answer
F. Q. Q. Dlagge angeity lether!
5.2.3.22 Please specify 'other':
50 character(s) maximum
+ F. O. O. O. What about does the greeferned valeting about days a green limiting mathed for culture based and
* 5.2.3.23 What should be the preferred relative abundance normalization method for culture-based and
PCR assays?
Maximum 2 selection(s)
16S rRNA gene copy number
total DNA
a collection of single-copy genes
□ rpoB gene
for culturing: concentration of non-resistant <i>E. coli</i>
None
Other
I don't know /I prefer not to answer

5.2.3.24 Please specify 'other':
50 character(s) maximum
* 5.2.3.25 What should be the preferred relative abundance normalization method for sequencing-based
methods?
Maximum 2 selection(s) 16S rRNA
a collection of single copy genes
□ FPKM
□ TPM
□ rpoB gene
spike-ins of strains at known concentration
None
Other
I don't know /I prefer not to answer
5.2.3.26 Please specify 'other':
50 character(s) maximum
5.2.3.27 Would there be fundamental changes to your answers on 'indicators' if you would consider the far
future (10 years) instead of the next 5 years? If so, please explain:
300 character(s) maximum
5.3 Future surveillance - Surface/Ground water-based surveillance
In this section, when we speak about 'environment' or 'environmental surveillance' we
mean SURFACE AND/OR GROUNDWATER surveillance. Please keep that in mind when answering.
5.3.1 Future surveillance - Objectives of surveillance
5.5.1 1 diano sarvollianos Objectivos di sarvollianos
5044 Our and although a
5.3.1.1 General objectives

1	2	3	4	5	Not important at all	I don't know/I prefer not to answer

Which of the following general objectives should be addressed by AMR surveillance in the

environment? Rank the following options in order of importance (1=most important).

* Provide information about patterns and trends in AMR (including identification of emission sources)	0	0	0	0	0	0	0
* Support and inform risk assessment of AMR in the environment (including informing exposure assessments)	0	0	0	0	0	•	0
* Alert on emergence and evolution of AMR	0	0	0	0	0	0	0
* Assess the effectiveness of interventions	0	0	0	0	0	0	0

5.3.1.2 Specific objectives- Patterns and trends in AMR

If environmental AMR surveillance should provide information about patterns and trends in AMR, for which objectives should data be collected? Rank the following options in order of importance (1=most important).

	1	2	3	4	5	Not important at all	I don't know/I prefer not to answer
* Determine spatial variations in the levels of AB /ARB/ARGs within the area under surveillance	0	0	©	©	©	0	0
* Determine temporal variations in the levels of AB/ARB/ARGs within the area under surveillance	0	0	0	0	0	•	0
* Identify and monitor transmission of clinically relevant AMR mechanisms across geographical borders	0	0	0	0	0	•	0
* Identify and monitor sources of emissions of AMR (from humans and/or animals) as they contaminate the environment	0	0	0	0	0	•	0

5.3.1.3 Specific objectives—data for risk assessments

If environmental AMR surveillance should deliver data to inform risk assessments, for which objectives should data be collected? Rank the following options in order of importance (1=most important).

	1	2	3	4	5	Not important at all	I don't know/I prefer not to answer
* Use environmental surveillance to generate data helping to assess the risks of AMR and related pollutants to human health (e.g. data enabling determination of human exposure to AMR in the environment)	0	0	0	0	0	0	•

* Generate data on the emergence of new clinically relevant resistance mechanisms * Identify and assess hotspots for emergence, genetic transmission and evolution of AMR * Identify and monitor predictors and drivers of	0	0	0	<!--</th--><th>© ©</th><th>important at all</th><th>know/ preference answer</th>	© ©	important at all	know/ preference answer
_	0	0	0	0	0	at all	prefe not to
							prefe not to
	1	2	3	4	5	Not	I don'
1.5 Specific objectives - Emergence and evo nerging forms of AMR should be monitored with wing options in order of importance (1=most im	in envi	ironme		ırveilla	nce of	AMR, rank th	e
1.4 Other ? 0 character(s) maximum			1				
* Apply environmental surveillance to assess environmental law offences	0	0	0	0	0	0	0
* Apply environmental surveillance for tracing of outbreaks	0	0	0	0	0	0	0
* Identify and monitor transmission of clinically relevant AMR mechanisms from humans to animals and from animals to humans	0	0	0	0	0	0	0
* Use environmental surveillance to generate data helping to assess the risks of AMR, including antibiotics and related pollutants, to environmental health (such as to aquatic life)	0	0	0	0	0	0	0
related pollutants to animal health		0	0	0	0	0	0

5.3.1.6 Other ? 100 character(s) maximum

relevant AMR mechanisms across bacterial

species

5.3.1.7 Specific objectives – Efficiency of interventions

If determining the efficiency of interventions to curb AMR should be pursued within environmental surveillance of AMR, rank the following options in order of importance (1=most important).

	1	2	3	4	5	Not important at all	I don't know/I prefer not to answer
* Evaluate treatment methods for AMR removal at centralised wastewater utilities	0	0	©	0	0	0	©
* Assess the resilience of the environment after the implementation of reduction measures	0	0		0	0	0	©
* Evaluate treatment methods for AMR removal at hospital wastewater facilities	0	0	©	0	0	0	©
* Evaluate treatment methods for AMR removal during sludge treatment	0	0	0	0	0	0	0
* Evaluate AMR removal methods during water reuse treatment for crop irrigation	0	0	0	0	0	0	0

5.3.1.8 Other ?		
100 character(s) maximum		

Signals for urgently actionable public health interventions

In the field of public health surveillance of communicable diseases, some health threats require urgent action among competent national authorities in order to initiate a response (e.g. COVID-19). With a view to ascertain which AMR signals should require such prompt response, if any, a series of scenarios have been listed in the question below.

5.3.1.9 Which of the following AMR signals in the environment should trigger URGENTLY ACTIONABLE INTERVENTIONS? (1=most important)

	1	2	3	4	5	Not important at all	I don't know/I prefer not to answer
* Increase in the levels of clinically relevant ARB/ARGs	0	0	0	0	0	0	0
* Increase in the levels of any antibiotic	0	0	0	0	0	0	0
* Increase in the levels of antibiotic residues	0	0	0	0	0	0	0

geographical borders	0	0	0	0	0	•	0
* Persistence in time of AMR determinants	0	0	0	0	0	0	0
* Emergence of new clinically relevant resistance mechanisms	0	0	0	0	0	0	0
* Increase of AMR drivers (antibiotics, biocides, heavy metals, microplastics, etc)	0	0	0	0	0	0	0
* Increase in biomarker indicators of transmissibility of ARGs (ex. mobile genetic elements)	0	0	0	0	0	0	0
* Transmission of clinically relevant AMR mechanisms in water environments across human-animal species	0	0	0	0	0	0	0
* Transmission of clinically relevant AMR mechanisms in water environments across bacterial species	0	0	0	0	0	0	0
* Increase in the levels of AMR-related toxicity (e.g. water biodiversity loss)	0	0	0	0	0	0	0
3.1.11 Would there be fundamental changes to y future (10 years) instead of the next 5 years? if 100 character(s) maximum			-	ectives	' if you	were to cons	ider the
future (10 years) instead of the next 5 years? if			-	ectives	' if you	were to cons	ider the
future (10 years) instead of the next 5 years? if 100 character(s) maximum 3.2 Future surveillance - Sampling	so, plea	ase ex	plain:				ider the

Glacier, permafrost, snow
Storm water (e.g. from rain, hail)
Other
5.3.2.2 Please specify 'other':
100 character(s) maximum
Frequency
5.3.2.3 In future, how frequently should the surveillance be undertaken?
Once annually
Twice a year
Three times a year
Every Three months
© Every month
Daily
Real time
Total time
* 5.3.2.4 In future, to which of the following NATURAL phenomena should environmental AMR surveillance adapt in order to be more representative? (1-3 answers if needed) **Maximum 3 selection(s)** Distribution across all seasons Cold seasons Hot seasons The first rainfall of a season Events of heavy rainfall and storm overflow Drought period Sand and dust storms Extreme weather disasters (e.g earthquakes, volcanic eruptions, hurricanes, tsunamis) Bird/fish migration season Pollination season None of the above Other I don't know / prefer not to answer
100 character(s) maximum
*5.3.2.6 In future, to which of the following periods impacted by human activities should environmental AMR
surveillance in surface/groundwater adapt to in order to be most representative? (One answer - 3 max if
necessary)
Maximum 3 selection(s)
Pesticide application periods

Food harvest periods	
Events of treated industrial emissions	
Periods of increased incidence in human infections (e.g. respiratory disease period in winter, gastroenteritis in	
summer)	
Periods of increased incidence in infectious outbreaks across livestock and aquaculture	
Periods of increased incidence in pests in agriculture	
Periods of touristic travelling	
Bathing season	
Mass gatherings: religious pilgrimages (Hajj), music, sport and festivity events (Olympics, Oktoberfest)	
None of the above	
Other	
I don't know / prefer not to answer	
5.3.2.7 Please specify 'other':	
100 character(s) maximum	
Too onaractor(s) maximum	_
The role of AMR in global health and climate change	
5.3.2.8 In your opinion, will climate change influence AMR in such a way that this should be taken into	
consideration for AMR surveillance in surface/groundwater, if so, please indicate how.	
500 character(s) maximum	
*5.3.2.9 In your opinion, which of the following future scenarios impacted by human activities should AMR	
surveillance in surface/groundwater adapt to in order to be more representative?	
CBRN incidents (chemical, biological, radiological and nuclear)	
Periods of armed conflicts, war and mass casualties	
Mass migration across geographical borders	
	_
Direct non-treated industrial discharges into the environment (e.g. shipwrecks emitting industrial substance	S
into marine waters, leakages from pharmaceutical or hospital facilities into rivers, etc)	
Outbreaks derived from high-containment laboratories for high threat pathogens (e.g. biosafety level-4 laboratories, gain-of-function research labs)	
Severe foodborne illness/outbreaks events (e.g. <i>E. coli</i> O104:H4 outbreak)	
During any ongoing public health emergency of international concern	
None of the above	
I don't know /I prefer not to answer	
Other	
5.3.2.10 Please specify 'other':	
50 character(s) maximum	

5.3.2.11 Would there be fundamental changes to your answers on 'sampling', ie sites and frequency, if you would consider the far future (10 years) instead of the next 5 years? If so, please explain:
300 character(s) maximum
5.3.3 Future surveillance - AMR indicators
5.5.5 Future surveillance - Aivir indicators
5.3.3.1 Identifying and monitoring antibiotic resistant bacteria (ARB)
Which of the following bacterial targets would be the MOST FEASIBLE AND INFORMATIVE option for
culture-based environmental surveillance of AMR?
Aeromonas spp
Acinetobacter baumanii
Bordetella pertussis
Campylobacter spp
Citrobacter freundii
Corynebacterium diphteriae
Clostridium perfringens
Clostridioides difficile
Enterococcus spp
Escherichia coli
Shiga toxin/verocytotoxin-producing Escherichia coli
Haemophilus influenzae
Klebsiella pneumonia
Listeria monocytogenes
Legionella spp
Neisseria gonorrhoeae
Neisseria meningitidis
Pseudomonas aeruginosa
Salmonella spp
Shigella spp
Staphylococcus aureus
Streptococcus pneumoniae
Vibrio cholera
Total coliform bacteria
Others
I don't know/l prefer not to answer
5.3.3.2 Please specify 'other':
100 character(s) maximum

*5.3.3.3 Which of the following antibiotic-resistant groups of bacterial human pathogens from the <u>WHO</u>
<u>Bacterial Priority Pathogens list 2024</u> would be the MOST FEASIBLE AND INFORMATIVE option for culture-based AMR?

IVIaxi	mum 15 selection(s)
	Acinetobacter baumannii carbapenem-resistant
	Enterobacterales third-generation cephalosporin-resistant
	Enterobacterales carbapenem-resistant
	Enterococcus faecium vancomycin-resistant
	Haemophilus influenzae ampicillin-resistant
	Mycobacterium tuberculosis rifampicin-resistant
	Neisseria gonorrhoeae third-generation cephalosporin, and/or fluoroquinolone-resistant
	Pseudomonas aeruginosa carbapenem-resistant
	Salmonella Typhi fluoroquinolone-resistant
	Non-typhoidal Salmonella fluoroquinolone-resistant
	Shigella spp. fluoroquinolone-resistant
	Staphylococcus aureus methicillin-resistant Group A
	Streptococci macrolide-resistant
	Streptococcus pneumoniae macrolide-resistant Group B
	Streptococci penicillin-resistant
	Others
	I don't know / prefer not to answer
	·
	4 Please specify 'other':
5.3.3.4	
	•
	character(s) maximum
	•
100 c	5 Which of the following fungal human pathogens from the WHO fungal priority pathogens list 2022 be the MOST FEASIBLE AND INFORMATIVE option for culture-based AMR surveillance?
100 c	5 Which of the following fungal human pathogens from the WHO fungal priority pathogens list 2022 be the MOST FEASIBLE AND INFORMATIVE option for culture-based AMR surveillance?
100 c	5 Which of the following fungal human pathogens from the WHO fungal priority pathogens list 2022 be the MOST FEASIBLE AND INFORMATIVE option for culture-based AMR surveillance? imum 15 selection(s) Aspergillus fumigatus
100 c	5 Which of the following fungal human pathogens from the WHO fungal priority pathogens list 2022 be the MOST FEASIBLE AND INFORMATIVE option for culture-based AMR surveillance? imum 15 selection(s) Aspergillus fumigatus Candida albicans
100 c	5 Which of the following fungal human pathogens from the WHO fungal priority pathogens list 2022 be the MOST FEASIBLE AND INFORMATIVE option for culture-based AMR surveillance? imum 15 selection(s) Aspergillus fumigatus Candida albicans Candida auris
100 c	5 Which of the following fungal human pathogens from the WHO fungal priority pathogens list 2022 be the MOST FEASIBLE AND INFORMATIVE option for culture-based AMR surveillance? imum 15 selection(s) Aspergillus fumigatus Candida albicans Candida parapsilosis
100 c	5 Which of the following fungal human pathogens from the WHO fungal priority pathogens list 2022 be the MOST FEASIBLE AND INFORMATIVE option for culture-based AMR surveillance? imum 15 selection(s) Aspergillus fumigatus Candida albicans Candida parapsilosis Candida tropicalis
100 c	5 Which of the following fungal human pathogens from the WHO fungal priority pathogens list 2022 be the MOST FEASIBLE AND INFORMATIVE option for culture-based AMR surveillance? imum 15 selection(s) Aspergillus fumigatus Candida albicans Candida parapsilosis Candida tropicalis Coccidioides spp
100 c	5 Which of the following fungal human pathogens from the WHO fungal priority pathogens list 2022 be the MOST FEASIBLE AND INFORMATIVE option for culture-based AMR surveillance? imum 15 selection(s) Aspergillus fumigatus Candida albicans Candida parapsilosis Candida tropicalis Coccidioides spp Cryptococcus gattii
100 c	5 Which of the following fungal human pathogens from the WHO fungal priority pathogens list 2022 be the MOST FEASIBLE AND INFORMATIVE option for culture-based AMR surveillance? imum 15 selection(s) Aspergillus fumigatus Candida albicans Candida parapsilosis Candida tropicalis Coccidioides spp Cryptococcus gattii Cryptococcus neoformans
100 c	5 Which of the following fungal human pathogens from the WHO fungal priority pathogens list 2022 be the MOST FEASIBLE AND INFORMATIVE option for culture-based AMR surveillance? imum 15 selection(s) Aspergillus fumigatus Candida albicans Candida auris Candida parapsilosis Candida tropicalis Coccidioides spp Cryptococcus gattii Cryptococcus neoformans Eumycetoma causative agents
100 c	be the MOST FEASIBLE AND INFORMATIVE option for culture-based AMR surveillance? imum 15 selection(s) Aspergillus fumigatus Candida albicans Candida parapsilosis Candida tropicalis Coccidioides spp Cryptococcus gattii Cryptococcus neoformans Eumycetoma causative agents Fusarium spp
100 c	be the MOST FEASIBLE AND INFORMATIVE option for culture-based AMR surveillance? imum 15 selection(s) Aspergillus fumigatus Candida albicans Candida parapsilosis Candida tropicalis Coccidioides spp Cryptococcus gattii Cryptococcus neoformans Eumycetoma causative agents Fusarium spp Histoplasma spp
100 c	character(s) maximum 5 Which of the following fungal human pathogens from the WHO fungal priority pathogens list 2022 be the MOST FEASIBLE AND INFORMATIVE option for culture-based AMR surveillance? imum 15 selection(s) Aspergillus fumigatus Candida albicans Candida parapsilosis Candida parapsilosis Candida tropicalis Coccidioides spp Cryptococcus gattii Cryptococcus neoformans Eumycetoma causative agents Fusarium spp Histoplasma spp Lomentospora prolificans
100 c	So Which of the following fungal human pathogens from the WHO fungal priority pathogens list 2022 be the MOST FEASIBLE AND INFORMATIVE option for culture-based AMR surveillance? imum 15 selection(s) Aspergillus fumigatus Candida albicans Candida parapsilosis Candida parapsilosis Candida tropicalis Coccidioides spp Cryptococcus gattii Cryptococcus neoformans Eumycetoma causative agents Fusarium spp Histoplasma spp Lomentospora prolificans Mucorales
100 c	So Which of the following fungal human pathogens from the WHO fungal priority pathogens list 2022 be the MOST FEASIBLE AND INFORMATIVE option for culture-based AMR surveillance? imum 15 selection(s) Aspergillus fumigatus Candida albicans Candida parapsilosis Candida parapsilosis Candida tropicalis Coccidioides spp Cryptococcus gattii Cryptococcus neoformans Eumycetoma causative agents Fusarium spp Histoplasma spp Lomentospora prolificans Mucorales Nakaseomyces glabrata (Candida glabrata)
100 c	So Which of the following fungal human pathogens from the WHO fungal priority pathogens list 2022 be the MOST FEASIBLE AND INFORMATIVE option for culture-based AMR surveillance? Simum 15 selection(s) Aspergillus fumigatus Candida albicans Candida parapsilosis Candida parapsilosis Candida tropicalis Coccidioides spp Cryptococcus gattii Cryptococcus neoformans Eumycetoma causative agents Fusarium spp Histoplasma spp Lomentospora prolificans Mucorales Nakaseomyces glabrata (Candida glabrata) Paracoccidioides spp
100 c	So Which of the following fungal human pathogens from the WHO fungal priority pathogens list 2022 be the MOST FEASIBLE AND INFORMATIVE option for culture-based AMR surveillance? Simum 15 selection(s) Aspergillus fumigatus Candida albicans Candida parapsilosis Candida tropicalis Coccidioides spp Cryptococcus gattii Cryptococcus neoformans Eumycetoma causative agents Fusarium spp Histoplasma spp Lomentospora prolificans Mucorales Nakaseomyces glabrata (Candida glabrata) Paracoccidioides spp Pichia kudriavzeveii (Candida krusei)
100 c	character(s) maximum 5 Which of the following fungal human pathogens from the WHO fungal priority pathogens list 2022 be the MOST FEASIBLE AND INFORMATIVE option for culture-based AMR surveillance? imum 15 selection(s) Aspergillus fumigatus Candida albicans Candida auris Candida parapsilosis Candida tropicalis Coccidioides spp Cryptococcus gattii Cryptococcus neoformans Eumycetoma causative agents Fusarium spp Histoplasma spp Lomentospora prolificans Mucorales Nakaseomyces glabrata (Candida glabrata) Paracoccidioides spp Pichia kudriavzeveii (Candida krusei) Pneumocystis jirovecii
100 c	character(s) maximum 5 Which of the following fungal human pathogens from the WHO fungal priority pathogens list 2022 be the MOST FEASIBLE AND INFORMATIVE option for culture-based AMR surveillance? imum 15 selection(s) Aspergillus fumigatus Candida albicans Candida auris Candida parapsilosis Candida parapsilosis Candida tropicalis Coccidioides spp Cryptococcus gattii Cryptococcus neoformans Eumycetoma causative agents Fusarium spp Histoplasma spp Lomentospora prolificans Mucorales Nakaseomyces glabrata (Candida glabrata) Paracoccidioides spp Pichia kudriavzeveii (Candida krusei) Pneumocystis jirovecii Scedosporium spp
100 c	character(s) maximum 5 Which of the following fungal human pathogens from the WHO fungal priority pathogens list 2022 be the MOST FEASIBLE AND INFORMATIVE option for culture-based AMR surveillance? imum 15 selection(s) Aspergillus fumigatus Candida albicans Candida auris Candida parapsilosis Candida tropicalis Coccidioides spp Cryptococcus gattii Cryptococcus neoformans Eumycetoma causative agents Fusarium spp Histoplasma spp Lomentospora prolificans Mucorales Nakaseomyces glabrata (Candida glabrata) Paracoccidioides spp Pichia kudriavzeveii (Candida krusei) Pneumocystis jirovecii

I don't know /I prefer not to answer
5.3.3.6 Other:
100 character(s) maximum
Identifying and monitoring antibiotic resistant genes (ARGs)
According to NCBI's bacterial genomic data, the highest diversity of submitted AMR gene sequences
corresponds to resistance to beta-lactams, followed by aminoglycosides, quinolones, glycopeptides,
tetracyclines and macrolides, among others:
totradyomiod and madronado, among othero.
*5.3.3.7 Which of the following antibiotic resistance classes should be prioritized for the purpose of AMR surveillance in surface/groundwater?
Maximum 15 selection(s)
Aminoglycoside resistance
Amphenicol resistance
Carbapenem and monobactam resistance
Cephalosporins (First- and second-generation) resistance
Cephalosporins (Third- and/or fourth-generation) resistance
☐ Fluoroquinolone resistance
Glycopeptide resistance
Imidazole derivative resistance
Lincosamide and Streptogramin resistance
■ Macrolide resistance
Penicillin resistance
Polymyxin resistance
Tetracycline resistance
Trimethoprim/sulphonamide resistance
Other
I don't know /I prefer not to answer
5.3.3.8 Other:
100 character(s) maximum

5.3.3.9 For each of the indicator purposes shown in the table below, which antimicrobial resistance gene targets would be the best for qPCR-based AMR surveillance in surface/groundwater? Choose up to 10 genes for each category. You can use the genes shown in table 3 in the annex 1 or add other genes you might know.

	AMR proxy / anthropogenic pollution markers	Clinically relevant ARG for human health risk assessment	Clinically relevant ARG for animal health risk assessment	Clinically relevant ARG for environmental health risk assessment	Predictors of diversity and evolution (mobility markers)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

5.3.3.10 How would you allocate the following types of gene indicators across environmental compartmens for AMR surveillance and risk assessment purposes?

	Anthropogenic pollution markers	Clinically relevant ARG for human health risk assessment	Clinically relevant ARG for animal health risk assessment	Clinically relevant ARG for environmental health risk assessment	Predictors of diversity and evolution (mobility markers)
Surface water					
Ground water					
Wastewater					
Water reuse					
Sludge (WWTP)					
Manure					
Soil					

5.3.3.11 How would you allocate the following types of gene indicators by the following objectives of AMR surveillance in surface/groundwater?

The above used objectives were:

- 1) Provide information about patterns and trends in AMR (including identification of emission sources)
- 2) Support and inform risk analysis of AMR in the environment
- 3) Alert on emergence and evolution of AMR
- 4) Assess the effectiveness of interventions

	Anthropogenic pollution markers	Clinically relevant ARG for human health risk assessment	Clinically relevant ARG for animal health risk assessment	Clinically relevant ARG for environmental health risk assessment	Predictors of diversity and evolution (mobility markers)
Monitor trends of AMR					
Provide data for risk assessment					
Determine emerging AMR forms					
Evaluate interventions					

5.3.3.12 Identifying and monitoring levels of antibiotic and antibiotic residues

Which of the following antimicrobial classes should be monitored for AMR risk assessment in surface /groundwater?

Antibiotics Maximum 15 selection(s) Aminoglycosides Amphenicols Carbapenems and monobactams First- and second-generation cephalosporins Fluoroquinolones Glycopeptides Imidazole derivatives Lincosamides and Streptogramins Macrolides Other Penicillins Polymyxins Tetracyclines Third- and/or fourth-generation cephalosporins Trimethoprim/sulphonamides Antimycotics Maximum 5 selection(s)
Aminoglycosides Amphenicols Carbapenems and monobactams First- and second-generation cephalosporins Fluoroquinolones Glycopeptides Imidazole derivatives Lincosamides and Streptogramins Macrolides Other Penicillins Polymyxins Tetracyclines Third- and/or fourth-generation cephalosporins Trimethoprim/sulphonamides Antimycotics Maximum 5 selection(s)
Aminoglycosides Amphenicols Carbapenems and monobactams First- and second-generation cephalosporins Fluoroquinolones Glycopeptides Imidazole derivatives Lincosamides and Streptogramins Macrolides Other Penicillins Polymyxins Tetracyclines Third- and/or fourth-generation cephalosporins Trimethoprim/sulphonamides Antimycotics Maximum 5 selection(s)
Amphenicols Carbapenems and monobactams First- and second-generation cephalosporins Fluoroquinolones Glycopeptides Imidazole derivatives Lincosamides and Streptogramins Macrolides Other Penicillins Polymyxins Tetracyclines Third- and/or fourth-generation cephalosporins Trimethoprim/sulphonamides Antimycotics Maximum 5 selection(s)
Carbapenems and monobactams First- and second-generation cephalosporins Fluoroquinolones Glycopeptides Imidazole derivatives Lincosamides and Streptogramins Macrolides Other Penicillins Polymyxins Tetracyclines Third- and/or fourth-generation cephalosporins Trimethoprim/sulphonamides Antimycotics Maximum 5 selection(s)
First- and second-generation cephalosporins Fluoroquinolones Glycopeptides Imidazole derivatives Lincosamides and Streptogramins Macrolides Other Penicillins Polymyxins Tetracyclines Third- and/or fourth-generation cephalosporins Trimethoprim/sulphonamides Antimycotics Maximum 5 selection(s)
Antibiotics Glycopeptides
Antibiotics Glycopeptides Imidazole derivatives Lincosamides and Streptogramins Macrolides Other Penicillins Polymyxins Tetracyclines Third- and/or fourth-generation cephalosporins Trimethoprim/sulphonamides Antimycotics Maximum 5 selection(s)
Antibiotics Imidazole derivatives Lincosamides and Streptogramins Macrolides Other Penicillins Polymyxins Tetracyclines Third- and/or fourth-generation cephalosporins Trimethoprim/sulphonamides Antimycotics Maximum 5 selection(s)
Lincosamides and Streptogramins Macrolides Other Penicillins Polymyxins Tetracyclines Third- and/or fourth-generation cephalosporins Trimethoprim/sulphonamides Antimycotics Maximum 5 selection(s)
Macrolides Other Penicillins Polymyxins Tetracyclines Third- and/or fourth-generation cephalosporins Trimethoprim/sulphonamides Antimycotics Maximum 5 selection(s)
Other Penicillins Polymyxins Tetracyclines Third- and/or fourth-generation cephalosporins Trimethoprim/sulphonamides Antimycotics Maximum 5 selection(s)
Penicillins Polymyxins Tetracyclines Third- and/or fourth-generation cephalosporins Trimethoprim/sulphonamides Antimycotics Maximum 5 selection(s)
Polymyxins Tetracyclines Third- and/or fourth-generation cephalosporins Trimethoprim/sulphonamides Antimycotics Maximum 5 selection(s)
Tetracyclines Third- and/or fourth-generation cephalosporins Trimethoprim/sulphonamides Antimycotics Maximum 5 selection(s)
Third- and/or fourth-generation cephalosporins Trimethoprim/sulphonamides Antimycotics Maximum 5 selection(s)
Trimethoprim/sulphonamides Antimycotics Maximum 5 selection(s)
Antimycotics Maximum 5 selection(s)
Maximum 5 selection(s)
Azoles
Antimycotics Amphotericin B
Echinocandins
Terbinafine
Others
Disinfectants / preservatives
Triclosan
Quaternary ammonium compounds QACs
Chlorhexidine
Chlorine-releasing compounds
Disinfectants / preservatives Aldehyde-based compounds
Alcohols
Hydrogen peroxide
Peracetic acid
Weak organic acids

*5.3.3.13 Defining criteria for risk assessment of antibiotics and antibiotic residues

Which of the following already established indicators should be used to assess the selective potency of
antibiotics for environmental risk assessments?
Lowest Observed Effect Concentration (LOEC)
No Observed Effect Concentration (NOEC)
Predicted No Effect Concentration (PNEC)

Minimal Selective Concentration (MSC)
Minimal Inhibitory Concentration (MIC)
Others
I don't know / prefer not to answer
5.3.3.14 Please specify 'other':
100 character(s) maximum
*5.3.3.15 Which of the following indicators currently being researched could be used to help assess the
selective potency of antibiotics for environmental risk assessments?
Maximum 3 selection(s)
Minimal concentration inducing resistance mutations
Minimal concentration increasing the rate of horizontal transfer of mobile resistance determinants
Minimal increased persistence concentration
Total bacterial community growth
Selective ability of whole effluents
Length of time exposure to antibiotics
ARB/ARG diversity and abundance
Additive, synergistic or antagonistic effects of antibiotics and other chemical mixtures
Seasonal variations of antibiotics
Others
I don't know / prefer not to answer
None of the above
5.3.3.16 Please specify 'other':
100 character(s) maximum
5.3.3.17 To which extent do you agree with the idea of using WHO's AWaRe and EMA'AMEG antibiotic
prescription's prioritization schemes for selecting the antibiotics for surveillance and risk assessment of
AMR levels in surface/groundwater?
5.0.0.10. Identifying and manifesing levels of AMD drivers
5.3.3.18 Identifying and monitoring levels of AMR drivers
In future, which of the following natural physics, chemical parameters would be the MOST EFACIDLE AND
In future, which of the following natural physico-chemical parameters would be the MOST FEASIBLE AND INFORMATIVE metadata of AMR to monitor in surface/groundwater?
Temperature
Oxygenation conditions
Salinity
DH Nutrient conditions
Nutrient conditions Hydrodynamic conditions
Hydrodynamic conditions
_

Otners
None of the above
5.3.3.19 What other physico-chemical parameters would be feasible and informative to collect?
100 character(s) maximum
Methodological aspects
*5.3.3.20 In future, which of the following methods below would be the MOST FEASIBLE AND
INFORMATIVE to monitor AMR in surface/groundwater?
Maximum 10 selection(s)
Absolute quantification of ARGs measured by qPCR
Relative abundance of ARGs measured by qPCR
Absolute quantification of ARGs measured by ddPCR/dPCR
Relative abundance of ARGs measured by ddPCR/dPCR
High-throughput real-time PCR methods (relative abundance of gene only)
Shot-gun metagenomics
Target enrichment metagenomics (i.e. enrichment of AMR genes in shot-metagenomics libraries)
Quantitative isolate-based methods -phenotypic assays (such as ESBL-producing <i>E. coli</i> in Tricycle protocol)
Quantitative isolate-based methods in combination with whole genome sequencing of isolates
Isolate-based methods - proportion of resistant bacteria among isolates of a given species
A combination of culture-based, qPCR and metagenomics
A combination of culture-based methods and qPCR
A combination of qPCR and metagenomics
A combination of culture-based methods and metagenomics
Other
I don't know /I prefer not to answer
5.3.3.21 Please specify 'other':
100 character(s) maximum
*5.3.3.22 What should be the preferred unit reported for absolute quantitative-based assays?
Maximum 2 selection(s)
Cumulative sum of all quantified ARG (e.g., ARGs/L)
Gene copies / CFU per L
Gene copies / CFU per g of dry mass (for solids)
Gene copies / CFU per g of wet mass (for solids)
Gene copies / CFU per g of ashes (for solids)
Other
I don't know /I prefer not to answer

5.3.3.23 Please specify 'other':	
50 character(s) maximum	
* 5.3.3.24 What should be the preferred relative abundance normalization meth	and for culture based and
	iod for culture-based and
PCR assays?	
Maximum 2 selection(s)	
16S rRNA gene copy number	
total DNA	
a collection of single-copy genes	
□ rpoB gene	
for culturing: concentration of non-resistant E. coli	
None	
Other	
I don't know /I prefer not to answer	
5.3.3.25 Please specify 'other':	
50 character(s) maximum	
*5.3.3.26 What should be the preferred relative abundance normalization meth	and for sequencing-based
methods?	loa for sequencing basea
Maximum 2 selection(s)	
16S rRNA	
a collection of single copy genes	
□ FPKM	
□ TPM	
rpoB gene	
spike-ins of strains at known concentration	
None	
Other	
I don't know /I prefer not to answer	
5.3.3.27 Please specify 'other':	
50 character(s) maximum	
5.3.3.28 Would there be fundamental changes to your answers on 'indicators'	' if you would consider the far
future (10 years) instead of the next 5 years? If so, please explain:	ii you would colloidel tile lal
300 character(s) maximum	

5.4 Future surveillance - Soil and/or related environments, biosolids and irrigation water

In this section, when we speak about 'environment' or 'environmental surveillance' we mean SOIL, BIOSOLIDS AND/OR IRRIGATION WATER (surveillance). Please keep that in mind when answering.

5.4.1 Future surveillance - Objectives of surveillance

5.4.1.1 General objectives

Which of the following general objectives should be addressed by AMR surveillance in the environment? Rank the following options in order of importance (1=most important).

	1	2	3	4	5	Not important at all	I don't know/I prefer not to answer
* Provide information about patterns and trends in AMR (including identification of emission sources)	0	0	0	0	0	•	0
* Support and inform risk assessment of AMR in the environment (including informing exposure assessments)	0	0	0	0	0	•	0
* Alert on emergence and evolution of AMR	0	0	0	0	0	0	0
* Assess the effectiveness of interventions	0	0	0	0	0	0	0

5.4.1.2 Specific objectives— Patterns and trends in AMR

If environmental AMR surveillance should provide information about patterns and trends in AMR, for which objectives should data be collected? Rank the following options in order of importance (1=most important).

	1	2	3	4	5	Not important at all	I don't know/I prefer not to answer
⋆ Determine spatial variations in the levels of AB /ARB/ARGs within the area under surveillance	0	0	0	0	0	0	0
* Determine temporal variations in the levels of AB/ARB/ARGs within the area under surveillance	0	0	0	0	0	0	0
* Identify and monitor transmission of clinically relevant AMR mechanisms across geographical borders	0	0	0	0	0	0	0

* Identify and monitor sources of emissions of AMR (from humans and/or animals) as they contaminate the environment	0	0	0	0	0	0	0
4.0 Omacific chications, data for violances							

5.4.1.3 Specific objectives– data for risk assessments

If environmental AMR surveillance should deliver data to inform risk assessments, for which objectives should data be collected? Rank the following options in order of importance (1=most important).

	1	2	3	4	5	Not important at all	I don't know/I prefer not to answer
* Use environmental surveillance to generate data helping to assess the risks of AMR and related pollutants to human health (e.g. data enabling determination of human exposure to AMR in the environment)	0	0	0	0	0	0	•
* Use environmental surveillance to generate data helping to assess the risks of AMR and related pollutants to animal health	0	0	0	0	0	•	0
* Use environmental surveillance to generate data helping to assess the risks of AMR, including antibiotics and related pollutants, to environmental health (such as to aquatic life)	0	0	0	0	0	0	0
* Identify and monitor transmission of clinically relevant AMR mechanisms from humans to animals and from animals to humans	0	0	0	0	0	0	0
* Apply environmental surveillance to assess environmental law offences	0	0	0	0	0	0	0

5 4	1 4	Other	?
O.T.	1.7	Othion	

10	0 character(s) maximur	n			

5.4.1.5 Specific objectives - Emergence and evolution of AMR

If emerging forms of AMR should be monitored within environmental surveillance of AMR, rank the following options in order of importance (1=most important).

		1	2	3	4	5	Not important at all	I don't know/I prefer not to answer
--	--	---	---	---	---	---	----------------------------	---

* Generate data on the emergence of new clinically relevant resistance mechanisms	0	0	0	0	0	0	0
* Identify and assess hotspots for emergence, genetic transmission and evolution of AMR	0	0	0	0	0	0	0
* Identify and monitor predictors and drivers of AMR diversity and abundance	0	0	0	0	0	0	0
* Identify and monitor transmission of clinically relevant AMR mechanisms across bacterial species	0	0	0	0	0	0	0

5.4.1.6 Other?

100 character(s) maximum	

5.4.1.7 Specific objectives – Efficiency of interventions

If determining the efficiency of interventions to curb AMR should be pursued within environmental surveillance of AMR, rank the following options in order of importance (1=most important).

	1	2	3	4	5	Not important at all	I don't know/I prefer not to answer
* Evaluate treatment methods for AMR removal during manure treatment	0	0	0	0	0	©	0
* Evaluate the efficiency of changes in antibiotic stewardship and/or infection prevention and control within human or animal populations	0	0	0	0	0	•	•
* Assess the resilience of the environment after the implementation of reduction measures	0	0	©	0	0	0	0
* Evaluate AMR removal methods during water reuse treatment for crop irrigation	0	0	0	0	0	0	0
* Evaluate the environmental safety and applicability of soil fertilization with treated sludge/manure in relation to AMR	0	0	0	0	0	0	0
* Evaluate the efficiency of changes in pesticide application methods onto agricultural soils for plant health and soil biodiversity risk assessments in relation to AMR	0	0	0	0	0	0	0

10	00 character(s)	maximum			

Signals for urgently actionable public health interventions

In the field of public health surveillance of communicable diseases, some health threats require urgent action among competent national authorities in order to initiate a response (e.g. COVID-19). With a view to ascertain which AMR signals should require such prompt response, if any, a series of scenarios have been listed in the question below.

5.4.1.9 Which of the following AMR signals in the environment should trigger URGENTLY ACTIONABLE INTERVENTIONS? (1=most important)

	1	2	3	4	5	Not important at all	I don't know/I prefer not to answer
* Increase in the levels of clinically relevant ARB/ARGs	0	0	0	0	0	0	0
* Increase in the levels of any antibiotic	0	0	0	0	0	0	0
* Increase in the levels of antibiotic residues	0	0	0	0	0	0	0
* Transmission of clinically relevant AMR mechanisms in water/soil environments across geographical borders	0	0	0	0	0	0	0
* Persistence in time of AMR determinants	0	0	0	0	0	0	0
* Emergence of new clinically relevant resistance mechanisms	0	0	0	0	0	0	0
* Increase of AMR drivers (antibiotics, biocides, heavy metals, microplastics, etc)	0	0	0	0	0	0	0
* Increase in biomarker indicators of transmissibility of ARGs (ex. mobile genetic elements)	0	0	0	0	0	0	0
* Transmission of clinically relevant AMR mechanisms in water/soil environments across human-animal species	0	0	0	0	0	0	0
* Transmission of clinically relevant AMR mechanisms in water/soil environments across bacterial species	0	0	0	0	0	0	0
* Increase in the levels of AMR-related toxicity (e.g. water/soil biodiversity loss)	0	0	0	0	0	0	0

5.4.1.10 Other ?
100 character(s) maximum
5.4.1.11 Would there be fundamental changes to your answers on 'objectives' if you were to consider the far future (10 years) instead of the next 5 years? if so, please explain:
300 character(s) maximum
5.4.2 Future surveillance - Sampling
Sites
5.4.2.1 Soil (related) environments, biosolids and irrigation water
In future, which of the following soil-related environments is essential to monitor AMR?
If you think of a compartment not included in this list, please check the land cover and land use Copernicus nomenclature to confirm your compartment is not already included in the ontology.
between 1 and 5 choices
Agricultural soils
Wetlands
Urban soils
Artificial soils
Pasture
Forest and semi natural soilSoils irrigated with re-used water
Soils fertilized with manure/sludge etc.
Wastewater sludge
Manure for fertilization
Irrigation water
Other
E 4.0.0 Plance aposity lather!
5.4.2.2 Please specify 'other': 50 character(s) maximum
ee onaradien(s) maximum
Frequency
E 4 0 0 les features le conference adde alected the construction of the test of the construction of the co
5.4.2.3 In future, how frequently should the surveillance be undertaken?
Once annuallyTwice a year
Three times a year Three times a year

○ E	Every Three months
	Every month
© [Daily
	Real time
* 5.4.2.4	In future, to which of the following NATURAL phenomena should AMR surveillance in soil and/or
	environments adapt in order to be most representative? (1-3 answers if needed)
	num 3 selection(s)
	Distribution across all seasons
	Cold seasons
	Hot seasons
	The first rainfall of a season
	Events of heavy rainfall and storm overflow
_	Drought period
	Sand and dust storms
	Extreme weather disasters (e.g earthquakes, volcanic eruptions, hurricanes, tsunamis)
	Bird/fish migration season
	Pollination season
	None of the above
	Other
	don't know / prefer not to answer
	Please specify 'other':
100 ch	haracter(s) maximum
=	
	In future, to which of the following periods impacted by human activities should AMR surveillance in
	d/or related environments adapt to in order to be most representative? (One answer - 3 max if
necessa	
	num 3 selection(s)
	Pesticide application periods
_	Food harvest periods
	Events of treated industrial emissions
	Periods of increased incidence in human infections (e.g. respiratory disease period in winter, gastroenteritis in summer)
	Periods of increased incidence in infectious outbreaks across livestock and aquaculture
	Periods of increased incidence in pests in agriculture
	Periods of touristic travelling
	Bathing season
	Mass gatherings: religious pilgrimages (Hajj), music, sport and festivity events (Olympics, Oktoberfest)
_	None of the above
	Other
	don't know / prefer not to answer
	don't know / prefer not to answer
5.4.2.7	don't know / prefer not to answer Please specify 'other': haracter(s) maximum

The role of AMR in global health and climate change
5.4.2.8 In your opinion, will climate change influence AMR in such a way that this should be taken into consideration for AMR surveillance in soil and/or related environments, if so, please indicate how.
500 character(s) maximum
 ★ 5.4.2.9 In your opinion, which of the following future scenarios impacted by human activities should AMR surveillance in soil and/or related environments adapt to in order to be more representative? □ CBRN incidents (chemical, biological, radiological and nuclear) □ Periods of armed conflicts, war and mass casualties □ Mass migration across geographical borders □ Direct non-treated industrial discharges into the environment (e.g. shipwrecks emitting industrial substance into marine waters, leakages from pharmaceutical or hospital facilities into rivers, etc) □ Outbreaks derived from high-containment laboratories for high threat pathogens (e.g. biosafety level-4 laboratories, gain-of-function research labs) □ Severe foodborne illness/outbreaks events (e.g. E. coli O104:H4 outbreak) □ During any ongoing public health emergency of international concern □ None of the above □ I don't know /I prefer not to answer □ Other 5.4.2.10 Please specify 'other': 50 character(s) maximum
5.4.2.11 Would there be fundamental changes to your answers on 'sampling', ie sites and frequency, if you would consider the far future (10 years) instead of the next 5 years? If so, please explain: 300 character(s) maximum
5.4.3 Future surveillance - AMR indicators
*5.4.3.1 Identifying and monitoring antibiotic resistant bacteria (ARB)
Which of the following bacterial targets would be the MOST FEASIBLE AND INFORMATIVE option for culture-based surveillance of AMR?
Aeromonas spp
Acinetobacter baumanii
Bordetella pertussis
Campylobacter spp

	Citrobacter freundii
	Corynebacterium diphteriae
	Clostridium perfringens
	Clostridioides difficile
	Enterococcus spp
	Escherichia coli
	Shiga toxin/verocytotoxin-producing Escherichia coli
	Haemophilus influenzae
	Klebsiella pneumonia
	Listeria monocytogenes
	Legionella spp
	Neisseria gonorrhoeae
	Neisseria meningitidis
	Pseudomonas aeruginosa
	Salmonella spp
	Shigella spp
	Staphylococcus aureus
	Streptococcus pneumoniae
	Vibrio cholera
	Total coliform bacteria
	Others
	I don't know/I prefer not to answer
5.4.3.2	Please specify 'other':
	Please specify 'other': character(s) maximum
	·
	·
100 0	character(s) maximum
5.4.3.3	B Which of the following antibiotic-resistant groups of bacterial human pathogens from the WHO
100 c	B Which of the following antibiotic-resistant groups of bacterial human pathogens from the WHO ial Priority Pathogens list 2024 would be the MOST FEASIBLE AND INFORMATIVE option for
5.4.3.3 Bacter	B Which of the following antibiotic-resistant groups of bacterial human pathogens from the WHO ial Priority Pathogens list 2024 would be the MOST FEASIBLE AND INFORMATIVE option for e-based AMR?
5.4.3.3 Bacter	Which of the following antibiotic-resistant groups of bacterial human pathogens from the WHO ial Priority Pathogens list 2024 would be the MOST FEASIBLE AND INFORMATIVE option for e-based AMR? mum 15 selection(s)
5.4.3.3 Bacter	Which of the following antibiotic-resistant groups of bacterial human pathogens from the WHO ial Priority Pathogens list 2024 would be the MOST FEASIBLE AND INFORMATIVE option for e-based AMR? mum 15 selection(s) Acinetobacter baumannii carbapenem-resistant
5.4.3.3 Bacter	Which of the following antibiotic-resistant groups of bacterial human pathogens from the WHO ial Priority Pathogens list 2024 would be the MOST FEASIBLE AND INFORMATIVE option for b-based AMR? mum 15 selection(s) Acinetobacter baumannii carbapenem-resistant Enterobacterales third-generation cephalosporin-resistant
5.4.3.3 Bacter	Which of the following antibiotic-resistant groups of bacterial human pathogens from the WHO ial Priority Pathogens list 2024 would be the MOST FEASIBLE AND INFORMATIVE option for e-based AMR? "mum 15 selection(s) Acinetobacter baumannii carbapenem-resistant Enterobacterales third-generation cephalosporin-resistant Enterobacterales carbapenem-resistant
5.4.3.3 Bacter	Which of the following antibiotic-resistant groups of bacterial human pathogens from the WHO ial Priority Pathogens list 2024 would be the MOST FEASIBLE AND INFORMATIVE option for e-based AMR? "mum 15 selection(s) Acinetobacter baumannii carbapenem-resistant Enterobacterales third-generation cephalosporin-resistant Enterobacterales carbapenem-resistant Enterococcus faecium vancomycin-resistant
5.4.3.3 Bacter	B Which of the following antibiotic-resistant groups of bacterial human pathogens from the WHO ial Priority Pathogens list 2024 would be the MOST FEASIBLE AND INFORMATIVE option for b-based AMR? The selection (s) Acinetobacter baumannii carbapenem-resistant Enterobacterales third-generation cephalosporin-resistant Enterobacterales carbapenem-resistant Enterococcus faecium vancomycin-resistant Haemophilus influenzae ampicillin-resistant
5.4.3.3 Bacter	Which of the following antibiotic-resistant groups of bacterial human pathogens from the WHO ial Priority Pathogens list 2024 would be the MOST FEASIBLE AND INFORMATIVE option for the based AMR? The based AMR? The mum 15 selection(s) Acinetobacter baumannii carbapenem-resistant Enterobacterales third-generation cephalosporin-resistant Enterobacterales carbapenem-resistant Enterococcus faecium vancomycin-resistant Haemophilus influenzae ampicillin-resistant Mycobacterium tuberculosis rifampicin-resistant
5.4.3.3 Bacter	Which of the following antibiotic-resistant groups of bacterial human pathogens from the WHO ial Priority Pathogens list 2024 would be the MOST FEASIBLE AND INFORMATIVE option for e-based AMR? "mum 15 selection(s) Acinetobacter baumannii carbapenem-resistant Enterobacterales third-generation cephalosporin-resistant Enterococcus faecium vancomycin-resistant Haemophilus influenzae ampicillin-resistant Mycobacterium tuberculosis rifampicin-resistant Neisseria gonorrhoeae third-generation cephalosporin, and/or fluoroquinolone-resistant
5.4.3.3 Bacter	Which of the following antibiotic-resistant groups of bacterial human pathogens from the WHO ial Priority Pathogens list 2024 would be the MOST FEASIBLE AND INFORMATIVE option for e-based AMR? "mum 15 selection(s) Acinetobacter baumannii carbapenem-resistant Enterobacterales third-generation cephalosporin-resistant Enterobacterales carbapenem-resistant Enterococcus faecium vancomycin-resistant Haemophilus influenzae ampicillin-resistant Mycobacterium tuberculosis rifampicin-resistant Neisseria gonorrhoeae third-generation cephalosporin, and/or fluoroquinolone-resistant Pseudomonas aeruginosa carbapenem-resistant
5.4.3.3 Bacter	Which of the following antibiotic-resistant groups of bacterial human pathogens from the WHO ial Priority Pathogens list 2024 would be the MOST FEASIBLE AND INFORMATIVE option for e-based AMR? "mum 15 selection(s) Acinetobacter baumannii carbapenem-resistant Enterobacterales third-generation cephalosporin-resistant Enterococcus faecium vancomycin-resistant Haemophilus influenzae ampicillin-resistant Mycobacterium tuberculosis rifampicin-resistant Neisseria gonorrhoeae third-generation cephalosporin, and/or fluoroquinolone-resistant Pseudomonas aeruginosa carbapenem-resistant Salmonella Typhi fluoroquinolone-resistant
5.4.3.3 Bacter	B Which of the following antibiotic-resistant groups of bacterial human pathogens from the WHO ial Priority Pathogens list 2024 would be the MOST FEASIBLE AND INFORMATIVE option for e-based AMR? The selection (s) A cinetobacter baumannii carbapenem-resistant Enterobacterales third-generation cephalosporin-resistant Enterobacterales carbapenem-resistant Enterococcus faecium vancomycin-resistant Haemophilus influenzae ampicillin-resistant Mycobacterium tuberculosis rifampicin-resistant Neisseria gonorrhoeae third-generation cephalosporin, and/or fluoroquinolone-resistant Pseudomonas aeruginosa carbapenem-resistant Salmonella Typhi fluoroquinolone-resistant Non-typhoidal Salmonella fluoroquinolone-resistant
5.4.3.3 Bacter	Which of the following antibiotic-resistant groups of bacterial human pathogens from the WHO ial Priority Pathogens list 2024 would be the MOST FEASIBLE AND INFORMATIVE option for in-based AMR? Interval and interv
5.4.3.3 Bacter	S Which of the following antibiotic-resistant groups of bacterial human pathogens from the WHO ial Priority Pathogens list 2024 would be the MOST FEASIBLE AND INFORMATIVE option for e-based AMR? "mum 15 selection(s) Acinetobacter baumannii carbapenem-resistant Enterobacterales third-generation cephalosporin-resistant Enterobacterales carbapenem-resistant Enterococcus faecium vancomycin-resistant Haemophilus influenzae ampicillin-resistant Mycobacterium tuberculosis rifampicin-resistant Neisseria gonorrhoeae third-generation cephalosporin, and/or fluoroquinolone-resistant Pseudomonas aeruginosa carbapenem-resistant Salmonella Typhi fluoroquinolone-resistant Non-typhoidal Salmonella fluoroquinolone-resistant Shigella spp. fluoroquinolone-resistant Staphylococcus aureus methicillin-resistant Group A
5.4.3.3 Bacter	S Which of the following antibiotic-resistant groups of bacterial human pathogens from the WHO ial Priority Pathogens list 2024 would be the MOST FEASIBLE AND INFORMATIVE option for r-based AMR? mum 15 selection(s) Acinetobacter baumannii carbapenem-resistant Enterobacterales third-generation cephalosporin-resistant Enterobacterales carbapenem-resistant Enterococcus faecium vancomycin-resistant Haemophilus influenzae ampicillin-resistant Mycobacterium tuberculosis rifampicin-resistant Neisseria gonorrhoeae third-generation cephalosporin, and/or fluoroquinolone-resistant Pseudomonas aeruginosa carbapenem-resistant Salmonella Typhi fluoroquinolone-resistant Non-typhoidal Salmonella fluoroquinolone-resistant Shigella spp. fluoroquinolone-resistant Staphylococcus aureus methicillin-resistant Group A Streptococci macrolide-resistant
5.4.3.3 Bacter	S Which of the following antibiotic-resistant groups of bacterial human pathogens from the WHO ial Priority Pathogens list 2024 would be the MOST FEASIBLE AND INFORMATIVE option for e-based AMR? "mum 15 selection(s) Acinetobacter baumannii carbapenem-resistant Enterobacterales third-generation cephalosporin-resistant Enterobacterales carbapenem-resistant Enterococcus faecium vancomycin-resistant Haemophilus influenzae ampicillin-resistant Mycobacterium tuberculosis rifampicin-resistant Neisseria gonorrhoeae third-generation cephalosporin, and/or fluoroquinolone-resistant Pseudomonas aeruginosa carbapenem-resistant Salmonella Typhi fluoroquinolone-resistant Non-typhoidal Salmonella fluoroquinolone-resistant Shigella spp. fluoroquinolone-resistant Staphylococcus aureus methicillin-resistant Group A

Others
☐ I don't know / prefer not to answer
5.4.3.4 Please specify 'other':
100 character(s) maximum
*5.4.3.5 Which of the following fungal human pathogens from the WHO fungal priority pathogens list 2022
would be the MOST FEASIBLE AND INFORMATIVE option for culture-based AMR surveillance?
Maximum 15 selection(s)
Aspergillus fumigatus
Candida albicans
Candida auris
Candida parapsilosis
Candida tropicalis
Coccidioides spp
Cryptococcus gattii
Cryptococcus neoformans
Eumycetoma causative agents
Fusarium spp
Histoplasma spp
Lomentospora prolificans
Mucorales
Nakaseomyces glabrata (Candida glabrata)
Paracoccidioides spp
Pichia kudriavzeveii (Candida krusei)
Pneumocystis jirovecii
☐ Scedosporium spp
Talaromyces marneffei
Others
I don't know /I prefer not to answer
5.4.0.C. Otherw
5.4.3.6 Other:
100 character(s) maximum

Identifying and monitoring antibiotic resistant genes (ARGs)

According to NCBI's bacterial genomic data, the highest diversity of submitted AMR gene sequences corresponds to resistance to beta-lactams, followed by aminoglycosides, quinolones, glycopeptides, tetracyclines and macrolides, among others.

*5.4.3.7 Which of the following antibiotic resistance classes should be prioritized for the purpose of AMR surveillance in soil and/or related environments?

Maximum 15 selection(s)

	Aminoglycoside resistance
	Amphenicol resistance
	Carbapenem and monobactam resistance
	Cephalosporins (First- and second-generation) resistance
	Cephalosporins (Third- and/or fourth-generation) resistance
	Fluoroquinolone resistance
	Glycopeptide resistance
	Imidazole derivative resistance
	Lincosamide and Streptogramin resistance
	Macrolide resistance
	Penicillin resistance
	Polymyxin resistance
	Tetracycline resistance
	Trimethoprim/sulphonamide resistance
	Other
	I don't know /I prefer not to answer
5.4.3.	8 Other:
100	character(s) maximum

5.4.3.9 For each of the indicator purposes shown in the table below, which antimicrobial resistance gene targets would be the best for qPCR-based AMR surveillance in soil and/or related environments? Choose up to 10 genes for each category. You can use the genes shown in table 3 in the annex 1 or add other genes you might know.

	AMR proxy / anthropogenic pollution markers	Clinically relevant ARG for human health risk assessment	Clinically relevant ARG for animal health risk assessment	Clinically relevant ARG for environmental health risk assessment	Predictors of diversity and evolution (mobility markers)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

5.4.3.10 How would you allocate the following types of gene indicators across environmental compartments for AMR surveillance and risk assessment purposes?

	Anthropogenic pollution markers	Clinically relevant ARG for human health risk assessment	Clinically relevant ARG for animal health risk assessment	Clinically relevant ARG for environmental health risk assessment	Predictors of diversity and evolution (mobility markers)
Surface water					
Ground water					
Wastewater					
Water reuse					
Sludge (WWTP)					
Manure					
Urban and/or artificial soils					
Agricultural soils and/or pastures					
Forests and seminatural areas					
Wetlands					

5.4.3.11 How would you allocate the following types of gene indicators by the following objectives of AMR surveillance in soil and/or related environments?

The above used objectives were:

- 1) Provide information about patterns and trends in AMR (including identification of emission sources)
- 2) Support and inform risk analysis of AMR in the environment
- 3) Alert on emergence and evolution of AMR
- 4) Assess the effectiveness of interventions

	Anthropogenic pollution markers	Clinically relevant ARG for human health risk assessment	Clinically relevant ARG for animal health risk assessment	Clinically relevant ARG for environmental health risk assessment	Predictors of diversity and evolution (mobility markers)
Monitor trends of AMR					
Provide data for risk assessment					
Determine emerging AMR forms					
Evaluate interventions					

5.4.3.12 Identifying and monitoring levels of antibiotic and antibiotic residues

Which of the following antimicrobial classes should be monitored for AMR risk assessment in soil and/or related environments?

	Antibiotics			
	Maximum 15 selection(s)			
	Aminoglycosides			
	Amphenicols			
	Carbapenems and monobactams			
	First- and second-generation cephalosporins			
	Fluoroquinolones			
	Glycopeptides			
Antibiotics	Imidazole derivatives			
	Lincosamides and Streptogramins			
	Macrolides			
	Other			
	Penicillins			
	Polymyxins			
	Tetracyclines			
	Third- and/or fourth-generation cephalosporins			
	Trimethoprim/sulphonamides			
	Antimycotics			
	Maximum 5 selection(s)			
	Azoles			
Antimycotics	Amphotericin B			
Antimycotics	Echinocandins			
	Terbinafine			
	Others			
	Others			
	Disinfectants / preservatives			
	Triclosan			
	Quaternary ammonium compounds QACs			
	Chlorhexidine			
	Chlorine-releasing compounds			
Disinfectants / preservatives	Aldehyde-based compounds			
	Alcohols			
	Hydrogen peroxide			
	Peracetic acid			
	Weak organic acids			
	Others			

*5.4.3.13 Defining criteria for risk assessment of antibiotics and antibiotic residues

Which of the following already established indicators should be used to assess the selective potency of
antibiotics for environmental risk assessments?
Lowest Observed Effect Concentration (LOEC)
No Observed Effect Concentration (NOEC)
Predicted No Effect Concentration (PNEC)

Minimal Selective Concentration (MSC)
Minimal Inhibitory Concentration (MIC)
Others
I don't know / prefer not to answer
5.4.3.14 Please specify 'other':
100 character(s) maximum
*5.4.3.15 Which of the following indicators currently being researched could be used to help assess the
selective potency of antibiotics for environmental risk assessments?
Maximum 3 selection(s)
Minimal concentration inducing resistance mutations
Minimal concentration increasing the rate of horizontal transfer of mobile resistance determinants
Minimal increased persistence concentration
Total bacterial community growth
Selective ability of whole effluents
Length of time exposure to antibiotics
ARB/ARG diversity and abundance
Additive, synergistic or antagonistic effects of antibiotics and other chemical mixtures
Seasonal variations of antibiotics
Others
☐ I don't know / prefer not to answer
None of the above
5.4.3.16 Please specify 'other':
100 character(s) maximum
5.4.3.17 To which extent do you agree with the idea of using WHO's AWaRe and EMA'AMEG antibiotic
prescription's prioritization schemes for selecting the antibiotics for surveillance and risk assessment of
AMR levels in soil and/or related environments?
5.4.3.18 Identifying and monitoring levels of AMR drivers
In future, which of the following natural physico-chemical parameters would be the MOST FEASIBLE AND
INFORMATIVE metadata of AMR to monitor in soil and/or related environments?
Temperature
Oxygenation conditions
Salinity
pH
Nutrient conditions
Hydrodynamic conditions

Others
None of the above
5.4.3.19 What other physico-chemical parameters would be feasible and informative to collect?
100 character(s) maximum
Methodological aspects
*5.4.3.20 In future, which of the following methods below would be the MOST FEASIBLE AND INFORMATIVE to monitor AMR in soil and/or related environments?
Maximum 10 selection(s)
Absolute quantification of ARGs measured by qPCR
Relative abundance of ARGs measured by qPCR
Absolute quantification of ARGs measured by ddPCR/dPCR
Relative abundance of ARGs measured by ddPCR/dPCR
 High-throughput real-time PCR methods (relative abundance of gene only) Shot-gun metagenomics
_
Target enrichment metagenomics (i.e. enrichment of AMR genes in shot-metagenomics libraries)
Quantitative isolate-based methods -phenotypic assays (such as ESBL-producing <i>E. coli</i> in Tricycle protocol
Quantitative isolate-based methods in combination with whole genome sequencing of isolates
Isolate-based methods - proportion of resistant bacteria among isolates of a given species
A combination of culture-based, qPCR and metagenomics
A combination of culture-based methods and qPCR
A combination of qPCR and metagenomics
A combination of culture-based methods and metagenomics
Other
I don't know /I prefer not to answer
5.4.3.21 Please specify 'other': 100 character(s) maximum
*5.4.3.22 What should be the preferred unit reported for absolute quantitative-based assays?
Maximum 2 selection(s)
Cumulative sum of all quantified ARG (e.g., ARGs/L)
Gene copies / CFU per L
Gene copies / CFU per g of dry mass (for solids)
Gene copies / CFU per g of wet mass (for solids)
Gene copies / CFU per g of ashes (for solids)
Other
I don't know /I prefer not to answer

5.4.3.23 Please specify 'other':	
50 character(s) maximum	
* 5.4.3.24 What should be the preferred relative abundance normalization method for culture-based and	
PCR assays? Maximum 2 selection(s)	
☐ 16S rRNA gene copy number	
total DNA	
a collection of single-copy genes	
□ rpoB gene	
for culturing: concentration of non-resistant <i>E. coli</i>None	
Other	
I don't know /I prefer not to answer	
5.4.3.25 Plages enocify 'athor':	
5.4.3.25 Please specify 'other':	
50 character(s) maximum	
*5.4.3.26 What should be the preferred relative abundance normalization method for sequencing-based	
methods?	
Maximum 2 selection(s)	
16S rRNA	
a collection of single copy genes	
FPKM	
□ TPM	
□ rpoB gene	
spike-ins of strains at known concentration	
None	
Other	
I don't know /I prefer not to answer	
5.40.07.70	
5.4.3.27 Please specify 'other':	
50 character(s) maximum	
54000 W 1111 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,
5.4.3.28 Would there be fundamental changes to your answers on 'indicators' if you would consider the	tar
future (10 years) instead of the next 5 years? If so, please explain:	
300 character(s) maximum	

5.5 Future surveillance - Other compartment

In this section, when we speak about 'environment' or 'environmental surveillance' we mean THE OTHER (SUB)COMPARTMENT OF CHOICE (surveillance). Please keep that in mind when answering.

5.5.1 Future surveillance - Objectives of surveillance

5.5.1.1 General objectives

Which of the following general objectives should be addressed by AMR surveillance in the environment? Rank the following options in order of importance (1=most important).

	1	2	3	4	5	Not important at all	I don't know/I prefer not to answer
* Provide information about patterns and trends in AMR (including identification of emission sources)	0	0	0	0	0	•	0
* Support and inform risk assessment of AMR in the environment (including informing exposure assessments)	0	0	0	0	0	•	0
* Alert on emergence and evolution of AMR	0	0	0	0	0	0	0
* Assess the effectiveness of interventions	0	0	0	0	0	0	0

5.5.1.2 Specific objectives- Patterns and trends in AMR

If environmental AMR surveillance should provide information about patterns and trends in AMR, for which objectives should data be collected? Rank the following options in order of importance (1=most important).

	1	2	3	4	5	Not important at all	I don't know/I prefer not to answer
* Determine spatial variations in the levels of AB /ARB/ARGs within the area under surveillance	0	©	©	©	0	0	0
* Determine temporal variations in the levels of AB/ARB/ARGs within the area under surveillance	0	0	0	0	0	0	0
* Identify and monitor transmission of clinically relevant AMR mechanisms across geographical borders	0	0	0	0	0	0	0

	* Identify and monitor sources of emissions of AMR (from humans and/or animals) as they contaminate the environment	0	0	0	0	0	0	0
--	---	---	---	---	---	---	---	---

5.5.1.3 Specific objectives- data for risk assessments

If environmental AMR surveillance should deliver data to inform risk assessments, for which objectives should data be collected? Rank the following options in order of importance (1=most important).

	1	2	3	4	5	Not important at all	I don't know/I prefer not to answer
* Use environmental surveillance to generate data helping to assess the risks of AMR and related pollutants to human health (e.g. data enabling determination of human exposure to AMR in the environment)	0	0	0	0	0	0	0
* Use environmental surveillance to generate data helping to assess the risks of AMR and related pollutants to animal health	0	0	0	0	0	0	0
* Use environmental surveillance to generate data helping to assess the risks of AMR, including antibiotics and related pollutants, to environmental health (such as to aquatic life)	0	0	0	0	0	0	0
* Identify and monitor transmission of clinically relevant AMR mechanisms from humans to animals and from animals to humans	0	0	0	0	0	0	0
* Apply environmental surveillance for tracing of outbreaks	0	0	0	0	0	0	0
* Apply environmental surveillance to assess environmental law offences	0	0	0	0	0	0	0

5.5.	1.4	Other	?
------	-----	-------	---

(00 character(s) r	maximum				

$5.5.1.5\,$ Specific objectives - Emergence and evolution of AMR

If emerging forms of AMR should be monitored within environmental surveillance of AMR, rank the following options in order of importance (1=most important).

					I don't
					know/l
1	2	3	4	5	prefer

						Not important at all	not to answer
* Generate data on the emergence of new clinically relevant resistance mechanisms	0	0	0	0	0	0	0
* Identify and assess hotspots for emergence, genetic transmission and evolution of AMR	0	0	©	©	0	0	0
* Identify and monitor predictors and drivers of AMR diversity and abundance	0	0	©	©	0	0	0
* Identify and monitor transmission of clinically relevant AMR mechanisms across bacterial species	0	0	0	0	0	•	0

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5.5.1.7 Specific objectives – Efficiency of interventions

If determining the efficiency of interventions to curb AMR should be pursued within environmental surveillance of AMR, rank the following options in order of importance (1=most important).

	1	2	3	4	5	Not important at all	I don't know/I prefer not to answer
* Evaluate treatment methods for AMR removal at centralised wastewater utilities	0	0	0	0	0	0	0
* Evaluate treatment methods for AMR removal during manure treatment	0	0	©	0	0	0	0
* Evaluate the efficiency of changes in antibiotic stewardship and/or infection prevention and control within human or animal populations	0	•	0	0	0	0	•
* Assess the resilience of the environment after the implementation of reduction measures	0	0	©	0	0	0	0
* Evaluate treatment methods for AMR removal at hospital wastewater facilities	0	0	0	0	0	0	0
* Evaluate treatment methods for AMR removal during sludge treatment	0	0	0	0	0	0	0
* Evaluate AMR removal methods during water reuse treatment for crop irrigation	0	0	0	0	0	0	0

1	00 character(s) maximum

Signals for urgently actionable public health interventions

In the field of public health surveillance of communicable diseases, some health threats require urgent action among competent national authorities in order to initiate a response (e.g. COVID-19). With a view to ascertain which AMR signals should require such prompt response, if any, a series of scenarios have been listed in the question below.

5.5.1.9 Which of the following AMR signals in the environment should trigger URGENTLY ACTIONABLE INTERVENTIONS? (1=most important)

1	2	3	4	5	Not important at all	I don't know/I prefer not to answer
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	©	0	0	0	0	0
						1 2 3 4 5 important at all

5.5.1.10 Other?
100 character(s) maximum
5.5.1.11 Would there be fundamental changes to your answers on 'objectives' if you were to consider the far future (10 years) instead of the next 5 years? if so, please explain:
300 character(s) maximum
5.5.2 Future surveillance - Sampling
Sites
5.5.2.1 Please specify the sampling site(s) for surveillance of your other environmental sub compartment o choice.
50 character(s) maximum
Frequency
5.5.2.2 In future, how frequently should the surveillance be undertaken?
Once annually
Twice a year
Three times a year
Every Three months
Every month
Daily
Real time
* 5.5.2.3 In future, to which of the following NATURAL phenomena should AMR surveillance adapt in order
to be more representative? (1-3 answers if needed)
Maximum 3 selection(s)
Distribution across all seasons
Cold seasons
Hot seasons
The first rainfall of a season
Events of heavy rainfall and storm overflow
Drought period
Sand and dust storms
Extreme weather disasters (e.g earthquakes, volcanic eruptions, hurricanes, tsunamis)
☐ Bird/fish migration season
Pollination season

	None of the above
	Other
	I don't know / prefer not to answer
5.5.2.4	1 Please specify 'other':
	character(s) maximum
* 5.5.2.	5 In future, to which of the following periods impacted by human activities should AMR surveillance
	to in order to be most representative? (One answer - 3 max if necessary)
•	mum 3 selection(s)
	Pesticide application periods
	Food harvest periods
	Events of treated industrial emissions
	Periods of increased incidence in human infections (e.g. respiratory disease period in winter, gastroenteritis in summer)
	Periods of increased incidence in infectious outbreaks across livestock and aquaculture
	Periods of increased incidence in pests in agriculture
	Periods of touristic travelling
	Bathing season
	-
	Mass gatherings: religious pilgrimages (Hajj), music, sport and festivity events (Olympics, Oktoberfest)
	None of the above
	Other
	I don't know / prefer not to answer
E E O I	
	S Please specify 'other':
	6 Please specify 'other': character(s) maximum
	• •
	• •
	• •
100	• •
100	character(s) maximum
The ro	character(s) maximum
The ro	character(s) maximum le of AMR in global health and climate change 7 In your opinion, will climate change influence AMR in such a way that this should be taken into
The ro	character(s) maximum Ale of AMR in global health and climate change 7 In your opinion, will climate change influence AMR in such a way that this should be taken into leration for AMR surveillance, if so, please indicate how.
The ro	character(s) maximum le of AMR in global health and climate change 7 In your opinion, will climate change influence AMR in such a way that this should be taken into
The ro	character(s) maximum Ale of AMR in global health and climate change 7 In your opinion, will climate change influence AMR in such a way that this should be taken into leration for AMR surveillance, if so, please indicate how.
The ro	character(s) maximum Ale of AMR in global health and climate change 7 In your opinion, will climate change influence AMR in such a way that this should be taken into leration for AMR surveillance, if so, please indicate how.
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100 consider 5.5.2.3 consider 500 consider 5.5.2.3	character(s) maximum Alle of AMR in global health and climate change 7 In your opinion, will climate change influence AMR in such a way that this should be taken into deration for AMR surveillance, if so, please indicate how. Character(s) maximum 8 In your opinion, which of the following future scenarios impacted by human activities should AMR
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100 consider 5.5.2.3 consider 500 consider 5.5.2.3	character(s) maximum The of AMR in global health and climate change To In your opinion, will climate change influence AMR in such a way that this should be taken into deration for AMR surveillance, if so, please indicate how. Character(s) maximum In your opinion, which of the following future scenarios impacted by human activities should AMR dance adapt to in order to be more representative? CBRN incidents (chemical, biological, radiological and nuclear)
100 consider 5.5.2.3 consider 500 consider 5.5.2.3	character(s) maximum The of AMR in global health and climate change The notion of In your opinion, will climate change influence AMR in such a way that this should be taken into deration for AMR surveillance, if so, please indicate how. The character(s) maximum The plane of AMR in global health and climate change The plane of AMR in global health and climate change The plane of AMR in global health and climate change The plane of AMR in global health and climate change The plane of AMR in global health and climate change The plane of AMR in global health and climate change The plane of AMR in global health and climate change The plane of AMR in such a way that this should be taken into learting the plane of AMR in such a way that this should be taken into learting the plane of AMR in such a way that this should be taken into learting the plane of AMR in such a way that this should be taken into learting the plane of AMR in such a way that this should be taken into learting the plane of AMR in such a way that this should be taken into learting the plane of AMR in such a way that this should be taken into learting the plane of AMR in such a way that this should be taken into learting the plane of AMR in such a way that this should be taken into learting the plane of AMR in such a way that this should be taken into learting the plane of AMR in such a way that this should be taken into learting the plane of AMR in such a way that this should be taken into learting the plane of AMR in such a way that this should be taken into learting the plane of AMR in such a way that this should be taken into learting the plane of AMR in such a way that this should be taken into learting the plane of AMR in such a way that this should be taken into learting the plane of AMR in such a way that this should be taken into learting the plane of AMR in such a way that this should be taken into learting the plane of AMR in such a way the plane of AMR in such a way that this should be taken into learting the plane of AMR in su
100 consider 5.5.2.3 consider 500 consider 5.5.2.3	character(s) maximum The of AMR in global health and climate change The log of AMR in global health and climate change The log of AMR in global health and climate change The log of AMR in such a way that this should be taken into deration for AMR surveillance, if so, please indicate how. Character(s) maximum The log of amaximum The log of amaximum such and the log of the following future scenarios impacted by human activities should AMR ance adapt to in order to be more representative? CBRN incidents (chemical, biological, radiological and nuclear) Periods of armed conflicts, war and mass casualties Mass migration across geographical borders

Outbreaks derived from high-containment laboratories for high threat pathogens (e.g. biosafety level-4
laboratories, gain-of-function research labs)
Severe foodborne illness/outbreaks events (e.g. <i>E. coli</i> O104:H4 outbreak)
During any ongoing public health emergency of international concern
None of the above
I don't know /I prefer not to answer
Other
5.5.2.9 Please specify 'other':
50 character(s) maximum
*5.5.2.10 In future, which of the following vulnerable populations should and practically can be the focus of
the AMR water surveillance?
Victims of CBRN incidents (chemical, biological, radiological and nuclear)
War victims, displaced people, people in refugee camps
Elderly, children and pregnant women
Students
Chronically ill and disabled
Low-income, homeless individuals and children in foster care
Rural isolated populations
Racial or ethnic minorities (e.g. indigenous or immigrant communities)
Institutionalized persons (for example, persons in correctional facilities, nursing homes or mental health facilities)
People engaging in criminal activities (e.g. use of illegal substances)
Sex workers and victims of sexual trafficking
Employees of the industry sector (e.g. wastewater, landfill)
Farmers
Health professionals (e.g. medical doctors, veterinarians, nurses)
People residing in areas with non-sewered sanitation
People residing in areas near WWTPs
None of the above
Other
I don't know /I prefer not to answer
5.5.2.11 Please specify 'other':
150 character(s) maximum
5.5.2.12 Would there be fundamental changes to your answers on 'sampling', ie sites and frequency, if you
would consider the far future (10 years) instead of the next 5 years? If so, please explain:
300 character(s) maximum

5.5.3 Future surveillance - AMR indicators

*5.5.3.1 Identifying and monitoring antibiotic resistant bacteria (ARB)

Which	of the following bacterial targets would be the MOST FEASIBLE AND INFORMATIVE option for
culture	e-based surveillance of AMR?
	Aeromonas spp
	Acinetobacter baumanii
	Bordetella pertussis
	Campylobacter spp
	Citrobacter freundii
	Corynebacterium diphteriae
	Clostridium perfringens
	Clostridioides difficile
	Enterococcus spp
	Escherichia coli
	Shiga toxin/verocytotoxin-producing Escherichia coli
	Haemophilus influenzae
	Klebsiella pneumonia
	Listeria monocytogenes
	Legionella spp
	Neisseria gonorrhoeae
	Neisseria meningitidis
	Pseudomonas aeruginosa
	Salmonella spp
	Shigella spp
	Staphylococcus aureus
	Streptococcus pneumoniae
	Vibrio cholera
	Total coliform bacteria
	Others
	I don't know/I prefer not to answer
	Please specify 'other':
100 c	character(s) maximum
5522	Which of the following antibiotic-resistant groups of bacterial human pathogens from the WHO
	ial Priority Pathogens list 2024 would be the MOST FEASIBLE AND INFORMATIVE option for
	e-based AMR?
	mum 15 selection(s)
_	Acinetobacter baumannii carbapenem-resistant
	Enterobacterales third-generation cephalosporin-resistant
	Enterobacterales carbapenem-resistant
	Enterococcus faecium vancomycin-resistant
	Haemophilus influenzae ampicillin-resistant

[Mycobacterium tuberculosis rifampicin-resistant
[Neisseria gonorrhoeae third-generation cephalosporin, and/or fluoroquinolone-resistant
[Pseudomonas aeruginosa carbapenem-resistant
[Salmonella Typhi fluoroquinolone-resistant
[Non-typhoidal Salmonella fluoroquinolone-resistant
[Shigella spp. fluoroquinolone-resistant
[Staphylococcus aureus methicillin-resistant Group A
[Streptococci macrolide-resistant
[Streptococcus pneumoniae macrolide-resistant Group B
[Streptococci penicillin-resistant
	Others
[I don't know / prefer not to answer
5.5.	3.4 Please specify 'other':
10	00 character(s) maximum
	3.5 Which of the following fungal human pathogens from the WHO fungal priority pathogens list 2022
	Ild be the MOST FEASIBLE AND INFORMATIVE option for culture-based AMR surveillance?
Má	aximum 15 selection(s)
L	Aspergillus fumigatus
L	Candida albicans
L	Candida auris
L	Candida parapsilosis
L	Candida tropicalis
Į.	Coccidioides spp
[Cryptococcus gattii
L	Cryptococcus neoformans
Į.	Eumycetoma causative agents
l	Eusarium spp
[Histoplasma spp
	Lomentospora prolificans
[Mucorales
	Nakaseomyces glabrata (Candida glabrata)
[Paracoccidioides spp
[Pichia kudriavzeveii (Candida krusei)
	Pneumocystis jirovecii
[Scedosporium spp
[Talaromyces marneffei
[Others
[I don't know /I prefer not to answer
5.5.	3.6 Other:
10	00 character(s) maximum

Identifying and monitoring antibiotic resistant genes (ARGs)

According to NCBI's bacterial genomic data, the highest diversity of submitted AMR gene sequences corresponds to resistance to beta-lactams, followed by aminoglycosides, quinolones, glycopeptides, tetracyclines and macrolides, among others:

*5.5.3.7 Which of the following antibiotic resistance classes should be prioritized for the purpose of AMR

surveillance?	
Maximum 15 selection(s)	
Aminoglycoside resistance	
Amphenicol resistance	
Carbapenem and monobactam resistance	
Cephalosporins (First- and second-generation) resistan	ce
Cephalosporins (Third- and/or fourth-generation) resista	ance
Fluoroquinolone resistance	
☐ Glycopeptide resistance	
Imidazole derivative resistance	
Lincosamide and Streptogramin resistance	
Macrolide resistance	
Penicillin resistance	
Polymyxin resistance	
☐ Tetracycline resistance	
Trimethoprim/sulphonamide resistance	
Other	
I don't know /I prefer not to answer	
5.5.3.8 Other:	
100 character(s) maximum	

5.5.3.9 For each of the indicator purposes shown in the table below, which antimicrobial resistance gene targets would be the best for qPCR-based AMR surveillance? Choose up to 10 genes for each category. You can use the genes shown in table 3 in the annex 1 or add other genes you might know.

	AMR proxy / anthropogenic pollution markers	Clinically relevant ARG for human health risk assessment	Clinically relevant ARG for animal health risk assessment	Clinically relevant ARG for environmental health risk assessment	Predictors of diversity and evolution (mobility markers)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

5.5.3.10 How would you allocate the following types of gene indicators across environmental compartments for AMR surveillance and risk assessment purposes?

	Anthropogenic pollution markers	Clinically relevant ARG for human health risk assessment	Clinically relevant ARG for animal health risk assessment	Clinically relevant ARG for environmental health risk assessment	Predictors of diversity and evolution (mobility markers)
Surface water					
Ground water					
Wastewater					
Water reuse					
Sludge (WWTP)					
Manure					
Soil					

5.5.3.11 How would you allocate the following types of gene indicators by the following objectives of AMR surveillance?

The above used objectives were:

- 1) Provide information about patterns and trends in AMR (including identification of emission sources)
- 2) Support and inform risk analysis of AMR in the environment
- 3) Alert on emergence and evolution of AMR
- 4) Assess the effectiveness of interventions

	Anthropogenic pollution markers	Clinically relevant ARG for human health risk assessment	Clinically relevant ARG for animal health risk assessment	Clinically relevant ARG for environmental health risk assessment	Predictors of diversity and evolution (mobility markers)
Monitor trends of AMR					
Provide data for risk assessment					
Determine emerging AMR forms					
Evaluate interventions					

5.5.3.12 Identifying and monitoring levels of antibiotic and antibiotic residues

Which of the following antimicrobial classes should be monitored for AMR risk assessment?

Antibiotics	Antibiotics Maximum 15 selection(s) Aminoglycosides Amphenicols Carbapenems and monobactams First- and second-generation cephalosporins Fluoroquinolones Glycopeptides Imidazole derivatives Lincosamides and Streptogramins Macrolides Other Penicillins Polymyxins Tetracyclines Third- and/or fourth-generation cephalosporins Trimethoprim/sulphonamides
Antimycotics	Antimycotics Maximum 5 selection(s) Azoles Amphotericin B Echinocandins Terbinafine Others
Disinfectants / preservatives	Disinfectants / preservatives Triclosan Quaternary ammonium compounds QACs Chlorhexidine Chlorine-releasing compounds Aldehyde-based compounds Alcohols Hydrogen peroxide Peracetic acid Weak organic acids Others

*5.5.3.13 Defining criteria for risk assessment of antibiotics and antibiotic residues

Which of the following already established indicators	should be used to assess the selective potency of
antibiotics for environmental risk assessments?	
Lowest Observed Effect Concentration (LOEC)	
No Observed Effect Concentration (NOEC)	

Predicted No Effect Concentration (PNEC)Minimal Selective Concentration (MSC)

Minimal Inhibitory Concentration (MIC)
Others
I don't know / prefer not to answer
5.5.3.14 Please specify 'other':
100 character(s) maximum
Too character(s) maximum
*5.5.3.15 Which of the following indicators currently being researched could be used to help assess the
selective potency of antibiotics for environmental risk assessments?
Maximum 3 selection(s)
Minimal concentration inducing resistance mutations
Minimal concentration increasing the rate of horizontal transfer of mobile resistance determinants
Minimal increased persistence concentration
☐ Total bacterial community growth
Selective ability of whole effluents
Length of time exposure to antibiotics
ARB/ARG diversity and abundance
Additive, synergistic or antagonistic effects of antibiotics and other chemical mixtures
Seasonal variations of antibiotics
Others
I don't know / prefer not to answer
None of the above
5.5.3.16 Please specify 'other':
5.5.3.16 Please specify 'other':
5.5.3.16 Please specify 'other': 100 character(s) maximum
100 character(s) maximum
100 character(s) maximum 5.5.3.17 To which extent do you agree with the idea of using WHO's AWaRe and EMA'AMEG antibiotic
100 character(s) maximum
100 character(s) maximum 5.5.3.17 To which extent do you agree with the idea of using WHO's AWaRe and EMA'AMEG antibiotic
5.5.3.17 To which extent do you agree with the idea of using WHO's AWaRe and EMA'AMEG antibiotic prescription's prioritization schemes for selecting the antibiotics for surveillance and risk assessment of
5.5.3.17 To which extent do you agree with the idea of using WHO's AWaRe and EMA'AMEG antibiotic prescription's prioritization schemes for selecting the antibiotics for surveillance and risk assessment of
5.5.3.17 To which extent do you agree with the idea of using WHO's AWaRe and EMA'AMEG antibiotic prescription's prioritization schemes for selecting the antibiotics for surveillance and risk assessment of
5.5.3.17 To which extent do you agree with the idea of using WHO's AWaRe and EMA'AMEG antibiotic prescription's prioritization schemes for selecting the antibiotics for surveillance and risk assessment of
5.5.3.17 To which extent do you agree with the idea of using WHO's AWaRe and EMA'AMEG antibiotic prescription's prioritization schemes for selecting the antibiotics for surveillance and risk assessment of AMR levels?
5.5.3.17 To which extent do you agree with the idea of using WHO's AWaRe and EMA'AMEG antibiotic prescription's prioritization schemes for selecting the antibiotics for surveillance and risk assessment of AMR levels? 5.5.3.18 Identifying and monitoring levels of AMR drivers
5.5.3.17 To which extent do you agree with the idea of using WHO's AWaRe and EMA'AMEG antibiotic prescription's prioritization schemes for selecting the antibiotics for surveillance and risk assessment of AMR levels? 5.5.3.18 Identifying and monitoring levels of AMR drivers In future, which of the following natural physico-chemical water parameters would be the MOST FEASIBLE
5.5.3.17 To which extent do you agree with the idea of using WHO's AWaRe and EMA'AMEG antibiotic prescription's prioritization schemes for selecting the antibiotics for surveillance and risk assessment of AMR levels? 5.5.3.18 Identifying and monitoring levels of AMR drivers In future, which of the following natural physico-chemical water parameters would be the MOST FEASIBLE AND INFORMATIVE metadata of AMR to monitor?
5.5.3.17 To which extent do you agree with the idea of using WHO's AWaRe and EMA'AMEG antibiotic prescription's prioritization schemes for selecting the antibiotics for surveillance and risk assessment of AMR levels? 5.5.3.18 Identifying and monitoring levels of AMR drivers In future, which of the following natural physico-chemical water parameters would be the MOST FEASIBLE AND INFORMATIVE metadata of AMR to monitor? Temperature
5.5.3.17 To which extent do you agree with the idea of using WHO's AWaRe and EMA'AMEG antibiotic prescription's prioritization schemes for selecting the antibiotics for surveillance and risk assessment of AMR levels? 5.5.3.18 Identifying and monitoring levels of AMR drivers In future, which of the following natural physico-chemical water parameters would be the MOST FEASIBLE AND INFORMATIVE metadata of AMR to monitor? Temperature Oxygenation conditions
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	Vhat other physico-chemical parameters would be feasible and informative to collect? acter(s) maximum
Methodo	ological aspects
*5.5.2.20 h	n future, which of the following methods below would be the MOST FEASIBLE AND
	ATIVE to monitor AMR?
	n 10 selection(s)
	solute quantification of ARGs measured by qPCR
	ative abundance of ARGs measured by qPCR
	solute quantification of ARGs measured by ddPCR/dPCR
Rel	ative abundance of ARGs measured by ddPCR/dPCR
_	h-throughput real-time PCR methods (relative abundance of gene only)
Show	ot-gun metagenomics
Tar	get enrichment metagenomics (i.e. enrichment of AMR genes in shot-metagenomics libraries)
Qua	antitiative isolate-based methods -phenotypic assays (such as ESBL-producing E. coli in Tricycle protocol)
Qua	antitiative isolate-based methods in combination with whole genome sequencing of isolates
	late-based methods - proportion of resistant bacteria among isolates of a given species
	ombination of culture-based, qPCR and metagenomics
_	ombination of culture-based methods and qPCR
	ombination of qPCR and metagenomics
	ombination of culture-based methods and metagenomics
Oth	
_	on't know /I prefer not to answer
5.5.3.21 F	Please specify 'other':
100 char	acter(s) maximum
	Vhat should be the preferred unit reported for absolute quantitative-based assays?
_	n 2 selection(s)
	mulative sum of all quantified ARG (e.g., ARGs/L)
	ne copies / CFU per L
	ne copies / CFU per g of dry mass (for solids)
	ne copies / CFU per g of wet mass (for solids)
_	ne copies / CFU per g of ashes (for solids)
Oth	
I do	on't know /l prefer not to answer

5.5.3.23 Please specify 'other':
50 character(s) maximum
*5.5.3.24 What should be the preferred relative abundance normalization method for culture-based and
PCR assays?
Maximum 2 selection(s)
☐ 16S rRNA gene copy number
total DNA
a collection of single-copy genes
☐ rpoB gene
for culturing: concentration of non-resistant <i>E. coli</i>
None
Other
☐ I don't know /I prefer not to answer
5.5.3.25 Please specify 'other':
50 character(s) maximum
* 5.5.3.26 What should be the preferred relative abundance normalization method for sequencing-based
methods?
Maximum 2 selection(s)
☐ <i>16S</i> rRNA
a collection of single copy genes
□ FPKM
□ TPM
☐ rpoB gene
spike-ins of strains at known concentration
None
Other
I don't know /I prefer not to answer
Tuont know /i preser hot to answer
5.5.3.27 Please specify 'other':
50 character(s) maximum
5.5.3.28 Would there be fundamental changes to your answers on 'indicators' if you would consider the far
future (10 years) instead of the next 5 years? If so, please explain:
300 character(s) maximum

5.6 General questions future surveillance

Methodological barriers for monitoring AMR

*5.6.1 What are the most challenging technical barriers regarding culture-based methods for ARB/ARG?
Maximum 3 selection(s)
Cost
Skill/training/labor requirement
Insufficient sensitivity
High detection limit
Insufficient quantitation
☐ The time-to-result
☐ Inhibition effects
Lack of standardised methods
Other
☐ I don't know /I prefer not to answer
5.6.2 Please specify 'other':
100 character(s) maximum
*5.6.3 What are the most challenging technical barriers regarding PCR detection methods for ARB/ARG?
Maximum 3 selection(s)
Cost
Skill/training/labor requirement
Insufficient sensitivity
High detection limit
Insufficient quantitation
☐ The time-to-result
Inhibition effects
Inability to identify host of gene and the bacterial viability
The lack of highly characterized ARG and their contribution to AMR
The limited capability to detect extracellular vs intracellular DNA
Lack of DNA extraction and amplification method standardization across bacterial species
Other
I don't know /I prefer not to answer
5.6.4 Please specify 'other':
100 character(s) maximum
*5.6.5 What are the most challenging technical barriers regarding sequencing methods for ARB/ARG?
Maximum 5 selection(s)
Cost
Skill/training/labor requirement
Insufficient sensitivity

High detection limit
Insufficient quantitation
☐ The time-to-result
☐ Inhibition effects
Inability to identify host of gene and the bacterial viability
The lack of highly characterized ARG and their contribution to AMR
Lack of standardization with bioinformatic pipelines
The added complexity of plasmid sequencing analysis
The limited availability of highly curated gene repositories and reference databases
Other
I don't know /I prefer not to answer
Tuont know /i preser not to answer
5.6.6 Please specify 'other':
100 character(s) maximum
100 Character(S) maximum
Costs of AMR monitoring
*5.6.7 What cost per sample would make inclusion of AMR surveillance a realistic option?
Less than 10 €
10-25 €
© 25-50 €
50-100 €
○ 100-200 €
© 200 € or more
The price is not relevant
I don't know /I prefer not to answer
Tuont know /i preser not to answer
5.6.8 Do you have any other considerations regarding possible costs for future environmental AMR
surveillance?
500 character(s) maximum
*5.6.9 When do you think your country would be ready to implement standard methods for environmental
AMR monitoring?
Now
O 3 years
5 years
10 years
More than 10 years
I don't know /I prefer not to answer
Tool t know /i preier not to answer
6 Satisfaction

on the state of the same of th
surveillance of AMR?
6.2 To what extent are you satisfied with the usefulness of this survey on environmental surveillance of
AMR?
6.3 Is there anything else you would like to share regarding environmental surveillance?
500 character(s) maximum

6.1 To what extent are you satisfied with the comprehensiveness of this survey on environmental

7 Survey A: Mapping existing environmental surveillance systems

A 'surveillance system' is defined here as a coherent approach towards environmental surveillance in one or more environmental compartments that uses a set of common indicators in a common set of samples in one timeframe. This includes

- national, regional and local surveillance systems,
- surveillance conducted regularly and repeatedly, but also surveillance executed only once in time (surveillance pilots),
- surveillance executed by governmental agencies, but also surveillance executed by research institutes.
- 7.1 Do you or did you previously have a surveillance system in place for antimicrobial resistance or other general pollutants that are related to AMR (such as antibiotics, or fungicides) in an environmental compartment?
 - Yes (if you can describe one or more of them, please use the web link to the survey about existing environmental surveillance systems)
 - O No

8 References

- Krista Liguori et al, Antimicrobial Resistance Monitoring of Water Environments: A Framework for Standardized Methods and Quality Control, ACS Publications, 2022.
- Benedetti Guido, et al. A survey of the representativeness and usefulness of wastewater-based surveillance systems in 10 countries across Europe in 2023. Euro Surveill. 2024.
- Paracchini, V., Petrillo, M., Arcot Rajashekar, A. et al. EU surveys insights: analytical tools, future directions, and the essential requirement for reference materials in wastewater monitoring of SARS-CoV-2, antimicrobial resistance and beyond. Hum Genomics 18, 72 (2024)

Thank you so much for your contributions. If you have any questions, please contact your national contact point.

Please visit the <u>website of EU-JAMRAI</u> to learn more about the full project.

On behalf of the full team of EU-JAMRAI 2 work package 8.3 - Roosmarijn Luiken, Luis Lucena, Thibault Stalder, Christophe Dagot and Heike Schmitt.