



Llywodraeth Cymru
Welsh Government

PUBLICATION

Animal and Environment Antimicrobial Resistance Delivery Group Roundtable Update Meeting: 11 July 2022

Summary of the meeting held online on 11 July 2022.

First published: 24 October 2022

Last updated: 24 October 2022

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Attendees

Sian Timms (ST)
Geraint Hamer (GH)
Andrew Singer (AS)
Gavin Watkins (GW)
Alison Bard (AB)
Rob Smith (RS)
Isobel Stanton (IS)
Kitty Healey (KH)
Sarah Carr (SC)
Holly Tipper (HT)

1. Welcome and introductions

Holly Tipper welcomed to the meeting.

2. VMD update KH –

- Pig data usage report shows 2021 figure show a decreasing amount of usage (as recorded by pig producers), coverage is 95%. Sales data will be released later this year in the VARSS report.
- Update meeting with Sally Davies and Christine Middlemiss on the global AMR situation – aim is to raise a high-level UN session in 2023/24. Also talk of a pandemic treaty (international legal instrument), or other opportunities to raise AMR as a global pandemic issue.
- Antibiotics in watercourses – to flag some work in Defra about storm overflows, as the risk continues to merit further exploration and tightening-up

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- on the position. Conversations with the Chief Scientists Office ongoing.
- Some high-level surveillance surveys planned for next year, which may raise the profile of AMR.
 - Resource cuts in government – we are actively working to ensure impacts on surveillance etc. are minimised.
 - Halfway through 2022 brings us closer to the next NAP. Team in Public Health are setting up a small project group to start developing a new five-year plan. Small group with one representative from each of the Devolved Administrations – happy to confirm who is representing Wales. **KH to confirm.** VMD are feeding into these discussions – there is one VMD and one Defra rep, so numbers are very limited.
 - GW – Do we have a next WHO level five-year plan as the basis for these discussions? KH – no, and there won't be within the timescale for the UK NAP.

3. Vets Cymru (17/18 June in Aberystwyth) feedback from RS –

- Arwain DGC sponsored four sessions and had a stand at the event. Examples from human medicine were very comprehensive and showed what could be applied in veterinary medicine. Examples from other countries and actions they have taken – UK has achieved reduced usage without similar interventions to other countries. Arwain DGC also supports continued approaches to reduction. Plenary session held, covering human, companion, and farm animal approaches. Education of farmers and vets a key theme, commercial pressures were not raised as much (perhaps surprisingly). Two WG sponsored sessions also held, was positive to have a mix of representation and generated engaging conversations.
- GW – would like to take this opportunity to thank AB for pulling a lot of this work together and engaging with colleagues in health, to bring everybody

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together. Also, would like to thank RS.

- KH – is the event available to watch online. AB – it was recorded, still need permissions before videos can be circulated and happy to share when it's available. **AB to share video content.**

4. Environmental spread presentation from IS and HT –

- Six recommendations made in a report, which generated the work now being undertaken. First is developing hazard maps for Wales (developed a data register to capture the information – extracting data from various sources). Wales wide hazard maps now available (2 maps - AMR abundance and AMR exposure – both now linked to river catchments). Phase two of the project looks at monitoring programme effects of CSOs on Wales' rivers.
- GW – will human community usage be captured?
- AS – What would be an acceptable level of CSO spills? We would narrow this down for a monitoring study, based on typo of ecoli for example, within a defined area. A lot of this work would be determined by available budgets and delivery approaches, shaped by what question is being asked.
- HT – at this stage we are trying to work out the effect of CSOs, by looking upstream and downstream.
- AS – we are never 'not looking' for datasets that could be relevant, if we know of anyone who could feed data into the model. There is mileage in discussing how to weight things when we do not have data to justify the weighting being used. The risk maps can then display different scenarios – high pig density v's CSO contributions etc. We will have granular data for approx. 30 sections across Wales. Populating the data is very resource intensive.
- HT – these are very high-level data sets. The more we narrow down what we'd like to explore, the more accurate the information could become.

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- SC – why are the maps different for abundance and exposure? IS – based on types of data, hospital beds, population, CSOs. Exposure is where we think people will be exposed, such as bathing spots.
- GW – hazard maps are predictions based on integrating data. We do have some factual data from the work of Tomaz Andrade (NRW)– is there someone to compare accuracy of the model used, when compared with Tomas’ data? IS – yes we could integrate this data, but haven’t done this yet, we’re also going to be using some of NRW’s passive samplers and Tomaz has used the model to help select sampling sites.
- AS – we will be applying the science, against the model. There needs to be careful consideration around date of sampling, as lack of, or recent exposure, can provide false results and this is where the model approach can be more accurate – provides a broader picture, rather than being specific to the day samples are taken.
- GW – CSOs letting large amount of raw sewage into the environment must generate a lot of exposure – do normal sewage processes break down antibiotics.
- HT – depends on the antibiotic and the form of treatment but some are getting into the environment through treated sewage.
- AS – there is a report available, showing resistance genes and chemical analysis. HT – this data will be publicly available soon and happy to share when it’s published. **HT to share report when available.**
- GW – thinking about farms and this data. Arwain DGC is aiming to get a better idea of ‘off farm’ spread as a result of antibiotic usage on farms. I’m guessing we have big knowledge gaps here?
- AS – it satisfies the NAP in that we’re starting to ask the right questions and we now need the field studies to start capturing this data to test if the prediction models are supported. We’re not there yet as we are not collecting the data.
- GW – we don’t have data about farm waste but we could provide data about animal population and usage data – do speak to vets on the AMR DG to help refine and interpretate data. **IS/HT/AS to engage with RS/IL/SC**

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- SC – are there any ways in which you treat slurry that would be more likely to break down antibiotic residues?
- GW – anaerobic digestion (AD) – would be interested to know the effect on antibiotics and bacteria.
- AS – wrote a report for Defra and the conclusion was if you AD at 40 degrees or lower you're mimicking the stomach/gut of an animal/human so would need to increase by at least 10 degrees to create a community that doesn't house/support bacteria.
- GW – should come back to this issue (AD). Would be helpful to have a robust case to support this approach as we'd like to encourage future AD use.
- GH – hazard map will be published in the form of a report and this will be shared. By the next DG should also be available to share an update about future approaches.

5. Round table updates -

- AB – Arwain DGC (Aberystwyth VPC work) – recruited more practices and VPCs who weren't able to join under Arwain Vet Cymru, 90% of Wales practices now onboard. Starting to get into the clinical guidance and code of conduct development. Equine side interviews initiated (in dept qualitative interviews exploring usage). Happy to join up with environment colleagues, if we identify any information that would be useful to share.
- SC – was at BVA live conference speaking to a company developing animal side diagnostics. Demonstrated UTI testing. Is there an option for the WG to purchase the technology and then trial/lone to practices to demonstrate usage and effectiveness?
- AB – Information is available via some Bristol University work looking at pen-side diagnostics.
- GW – we can pilot things well in Wales, and would like to consider approaches we can trial, but we do not have a budget to support additional

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work at the moment. This is also something being considered by public health for use by GPs.

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