

TATFAR was created in 2009 to address the urgent threat of antimicrobial resistance (AMR). TATFAR's technical experts from Canada, the European Union (EU), Norway, and the United States (U.S.) collaborate and share best practices to strengthen domestic and global efforts in the fight against antimicrobial resistance (AMR).

## KEY AREA 2: Prevention of Drug-resistant Infections

Working together, members prevent infections and their spread through actions like:

- Working on three collaborative manuscripts (pending publication) addressing point-prevalence survey (PPS) methods and PPS data use for hospitals and for long-term care facilities/nursing homes.
- Mapping the availability of genomic information on carbapenem-resistant Enterobacterales (CRE) across TATFAR partner countries.
- Addressing bioinformatics approaches and the need for available microbiological and epidemiological information with provisional agreement on essential information, such as the sample origin and type, date of sample collection, and country.
- Collaborating to improve communication between government agencies to alert one another of emerging and concerning AMR trends.
- Working with CLSI and EUCAST, international clinical breakpoint setting organizations, to harmonize breakpoints focused on bug/drug combinations.

### Canada

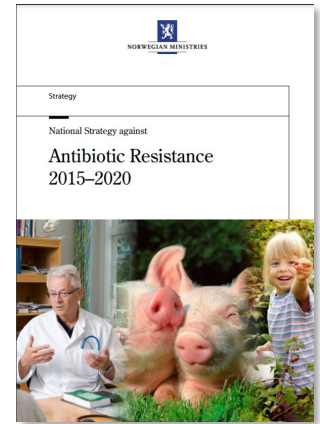
- Conducted its first PPS in long-term care facilities of antibiotic-resistant organisms and antimicrobial use, with information on exposure to hospitals.
- Conducted its second PPS in smaller, remote, and northern Canadian acute-care hospitals of HAIs, antibiotic-resistant organisms, and antimicrobial use.
- Conducted its [third PPS in large acute-care hospitals of HAIs, antibiotic-resistant organisms, and antimicrobial use](#).

### European Union

- Conducted its second PPS of [HAIs, including AMR in HAIs](#), and [antimicrobial use](#) in European acute care hospitals.
- Conducted its third PPS of [HAIs, including AMR in HAIs](#), and [antimicrobial use](#) in European long-term care facilities.
- Organized webinars for training of national staff (PPSs in acute care hospitals and in long-term care facilities), sending hospital feedback reports as the data came in (including the IPC indicators reported by WHO core components) and feedback on the validation results.

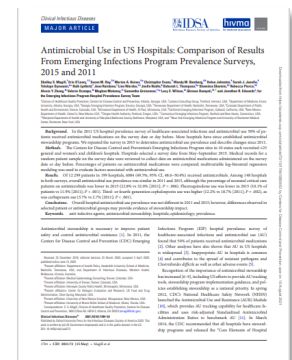
## Norway

- Conducted and extended use of national PPS for [HAIs and antimicrobial use](#) twice annually in LTCFs.
- Conducted national PPS for HAIs and [antimicrobial use](#) in all acute care hospitals. The surveys are mandatory twice a year.
- Norway published a National Action Plan for IPC in health care as part of the overall strategy for AMR and HAI.
- Re-established a Nordic training in IPC in collaboration with Sweden and Denmark.



## United States

- Worked with the Emerging Infections Program (EIP) to complete a second, full-scale PPS in hospitals focused on [antimicrobial use](#) and [HAIs](#) in hospitals.
- Completed its first [full-scale PPS in nursing homes focused on HAIs and antimicrobial use](#).



## Moving Forward

TATFAR partners will continue to:

- Collaborate, exchange information, compare methodologies, and share experiences related to conducting PPS of healthcare infections.
- Exchange information on emerging and concerning AMR trends.

Learn more: [www.cdc.gov/TATFAR](http://www.cdc.gov/TATFAR)



U.S. Department of  
Health and Human Services  
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