Update on the CLSI AST January 2011 meeting
Orlando, FL

Fluoroquinolones:

1. CLSI will eliminate the comment in Table 2A recommending the use of naladixic acid testing by disk diffusion and MIC to predict fluoroquinolone utility in treating extra-intestinal infections caused by *Salmonella* species. They will also be changing the MIC breakpoints for ciprofloxacin vs. *Salmonella* to S <=0.06, I 0.12-0.5, R >/=1.0 and DD to S >/= 31mm, I 21-30mm, R </= 20mm.
2. Sufficient evidence exists to support a reconsideration of breakpoints for fluoroquinolone antibiotics with all *Enterobacteriaceae* (e.g., MIC creep, new resistance mechanisms, new PK-PD data that supports lowering the breakpoints from what was originally established, and clinical data available that indicates breakpoints may be in need of adjustment). CLSI will also re-evaluate the quinolone and fluoroquinolone groupings in Table 1.

Staphylococcus/Streptococcus:

1. CLSI voted to include inducible clindamycin resistance testing (D-zone & D broth test) for *S.pneumoniae* using similar wording for whether/when to test and report and perhaps indicating that clinical significance of inducible clindamycin resistance in *S.pneumoniae* is not known.
2. They will also be looking into MIC/DD breakpoints for doxycycline with *S.pneumoniae* in the future.
3. There was on-going discussion on how best to detect beta-lactamase (BL) in significant *S.aureus* isolates with low penicillin MICs. The sensitivity of the cefinase test is not sufficiently high enough for accurate use (unacceptable level of falsely negative results). They will continue to investigate testing methods with high sensitivity for BL detection in these isolates.
4. They are still looking for a vancomycin-screen agar for the accurate detection of VISA.

Enterobacteriaceae/Pseudomonas:

1. CLSI agreed to lower breakpoints for Piperacillin, Piperacillin/Tazobactam, Ticarcillin, Ticarcillin/Clavulanic acid to what is published for the *Enterobacteriaceae*; S </=16, I 32-64, R >/=128.
2. It was approved to remove carbenicillin, mezlocillin, and azlocillin from all M100 tables.
3. In 6/2010 with a special supplement the CLSI AST changed the breakpoints for all carbapenems to the *Enterobacteriaceae*; however, new data might suggest that the ertapanem breakpoints are too low (.25/.5/1) and should be changed to .5/1/2....more discussion to come.
4. A rationale document will be coming soon from the CLSI regarding the *Enterbacteriaceae* and the CLSI changes made to the carbapenem breakpoints in 2010.
Synercid: The indication for vancomycin-resistant *Enterococcus faecium* was removed from the synercid label by the FDA, so it was voted to remove synercid from Table 1A under enterococci and delete footnote p. They will also move synercid from “B” to “O” in the Test/Report Group in Table 2D.