Information from the January 2009 Clinical Laboratory Standards Institute Committee Meeting on Antimicrobial Susceptibility Testing

Susie Sharp, chair of the Committee on Laboratory Practices represented ASM at the Clinical Laboratory Standards Institute (CLSI) subcommittee meeting on antimicrobial susceptibility testing, January 11-13, 2009. During the meeting, subcommittee members discussed breakpoints for the following organisms: enterobacteriaceae, *pseudomonas aeruginosa*, fastidious organisms, and *staphylococcus*:

- **Enterobacteriaceae**: CLSI is considering lowering breakpoints for cephalosporins (CS) and aztreonam, making EBSL testing no longer clinically necessary. In addition, there is consideration for either deleting cephalothin from the tables or changing it to the “U” test/report group (for urinary tract isolates only), as it is used by some to predict susceptibility of oral first generations CS. Also under consideration is decreasing the breakpoint for the Carbapenems, which may obviate the need for confirmatory testing with a carbapenemase inactivation test (i.e.; the modified Hodge test). More data is needed.

- **Pseudomonas Aeruginosa** (PSA): The “S” breakpoint for piperacillin/tazobactam is currently ≤ 64/4 ug/ml with a comment to add a second agent for serious infections. CLSI will reassess with the intent of lowering the breakpoints for PSA and other non-fermenters, so this comment may no longer apply.

- **Fastidious Organisms**: CLSI is going to reassess methods and breakpoints primarily with imipenem with the *Lactobacillus* species, as well as review cefotaxime and ceftriaxone breakpoints with corynebacteria. There is also consideration for adding an antibiogram for anaerobic organisms to this document or the M100 document for 2010.

- **Staphylococcus**: CLSI is considering whether a lab should only be testing cefoxitin (FOX) to determine oxacillin (OXA) resistance by mecA (keeping in mind that there are currently no MIC breakpoints for the coagulase-negative *staphylococcus* FOX). There was a discussion regarding what a lab should do if it tests both FOX and OXA and gets a discrepant result. Further discussed was whether a lab should send staphylococci to a reference lab if Vancomycin MIC are S.aureus ≥ 8 ug/ml (not ≥ 4 ug/ml), and for coagulase-negative *staphylococcus* ≥32 ug/ml (not ≥ 8 ug/ml). In addition, CLSI will consider developing “I” and “R” breakpoints for SA and Linezolid and Daptomycin.

CLSI may endeavor to survey users regarding the amount of QC that is necessary for antimicrobial susceptibility testing of commercial systems. Please contact Susie Sharp at susan.e.sharp@kp.org, if you have questions about the CLSI subcommittee meeting discussion.