Information from the 2010 June Clinical Laboratory Standards Institute Committee Meeting on Antimicrobial Susceptibility Testing

On June 13-15, Susan Sharp, chair of the PSAB Committee on Laboratory Practices represented ASM at the Clinical Laboratory Standards Institute (CLSI) Committee Meeting on Antimicrobial Susceptibility Testing (AST). The Committee discussed breakpoints for Enterobacteriaceae and Pseudomonas aeruginosa and discussed the first new intrinsic table for Enterobacteriaceae that will be published in the M100 document in January 2011. Clarifying information about susceptibility testing for penicillin and ampicillin will be added to the Streptococcus spp. β-hemolytic Group in the Group A Primary Test and Report. The Committee also discussed anaerobic antibiograms for the Bacteroides fragilis group. The complete meeting summary is as follows:

**Enterobacteriaceae:**
We are still waiting for the CLSI to release revised carbapenem breakpoints for the Enterobacteriaceae. This supplement should be coming shortly. As a reminder, these new breakpoints will negate the need for modified Hodge testing before the reporting of MICs for the carbapenemase-producing Enterobacteriaceae.

The CLSI-AST will be publishing new MIC breakpoints for cefazolin to the Enterobacteriaceae in Jan 2011 in the M100. These new breakpoints will be $S \leq 2/1 = 4/ \geq 8 = R$. In addition, they will reinstitute disk diffusion breakpoints in the January 2011 M-100 document for this drug-bug combination. (There were no DD zone interpretations for cefazolin and the Enterobacteriaceae in the 2010-M100.) There will also be a change to the comment regarding extraintestinal isolates of Salmonella species [Table 1, Footnotes, Enterobacteriaceae, g; and Table 2A General Comment (2)]. These comments will be restated to indicate that a 3rd-generation cephalosporin should be tested and reported, and that chloramphenicol may be tested and reported. This is to clarify to laboratories that they do not have to test and report chloramphenicol.

**Pseudomonas aeruginosa:**
The committee voted to remove ceftriaxone, cefotaxime, cefoperazone, ceftizoxime, and moxalactam from the P.aeruginosa interpretative table (Table 2B-1) and to consider reviewing MIC breakpoints for P.aeruginosa to the extended penicillins.

**New Intrinsic Resistance Tables:**
The first new intrinsic resistance table will be published in January 2011 in the M100 document. This table will be for the Enterobacteriaceae and will include bug-drug combinations that laboratories should report as “R” or re-evaluate if an “S” is obtained. The table will include an introductory paragraph to outline the basis for the table, define intrinsic resistance, and explain how the table can be used by clinical microbiology laboratories. Tables for the gram positive organisms are under development.

**Streptococcus:**
A diamond symbol will be added to penicillin and ampicillin located in Table 1A, Group A Primary Test and Report, Streptococcus spp. β-hemolytic Group. This symbol will indicate that although penicillin or ampicillin are listed in Group A, these two antibiotics do not need to be
routinely tested to \(\beta\)-streptococci groups A, B, C or G (large colony types). The accompanying new wording that will be used for Table 2H-1 General Comment (3) will be as follows:

“Penicillin and ampicillin are drugs of choice for treatment of beta-hemolytic streptococcal infections. Susceptibility testing of penicillins and other beta-lactams approved by the FDA for treatment of beta-hemolytic streptococci need not be done routinely because nonsusceptible isolates (ie, penicillin MICs > 0.12 and ampicillin MICs > 0.25 \(\mu g/mL\)) are extremely rare in any beta-hemolytic streptococcus and have not been reported for \textit{Streptococcus pyogenes}. If testing is performed, any beta-hemolytic streptococcal isolate found to be nonsusceptible should be re-identified, retested, and, if confirmed, submitted to a public health laboratory. (See Appendix A for further instructions.)”

Again, this is to clarify to laboratories that penicillin and ampicillin need not be tested routinely for these \(\beta\)-streptococci.

The committee will evaluate utilizing broth dilution and disk diffusion for testing of clindamycin-inducible resistance and D-zones, respectively, with isolates of \textit{S.pneumoniae}.

\textbf{Anaerobe antibiograms:}
As you recall, a national anaerobic antibiogram for the \textit{Bacteroides fragilis} group was published in the 2010 M100 document (appendix C, page 143). A second antibiogram will be published in the 2011 M100 including additional anaerobic organisms.

The next CLSI-AST meeting will be held January 9-11, 2010 in Orlando, Florida at the Walt Disney World Resort. All are welcome to attend.