Table 13. MIC and zone diameter breakpoints for α-haemolytic streptococci

N.B. For isolates from endocarditis the MIC should be determined and interpreted according to national endocarditis guidelines (Elliott TS et al. Guidelines for the antibiotic treatment of endocarditis in adults: report of the Working Party of the British Society for Antimicrobial Chemotherapy. J Antimicrob Chemother. 2004; **54**: 971-81).

	MIC breakpoint (mg/L)				Interpretation of zone diameters (mm)			
Antibiotic	R >	I	S ≤	Disc content (μg)	R ≤	I	S ≥	Comment
Penicillins								
Amoxicillin	**2**	**1-2**	**0.5**	2	**14**	**15-23**	**24**	
Penicillin	**2**	**0.5-2**	**0.25**	1 unit	**10**	**11-16**	**17**	
Cephalosporins								
Cefotaxime	**0.5**	**-**	**0.5**	5	**22**	-	**23**	
Miscellaneous antibiotics								
Clindamycin	0.5	-	0.5	2	19	-	20	Organisms that appear resistant to erythromycin, but susceptible to clindamycin should be checked for the presence of inducible MLS_B resistance (see www.bsac.org.uk/Susceptibility Testing/BSAC Standardized Disc Susceptibility Method/Additional Methods). **Inducible clindamycin resistance can be detected only in the presence of a macrolide antibiotic.** Clindamycin should be used with caution (if at all) for organisms with inducible MLS_B resistance. **No EUCAST MIC breakpoint for erythromycin as there is insufficient clinical evidence. BSAC data used.**
Erythromycin	0.5	-	0.5	5	19	-	20	
Linezolid	2	-	2	10	19	-	20	**No EUCAST MIC breakpoint as there is insufficient clinical evidence. BSAC data used.**
Teicoplanin	**2**	**-**	**2**	30	15	-	16	**The MIC breakpoint has changed but a review of the data indicates that no adjustment of the zone diameter breakpoints is necessary.**
Vancomycin	**2**	**-**	**2**	5	13	-	14	**The MIC breakpoint has changed but a review of the data indicates that no adjustment of the zone diameter breakpoints is necessary.**