

Table 14. MIC and zone diameter breakpoints for β -haemolytic streptococci

<p>Comments 1-3 relate to urinary tract infections (UTIs) only.</p> <p>¹ UTI recommendations are for organisms associated with uncomplicated urinary tract infections only. For complicated urinary tract infections and infections systemic recommendations should be used.</p> <p>² If an organism is isolated from multiple sites, for example from blood and urine, interpretation of susceptibility should be made with regard to the systemic site (e.g., if the blood isolate is resistant and the urine isolate susceptible, both should be reported resistant irrespective of the results obtained using interpretative criteria for urine isolates).</p> <p>³ Direct susceptibility tests on urine samples may be interpreted only if the inoculum gives semi-confluent growth.</p>
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Antibiotic	MIC breakpoint (mg/L)			Disc content (μ g)	Interpretation of zone diameters (mm)			Comment
	R >	I	S \leq		R \leq	I	S \geq	
Penicillins								
Penicillin	0.12	-	0.12	1 unit	19	-	20	Susceptibility to other penicillins and cephalosporins can be inferred from the penicillin result.
Carbapenems								
Ertapenem	0.5	-	0.5	10	34	-	35	
Miscellaneous antibiotics								
Azithromycin	0.5	0.5	0.25	15	19	20-21	22	
Clarithromycin	0.5	0.5	0.25	2	19	20-21	22	
Clindamycin	0.5	-	0.5	2	16	-	17	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). Clindamycin should be used with caution (if at all) for organisms with inducible MLS _B resistance.
Erythromycin	0.5	0.5	0.25	5	19	20-21	22	
Co-trimoxazole	2	1-2	1	1.25/23.75	16	17-19	20	For advice on testing susceptibility to co-trimoxazole see Appendix 1. The MIC breakpoint is based on the trimethoprim concentration in a 1:19 combination with sulphamethoxazole.

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Miscellaneous antibiotics cont.								
Daptomycin	1	-	1	-	-	-	-	Strains with MIC values above the susceptible breakpoint are very rare or not yet reported. The identification and antimicrobial susceptibility tests on any such isolate must be repeated and if the result is confirmed the isolate sent to a reference laboratory. Until there is evidence regarding the clinical response for confirmed isolates with MIC above the current resistant breakpoint they should be reported resistant. Disc diffusion susceptibility testing is not recommended.
Linezolid	4	4	2	10	19	-	20	Zone diameter breakpoints relate to the MIC breakpoint of 2 mg/L as no data for the intermediate category are currently available.
Nitrofurantoin UTI ¹⁻³ Group B Streptococci	64	-	64	200	18	-	19	
Telithromycin	0.5	0.5	0.25	15	25	-	26	Zone diameter breakpoints relate to the "wild type" susceptible population as no data are available for the non-susceptible population.
Tetracycline	2	-	2	10	19	-	20	The MIC breakpoint has changed but a review of the data indicates that no adjustment of the zone diameter breakpoints is necessary.
Tigecycline	0.5	0.5	0.25	15	19	20-24	25	