

Questions & Answers

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Requests for zone diameter BPs

- ***Aggregatibacter actinomycetemcomitans***
(formally *Actinobacillus actinomycetemcomitans*) oral commensal found also in severe infections in the oral cavity
- ***Aeromonas* spp. ***
(study in India between Jan 1988 & December 1989 *Aeromonas* isolated 45 /2480 (1.8%) patients with acute diarrhoea. 35/45 *A. hydrophila*, 7/45 *A. sobria*, 3/45 *A. caviae*)
- ***Plesiomonas shigelloides* ***
(formally *Aeromonas shigelloides* diarrhoea following the consumption of seafood. Usually self limiting. Cephalosporins, quinolones, carbapenems and TMP-SXT show good activity)
- **Fish pathogens**
(request from fish farm in Scotland)

NB. * Significance in gastrointestinal infection is uncertain

Requests for zone diameter BPs for *S. typhi* vs. azithromycin

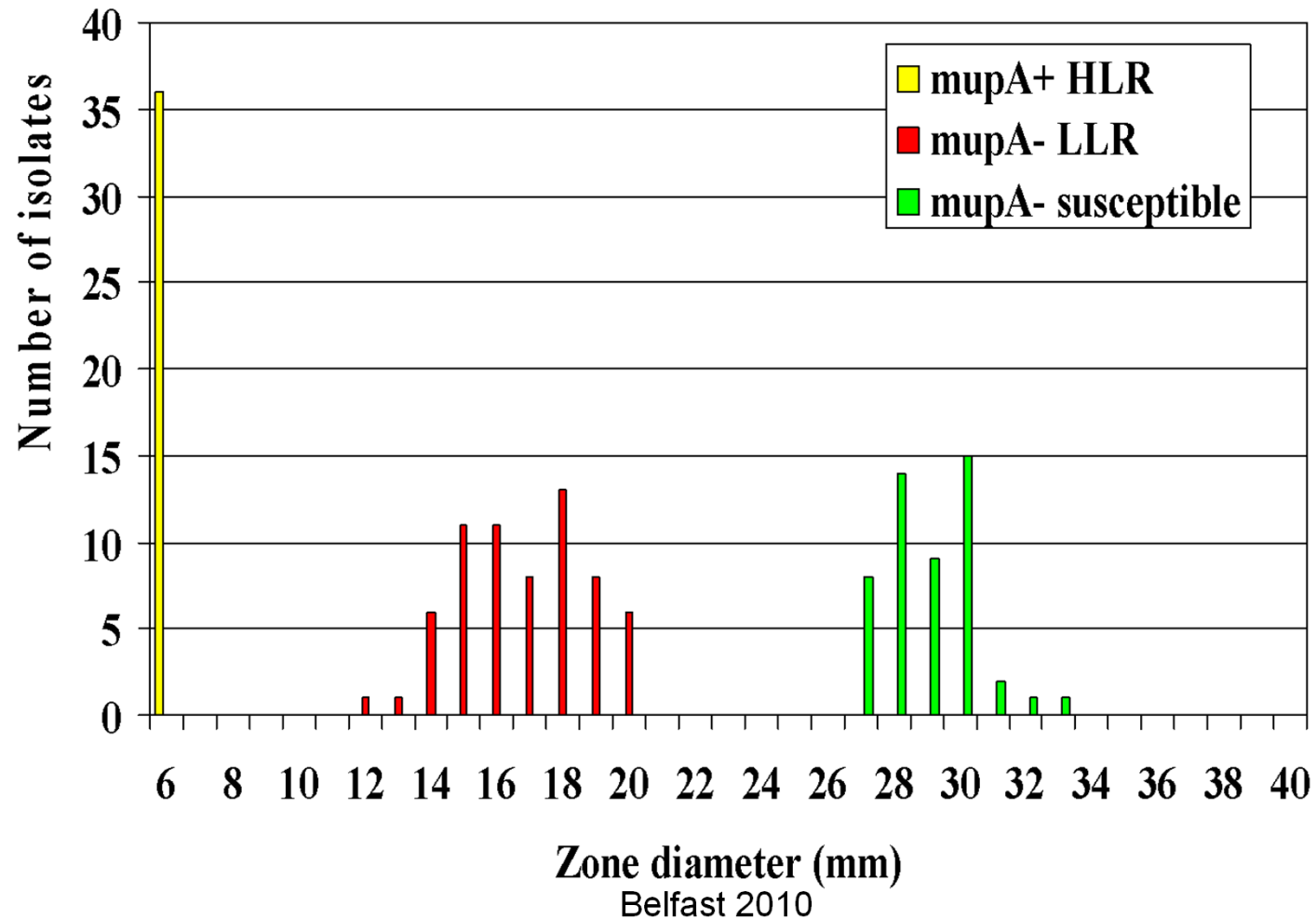
- Currently an MIC BP for the “wild type” population (≤ 16 mg/L)
- Laboratories infrequently purchase azithromycin gradient strips
- Only needed for patients who are not responding but it may take some time to get a result from the Reference Laboratory
- Put onto the BSAC “to do” list

What to do when there are no BSAC recommendations

- Are there no recommendations because the antibiotic/organism combination you are suggesting is inappropriate (EUCAST MIC BP “IE” indicates that there is insufficient evidence that the species in question is a good target for therapy with the drug or “-” testing not recommended report as R without testing)
- Is the organism a “slow growing strain”; disc testing may be inappropriate
- Is the organism isolated infrequently (unlikely that any national group will have recommendations).
- Do the following:
 - i. Undertake an MIC using the BSAC methodology
 - ii. Use EUCAST Non-species related breakpoints to interpret susceptibility (www.eucast.org)

Mupirocin resistance – Detection

Mupirocin 20 μ g disc



Susceptibility Testing Staphylococci

- Removal of the recommendations for trimethoprim
(removed because no EUCAST MIC BP. BSAC to give a statement to EUCAST informing them that the previous microbiological zone diameter BPs are to be reinstated)
- Recommendations for testing CNS to cefoxitin available
(ZD 22-26mm need PCR or latex test)
- Request for recommendations for testing flucloxacillin
(should use one of the recommended indicator antibiotics e.g. cefoxitin/methicillin/oxacillin and then report based on these results)

NB. Recent NEQAS data for false resistance with cefoxitin for penicillin hyperproducers 2% compared with 11% using oxacillin

Guidelines

- Confirmation of the latest version
(check from January each year)
- Request to go back to
alphabetical order of antibiotics
- Request to have footnotes not a
“comments” column

UTI Recommendations

(Notes to users of the tables)

- UTI recommendations are for organisms associated with uncomplicated urinary infections only
- For complicated UTI systemic recommendations should be used
- Care when reporting organisms from multiple sites i.e. blood and urine
- If UTI recommendations are not given systemic criteria can be used and intermediate susceptibility infers that the infection may respond as the agent is concentrated at the site of infection
- In the absence of a definitive organism ID a more cautious approach in reporting is to use systemic recommendations
- Coliforms = On-line Medical Dictionary March 2000: “ *A common name for E. coli that is used as an indicator of faecal contamination of water, measured in terms of Coliform count. Occasionally used to refer to all lactose fermenting bacteria.*”

Changes to UTI Recommendations

- January 2009 changed to EUCAST MIC BPs for most agents there is no UTI MIC BP
- E.g. recommendations for 25 µg ampicillin/amoxicillin discs removed because there is no UTI MIC BP
- Prevents issues related to reporting organisms from multiple sites
- “Coliform” column removed because laboratories used the interpretative criteria for all isolates not as defined by the BSAC i.e.
- A more cautious approach if a laboratory does not ID UTI isolates

Acceptable Ranges for Control Strains Not Available

- Version 10 January 2011 will have more data
- Procedure for constructing “in-house” acceptable range available
- BSAC would like your data

QC Testing

HOW OFTEN SHOULD WE TEST?

Susceptibility Testing of Topical Antibiotics

- Not given because there are no pharmacological, pharmacodynamic or clinical response data on which to base recommendations
- BSAC/EUCAST are considering looking at MIC distributions so that a “microbiological” MIC BP can be given
- Systemic BPs can be used if they are available