



MLS: Laboratory Update

IDSA Makes Antimicrobial Susceptibility Testing Recommendations

January 25, 2011

Purpose of this Message:

The purpose of this message is to make you aware of the recent recommendations made by the Infectious Disease Society of America (IDSA) regarding implementation of the Clinical and Laboratory Standards Institute's (CLSI) changes to cephalosporin and carbapenem breakpoints for *Enterobacteriaceae*.

IDSA Member Alert Message

This [IDSA] Member Alert focuses on the critical issue of when and how the new (revised) CLSI breakpoints will be implemented in clinical microbiology laboratories, particularly in the United States, and what role IDSA members could play in this process.

To read entire message: <http://www.idsociety.org/Content.aspx?id=17429>

MDH Recommends Collaboration

MDH recommends that laboratories collaborate with infection control, ID specialists, pharmacists, medicine and surgery services, etc., to review the new/revised CLSI breakpoints (link found in the IDSA message above); assess their impact on patient management; and work together to implement the breakpoints as appropriate to optimize treatment, as well as prevention and control, of infectious diseases in your institution.

Background (taken verbatim from IDSA Member Alert)

In June 2010, CLSI published new MIC and disk diffusion interpretive criteria (i.e., breakpoints) for the *Enterobacteriaceae* for five cephalosporins, including first-generation and third-generation (extended-spectrum) cephalosporins, aztreonam, and for three carbapenems (imipenem, meropenem, and ertapenem). CLSI also published initial breakpoints for doripenem. The new MIC breakpoints are one to three doubling dilutions lower than the original breakpoints, and the new disk diffusion criteria include larger zone diameters than those in previous guidelines. Thus, many organisms that would have been categorized previously as susceptible using the former breakpoints may now be considered intermediate or resistant.

The new CLSI breakpoints simplify susceptibility testing by obviating the need for extended-spectrum beta-lactamase (ESBL) testing, (i.e., testing isolates using cefotaxime and ceftazidime, with and without the beta-lactamase inhibitor, clavulanic acid) to enhance the detection of strains with low-level cephalosporin resistance. The modified Hodge test (MHT), which was used to detect carbapenemase activity, also is no longer necessary to detect low-level carbapenem resistance, although both ESBL testing and the MHT may be performed to detect these specific resistance mechanisms for infection control purposes. The decision to revise the CLSI breakpoints came after several years of intense discussion and debate...*read more:* <http://www.idsociety.org/Content.aspx?id=17429>

Thank you,

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****Please forward this to all appropriate personnel within your institution and Health System****

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