Antimicrobial Susceptibilities of Selected Pathogens, 2013

To Report a Case:
Fill out a Minnesota Department of Health case report form and mail to the above address. For diseases that require immediate reporting, or for questions about reporting, call the Acute Disease Investigation and Control Section at: 651-201-5641 or 1-877-675-5414 or fax form to 651-201-5743.

To Send an Isolate to MDH:
If you are using a courier, use transport packaging appropriate for the specific courier and send to: 601 North Robert Street, St. Paul, MN 55164-0975. The MDH Antibiogram is available on the MDH web site (http://www.health.state.mn.us). Laminated copies can be ordered from Antibiogram, Minnesota Department of Health, Acute Disease Investigation and Control Section, 625 North Robert Street, PO Box 64975, St. Paul, MN 55164-0975.
In 2013, no cases of pertussis were tested for susceptibility in Minnesota. Nationally, only 11 erythromycin-resistant.

For cases in which treatment is required and susceptibility is unknown or an ampicillin and TMP/SMX-resistant strain is isolated, methicillin-resistant Staphylococcus aureus (MRSA) is the predominant cause of community-associated MRSA (CA-MRSA) in Minnesota. Most CA-MRSA isolates are either indistinguishable (100%) or have inducible clindamycin resistance. Approximately 80% of CA-MRSA strains are clindamycin intermediate (MIC 1.0 μg/ml) and 20% are clindamycin resistant (MIC ≥ 2.0 μg/ml).

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The MIC interpretive criteria for azithromycin, ciprofloxacin, levofloxacin, and rifampin apply to prophylactic therapy and are not intended for use in the treatment of patients with nosocomial meningitis disease.

The 19 erythromycin-resistant, clindamycin susceptible or intermediate isolates (12%) had inducible clindamycin resistance for a total of 57% (301/530) that were susceptible to clindamycin and did not exhibit inducible clindamycin resistance.

The 19 isolates tested represent 94% of 20 total cases. Among 19 erythromycin-resistant clindamycin susceptible or intermediate isolates (10%) had inducible clindamycin resistance for a total of 57% (301/530) that were susceptible to clindamycin and did not exhibit inducible clindamycin resistance.

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