

Table 2B-3. Zone Diameter and MIC Breakpoints for *Burkholderia cepacia* complex

<p>Testing Conditions</p> <p>Medium: Disk diffusion: MHA Broth dilution: CAMHB Agar dilution: MHA</p> <p>Inoculum: Broth culture method or colony suspension, equivalent to a 0.5 McFarland standard</p> <p>Incubation: 35°C ± 2°C; ambient air; 20-24 hours, all methods</p>	<p>Routine QC Recommendations (see Tables 4A-1 and 5A-1 for acceptable QC ranges)</p> <p><i>Escherichia coli</i> ATCC® 25922 (for chloramphenicol, minocycline, and trimethoprim-sulfamethoxazole) <i>Pseudomonas aeruginosa</i> ATCC® 27853</p> <p>Refer to Tables 4A-2 and 5A-2 to select strains for routine QC of B-lactam combination agents.</p> <p>When a commercial test system is used for susceptibility testing, refer to the manufacturer’s instructions for QC test recommendations and QC ranges.</p>
---	---

General Comment

- (1) For disk diffusion, test a maximum of 12 disks on a 150-mm plate and no more than 6 disks on a 100-mm plate; disks should be placed no less than 24 mm apart, center to center (see M02,¹ Subchapter 3.6). Each zone diameter should be clearly measurable; overlapping zones prevent accurate measurement. Measure the diameter of the zones of complete inhibition (as judged by the unaided eye), including the diameter of the disk (see the *M02 Disk Diffusion Reading Guide*²). Hold the Petri plate a few inches above a black background illuminated with reflected light. The zone margin should be considered the area showing no obvious, visible growth that can be detected with the unaided eye. Ignore faint growth of tiny colonies that can be detected only with a magnifying lens at the edge of the zone of inhibited growth. With trimethoprim and the sulfonamides, antagonists in the medium may allow some slight growth; therefore, disregard slight growth (20% or less of the lawn of growth) and measure the more obvious margin to determine the zone diameter.

Table 2B-3. *Burkholderia cepacia* complex (Continued)

Test/Report Group	Antimicrobial Agent	Disk Content	Interpretive Categories and Zone Diameter Breakpoints, nearest whole mm			Interpretive Categories and MIC Breakpoints, µg/mL			Comments
			S	I	R	S	I	R	
B-LACTAM COMBINATION AGENTS									
O	Ticarcillin-clavulanate	-	-	-	-	≤16/2	32/2-64/2	≥128/2	
CEPHEMS (PARENTERAL) (Including cephalosporins I, II, III, and IV. Please refer to Glossary I.)									
B	Ceftazidime	30 µg	≥21	18-20	≤17	≤8	16	≥32	
CARBAPENEMS									
A	Meropenem	10 µg	≥20	16-19	≤15	≤4	8	≥16	
TETRACYCLINES									
B	Minocycline	30 µg	≥19	15-18	≤14	≤4	8	≥16	
FLUOROQUINOLONES									
A	Levofloxacin	-	-	-	-	≤2	4	≥8	
FOLATE PATHWAY ANTAGONISTS									
A	Trimethoprim-sulfamethoxazole	1.25/23.75 µg	≥16	11-15	≤10	≤2/38	-	≥4/76	
PHENICOLS									
C	Chloramphenicol	-	-	-	-	≤8	16	≥32	(2) Not routinely reported on isolates from the urinary tract.

Abbreviations: ATCC®, American Type Culture Collection; CAMHB, cation-adjusted Mueller-Hinton broth; I, intermediate; MHA, Mueller-Hinton agar; MIC, minimal inhibitory concentration; QC, quality control; R, resistant; S, susceptible.

Footnote

- a. ATCC® is a registered trademark of the American Type Culture Collection.

References for Table 2B-3

- 1 CLSI. *Performance Standards for Antimicrobial Disk Susceptibility Tests*. 13th ed. CLSI standard M02. Clinical and Laboratory Standards Institute; 2018.
- 2 CLSI. *M02 Disk Diffusion Reading Guide*. 1st ed. CLSI quick guide M02QG. Clinical and Laboratory Standards Institute; 2018.