

Introduction to Tables 1A-1J. Antimicrobial Agents That Should Be Considered for Testing and Reporting by Microbiology Laboratories

Selecting the most appropriate antimicrobial agents to test and report is a decision best made by each laboratory in consultation with the antimicrobial stewardship team and other relevant institutional stakeholders. The suggestions in these tables:

- Include agents approved by the US Food and Drug Administration for clinical use
- Are directed toward medical laboratories in the United States but may be appropriate in other settings
- Are based on the understanding that patient-specific factors (eg, age, body site) or organism-specific factors (eg, overall antimicrobial susceptibility profile) must be considered for testing and reporting of any individual agent
- Need to be considered with institutional guidelines when used to develop a laboratory's testing and reporting protocols

Review the Instructions for Use of Tables and section I, Selecting Antimicrobial Agents for Testing and Reporting, for additional guidance regarding antimicrobial agent testing and reporting decisions, including the use of cascade and selective reporting strategies.

Refer to Tables 2 for zone diameter and minimal inhibitory concentration breakpoints, testing and reporting comments, and prediction comments such as when testing an antimicrobial agent can predict susceptibility to other agents (eg, tetracyclines).

“Warning”: Do not report the following antimicrobial agents for bacteria isolated from CSF. These are not the drugs of choice and may not be effective for treating CSF infections caused by the bacteria included in Tables 2A through 2J:

- Agents administered by oral route only
- First- and second-generation cephalosporins and cephamycins
- Doripenem, ertapenem, and imipenem
- Clindamycin
- Lefamulin
- Macrolides
- Tetracyclines

Refer to Glossary I for individual agents within the drug classes listed above.