

Table 1A-2. *Salmonella* and *Shigella* spp.^{a,b}

Tier 1: Antimicrobial agents that are appropriate for routine, primary testing and reporting	Tier 2: Antimicrobial agents that are appropriate for routine, primary testing but may be reported following cascade reporting rules established at each institution	Tier 3: Antimicrobial agents that are appropriate for routine, primary testing in institutions that serve patients at high risk for MDROs but should only be reported following cascade reporting rules established at each institution	Tier 4: Antimicrobial agents that may warrant testing and reporting by clinician request if antimicrobial agents in other tiers are not optimal because of various factors
Ampicillin			
Ciprofloxacin Levofloxacin			
Trimethoprim-sulfamethoxazole			
Cefotaxime or ceftriaxone			Ertapenem ^c Imipenem ^c Meropenem ^c
	Azithromycin ^d		
			Tetracycline

Abbreviations: AST, antimicrobial susceptibility testing; MDRO, multidrug-resistant organism.

Footnotes

- a. Table 2A-2 should be used for interpreting AST results for *Salmonella* and *Shigella* spp.
- b. **WARNING:** For *Salmonella* and *Shigella* spp., aminoglycosides, first- and second-generation cephalosporins, and cephamycins may appear active *in vitro* but are not effective clinically and should not be reported as susceptible. Routine susceptibility testing is not indicated for nontyphoidal *Salmonella* spp. isolated from intestinal sources. However, susceptibility testing is indicated for all *Shigella* isolates. When fecal isolates of *Salmonella* and *Shigella* spp. are tested, only ampicillin, a fluoroquinolone, and trimethoprim-sulfamethoxazole should be reported routinely. In addition, for extraintestinal isolates of *Salmonella* spp., a third-generation cephalosporin should be tested and reported. Azithromycin may be tested and reported per institutional guidelines.
- c. Ertapenem, imipenem, and/or meropenem might be considered for testing and/or reporting for isolates resistant to all agents in tiers 1 and 2, although there are limited clinical data suggesting their effectiveness for treating salmonellosis or shigellosis.¹
- d. Report only on *Salmonella enterica* ser. Typhi and *Shigella* spp.

Reference for Table 1A-2

¹ Centers for Disease Control and Prevention. *Typhoid fever and paratyphoid fever: data summary: emerging strain of Salmonella Typhi (REP JPP01)*. Accessed 10 October 2025. <https://www.cdc.gov/typhoid-fever/php/rep-strain/index.html#:~:text=REPJPP01%20is%20an%20emerging%20strain,not%20leave%20the%20United%20States>