

Table 1D. *Enterococcus* spp.^a

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 ^{b,c} Penicillin ^{c,d}			
	Vancomycin		
	Gentamicin ^e (high-level resistance testing only)	Streptomycin ^e (high-level resistance testing only)	
	Daptomycin ^{f,g}		
	Linezolid	Tedizolid	
			Dalbavancin ^{f,h}
			Oritavancin ^{f,h}
			Telavancin ^{f,h}
Urine Only			
Nitrofurantoin			
	Ciprofloxacin Levofloxacin		
		Fosfomycin ⁱ	
		Tetracycline	

Abbreviations: HLAR, high-level aminoglycoside resistance; MDRO, multidrug-resistant organism; MIC, minimal inhibitory concentration.

Table 1D. *Enterococcus* spp. (Continued)**Footnotes**

- a. **WARNING:** For *Enterococcus* spp., aminoglycosides (except for high-level resistance testing), cephalosporins, clindamycin, and trimethoprim-sulfamethoxazole may appear active *in vitro*, but are not effective clinically and should not be reported as susceptible.
- b. The results of ampicillin susceptibility tests should be used to predict the activity of amoxicillin. Ampicillin results may be used to predict susceptibility to amoxicillin-clavulanate, ampicillin-sulbactam, and piperacillin-tazobactam among non- β -lactamase-producing enterococci. Ampicillin susceptibility can be used to predict imipenem susceptibility, provided the species is confirmed to be *E. faecalis*.
- c. **Rx:** Combination therapy with high-dosage parenteral ampicillin, amoxicillin, penicillin, or vancomycin, plus an aminoglycoside, may be indicated for serious enterococcal infections such as endocarditis, unless high-level resistance to both gentamicin and streptomycin is documented; such combinations are predicted to result in synergistic killing of enterococci. Refer to Table 3L for HLAR testing.
- d. Enterococci susceptible to penicillin are predictably susceptible to ampicillin, amoxicillin, ampicillin-sulbactam, amoxicillin-clavulanate, and piperacillin-tazobactam for non- β -lactamase-producing enterococci. However, enterococci susceptible to ampicillin cannot be assumed to be susceptible to penicillin. If penicillin results are needed, testing of penicillin is required.
- e. See additional testing and reporting information in Table 3L.
- f. MIC testing only; disk diffusion test is unreliable.
- g. Not routinely reported on organisms isolated from the lower respiratory tract.
- h. Report only on vancomycin-susceptible *E. faecalis*.
- i. Report only on *E. faecalis* urinary tract isolates.