

**Table 2B-5. MIC Breakpoints for Other Non-Enterobacterales (Refer to General Comment [2])**

Testing Conditions		QC Recommendations
<b>Medium:</b>	Broth dilution: CAMHB Agar dilution: MHA	Refer to the following: <ul style="list-style-type: none"> <li>• Tables 5A-1 and 5A-2 that list acceptable QC ranges applicable for each method</li> <li>• Appendix I to develop a QC plan</li> </ul> When a commercial test system is used for antimicrobial susceptibility testing, refer to the manufacturer's instructions for QC strains and QC ranges.
<b>Inoculum:</b>	Broth culture method or colony suspension, equivalent to a 0.5 McFarland standard	
<b>Incubation:</b>	35°C ± 2°C; ambient air; 16-20 hours	

**General Comments**

- (1) Refer to Table 1B-5 for antimicrobial agents that should be considered for testing and reporting by microbiology laboratories.
- (2) Other non-Enterobacterales include *Pseudomonas* spp. and other nonfastidious, glucose-nonfermenting, gram-negative bacilli but exclude *P. aeruginosa*, *Acinetobacter* spp., *Burkholderia cepacia* complex, and *Stenotrophomonas maltophilia* (refer to Tables 2B-2, 2B-3, and 2B-4, respectively). Recommendations for testing and reporting *Aeromonas* spp. (including members of *A. caviae* complex, *A. hydrophila* complex, and *A. veronii* complex), *Burkholderia mallei*, *Burkholderia pseudomallei*, and *Vibrio* spp. (including *V. cholerae*) are found in CLSI M45.<sup>1</sup>
- (3) For other non-Enterobacterales, the disk diffusion method has not been systematically studied. Therefore, for this organism group, disk diffusion testing is not recommended.

Table 2B-5. Non-Enterobacterales (Continued)

Antimicrobial Agent	Disk Content	Interpretive Categories and Zone Diameter Breakpoints, Nearest Whole mm			Interpretive Categories and MIC Breakpoints, $\mu\text{g/mL}$			Comments
		S	I	R	S	I	R	
<b>PENICILLINS</b>								
Piperacillin*	—	—	—	—	$\leq 16$	32-64	$\geq 128$	
<b><math>\beta</math>-LACTAM COMBINATION AGENTS</b>								
<b>(4)</b> Organisms that test susceptible to the $\beta$ -lactam agent alone are also considered susceptible to the $\beta$ -lactam combination agent. However, organisms that test susceptible to the $\beta$ -lactam combination agent cannot be assumed to be susceptible to the $\beta$ -lactam agent alone. Similarly, organisms that test intermediate or resistant to the $\beta$ -lactam agent alone may be susceptible to the $\beta$ -lactam combination agent.								
Piperacillin-tazobactam	—	—	—	—	$\leq 16/4$	32/4-64/4	$\geq 128/4$	
Ticarcillin-clavulanate*	—	—	—	—	$\leq 16/2$	32/2-64/2	$\geq 128/2$	
<b>CEPHEMS (PARENTERAL) (Including cephalosporins I, II, III, and IV. Please refer to Glossary I.)</b>								
Ceftazidime	—	—	—	—	$\leq 8$	16	$\geq 32$	
Cefepime	—	—	—	—	$\leq 8$	16	$\geq 32$	
Cefotaxime	—	—	—	—	$\leq 8$	16-32	$\geq 64$	
Ceftriaxone	—	—	—	—	$\leq 8$	16-32	$\geq 64$	
Cefoperazone*	—	—	—	—	$\leq 16$	32	$\geq 64$	
Ceftizoxime*	—	—	—	—	$\leq 8$	16-32	$\geq 64$	
Moxalactam*	—	—	—	—	$\leq 8$	16-32	$\geq 64$	
<b>MONOBACTAMS</b>								
Aztreonam	—	—	—	—	$\leq 8$	16	$\geq 32$	
<b>CARBAPENEMS</b>								
Imipenem	—	—	—	—	$\leq 4$	8	$\geq 16$	
Meropenem	—	—	—	—	$\leq 4$	8	$\geq 16$	
<b>AMINOGLYCOSIDES</b>								
Gentamicin	—	—	—	—	$\leq 4$	8	$\geq 16$	
Tobramycin	—	—	—	—	$\leq 4$	8	$\geq 16$	
Amikacin	—	—	—	—	$\leq 16$	32	$\geq 64$	
Netilmicin*	—	—	—	—	$\leq 8$	16	$\geq 32$	

Table 2B-5. Non-Enterobacterales (Continued)

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>TETRACYCLINES</b>								
<b>(5)</b> Isolates that test susceptible to tetracycline are considered susceptible to doxycycline and minocycline. Isolates that test intermediate or resistant to tetracycline should be tested against doxycycline or minocycline if those results are needed for treatment.								
Tetracycline (U) <sup>a</sup>	–	–	–	–	≤ 4	8	≥ 16	
Doxycycline*	–	–	–	–	≤ 4	8	≥ 16	
Minocycline	–	–	–	–	≤ 4	8	≥ 16	
<b>FLUOROQUINOLONES</b>								
Ciprofloxacin	–	–	–	–	≤ 1	2	≥ 4	
Levofloxacin	–	–	–	–	≤ 2	4	≥ 8	
Gatifloxacin*	–	–	–	–	≤ 2	4	≥ 8	
Lomefloxacin*	–	–	–	–	≤ 2	4	≥ 8	
Norfloxacin* (U) <sup>a</sup>	–	–	–	–	≤ 4	8	≥ 16	
Ofloxacin*	–	–	–	–	≤ 2	4	≥ 8	
<b>FOLATE PATHWAY ANTAGONISTS</b>								
Trimethoprim-sulfamethoxazole	–	–	–	–	≤ 2/38	–	≥ 4/76	
Sulfonamides (U) <sup>a</sup>	–	–	–	–	≤ 256	–	≥ 512	
<b>PHENICOLS</b>								
Chloramphenicol*	–	–	–	–	≤ 8	16	≥ 32	<b>(6)</b> Not routinely reported on organisms isolated from the urinary tract.

Abbreviations: CAMHB, cation-adjusted Mueller-Hinton broth; I, intermediate; MHA, Mueller-Hinton agar; MIC, minimal inhibitory concentration; QC, quality control; R, resistant; S, susceptible; U, urine.

Symbol: \*, designation for “Other” agents that are not included in Tables 1 but have established clinical breakpoints.

**Table 2B-5. Non-Enterobacterales (Continued)**

**Footnote**

- a. Report only on organisms isolated from the urinary tract.

**Reference for Table 2B-5**

<sup>1</sup> CLSI. *Methods for Antimicrobial Dilution and Disk Susceptibility Testing of Infrequently Isolated or Fastidious Bacteria*. 3rd ed. CLSI guideline M45. Clinical and Laboratory Standards Institute; 2016.