

Table 3L  
Tests for High-Level Aminoglycoside Resistance in *Enterococcus* spp.

Table 3L. Tests for Detecting High-Level Aminoglycoside Resistance in *Enterococcus* spp.<sup>a</sup> (including disk diffusion)

Test	Gentamicin HLAR			Streptomycin HLAR		
	Test method	Broth microdilution	Agar dilution	Disk diffusion	Broth microdilution	Agar dilution
Medium	MHA	BHI <sup>b</sup> broth	BHI <sup>b</sup> agar	MHA	BHI <sup>b</sup> broth	BHI <sup>b</sup> agar
Antimicrobial concentration	120-µg gentamicin disk	Gentamicin, 500 µg/mL	Gentamicin, 500 µg/mL	300-µg streptomycin disk	Streptomycin, 1000 µg/mL	Streptomycin, 2000 µg/mL
Inoculum	Standard disk diffusion procedure	Standard broth dilution procedure	10 µL of a 0.5 McFarland suspension spotted onto agar surface	Standard disk diffusion procedure	Standard broth dilution procedure	10 µL of a 0.5 McFarland suspension spotted onto agar surface
Incubation conditions	35°C ± 2°C; ambient air	35°C ± 2°C; ambient air	35°C ± 2°C; ambient air	35°C ± 2°C; ambient air	35°C ± 2°C; ambient air	35°C ± 2°C; ambient air
Incubation length	16-18 h	24 h	24 h	16-18 h	24-48 h (if susceptible at 24 h, reincubate)	24-48 h (if susceptible at 24 h, reincubate)
Results	6 mm = resistant 7-9 mm = inconclusive ≥ 10 mm = susceptible MIC correlates: • R = > 500 µg/mL • S = ≤ 500 µg/mL	Any growth = resistant	> 1 colony = resistant	6 mm = resistant 7-9 mm = inconclusive ≥ 10 mm = susceptible MIC correlates: • R = > 1000 µg/mL (broth) and > 2000 µg/mL (agar) • S = ≤ 1000 µg/mL (broth) and ≤ 2000 µg/mL (agar)	Any growth = resistant	> 1 colony = resistant

Table 3L. (Continued)

Test	Gentamicin HLAR			Streptomycin HLAR		
Additional testing and reporting	Resistant: is not synergistic with cell wall–active agent (eg, ampicillin, penicillin, and vancomycin). Susceptible: is synergistic with cell wall–active agent (eg, ampicillin, penicillin, and vancomycin) that is also susceptible. If disk diffusion result is inconclusive: perform an agar dilution or broth dilution MIC test to confirm. Strains of enterococci with ampicillin and penicillin MICs $\geq 16$ $\mu\text{g}/\text{mL}$ are categorized as resistant. However, enterococci with penicillin MICs $\leq 64$ $\mu\text{g}/\text{mL}$ or ampicillin MICs $\leq 32$ $\mu\text{g}/\text{mL}$ may be susceptible to synergistic killing by these penicillins in combination with gentamicin or streptomycin (in the absence of high-level resistance to gentamicin or streptomycin, see CLSI M07 <sup>1</sup> ) if high doses of penicillin or ampicillin are used. Enterococci possessing higher levels of penicillin (MICs $\geq 128$ $\mu\text{g}/\text{mL}$ ) or ampicillin (MICs $\geq 64$ $\mu\text{g}/\text{mL}$ ) resistance may not be susceptible to the synergistic effect. <sup>2,3</sup> Physicians' requests to determine the actual MIC of penicillin or ampicillin for blood and CSF isolates of enterococci should be considered.					
QC recommendations – routine <sup>c</sup>	<i>E. faecalis</i> ATCC <sup>®d</sup> 29212: 16-23 mm	<i>E. faecalis</i> ATCC <sup>®</sup> 29212 – susceptible	<i>E. faecalis</i> ATCC <sup>®</sup> 29212 – susceptible	<i>E. faecalis</i> ATCC <sup>®</sup> 29212: 14-20 mm	<i>E. faecalis</i> ATCC <sup>®</sup> 29212 – susceptible	<i>E. faecalis</i> ATCC <sup>®</sup> 29212 – susceptible
QC recommendations – lot/shipment <sup>e</sup>		<i>E. faecalis</i> ATCC <sup>®</sup> 51299 – resistant	<i>E. faecalis</i> ATCC <sup>®</sup> 51299 – resistant		<i>E. faecalis</i> ATCC <sup>®</sup> 51299 – resistant	<i>E. faecalis</i> ATCC <sup>®</sup> 51299 – resistant

Abbreviations: ATCC<sup>®</sup>, American Type Culture Collection; BHI, brain heart infusion; CSF, cerebrospinal fluid; h, hour(s); HLAR, high-level aminoglycoside resistance; IQCP, individualized quality control plan; MHA, Mueller-Hinton agar; MIC, minimal inhibitory concentration; QC, quality control; R, resistant; S, susceptible.

### Footnotes

- Other aminoglycosides do not need to be tested, because their activities against enterococci are not superior to gentamicin and streptomycin.
- Even though not as widely available, dextrose phosphate agar and broth have been shown in limited testing to perform comparably with BHI media.
- QC recommendations – routine  
Test negative (susceptible) QC strain:
  - With each new lot/shipment of testing materials
  - Daily if the test is performed less than once per week and/or if an IQCP justifying less frequent QC has not been developed
  - Less frequent than daily if the test is performed at least once per week and an IQCP has been developed
- ATCC<sup>®</sup> is a registered trademark of the American Type Culture Collection.
- QC recommendations – lot/shipment  
Test positive (resistant) QC strain at minimum with each new lot/shipment of testing materials.

Table 3L. (Continued)

References for Table 3L

- <sup>1</sup> CLSI. *Methods for Dilution Antimicrobial Susceptibility Tests for Bacteria That Grow Aerobically*. 12th ed. CLSI standard M07. Clinical and Laboratory Standards Institute; 2024.
- <sup>2</sup> Torres C, Tenorio C, Lantero M, Gastañares MJ, Baquero F. High-level penicillin resistance and penicillin-gentamicin synergy in *Enterococcus faecium*. *Antimicrob Agents Chemother*. 1993;37(11):2427-2431. doi:10.1128/AAC.37.11.2427
- <sup>3</sup> Murray BE. Vancomycin-resistant enterococci. *Am J Med*. 1997;102(3):284-293. doi:10.1016/S0002-9343(99)80270-8