

EUCAST form for General Consultation



Stichting
Werkgroep
Antibioticabeleid

Consultation on: Clinical breakpoints (v 13.0) - Date: 23-12-2022

Comment from (name, contact details)	Comments	EUCAST Responses
CRG (Dutch committee on susceptibility testing);	<p>Tab Notes:</p> <p>We found note 7 confusing because of the addition of ("‐"), we thought that this note concerned the breakpoints between brackets. We suggest to put only <i>dash</i>, or to remove the brackets.</p>	<p>Good point. The Note was constructed before the concept of "bracketing breakpoints" was invented. We shall make a note and change in the next version.</p>
CRG (Dutch committee on susceptibility testing);	<p>Dosages: For several antibiotics "Dosages vary by indication" is written for the high dosage. Isn't it preferable that a range is depicted?</p>	<p>We have discussed introducing a range. However, traditions vary, infections and conditions vary tremendously and the range would have to be very wide which is why we decided not to do that. This will surely come up for discussion again and it may be that in some places a <i>de facto</i> range would be suitable.</p>
CRG (Dutch committee on susceptibility testing);	<p>(Not new to this version) Streptococcus group A, B, C and G</p> <p>How to determine susceptibility for Streptococcus group B for flucloxacillin, since it cannot be inferred from penicillin?</p>	<p>Whether or not <i>S. agalactiae</i> can or cannot be treated with penicillin V or isoxazolypenicillin has been extensively discussed and it was decided to consider it inadequate therapy at the doses normally used. This could have been better explained in the Note and will be discussed at the next meeting.</p> <p>1/A. The susceptibility of streptococcus groups A, B, C and G to penicillins is inferred from the benzylpenicillin susceptibility (indications other than meningitis) with the exception of phenoxymethylpenicillin and isoxazolypenicillins for</p>



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EUROPEAN COMMITTEE
ON ANTIMICROBIAL
SUSCEPTIBILITY TESTING

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	<p>streptococcus group B for which species therapy with either of these agents is considered inadequate.</p> <p>2. Resistant isolates are rare or not yet reported. The identification and antimicrobial susceptibility test result on any such isolate must be confirmed and the isolate sent to a reference laboratory.</p> <p>3. The addition of a beta-lactamase inhibitor does not add clinical benefit.</p>
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